

Personal Insurance Portfolio

Product Disclosure Statement (PDS)

Preparation date: 3 March 2008

This PDS contains information about the following products:

- **Income Care**
basic income protection insurance
- **Income Care Plus**
income protection insurance with extras
- **Business Overheads Cover**
business expenses insurance
- **Total Care Plan**
life, total and permanent disability and trauma insurance.



CommInsure



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Important information

This Product Disclosure Statement (PDS) is issued by The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 AFSL 235035 (referred to in this PDS as 'CMLA'). Apart from CMLA, neither Commonwealth Bank of Australia ABN 48 123 123 124 nor its subsidiaries are responsible for any of the statements contained in this PDS. Commlnsure is a registered business name of CMLA.

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CMLA (the Insurer) is a wholly owned but non-guaranteed subsidiary of Commonwealth Bank of Australia.

Commonwealth Bank of Australia and its subsidiaries do not guarantee the Personal Insurance Portfolio products.

The information in this PDS is general information only and does not take into account your individual objectives, financial situation or needs. You should assess whether the product is appropriate for you and consider talking to an adviser before making a decision.

In this PDS, 'we', 'us' and 'our' refer to CMLA and 'you' and 'your' refer to the person to be insured and/or the proposed policy owner (where applicable).

The insurance described in this PDS is available only to persons in Australia. Applications from outside Australia will not be accepted. All references to monetary amounts in this PDS are references to Australian dollars.

While every effort has been made to ensure the information in this PDS is reliable, the Policy Documents form the basis of the products and should be read carefully. Future changes to legislation may result in changes to the information set out in this PDS. The examples and illustrations provided in this PDS are only intended to demonstrate how certain benefits are calculated. All benefits will be determined in accordance with the relevant policy conditions. No benefits are payable unless the relevant policy conditions are satisfied.



Your Personal Insurance Portfolio – overview

This Product Disclosure Statement (PDS) will help you understand the various insurance products which make up the Personal Insurance Portfolio (PIP).

It provides important information about:

- the purpose of the PIP products
- the key features and benefits available, and
- the costs, risks and other important aspects of the PIP.

The PIP will help you to protect your current lifestyle and help ensure that your family will be provided for in the event of death, sickness or injury.

This PDS includes the information contained in the current Personal Insurance Portfolio Reference Document issued by CMLA (referred to in this PDS as the 'RD'). The RD is referred to throughout this PDS to specifically refer you to further important information about certain features of the PIP.

The RD is available for viewing and printing on Commlnsure's web site www.commlnsure.com.au/downloads.aspx.

It is also available, free of charge, from your adviser or from Commlnsure by calling **13 10 56** from 8am to 8pm (Sydney time), Monday to Friday, or writing to:

The Manager, Customer Communication
Commlnsure Life Insurance
PO Box 320
Silverwater NSW 2128

Applying for cover

You can only apply for cover by completing the current Personal Insurance Portfolio Application form found at the back of this PDS.

What if I want advice or more information?

This PDS highlights important information about the Personal Insurance Portfolio.

Also, you need to take your individual circumstances into account when applying for cover.

You can arrange package cover for family members or business partners.

What is the Personal Insurance Portfolio?

The Personal Insurance Portfolio provides the following types of insurance:

Income protection insurance	
What is its purpose?	A replacement income if you can't work at full capacity or at all, due to sickness or injury.
Who needs it?	Anyone who would find it difficult to make ends meet without their regular income.
You will need it if ...	You like your lifestyle but don't have never-ending savings to replace your regular income. You want to protect the income you earn. You have a family to provide for.
What policy is available?	Income Care or Income Care Plus.
For more information	Section 1 – pages 8 to 11 of this PDS.

If you need help, we suggest you speak to an adviser. If you don't have an adviser, contact one of our Customer Service Consultants (details are on the inside back cover of this PDS). We will then arrange for an adviser to contact you at a convenient time.

Why Commlnsure?

Commlnsure is a leader in the Australian insurance industry and is the insurance arm of the Commonwealth Bank Group. We offer a fresh approach to personal risk insurance, backed by a strong history – as one of Australia's largest life risk insurers, with over two million clients and a national presence dating back over 130 years to 1873.

Commlnsure aims to provide cover to more Australians by improving the accessibility and availability of life insurance.

Commlnsure has received a swag of awards recognising our award-winning product range, excellent customer service and our commitment to leading industry and consumer education by building awareness of the need for insurance.

Our awards include:

- **Best Income Protection**
Money Magazine Best of the Best 2007 Awards
- **Most Innovative Income Protection Product**
Asset Magazine Awards 2006
- **Life Insurance Company of the Year**
Australia and New Zealand Institute of Insurance and Finance Awards 2005, 2007
- **Best Life Insurance Company**
Australian Banking & Finance Insurance Awards 2005
- **Best Life Insurance Product**
Australian Banking & Finance Insurance Awards 2005
- **Term Life Product of the Year**
Personal Investor Magazine Awards for Excellence in Financial Services 2005
- **Trauma Product of the Year**
Personal Investor Magazine Awards for Excellence in Financial Services 2005 (joint winner)
- **Best Call Centre**
Australian Banking & Finance Insurance Awards 2005

Business expenses insurance	
What is its purpose?	Reimbursement of fixed operating expenses of your business if you can't work due to sickness or injury.
Who needs it?	Self-employed people with a key role in a small business.
You will need it if ...	Your business will continue to generate expenses even if you're not working. You need your business to keep operating. You don't want to have to sell your business.
What policy is available?	Business Overheads Cover.
For more information	Section 1 – page 12 of this PDS.

Life insurance	
What is its purpose?	A lump sum payable on death or terminal illness.
Who needs it?	Anyone with debt and dependants.
You will need it if ...	You want to relieve your family of debt should you die. You want to secure your family's financial future.
What policy is available?	Total Care Plan.
For more information	Section 2 – page 16 of this PDS.

Total and permanent disability insurance	
What is its purpose?	A lump sum payable if you are totally and permanently disabled due to illness or injury.
Who needs it?	Anyone with debt and dependants.
You will need it if ...	You can't work again and you need capital to survive. You will have greater expenses. You need to make provision for retirement. You want your family to maintain their lifestyle even if you can't work.
What policy is available?	Total Care Plan.
For more information	Section 2 – page 17 of this PDS.

Trauma insurance	
What is its purpose?	A lump sum payable if you suffer a specified medical condition.
Who needs it?	Everyone.
You will need it if ...	Additional expenses are incurred when you have a major illness. You may need time to recuperate without financial stress. You may need to significantly restructure your lifestyle.
What policy is available?	Total Care Plan.
For more information	Section 2 – page 17 of this PDS.

Section 1

Income Care Range

Summary

Products	
There are three types of income protection products available:	
Income Care	Basic income protection at an affordable price. Replaces up to 75% of your income. See page 8.
Income Care Plus	Comprehensive income protection. Provides the basic cover of Income Care, as well as a number of additional benefits designed to help you to get back to work. See page 11.
Business Overheads Cover	Covers the regular fixed operating expenses of your business if you are self-employed. See page 12.

Features of Income Care Range	Income Care	Income Care Plus	Business Overheads Cover
Benefits			
Total Disability Benefit (see page 8)	✓	✓	
Partial Disability Benefit (see page 8)	✓	✓	
Recurrent Disability Benefit (see page 8)	✓	✓	
Medical Professionals Benefit (see page 8)	✓	✓	
Reward Cover Benefit (see pages 8 and 12)	✓	✓	✓
Rehabilitation Benefit (see page 8)	✓	✓	
Unemployment Cover Benefit (see page 9)	✓	✓	
Rehabilitation Expenses Benefit (see page 11)		✓	
Accommodation Benefit (see page 11)		✓	
Family Support Benefit (see page 11)		✓	
Home Care Benefit (see page 11)		✓	
Bed Confinement Benefit (see page 11)		✓	
Transportation Benefit (see page 11)		✓	
Overseas Assist Benefit (see page 11)		✓	
Specific Injuries Benefit (see page 11)		✓	
Crisis Benefit (see page 11)		✓	
Death Benefit (see page 11)		✓	
Business Overheads Cover Benefit (see page 12)			✓
Security and flexibility			
Waiver of premium while on claim (see pages 9 and 12)	✓	✓	✓
Cover while unemployed or on leave (see page 9)	✓	✓	
Waiver of premium if unemployed (see page 9)	✓	✓	
Waiver of premium if on maternity leave (see page 9)	✓	✓	
Waiver of waiting period for specific conditions (see page 9)	✓	✓	
Indexation (see pages 9 and 12)	✓	✓	✓
Guaranteed insurability (see page 9)	✓	✓	
Flexibility to reduce waiting period (see page 9)	✓	✓	
Extended Cover (see page 9)	✓	✓	
Interim Accident Cover (see page 9)	✓	✓	✓

Optional extras of Income Care Range available	Income Care	Income Care Plus	Business Overheads Cover
At no additional cost			
Total and Permanent Disability Cover Option (see page 10)	✓	✓	
At a reduced cost			
Essential Cover Option (see page 10)	✓		
Total and Temporary Disability Cover Option (see page 10)	✓	✓	
Premium Saver Option (see page 10)	✓	✓	
At an additional cost			
Increasing Claim Option (see page 9)	✓	✓	
Accident Option (see page 10)	✓	✓	
Super Continuance Option (see page 10)	✓	✓	
Cash Back Option (see pages 10 and 12)	✓	✓	✓

Eligibility	
Age	<p>If you choose the Stepped Premium Rate option, you must be aged from 17 to 59 to apply for cover.</p> <p>If you choose the Level Premium Rate option, you must be aged from 17 to 54 to apply for cover.</p> <p>However, in either case a different age range (19 to 54) operates if you are in an aviation occupation.</p>
Other factors	In addition to age, the availability of cover may be affected by your work, pastimes, health and financial circumstances.
Restrictions	<p>Full-time worker only Only people working full-time can apply for cover.</p> <p>Limits on heavy risk jobs Income Care Plus and Business Overheads Cover are not available to people in occupations that we classify as heavy risk.</p> <p>Superannuation funds A superannuation fund cannot own an Income Care Plus policy.</p>

Factors you need to choose that affect your premium		
Policy type (determines whether future changes to your income will affect your benefits)	<p>Income Care or Income Care Plus Agreed value policy If you select an agreed value policy, we agree to pay the monthly benefit you have insured. This payment includes any indexation increases.</p> <p>We pay this benefit regardless of any reduction in your income since you took out the policy.</p> <p>The amount which we cover you for is based on your average monthly income in the twelve months before applying for cover.</p> <p>For example, if the monthly benefit for which you are insured is \$3,000 and you become entitled to a Total Disability Benefit, we will pay you a Total Disability Benefit of \$3,000 per month even if the monthly income you were earning at the time you took out your cover decreased and would no longer justify a monthly benefit of \$3,000.</p>	<p>Income Care or Income Care Plus Indemnity policy If you select an indemnity policy, the monthly benefit we will pay is the lesser of:</p> <ul style="list-style-type: none"> 75% of your average monthly income in the twelve months before the claim, and the insured monthly benefit amount (including any indexation increases). <p>For example, if the monthly benefit for which you are insured is \$3,000 but your average monthly income was \$3,200 in the twelve months before becoming entitled to a Total Disability Benefit, we will only pay you a Total Disability Benefit of \$2,400 per month (i.e. 75% of \$3,200) and not the \$3,000 for which you were insured.</p> <p>Business Overheads Cover This can only be an indemnity-style policy, so you don't need to choose the policy type if you are not taking Business Overheads Cover with Income Care or Income Care Plus.</p>
Monthly benefit (how much you are insured for)	<p>Income Care or Income Care Plus Up to 75% of income over the last twelve months, subject to a sliding scale.</p> <p>There is a minimum of \$1,500 per month (excluding any super continuance monthly benefit) and a maximum of \$30,000 (including any super continuance monthly benefit) per month.</p> <p>For aviation occupations, the total benefit payments over the duration of the policy will not exceed \$2,000,000.</p>	<p>Business Overheads Cover Covers up to 100% of regular fixed operating business expenses, to a maximum of \$40,000 per month.</p> <p>There is no minimum except when it is taken without Income Care or Income Care Plus, in which case the minimum is \$1,500 per month.</p>
Benefit period (how long we pay your benefits for)	<p>Income Care or Income Care Plus Choice of two years, five years, to age 60 or to age 65.</p> <p>However, different benefit periods operate in the following situations:</p> <ul style="list-style-type: none"> If you are in a heavy risk occupation, the maximum benefit period you can choose is five years. If you are in an aviation occupation, the maximum benefit period you can choose is to age 60. 	
Waiting period (how long you need to be disabled for before we start paying you benefits)	<p>Income Care or Income Care Plus Choice of 14 days, one month, two months, three months, six months, one year or two years.</p>	<p>Business Overheads Cover Choice of 14 days, one month, two months, three months or six months.</p>
Premium rate option (affects whether your premium will change as you get older)	<p>Stepped Premium Rate option Premium increases are linked to your age.</p>	<p>Level Premium Rate option Up to age 65, your premium does not increase as a result of you getting older.</p>
Cover expiry date (affects how long your policy will last for)	<p>Choice of: to age 60 or age 65.</p>	

Occupation groups
<p>The work you do may affect the cost of the policy and the availability of some benefits. Once we receive your application, we work out which occupation group best describes what you do. We then include your occupation group in your Policy Schedule as one of the following:</p> <ul style="list-style-type: none"> 'S' – Super professional 'K' – Medical occupations 'J' – Legal occupations 'P' – Professional 'G' – Managerial 'C' – Clerical 'M' – Manual 'H' – Heavy risk 'L' – Light manual 'A' – Aviation occupations

Understanding some technical expressions

Some common terms are used in this PDS in relation to the Income Care Range, including benefit period, disability/disabled, monthly benefit, cover expiry date and waiting period. Please see Section 1.1 of the RD for an explanation of these terms.



Income Care – basic income protection cover

Income protection insurance helps you when sickness or injury prevents you from working.

It does so by providing two types of benefit:

- a total disability benefit: this operates when you cannot work at all
- a partial disability benefit: this operates when you can work, but only in a reduced capacity.

These valuable benefits, and some additional benefits, form the basis of an Income Care policy.

There are important exclusions, limitations and benefit offsets that affect the cover and benefits provided under an Income Care policy. These are set out in Section 1.2.24 of the RD.

When will we pay the Total Disability Benefit and what do you get?

We will pay the Total Disability Benefit if you are totally disabled for longer than the waiting period. By 'total disability', we basically mean you can't do any income earning work at all. However, for the full meaning of total disability, please see Section 1.2.1 of the RD. Special meanings apply if you are categorised as belonging to our heavy risk or aviation occupation groups, or you are unemployed or on leave at the time of total disability.

It is important you understand the total disability definition and the requirements you have to meet to make a claim. You should, therefore, refer to the RD and read the definition carefully.

The benefit payable is made up of two amounts:

1. the monthly benefit, and
2. any super continuance monthly benefit.

For example, if you become entitled to a Total Disability Benefit and your monthly benefit is \$3,000 and your super continuance monthly benefit is \$360, we will pay a benefit of \$3,360 per month.

So long as you continue to be totally disabled, the benefits can continue until the end of the benefit period. However, they are not payable beyond your cover expiry date.

When will we pay the Partial Disability Benefit and what do you get?

If you are partially disabled after the waiting period has ended, a proportion of the Total Disability Benefit will be paid, based on the reduction in your income. This is the Partial Disability Benefit. For an explanation of its calculation, please see Section 1.2.2 of the RD.

You are partially disabled when you can only work in a reduced capacity. For the full meaning of 'partial disability', please see Section 1.2.2 of the RD. A special meaning applies if you are unemployed or on leave at the time of partial disability.

It is important you understand the partial disability definition and the requirements you have to meet to make a claim. You should, therefore, refer to the RD and read the definition carefully.

Benefits can continue until the end of the benefit period, provided you continue to be disabled, but not beyond your cover expiry date.

For further important information about the terms and conditions of the Partial Disability Benefit, including limitations, please see Section 1.2.2 of the RD.

Recurrent Disability Benefit

When you suffer a recurrence of the same, or a related, sickness or injury, you may be able to avoid having to go through the waiting period again.

For further important information about how this benefit works, including limitations and other terms and conditions, please see Section 1.2.3 of the RD.

Benefit for medical professionals who have to stop work because of an infectious disease

If you are a medical professional who has contracted HIV (Human Immunodeficiency Virus), hepatitis B or hepatitis C infection, you may be paid a benefit where you have to stop work as a result of that infection.

For further important information about the terms and conditions of this benefit, including eligibility rules and limitations and exclusions, please see Section 1.2.4 of the RD.

Reward Cover Benefit – provides an incentive to keep cover in place

The Reward Cover Benefit rewards you for maintaining your cover with us for three years or more, by providing you with up to \$100,000 Accidental Death Cover at no additional cost. If, at the time of your accidental death, you also have a Total Care Plan policy, we will double the amount paid under the Reward Cover Benefit.

For further important information about the terms and conditions of this benefit, including exclusions, please see Section 1.2.5 of the RD.

Rehabilitation Benefit

We pay you the Rehabilitation Benefit for up to twelve months if you are totally disabled and you participate in an approved rehabilitation program. We pay this in addition to any other benefit payable.

For further important information about the terms and conditions of this benefit, including limitations and exclusions, please see Section 1.2.6 of the RD.

Unemployment Cover Benefit

We can help cover minimum monthly loan repayments if you become involuntarily unemployed before your cover ends.

If you are eligible for this benefit, we will pay you a monthly benefit for up to three months.

To illustrate, if your monthly benefit amount under your Income Care or Income Care Plus policy is \$5,000 and your minimum monthly Commonwealth Bank loan repayment is \$3,000, we will pay \$3,000 per month towards your loan account if an unemployment benefit becomes payable.

For further important information about the terms and conditions of this benefit, including eligibility rules and limitations and exclusions, please see Section 1.2.7 of the RD.

Waiver of premium while on claim

You don't have to pay any premiums when you are receiving a Total or Partial Disability Benefit.

If you have an Income Care Plus policy then, in addition, you don't have to pay any premiums:

- while you are receiving a Special Injuries Benefit, or
- for the first six months after receiving a Crisis Benefit.

For further important information about the terms and conditions of this benefit, including limitations, please see Section 1.2.8 of the RD.

Cover while unemployed or on leave

So long as you continue to pay premiums, your cover continues even if you become unemployed or go on maternity, paternity or long service leave.

For further important information about this cover, please see Sections 1.2.1 and 1.2.2 of the RD.

Waiver of premium if you are unemployed

You don't have to pay premiums for up to three months in total, when you are involuntarily unemployed.

For further important information about the terms and conditions of this benefit, including limitations and exclusions, please see Section 1.2.9 of the RD.

Waiver of premium if you are on maternity leave

You don't have to pay premiums for up to three months in total, when you are on maternity leave.

For further important information about the terms and conditions of this benefit, including limitations, please see Section 1.2.10 of the RD.

Waiver of waiting period for specific medical conditions

For some specified medical conditions, you can avoid the waiting period when you claim a Total or Partial Disability Benefit. The medical conditions covered are set out in Section 1.2.11 of the RD. Some of these medical conditions are defined in Section 4 of the RD.

For further important information about the terms and conditions of this benefit, including limitations, please see Section 1.2.11 of the RD.

Indexation – keeps your cover in line with inflation

Each year we automatically increase your cover to ensure your insurance keeps pace with movements in the Consumer Price Index (CPI).

For further important information about how indexation works, including limitations, please see Section 1.2.12 of the RD.

Guaranteed insurability

You can increase your monthly benefit (and any super continuance monthly benefit) by up to 10% without any further evidence of health. You can do this every three years from the date your cover commenced, until you reach age 55.

For further important information about the terms and conditions of this benefit, including limitations, please see Section 1.2.13 of the RD.

Flexibility to reduce waiting period

This feature applies if you are applying for income protection cover with us and you already hold group income protection insurance (e.g. arranged for you by an employer or a group). If this applies, then you may be able to reduce your waiting period on your cover with us without further medical evidence.

For further important information about the terms and conditions of this benefit, including limitations, please see Section 1.2.14 of the RD.

Extended Cover

If you reach your cover expiry date of age 65 and still have income protection cover, we will extend your Total Disability cover up until the policy anniversary date prior to your 70th birthday.

For further important information about the terms and conditions of this benefit, including limitations, please see Section 1.2.15 of the RD.

Interim Accident Cover

While we are considering your application, we will provide interim accident cover for up to 90 days. This cover is provided free of charge and begins when we receive your fully completed application and valid payment details. More information can be found in the Interim Accident Cover Certificate on page 25.

Increasing Claim Option – keeping benefits in line with inflation

The Increasing Claim Option is designed to ensure your monthly benefit keeps pace with changes in inflation.

For further important information about the terms and conditions of this option, including limitations, please see Section 1.2.16 of the RD.

Accident Option – allows payments to start during the waiting period

If, during the waiting period, you are totally disabled due to an injury for three days in a row, then we will pay you a benefit under the Accident Option. The benefit will be paid for as long as you are totally disabled, until the waiting period ends. If, at that time, you are still totally disabled, your normal monthly benefit will be paid.

For further important information about the terms and conditions of this option, including limitations, please see Section 1.2.17 of the RD.

Super Continuance Option

The Super Continuance Option allows you to insure your regular superannuation contributions, so that your superannuation will continue to accumulate during periods of total and partial disability.

For further important information about the terms and conditions of this option, please see Section 1.2.18 of the RD.

Cash Back Option

When your policy ends, the Cash Back Option entitles you to a refund of up to 20% of all premiums paid if you haven't made a claim on your policy. How much you get back depends on how long you have held your policy, but you must hold it for at least three years for the refund to apply.

For further important information about the terms and conditions of this option, including limitations, please see Section 1.2.19 of the RD.

Total and Permanent Disability (TPD) Cover Option

The TPD Cover Option provides you with greater choice in the event of your total and permanent disability.

If, before the cover expiry date, you suffer a TPD, you can choose to receive a tax-free lump sum benefit instead of the monthly benefit you would have received for your disability. TPD has a special meaning which is set out in Section 1.2.20 of the RD. It is important you understand the TPD definition and the requirements you have to meet to take advantage of this option. You should, therefore, refer to the RD and read the definition carefully.

For further important information about the terms and conditions of this option, including limitations and exclusions, please see Section 1.2.20 of the RD.

Essential Cover Option – covering accidents only

The Essential Cover Option provides an alternative income protection solution under Income Care, by only covering accidents. By selecting this option, you may be able to obtain cover under Income Care, even though you are ineligible for the standard Income Care cover (for instance, because you have a pre-existing medical condition).

If you select the Essential Cover Option, a premium discount will apply to your policy but your policy will only cover you for accidents.

For further important information about the terms and conditions of this option, including limitations and the accidents we don't cover, please see Section 1.2.21 of the RD.

Total and Temporary Disability (TTD) Cover Option

The TTD Cover Option provides you with a premium discount but prevents you from claiming benefits in the event you become TPD. TPD has a special meaning which is set out in Section 1.2.20 of the RD.

This means that if you become TPD, you will not be eligible for any benefits under the policy and your cover under the policy will end.

It is important you understand the TPD definition. You should, therefore, refer to the RD and read the definition carefully.

For further important information about the terms and conditions of this option, please see Section 1.2.22 of the RD.

Premium Saver Option – a premium discount in return for more limited cover

The Premium Saver Option provides a premium discount in return for limiting the number of monthly benefit payments we will pay for mental illness.

For further important information about the terms and conditions of this option, including the definition of mental illness, please see Section 1.2.23 of the RD. It is important you understand the mental illness definition. You should, therefore, refer to the RD and read the definition carefully.

Income Care Plus – income protection cover with extras

Income Care Plus offers all of the benefits and options available under Income Care (except for the Essential Cover Option).

For a description of these benefits and options, please see the previous section. Income Care Plus also offers some extra benefits as outlined below.

Sometimes, you may be eligible for more than one benefit under Income Care Plus. If, however, we restrict the payment of benefits to one at a time, we will generally pay you the most generous of the benefits.

If you are categorised as belonging to our heavy risk occupation group, you are not eligible to apply for Income Care Plus.

There are important exclusions, limitations and benefit offsets that affect the cover and benefits provided under an Income Care Plus policy. These are set out in Section 1.2.24 of the RD.

Rehabilitation Expenses Benefit

If you are totally disabled, we will reimburse the expenses of participation in an approved rehabilitation program, or the expenses of working or attempting to return to work. Some examples of expenses covered under the Rehabilitation Expenses Benefit are the cost of travelling to attend a program or the cost of structural changes to your home or office.

For further important information about the terms and conditions of this benefit, including limitations, please see Section 1.3.1 of the RD.

Accommodation Benefit

Sometimes, you need to be a long way from home to receive care. When that happens, we may pay a benefit to help cover the costs of accommodating an immediate family member who needs to be near you.

For further important information about the terms and conditions of this benefit, including limitations, please see Section 1.3.2 of the RD.

Family Support Benefit

Sometimes, a family member will lose income because they need to take time off work to care for you. If this happens, we may pay a benefit to you to subsidise your family member's lost income.

For further important information about the terms and conditions of this benefit, including limitations, please see Section 1.3.3 of the RD.

Home Care Benefit

If you are still totally disabled after the waiting period and are confined to or near a bed, we may pay a benefit to help cover the cost of a paid professional housekeeper.

For further important information about the terms and conditions of this benefit, including limitations, please see Section 1.3.4 of the RD.

Bed Confinement Benefit

If you are totally disabled and confined continuously to bed for at least three days during the waiting period, we may pay a benefit to help cover the cost of a registered nurse.

For further important information about the terms and conditions of this benefit, including limitations, please see Section 1.3.5 of the RD.

Transportation Benefit

We will pay you \$200 to help cover the cost of emergency transportation to an Australian hospital, if it is due to the condition that caused your total disability.

Overseas Assist Benefit

If you are totally disabled for at least a month while outside Australia, we will reimburse your return economy airfare to Australia.

For further important information about the terms and conditions of this benefit, including limitations, please see Section 1.3.6 of the RD.

Specific Injuries Benefit

If, as a result of an injury, you suffer one of the specified medical events in the table set out in Section 1.3.7 of the RD, we will pay the monthly benefit (and any super continuance monthly benefit) each month, up to the payment period shown for the relevant event in the table. This benefit will be paid whether you are capable of returning to work or not.

For further important information about the terms and conditions of this benefit, including limitations, please see Section 1.3.7 of the RD.

Crisis Benefit

If you suffer one of the 18 specified medical conditions set out in Section 1.3.8 of the RD, we will pay a lump sum benefit, whether or not you are capable of returning to work. It is important you understand the definitions of the specified medical conditions and the requirements you would have to meet to make a claim. You should, therefore, refer to the RD and read the definitions carefully.

For further important information about the terms and conditions of this benefit, including limitations, please see Section 1.3.8 of the RD.

Death Benefit

In the event of death, this benefit pays a lump sum to help meet any expenses at the time.

For further important information about the terms and conditions of this benefit, including limitations, please see Section 1.3.9 of the RD.

Section 1 Income Care Range

Business Overheads Cover – cover for business expenses

Business Overheads Cover is a form of income protection that helps pay for your business expenses if you can't work due to sickness or injury.

To be eligible for this cover, you must be either:

- self-employed with special skills or expertise, and not working at home, or
- an income-generating member of a small business where there are no more than five income-generating employees.

You can take out Business Overheads Cover either as a stand-alone policy or together with Income Care or Income Care Plus. By combining the policies, you receive a 10% discount on the premiums payable for the Business Overheads Cover.

There are important exclusions, limitations and benefit offsets that affect the cover and benefits provided under Business Overheads Cover. These are set out in Section 1.4.7 of the RD.

When is a Business Overheads Cover Benefit payable?

When you are totally disabled beyond the waiting period, we will cover your usual, regular fixed operating expenses incurred.

For further important information about the terms and conditions of this benefit, including limitations and the definition of total disability, please see Section 1.4.1 of the RD. It is important you understand the definition of total disability and the requirements you would have to meet to make a claim. You should, therefore, refer to the RD and read the definition carefully.

Covered business expenses

The business expenses covered are the regular fixed operating expenses of running a business.

For further important information about the expenses covered, please see Section 1.4.2 of the RD.

Reward Cover Benefit – provides an incentive to keep cover in place

The Reward Cover Benefit rewards you for maintaining your cover with us for three years or more, by providing you with up to \$100,000 Accidental Death Cover at no additional cost. If, at the time of your accidental death, you also have a Total Care Plan policy, we will double the benefit paid under the Reward Cover Benefit.

For further important information about the terms and conditions of this benefit, including limitations and exclusions, please see Section 1.4.3 of the RD.

Waiver of premium while on claim

You don't have to pay any premiums when you are receiving a Business Overheads Cover Benefit.

For further important information about the terms and conditions of this benefit, including limitations, please see Section 1.4.4 of the RD.

Indexation – keeps your cover in line with inflation

Each year we will automatically increase your cover to ensure your insurance keeps pace with movements in the Consumer Price Index (CPI).

For further important information about how indexation works, including limitations, please see Section 1.4.5 of the RD.

Cash Back Option

When your policy ends, the Cash Back Option entitles you to a refund of up to 20% of all premiums paid if you haven't made a claim on your policy.

How much you get back depends on how long you have held your policy, but you must hold it for at least three years for the refund to apply.

For further important information about the terms and conditions of this option, including limitations, please see Section 1.4.6 of the RD.



Section 2 Total Care Plan

Summary

Cover	
Life Care	Pays a lump sum in the event of your death or terminal illness. This cover is also known as 'term insurance'. See page 16.
TPD Cover	TPD Cover is an abbreviation for Total and Permanent Disability Cover. Pays a lump sum if you become totally and permanently disabled. See page 17.
Trauma Cover	Pays a lump sum on the occurrence of specified medical conditions. See page 17.

Features of Total Care Plan	Life Care	TPD Cover	Trauma Cover
Benefits			
Death Benefit (see page 16 and 17)	✓	✓ ¹	
Terminal Illness Benefit (see page 16)	✓		
Life Care Advance Payment Benefit (see page 16)	✓		
TPD Benefit (see page 17)		✓	
Trauma Benefit (see page 17)			✓
Partial Trauma Cover Benefit (see page 18)			✓
Buy Back Benefit (see pages 16 and 19)	✓		✓
Severe Hardship Booster Benefit (see page 19)	✓	✓	✓
Financial Planning Benefit (see page 19)	✓	✓	✓
Loyalty Bonus Benefit (see page 19)	✓	✓	✓
Accommodation Benefit (see page 19)	✓	✓	✓
Security and flexibility			
Indexation (see page 19)	✓	✓	✓
Continuation Option (see page 17)		✓ ¹	
Interim Accident Cover (see page 19)	✓	✓	✓

Optional extras of Total Care Plan available	Life Care	TPD Cover	Trauma Cover
At no additional cost			
Nomination of beneficiaries (see page 16)	✓		
At a reduced cost			
Evidence of Severity Option (see page 19)			✓
At an additional cost			
Accidental Death Cover (see page 16)	✓ ²		
Guaranteed Insurability Option (Personal Events) (see page 16)	✓		✓ ³
Guaranteed Insurability Option (Business Events) (see page 16)	✓	✓ ³	✓ ³
Business Safe Cover Option (see page 16)	✓	✓	✓
Plan Protection Option (see page 16)	✓		
Trauma Plus Cover Option (see page 19)			✓
Child Cover Option (see page 19)	✓		✓

¹ Only available for a stand-alone policy.

² Can be a stand-alone policy.

³ Only available for a policy with Life Care.

Section 2 Total Care Plan

Eligibility							
Age	<p>The eligibility age depends on the type of premium rate option selected.</p> <p>If you choose the Stepped Premium Rate option, you must be in the following age range to apply for cover:</p> <table border="0"> <tr> <td>Life Care</td> <td>17 to 69</td> </tr> <tr> <td>TPD Cover</td> <td>17 to 59</td> </tr> <tr> <td>Trauma Cover</td> <td>17 to 62</td> </tr> </table> <p>If you choose the Level Premium Rate option, you must be aged from 17 to 54 to apply for Life Care, TPD Cover or Trauma Cover.</p>	Life Care	17 to 69	TPD Cover	17 to 59	Trauma Cover	17 to 62
Life Care	17 to 69						
TPD Cover	17 to 59						
Trauma Cover	17 to 62						
Work status	To apply for TPD Cover, you must work at least 25 hours per week.						

Factors you need to choose that affect your premium		
Premium rate option (affects whether premium will change as you get older)	Stepped Premium Rate option Premium increases are linked to your age.	Level Premium Rate option Up to age 65, your premium does not increase as a result of you getting older.
The version of the 'Absent From Active Employment' TPD Cover definition which applies to you (see page 17) (affects when a TPD Cover benefit is payable)	Any occupation In addition to the other requirements of the 'Absent From Active Employment' TPD Cover definition, you need to satisfy us that you're unable to engage (whether or not for reward) in any occupation for which you are reasonably suited by education, training or experience.	Own occupation In addition to the other requirements of the 'Absent From Active Employment' TPD Cover definition, you need to satisfy us that you're unlikely to engage in your own occupation ever again. This is easier to satisfy, but also more expensive. It is only available if you are in a professional or clerical occupation.

Available cover combinations
Life Care Life Care and TPD Cover Life Care and Trauma Cover Life Care, TPD Cover and Trauma Cover TPD Cover Trauma Cover Trauma Cover and TPD Cover Accidental Death Cover

Limits	
Expiry age	<p>Life Care Policy anniversary date before your 99th birthday.</p> <p>TPD Cover Policy anniversary date before your 80th birthday. However, on or after the policy anniversary date immediately before your 65th birthday, only Loss of Independent Existence (see Section 4.5.5 of the RD for its meaning) is covered under TPD Cover.</p> <p>Trauma Cover Policy anniversary date before your 80th birthday. However, on or after the policy anniversary date immediately before your 70th birthday, only Loss of Independent Existence (see Section 4.5.5 of the RD for its meaning) is covered under Trauma Cover.</p> <p>Optional extras under Total Care Plan Accidental Death Cover – policy anniversary date before your 99th birthday. Child Cover – policy anniversary date before the child's 18th birthday.</p>
Maximum cover	<p>Life Care – no limit TPD Cover – \$3,000,000 Trauma Cover – \$2,000,000</p> <p>Optional extras under Total Care Plan Accidental Death Cover – \$1,000,000 Child Cover – \$100,000</p>



Life Care

Life Care provides a lump sum payment on death – the Life Care benefit. The lump sum we pay is the amount for which you are insured.

Life Care also provides other benefits, including a benefit if you are diagnosed with a terminal illness – the Terminal Illness benefit. These benefits are designed to assist your family at a difficult time.

When is a Life Care benefit payable?

Life Care is death cover, which pays a lump sum when you die.

For further important information about the terms and conditions of this benefit, including limitations and exclusions, please see Section 2.1.1 of the RD.

When is a Terminal Illness benefit payable?

We pay this benefit when medical evidence satisfactory to us confirms that you have less than twelve months to live.

For further important information about the terms and conditions of this benefit, including limitations, please see Section 2.1.2 of the RD.

Life Care Advance Payment Benefit – provides an immediate cash payment upon death

This benefit provides a cash advance of the Life Care benefit to assist with the cost of a funeral or other similar expenses.

For further important information about the terms and conditions of this benefit, including limitations and exclusions, please see Section 2.1.3 of the RD.

Life Care Buy Back Benefit

This benefit provides for an automatic reinstatement of your Life Care if it is reduced by the payment of a TPD Cover or Trauma Cover benefit.

For further important information about the terms and conditions of this benefit, including limitations, please see Section 2.1.4 of the RD.

Accidental Death Cover

You can select Accidental Death Cover to go with your Life Care, or just by itself. Accidental Death Cover is designed to top up your cover and provides a simple, low cost death cover. It does not replace the need for sufficient Life Care.

For further important information about the terms and conditions of this cover, including limitations and exclusions, please see Section 2.1.5 of the RD.

Guaranteed Insurability Option (Personal Events)

To help you keep your insurance in line with your changing personal circumstances, this option allows you to increase your Life Care and, if applicable, your Trauma Cover following certain personal events such as marriage, divorce or having a child. Under this option, no further medical information is required to increase your cover.

For further important information about the terms and conditions of this option, including limitations and the personal events covered, please see Section 2.1.6 of the RD.

Guaranteed Insurability Option (Business Events)

To help ensure your insurance continues to protect your business interests, you can, without supplying further medical information, increase your Life Care and, if applicable, TPD and Trauma Cover on the occurrence of certain business events. The business event for which you can exercise this option will depend on the purpose for which you take out your cover.

For further important information about the terms and conditions of this option, including limitations and the relevant business events, please see Section 2.1.7 of the RD.

Business Safe Cover Option

Should a certain business event occur, this option allows you to increase your Life Care, TPD Cover and Trauma Cover by up to three times, without supplying further medical information.

At the time of assessing your application for the policy, we will underwrite you for three times your chosen cover amount, so that when the relevant business event occurs you will be able to increase your Life Care, TPD Cover and Trauma Cover without having to provide further medical evidence for the increased amount.

For further important information about the terms and conditions of this option, including limitations and the relevant business events, please see Section 2.1.8 of the RD.

Plan Protection Option

Under this option, you will not have to pay premiums while you are totally disabled for three months or more.

For further important information about the terms and conditions of this option, including limitations and exclusions and the meaning of total disability, please see Section 2.1.9 of the RD. It is important you understand the total disability definition and the requirements you have to meet to make a claim. You should, therefore, refer to the RD and read the definition carefully.

Nomination of beneficiaries

You may nominate up to five beneficiaries to receive death claim proceeds from the Total Care Plan policy. Your valid nomination will ensure that any death claim proceeds payable under the policy will be paid in the designated portions directly to the nominated beneficiary/ies, such that the proceeds will not be paid to you or your estate.

Your nomination is subject to the following rules:

- a nominated beneficiary can be a natural person, corporation or trust
- conditional nominations cannot be made
- you may change a nominated beneficiary or revoke a previous nomination at any time prior to a claim event occurring
- if a nominated beneficiary predeceases the life insured, then that beneficiary's legal personal representative will receive any money payable on the life insured's death – that is, unless you change your nomination before the life insured dies

- if ownership of the policy is assigned to another person or entity, then any previous nomination is automatically superseded (i.e. the nomination is revoked), and
- a nominated beneficiary has no rights under the policy, other than to receive the nominated policy proceeds after a claim has been admitted by CMLA. They cannot authorise or initiate any policy transaction.

To nominate beneficiaries under your policy, please complete Section E 'Nomination of beneficiaries (Optional)' of the Personal Insurance Portfolio Application form.

There is no cost to you in nominating a beneficiary.

Total and Permanent Disability (TPD) Cover

TPD Cover provides a lump sum if you suffer TPD. TPD has a special meaning which we explain below. The lump sum we pay on TPD is the amount for which you are insured.

You can take out TPD Cover:

- on its own (stand-alone TPD)
- in combination with Life Care (with this combination, the amount of your TPD Cover cannot be greater than your Life Care)
- in combination with Trauma Cover (with this combination, the amount of your TPD Cover cannot be greater than your Trauma Cover)
- in combination with both Life Care and Trauma Cover (with this combination, the amount of your TPD Cover cannot be greater than your Life Care).

When is a TPD Cover benefit payable?

We will pay you the TPD Cover benefit if you suffer TPD. This means:

- you satisfy the 'Absent From Active Employment' definition which applies to you (see page 14) – both the 'any occupation' and 'own occupation' versions of this definition are set out for your reference in Sections 2.2.1.1 and 2.2.1.2 of the RD respectively
- you suffer Loss of Limbs or Sight, as defined in Section 4.5.3 of the RD, or
- you suffer Loss of Independent Existence, as defined in Section 4.5.5 of the RD.

If you perform full-time domestic duties or child rearing, a different 'homemakers' definition of TPD applies. This definition is set out in Section 2.2.1.3 of the RD.

It is important you understand these definitions and the requirements you have to meet to make a claim. You should, therefore, refer to the RD and read the definitions carefully.

Further information on TPD Cover?

For further important information about the terms and conditions of this cover, including information about:

- limitations and exclusions
- when TPD Cover ends

please see Section 2.2 of the RD.

Other options and benefits available under TPD Cover Business Safe Cover Option

For information about this option, please see page 16.

Death Benefit

If you have stand-alone TPD Cover and there is no TPD Cover benefit payable when you die, then we will pay a lump sum of \$10,000.

Continuation Option

If you have stand-alone TPD Cover, the Continuation Option allows you to obtain a new individual Life Care policy without further medical evidence. You can do this when:

- a TPD Cover benefit becomes payable under your TPD Cover, or
- your TPD Cover ceases to apply from the policy anniversary date preceding your 80th birthday.

For further important information about the terms and conditions of this option, including limitations, please see Section 2.2.3 of the RD.

Trauma Cover

Trauma Cover provides a lump sum on the occurrence of a specified medical condition or event. You must meet the specific definition of the medical condition or event. We pay regardless of whether you are prevented from working. The lump sum we pay is up to the amount for which you are insured.

You can take out Trauma Cover:

- on its own (stand-alone Trauma)
- in combination with Life Care (with this combination, the amount of your Trauma Cover cannot be greater than your Life Care)
- in combination with TPD Cover (with this combination, the amount of your Trauma Cover cannot be less than your TPD Cover)
- in combination with both Life Care and TPD Cover (with this combination, the amount of your Trauma Cover cannot be greater than your Life Care).

When is a Trauma Cover benefit payable?

We pay a Trauma Cover benefit once you survive 14 days past the occurrence of a specified medical condition or medical event. The medical conditions and events we cover are listed below. Each condition and event has a specific medical meaning and no claim will be accepted unless the specific meaning is met. The specific definitions are set out in Section 4 of the RD. It is important you understand these definitions and the requirements you have to meet to make a claim. You should, therefore, refer to the RD and read the definitions carefully.

Here is a list of the medical conditions and events covered (the conditions and events denoted '**' only result in a partial payment of the Trauma Cover benefit – the Partial Trauma Cover benefit):

Events covered under Trauma Cover

Heart Disorders

- Heart Attack
- Out of Hospital Cardiac Arrest
- Coronary Artery Disease Requiring By-pass Surgery
- Coronary Artery Angioplasty*
- Coronary Artery Angioplasty – Triple Vessel
- Repair and Replacement of a Heart Valve
- Surgery of the Aorta
- Cardiomyopathy
- Primary Pulmonary Hypertension
- Open Heart Surgery

Nervous System Disorders

- Stroke
- Major Head Trauma
- Motor Neurone Disease
- Multiple Sclerosis
- Multiple Sclerosis of limited extent*
- Muscular Dystrophy
- Paraplegia
- Quadriplegia
- Hemiplegia
- Diplegia
- Tetraplegia
- Dementia and Alzheimer's Disease
- Coma
- Encephalitis
- Parkinson's Disease

Body Organ Disorders

- Cancer
- Cancer of the Vulva or Perineum
- Removal of Carcinoma in situ of the Breast*
- Benign Brain Tumour
- Blindness

- Chronic Kidney Failure
- Major Organ or Bone Marrow Transplant
- Placement on a Waiting List for Major Organ Transplant*
- Severe Burns
- Loss of Speech
- Loss of Hearing
- Chronic Liver Disease
- Chronic Lung Disease
- Severe Rheumatoid Arthritis

Blood Disorders

- Occupationally Acquired HIV
- Medically Acquired HIV
- Aplastic Anaemia
- Advanced Diabetes

Other Events

- Serious Injury*
- Critical Care*
- Loss of Limbs or Sight
- Loss of One Hand or One Foot*
- Loss of Independent Existence

Additional Events covered under Trauma Plus Cover Option (see page 19)

- Diabetes Complication*
- Carcinoma in situ of the Cervix Uteri*
- Carcinoma in situ of the Vulva or Perineum of limited extent*
- Carcinoma in situ of the Vagina*
- Chronic Lymphocytic Leukaemia*
- Hydatidiform Mole*
- Melanoma*
- Partial Blindness*
- Partial Loss of Hearing*
- Severe Osteoporosis*

Further information on Trauma Cover?

For further important information about the terms and conditions of this cover, including information about:

- limitations and exclusions
- the qualifying period
- partial Trauma Cover payments
- when Trauma Cover ends

please see Sections 2.3.1 and 2.3.2 of the RD.

Trauma Cover Buy Back Benefit

If payment of a Trauma Cover claim reduces your Trauma Cover to less than \$10,000, we will automatically reinstate that cover, effective one year from the date we paid your claim. We do so without requiring further evidence of your health. Your Trauma Cover will remain dormant during the twelve months before the automatic reinstatement.

For further important information about the terms and conditions of this benefit, including limitations and exclusions, please see Section 2.3.3 of the RD.

Trauma Plus Cover Option

If you select this option, a partial Trauma Cover benefit will be payable for an additional ten trauma conditions as set out on page 18.

Evidence of Severity Option

You can receive a premium discount if you choose to restrict your Trauma Cover by having to satisfy additional requirements to qualify for a Trauma Cover benefit. The additional requirements include surviving the trauma for at least 28 days and being unable to work.

For further important information about the terms and conditions of this option, including an explanation of the additional requirements, please see Section 2.3.4 of the RD.

Business Safe Cover Option

For information about this option, please see page 16.

Protection for your children – an option under Life Care or Trauma Cover

Child Cover Option

If you have Life Care or Trauma Cover, you can apply for up to \$100,000 of cover for your children. To do this:

- your child or children need to be aged 2 to 16
- if choosing cover for more than one child, each child needs to be covered for the same amount.

We will pay a benefit equal to the amount for which you cover your child, if your child:

- dies, or
- suffers from one of the 38 Child Cover trauma conditions set out in the table in Section 2.4.1 of the RD. Each condition has a specific medical definition and no claim will be accepted unless that specific definition is met. The specific definitions are contained in Section 4 of the RD. It is important you understand these definitions and the requirements you have to meet to make a claim. You should, therefore, refer to the RD and read the definitions carefully.

For some conditions, we pay a partial benefit without ending the cover.

For further important information about partial payments, including limitations, please see Section 2.4.2 of the RD.

Continuation of cover

Once a covered child reaches their 17th birthday, they can continue their death and trauma cover under a new policy on their life without the need to provide any evidence of their health.

For further important information about the terms and conditions of this benefit, including limitations, please see Section 2.4.3 of the RD.

Further information on Child Cover?

For further important information about the terms and conditions of this cover, including information about:

- limitations and exclusions
- the qualifying period
- when Child Cover ends

please see Section 2.4.1 of the RD.

Standard features in Total Care Plan

Total Care Plan provides a range of additional benefits.

Severe Hardship Booster Benefit

Under the Severe Hardship Booster benefit, we will double the amount of your Life Care, TPD Cover or Trauma Cover benefit if your death, TPD or trauma results from a specified medical condition.

For further important information about the terms and conditions of this benefit, including limitations and the relevant medical conditions, please see Section 2.5.1 of the RD.

Financial Planning Benefit

If we pay the Life Care, TPD Cover or full Trauma Cover benefit, we will pay you or the recipient/s of that benefit up to \$5,000, for the cost of approved financial planning advice. That advice must be obtained from an accredited adviser within twelve months after payment of the relevant benefit.

Loyalty Bonus Benefit – provides an incentive to keep cover in place

After five years of cover, we will automatically increase your cover by 5% at no extra cost.

For further important information about the terms and conditions of this benefit, please see Section 2.5.2 of the RD.

Accommodation Benefit

Sometimes, if you are confined to bed and a long way from home, you may need someone from the family nearby to help you. We may pay a benefit to help cover the costs of accommodating an immediate family member who needs to be near you.

For further important information about the terms and conditions of this benefit, including limitations, please see Section 2.5.3 of the RD.

Indexation

Each year we automatically increase your cover to ensure your insurance keeps pace with movements in the Consumer Price Index (CPI).

For further important information about how indexation works, including limitations, please see Section 2.5.4 of the RD.

Interim Accident Cover

While we are considering your application, we will provide interim accident cover for up to 90 days. This cover is provided free of charge and begins when we receive your fully completed application and valid payment details. More information can be found in the Interim Accident Cover Certificate on page 27.

Section 3

Personal Insurance Portfolio – what are the costs?

Premium rate options

When you apply for a policy, you can choose from two premium rate options:

- Level Premium Rate
- Stepped Premium Rate.

The option you select will apply to all lives insured under your policy and, unless otherwise stated in the policy, will apply for the duration of the policy.

Level Premium Rate option

The Level Premium Rate option is only available if all lives insured are aged 54 or less.

If you select the Level Premium Rate option, we will calculate your annual premium based on your age next birthday at the time we accepted your application for cover. This means your premium is not linked to you getting older. However, where your cover continues after the policy anniversary before your 65th birthday, the premiums payable for that cover will be calculated as if the Stepped Premium Rate option applied.

For further important information about the terms and conditions of this option, please see Section 3.1.1 of the RD.

Stepped Premium Rate option

If you select the Stepped Premium Rate option, the cost of cover increases as you get older. This is because we calculate your annual premium when you first take out cover and then recalculate it every year using your new age.

For further important information about the terms and conditions of this option, please see Section 3.1.2 of the RD.

How your premium is calculated

The premium covers the cost of the insurance and is based on a number of factors as set out in the table in Section 3.2 of the RD.

Sample premiums

To give you an idea of cost, some premium examples are provided in Section 3.3 of the RD. It is important for you to understand that a quote will need to be tailored to you and that the cost of insurance will vary significantly depending on the factors set out in the table in Section 3.2 of the RD. The easiest way to access our premium rates is to contact us or speak to an adviser who can provide an individually tailored quote for you.

Minimum premiums

The minimum premiums for each policy (including the policy fee, which we describe on page 21) are as follows.

Frequency	Minimum premium (including policy fee)	
	Income Care Range	Total Care Plan
Annual	\$300	\$250
Half-yearly	\$160	\$130
Quarterly	\$85	\$70
Monthly	\$30	\$25

Stamp duty

Your premium may also include stamp duty. The overall premium charged will reflect the duty we believe is payable, having regard to stamp duty laws and practices in force at the time the premium is paid.

Premium payment options and frequency charges

Premiums can be paid as set out in the table below. If you decide to pay by direct debit, your financial institution may charge you for setting up and making direct debit payments. Your financial institution can provide more information.

If you choose to pay your premiums more frequently than annually, we charge you a frequency charge to cover the additional cost of administration.

Here is a summary of the various payment options and the applicable frequency charges. This information is current as at the date this PDS was prepared.

Premium payment frequency	Cheque	Direct debit	Credit card	Frequency charge
Monthly		✓	✓	8% of annual premium excluding policy fee
Quarterly		✓	✓	8% of annual premium excluding policy fee
Half-yearly	✓	✓	✓	4% of annual premium excluding policy fee
Annually	✓	✓	✓	Nil

Non-payment of premiums

We may cancel your policy if premiums are not paid within 30 days of the premium due date.

Policy fee

A policy fee is charged which covers some of the administration costs of setting up and maintaining your policy. The policy fee is set out below and is current as at the date this PDS was prepared.

Premium payment frequency	Policy fee (per premium payment)
Monthly	\$6.30
Quarterly	\$18.00
Half-yearly	\$33.00
Annually	\$61.00

Policy fee waiver

If, on the date you apply for a Total Care Plan policy, you also apply for an Income Care Range policy and we issue both policies to you, then we will waive the policy fee on the Total Care Plan policy for as long as the Income Care Range policy continues.

However, if the Income Care Range policy (that you applied for on the same date as the Total Care Plan policy) is issued at a later date, we will only waive the Total Care Plan policy fee from that policy's first policy anniversary date and for as long as the Income Care Range policy continues.

Changes to calculation of premium and related charges

While we guarantee the premium payable under your policy will not change in the first year of your policy as a result of a change in premium rates, we may need to change the rates in later years. We reserve the right to do so for all policies in a group, regardless of which premium rate option you select.

We reserve the right to increase the frequency charge at our discretion. We may also increase the policy fee in line with the Consumer Price Index.

We may also need to increase fees and charges to reflect new or changed government levies or taxes. For instance, individual states and territories do vary their rates of stamp duty from time to time, and we may pass on any change to you.

If we need to change fees and charges, we will notify you in writing at least six weeks before we make the change.

Commission

We pay commissions and other benefits to our advisers. These amounts are factored into the cost of the insurance, and are not additional amounts you have to pay.

No surrender value

Although the Cash Back Option may apply under the Income Care Range, the products described in this PDS do not acquire a surrender or cash-in value at any point.

What we do with your premiums

The premiums for PIP benefits will be placed in CMLA's No.5 Statutory Fund and insurance benefits will be paid from that fund.

Section 4 Important information

Cooling-off period

From the date the policy is issued, you have 28 days to check that it meets your needs. This is known as the 'cooling-off period'. Within this period, you can cancel the policy and receive all your money back. If you wish to cancel, please put your request in writing and send it to us with your Policy Schedule and Policy Document. Our mailing address is on the inside back cover of this PDS.

Risks

There are a number of risks you should be aware of, including:

- the insurance cover you select may not provide the appropriate cover for your needs
- if we do not receive the premiums within 30 days of the due date, we may cancel or terminate the policy by writing to you and may not assess any claim for an event which arises after the termination
- we may vary or may not pay the benefit if you have not complied with your duty of disclosure.

Who can be covered?

You can take out cover on your own life, in which case you are the life insured as well as the policy owner. You can also take out cover to insure someone else's life (e.g. a family member or business partner), in which case the other person is the life insured and you are the policy owner.

You can also combine cover for family members or business partners on one policy. The policy owner/s will receive the benefits of the policy, except where:

- you have nominated a beneficiary for a death benefit under Life Care (see page 7 of the Application form), or
- a super continuance monthly benefit is payable under the Income Care Range.

Your duty of disclosure

When you complete an application for insurance you have an obligation to answer all of our questions truthfully, and to provide any information which may affect our decision to insure you. A detailed explanation of the duty of disclosure can be found on page 3 of the Application form.

Worldwide cover

Once your policy is issued, subject to any specific exclusions, it will cover you 24 hours a day, wherever you are in the world.

Guaranteed renewable

Provided you pay your premiums and comply with the policy conditions, the policy is guaranteed renewable up until the policy expiry date. This means that we will not cancel it or increase the premium because of the number of claims you make or any change to your state of health, occupation or pastimes.

Upgrade provision

If future versions of these policies are introduced, all policies in a group will be upgraded to include the improved terms and conditions within a reasonable time frame, but only if no policy in that group will be disadvantaged. However, you do not have to take advantage of any upgrade in your benefits.

Improved terms and conditions may not apply in respect of any pre-existing conditions at the time the improvement took place.

How do you make a claim?

Our claims philosophy is simple. We pay all genuine claims as soon as possible after all the necessary documentation has been received and assessed.

You should notify us of any claims within three months of the event occurring.

If you need to make a claim with us, you can either do so via your adviser, or you can call our Claims Assist Line on **1800 221 516**. The call will be directed to the case manager who will be responsible for managing your claim.

Following the initial discussion, we will send you a Claims Kit. Depending on the type of claim, this kit may contain:

- details of the claims management process
- answers to commonly asked questions
- forms that are relevant to your situation, and
- our requirements for assessing the claim.

The assessment decision – to accept or decline the claim – can be made once the case manager has received and assessed all the relevant information. We will advise you promptly of our decision on the claim.

How do you ask us to make changes?

At some stage you may need to change your personal details. All you need to do is notify one of our Customer Service Consultants in writing at the mailing address on the inside back cover of this PDS.

You may also wish to apply for an increase to the amount of cover you have, to reflect your changing needs. To do this you should speak to your adviser, or phone one of our Customer Service Consultants who will be pleased to send you an application for an increase in cover.

Complaint handling procedures

If you have a complaint about the Personal Insurance Portfolio we want to know. So please tell us and we promise to follow this up and get back to you. If you have a complaint, please follow these steps:

1. Gather all supporting documents about your complaint, think about the questions you want answered and decide what you want us to do.
2. Call our Customer Service Centre on **13 10 56** between 8am and 8pm (Sydney time), Monday to Friday. One of our Customer Service Consultants will either deal with the matter personally or refer the matter to the appropriate person for attention. A quick chat is all that is required to resolve most complaints.

If you would prefer to put your complaint in writing, you can either email us on customerrelations@cba.com.au or you can write to:

Complaints Manager
Customer Relations
Commonwealth Bank Group
GPO Box 41
Sydney NSW 2001

The Complaints Manager will strive to ensure that your complaint is resolved fairly and promptly. Within 45 days of receiving your complaint, we will write to you with either a suggested resolution or an explanation of why your complaint will take more than 45 days to resolve.

3. If you are not satisfied with the proposed resolution or you do not agree to the extension of time or your complaint is not resolved within 90 days, you can contact the Financial Industry Complaints Service Limited.

Financial Industry Complaints Service Limited (FICS)

FICS is an independent service that handles complaints involving life insurance companies. It is able to offer free, informed assistance to help resolve your complaint. FICS will advise you of any complaints it cannot consider when you contact it.

You can contact FICS on:

Phone: **1300 78 08 08**

Facsimile: **03 9621 2291**

Postal address:

Financial Industry Complaints Service Limited
PO Box 579 Collins Street West
Melbourne VIC 8007

Tax and your personal insurance

For general information about the significant tax implications of the PIP products, please see Section 3.4 of the RD. It is important you understand these tax implications and read Section 3.4 of the RD carefully.

Privacy of your personal information

How we handle your personal information

Personal information is information or opinion that allows others to identify you. It includes your name, age, gender and contact details, as well as your health and financial information. We are part of the Commonwealth Bank Group. We will act to protect your personal information in accordance with the National Privacy Principles or an industry privacy code.

The Group is a collection of related organisations that provide banking, finance, insurance, funds management, financial planning and advice, superannuation, stockbroking and other services.

The Group values your trust and aims to help you manage and build wealth over a long period. The protection of your personal information is a vital part of this relationship. It is supported by our long experience of keeping personal information confidential.

We collect personal information to provide you with the products and services you request as well as information on other products and services offered by or through us. The law may also require us to collect personal information. We will tell you who collects the personal information, advise you of their contact details, your right of access to that information and what will happen if you choose not to provide the information.

Personal information may be used and disclosed within the Group to administer our products and services, as well as for prudential and risk management purposes and, unless you tell us otherwise, to provide you with related marketing information. We also use the information we hold to help detect and prevent illegal activity. We cooperate with police and other enforcement bodies as required or allowed by law.

We disclose relevant personal information to external organisations that help us provide services. These organisations are bound by confidentiality arrangements. They may include overseas organisations.

You can seek access to the personal information we hold about you. If the information we hold about you is inaccurate, incomplete or outdated, please inform us so that we can correct it. If we deny access to your personal information, we will let you know why. For example, we may give an explanation of a commercially-sensitive decision, rather than direct access to evaluative information connected with it.

Further information and feedback

If you have any questions or would like further information on our privacy and information handling practices, please contact us by:

- Email: customerrelations@cba.com.au
- Telephone: **1800 805 605***, or
- Writing to the address below:
Privacy Officer
Customer Relations
Commonwealth Bank Group
Reply Paid 41
Sydney NSW 2001

* A free call unless made from a mobile phone, which will be charged at the applicable mobile rate.

Section 5

How to apply

How to apply

To apply for any cover under the Personal Insurance Portfolio, you need to complete the forms at the back of this PDS.

Try to always provide more information where you can. We want to get a good picture of your situation, so any extra detail you can give us is useful. Brief answers will generally result in more information being requested and a delay in processing your application.

Please use the checklist on the front of the application to make sure that you fill in all the information we need to process your application as soon as possible.

Premium quote

Your adviser will be able to provide a premium quote based on the cover you have selected.

We may need more information

Depending on the type of cover you are applying for, and how much cover you want, we may need you to provide us with some financial information or require you to undergo some blood tests. Your adviser will be able to explain any additional requirements to you.

What happens next?

When we receive your application, our underwriters assess it. Underwriting is the process of working out how likely you are to make a claim, based on health, occupation, lifestyle and sporting activities. In some cases, we will require more information to help make an accurate assessment; in others we may have to exclude some dangerous pastimes or health problems in order to offer you cover for all other situations.

If your application is accepted, we will send you:

- a Policy Document which sets out the terms and conditions of the policy
- a Policy Schedule, which is an individual summary of how much cover you have, and what selections you have made.

From the date we issue you the policy, you begin the 28-day cooling-off period (see page 22).



Interim Accident Cover Certificate

Personal Insurance Portfolio

Income Care Range (Income Care,

Income Care Plus and Business Overheads Cover)

The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 (CMLA)

Application date

 / /

Name of life to be insured 1

Name of life to be insured 2

Name of policy owner 1

Name of policy owner 2

We provide interim accident cover (cover) while we are considering your application for Income Care, Income Care Plus or Business Overheads Cover.

Cover is provided on the terms and conditions set out in this Interim Accident Cover Certificate. You do not have to pay an extra premium for this cover. To the extent that they are relevant, the conditions relating to payment of a claim in the Income Care, Income Care Plus or Business Overheads Cover policy you applied for, apply to your cover.

This cover does not apply to you:

- if the Income Care, Income Care Plus or Business Overheads Cover policy you are applying for is intended to replace another policy you have with CMLA, or
- if, at the time this certificate is issued, cover of the same type exists in respect of the life to be insured and that cover relates to an application for a policy which is the same as, or similar to, the policy the subject of the application to which this cover relates.

1 Commencement of cover

Cover commences on the date CMLA receives at its office your fully completed application and a cheque in payment of the first premium or, if premium payment is not by cheque, an effective direct debit request/credit card authority. Cover is subject to your premium payment being credited to CMLA by the relevant financial institution.

2 Period of cover

Your cover will automatically end on the earliest of the following dates:

- 90 days from the date this cover commences
- the date we accept your application on standard or special terms
- the date we decline your application
- the date your application is withdrawn, and
- the date we advise you that this cover is cancelled.

3 Monthly accident benefit

Income Care/Income Care Plus

If your application is for Income Care or Income Care Plus, we will, on a monthly basis, pay you a monthly accident benefit if the life to be insured suffers total disability as a result of an accident. We will start paying the monthly accident benefit if total disability as a result of the same accident continues after the waiting period selected in your application for the relevant policy, and the benefit will only be paid for the period of total disability or six months, whichever is the lesser. The monthly accident benefit is payable for only one period of total disability and is not payable for any subsequent period.

The monthly accident benefit in this case is the lesser of the following amounts:

- \$5,000
- the total of the monthly benefit and any super continuance monthly benefit you applied for in your application for the relevant policy in respect of the life to be insured
- the total of the monthly benefit and any super continuance monthly benefit which would normally be offered by us based on underwriting rules.

Business Overheads Cover

If your application is for Business Overheads Cover, we will, on a monthly basis, pay you a monthly accident benefit if the life to be insured suffers total disability as a result of an accident. We will start paying the monthly accident benefit if total disability as a result of the same accident continues after the waiting period selected in your Business Overheads Cover application, and the benefit will only be paid for the period of total disability or six months, whichever is the lesser. The monthly accident benefit is payable for only one period of total disability and is not payable for any subsequent period.

This certificate must be retained by the applicant/life to be insured.

Continued overleaf.

CI224 010208

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Please fold along perforation to assist in detaching form.

The monthly accident benefit in this case is the lesser of the following amounts:

- \$5,000
- the business overheads monthly benefit you applied for in your application for the policy in respect of the life to be insured
- the business overheads monthly benefit which would normally be offered by us based on underwriting rules.

We will pay the monthly accident benefit in the month immediately following the month during which you became entitled to it. Where the benefit is payable for part of a month, the monthly accident benefit is divided by 30 to arrive at a daily benefit.

4 Definitions

For the purposes of this cover:

- ‘accident’ means bodily injury caused solely and directly by accidental and visible means, independent of any other cause and which occurs while this cover applies
- ‘total disability’ has, to the extent relevant, the meaning set out in the policy you applied for, but must be the result of an accident
- ‘waiting period’ is the waiting period you selected in your application for the relevant policy and otherwise has, to the extent relevant, the meaning set out in that policy.

Name of adviser

Signature of adviser

Date

 / /

5 Exclusions

A monthly accident benefit will not be paid under this cover if the total disability is caused directly or indirectly by:

- suicide or any attempt at suicide
- self-inflicted injury or infection
- the taking of drugs other than prescribed by a medical practitioner
- the taking of alcohol
- an injury the life to be insured suffers while outside of Australia
- a physical condition which you knew about before this cover commenced
- engaging in any pursuit or occupation that we would not normally cover on standard terms
- participation in criminal activity
- an act of war (whether declared or not).

6 Application for insurance

If you are eligible to make a claim under this cover, it may not prevent your application from being accepted. However, we will take into account the change in the health of the life to be insured when assessing your application and we may decline your application or apply special loadings, conditions and exclusions.

Interim Accident Cover Certificate

Personal Insurance Portfolio

Total Care Plan

Application date

 / /

The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 (CMLA)

Name of life to be insured 1

Name of policy owner 1

Name of child life to be insured 1

Name of life to be insured 2

Name of policy owner 2

Name of child life to be insured 2

We provide interim accident cover (cover) while we are considering your application for Total Care Plan.

Cover is provided on the terms and conditions set out in this Interim Accident Cover Certificate. You do not have to pay an extra premium for this cover. To the extent that they are relevant, the conditions in the Total Care Plan policy you applied for relating to payment of a claim apply to your cover.

This cover does not apply to you if the cover you are applying for is intended to replace a policy you have with CMLA.

1 Commencement of cover

Cover commences on the date CMLA receives at its office your fully completed application and a cheque in payment of the first premium or, if premium payment is not by cheque, an effective direct debit request/credit card authority. Cover is subject to your premium payment being credited to CMLA by the relevant financial institution.

2 Period of cover

Your cover will automatically end on the earliest of the following dates:

- 90 days from the date this cover commences
- the date we accept your application on standard or special terms or decline your application
- the date your application is withdrawn, and
- the date we advise you that this cover is cancelled.

3 Cover provided

The circumstances in which we will pay a benefit under this cover and the amount of the benefit vary according to the benefits you applied for in your application, as set out below. A benefit is payable only once under this cover.

Life Care

If you applied for Life Care, we will pay a benefit if the life to be insured dies as a result of an accident. Death must occur within 90 days of the accident.

The amount of the benefit is the lesser of:

- \$1,000,000, and
- the amount of Life Care you applied for.

Trauma Cover

If you applied for Trauma Cover, we will pay a benefit if the life to be insured survives for 14 days after suffering one of the following medical conditions as a result of an accident:

- Major Head Trauma
- Tetraplegia
- Paraplegia
- Blindness
- Quadriplegia
- Severe Burns
- Hemiplegia
- Loss of Limbs or Sight
- Diplegia.

These medical conditions have the meanings set out in the Total Care Plan policy you applied for, but the medical condition must be the result of an accident.

The amount of the benefit payable is the lesser of:

- \$1,000,000, and
- the amount of Trauma Cover you applied for.

Total and Permanent Disablement (TPD) Cover

If you applied for TPD Cover, we will pay a benefit if the life to be insured is totally and permanently disabled as a result of an accident. The TPD definition that applies is either ‘own occupation’ or ‘any occupation’, as you applied for in your application, but TPD must be the result of an accident.

The amount of the benefit payable is the lesser of:

- \$1,000,000, and
- the amount of TPD Cover you applied for.

Please fold along perforation to assist in detaching form.

This certificate must be retained by the applicant/life to be insured.

Continued overleaf.

Interim Accident Cover Certificate

Child Cover

If you applied for Child Cover, we will pay a benefit if the child life to be insured dies as a result of an accident or suffers one of the following medical conditions as a result of an accident:

- Major Head Trauma
- Tetraplegia
- Paraplegia
- Blindness
- Quadriplegia
- Severe Burns
- Hemiplegia
- Loss of Limbs or Sight
- Diplegia.

These medical conditions have the meanings set out in the Total Care Plan policy you applied for, but the medical condition must be the result of an accident.

In the event the child life to be insured dies, the death must occur within 90 days of the accident for a benefit to be payable under this cover.

If we pay a benefit for death, we will not pay a benefit for any of the medical conditions and if we pay a benefit for one of the medical conditions, we will not pay the benefit for death or any other medical condition.

The amount of the benefit payable is the lesser of:

- \$100,000, and
- the amount of the Child Cover you applied for.

Accident

For the purposes of this cover, accident means bodily injury caused solely and directly by accidental and visible means, independent of any other cause.

4 Exclusions

A benefit will not be paid if death, a medical condition or disablement is caused directly or indirectly by:

- suicide or any attempt at suicide
- self-inflicted injury or infection
- the taking of drugs other than prescribed by a medical practitioner
- the taking of alcohol
- an injury the life to be insured or child life to be insured suffers while outside Australia
- a physical condition which the policy owner/s or the life to be insured knew about before this cover commenced
- engaging in any pursuit or occupation that we would not normally cover on standard terms
- participation in criminal activity
- an act of war (whether declared or not).

Nor will we pay a benefit under this cover if the child life to be insured's death or medical condition is caused directly or indirectly by an injury or infection inflicted on a child life to be insured by you or a life to be insured or by the child life to be insured's parent or legal guardian or by any other person who has responsibility for the care of the child life to be insured or who resides with the child life to be insured.

5 Application for insurance

If you are eligible to make a claim under this cover, it will not prevent your application from being accepted. However, we will take into account the change in the health of the life to be insured when assessing your application and we may decline your application or apply special loadings, conditions and exclusions. If you are eligible to make a claim under this cover in respect of a child life to be insured, we will not accept your application for Child Cover.

Name of adviser

Signature of adviser

Date

13 10 56

8 am–8 pm (Sydney time)

Monday to Friday

comminsure.com.au

Write to: Manager, Customer Communication, Comminsure Life Insurance, PO Box 320, Silverwater NSW 2128.

Personal Insurance Portfolio

- Supplementary Product Disclosure Statement (SPDS),
- Reference Document Supplement and
- Direct Debit Request Customer Service Agreement.

1. Supplementary Product Disclosure Statement (SPDS)

Preparation date: 25 May 2009

This Supplementary Product Disclosure Statement (SPDS) supplements the information contained in the Personal Insurance Portfolio Product Disclosure Statement (PDS), with a preparation date 3 March 2008. This SPDS should be read together with the PDS.

Your Personal Insurance Portfolio – overview

Applying for cover (page 2 of the PDS)

The section titled 'Applying for cover' on page 2 of the PDS is deleted and replaced by:

Applying for cover

You can apply for cover by:

- completing and forwarding to us the current Personal Insurance Portfolio Application form which accompanies this PDS, or
- completing and submitting an application electronically via our online application facility (available through your financial adviser).

Important: If you apply electronically via our online application facility, you must return the signed Confirmation of Electronic Application and Personal Statement to us within 30 days of your policy commencing. Failure to do this will result in your policy ending. The Confirmation must be returned in the form required by us.

Section 1 Income Care Range

Factors you need to choose that affect your premium

Policy type (page 6 of the PDS)

The section titled 'Income Care or Income Care Plus Agreed value policy' on page 6 of the PDS is deleted and replaced by:

Income Care or Income Care Plus

Agreed value policy

If you select an agreed value policy, we agree to pay the monthly benefit that you have been insured for. This payment includes any indexation increases. We will pay you this amount regardless of any reduction in your income since you took out the policy.

For example, if the monthly benefit for which you are insured is \$3,000 and you become entitled to a Total Disability Benefit, we will pay you a Total Disability Benefit of \$3,000 per month, even if the monthly income that you were earning at the time you took out your cover decreased and would no longer justify a monthly benefit of \$3,000.

The agreed value amount which we cover you for is based on your average monthly income in the 12 months before applying for cover. We will, at claim time, require you to satisfy us that your average monthly income in the relevant 12 month period justified the amount of cover that we provided you. If you cannot satisfy this requirement, the monthly benefit will be the lesser of the amount of your cover (including any indexation increases) and 75% of your pre-disability income.

Guaranteed agreed value policy

If you have a guaranteed agreed value policy, we will not ask you to justify the amount of your cover if you make a claim. This is because at the time you applied for cover, you provided us with the evidence of your income



Section 2 Total Care Plan

Factors you need to choose that affect your premium

The version of the 'Absent From Active Employment' TPD Cover definition which applies to you (page 14 of the PDS)

The section titled 'Any occupation' on page 14 of the PDS is deleted and replaced by:

Any occupation

In addition to the other requirements of the 'Absent From Active Employment' TPD Cover definition, you will need to satisfy us that you're unable to engage in any occupation:

- for which you are reasonably suited by education, training or experience; and
- which would pay remuneration at a rate greater than 25% of your earnings during your last consecutive 12 months of work.

Nomination of beneficiaries (page 16 of the PDS)

An additional bullet point has been added to the section 'Nomination of beneficiaries' on page 16 of the PDS as follows:

- you cannot include the life insured or child life insured as one of the nominated beneficiaries as it will make the nomination invalid.

Also, the second last paragraph in this section is deleted and replaced by:

To nominate beneficiaries under your policy, please refer to the relevant section of your application form.

Risks (page 22 of the PDS)

The following is inserted as the third bullet point under the section titled 'Risks' on page 22 of the PDS:

- if you apply for a policy electronically via our online application facility and we do not receive, in the form required by us, a signed Confirmation of Electronic Application and Personal Statement within 30 days of your policy commencing, your policy automatically ends and you will not be covered for an event which occurs after the end of the policy.

Who can be covered (page 22 of the PDS)

The words '(see page 5 of the Application form)' are deleted from the first bullet point under the section titled 'Who can be covered' on page 22 of the PDS.

Your duty of disclosure (page 22 of the PDS)

The section titled 'Your duty of disclosure' on page 22 of the PDS is deleted and replaced by:

Your duty of disclosure

Before you enter into a contract of life insurance with an insurer you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you extend, vary or reinstate your insurance.

Your duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer
- that is of common knowledge
- that your insurer knows or, in the ordinary course of its business, ought to know, or
- as to which compliance with your duty is waived by the insurer.

Non-disclosure

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

An insurer who is entitled to avoid a contract of life insurance may, within three years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

Guaranteed renewable (page 22 of the PDS)

The section titled 'Guaranteed renewable' on page 22 of the PDS is deleted and replaced by:

Guaranteed renewable

Provided you pay your premiums and comply with the policy conditions (including, for an electronic application via our online application facility, the requirement to provide us with a signed Confirmation of Electronic Application and Personal Statement within 30 days of policy commencement), the policy is guaranteed renewable up until the policy expiry date. This means that we will not cancel it or increase the premium because of the number of claims you make or any change to your state of health, occupation or pastimes.

Section 4 Important information

Complaint handling procedures (page 23 of the PDS)

The last paragraph in point 2 on page 23 of the PDS is deleted.

Also, point 3 of this section on page 23 of the PDS is deleted and replaced by:

3. Upon receipt of your complaint, the Complaints Manager will investigate the cause of your concern and respond to you as quickly as possible. If the matter cannot be resolved quickly you will be kept informed of its progress. If you are not satisfied with the handling of your complaint or a decision of CMLA you may have the right to lodge a complaint with the Financial Ombudsman Service Limited (FOS).

Before FOS has jurisdiction to deal with the matter, it must be satisfied that the same complaint was previously made to an appropriate person under our internal enquiries and complaints procedures and the complaint was not resolved to the satisfaction of the complainant within 45 days. The FOS can only deal with complaints which concern a particular policyholder. It cannot deal with complaints about

management as a whole. If FOS accepts your complaint it will attempt to resolve the matter through conciliation, which involves assisting both parties to come to a mutual agreement. If conciliation is unsuccessful, the complaint is referred to FOS for a determination which is binding.

You can contact FOS by phoning **1300 780 808** between 9am and 5pm (Melbourne time), Monday to Friday from anywhere in Australia. Alternatively, visit their web site at **www.fos.org.au**.

The section 'Financial Industry Complaints Service Limited (FICS)' on page 23 of the PDS is deleted.

How to apply (page 24 of the PDS)

The section titled 'How to apply' on page 24 of the PDS is deleted and replaced by:

How to apply

To apply for any cover under the Personal Insurance Portfolio, you need to complete either:

- the forms accompanying this PDS or
- an electronic application via our online application facility

Try to always provide more information where you can. We want to get a good picture of your situation, so any extra detail you can give us is useful. Brief answers will generally result in more information being requested and a delay in processing your application.

If you are completing the forms accompanying the PDS, please use the checklist on the front of the application to make sure that you fill in all the information we need to process your application as soon as possible.

If you are completing an electronic application via our online application facility, your adviser will explain what information is required to process your application.

What happens next? (page 24 of the PDS)

The section titled 'What happens next?' on page 24 of the PDS is deleted and replaced by:

What happens next?

When we receive your application it will be underwritten. Underwriting is the process by which we work out how likely you are to make a claim, based on health, occupation, lifestyle and sporting activities. In some cases, we will require more information to help make an accurate assessment; whilst in other cases we may have to exclude some dangerous pastimes or health problems in order to offer you cover for all other situations.

If your application is accepted, we will send you:

- a Policy Document which sets out the terms and conditions of the policy
- a Policy Schedule, which is an individual summary of how much cover you have, and what selections you have made.

If you applied for your policy electronically via our online application facility, you will also be provided with a Confirmation of Electronic Application and Personal Statement. Unless you sign and return the Confirmation to us within 30 days of your policy commencing, the policy automatically ends. The Confirmation must be returned in the form required by us.

From the date we issue you the policy, you begin the 28-day cooling-off period (see 'Cooling off Period' in the PDS).

This SPDS is issued by The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 AFSL 235035 (CMLA). Apart from CMLA, neither the Commonwealth Bank of Australia ABN 48 123 123 124 nor its subsidiaries are responsible for any of the statements contained in this SPDS. CommInsure is a registered business name of CMLA.

2. Reference Document Supplement

Dated: 25 May 2009

This Reference Document Supplement supplements the information contained in the Personal Insurance Portfolio Reference Document (RD), dated 3 March 2008. This Reference Document Supplement should be read together with the RD.

Section 1 Income Care Range

1.2.13 Guaranteed insurability (page 6 of the RD)

The second paragraph of this section on page 6 of the RD is deleted and replaced by:

To increase your cover, you must apply in writing. If you have an Agreed Value or Guaranteed Agreed Value policy, or the monthly benefit exceeds the limits as per our financial guidelines, proof to our satisfaction must be provided of your income over the previous two years.

1.2.20 Total and Permanent Disability (TPD) Cover Option (page 8 of the RD)

In the section 'TPD definition' on page 8 of the RD, the end of the fourth and thirteenth bullet point '(as these conditions are defined in Section 4)' is deleted and replaced by:

(as these Day 1 TPD conditions are defined in Section 4).

1.2.21 Essential Cover Option (page 9 of the RD)

In 'Limitations' of this section on page 9 of the RD, the second bullet point is deleted and replaced by:

This option is only available under Income Care, and as an Indemnity policy type.

Section 2 Total Care Plan

2.1.2 Terminal Illness Benefit (page 14 of the RD)

This section on page 14 of the RD is deleted and replaced by:

If this benefit is payable, your Life Care, Trauma and TPD Cover will be reduced by the total benefit payable. This benefit will not be payable after the Life Care benefit ceases.

2.1.6 Guaranteed Insurability Option (Personal Events) (page 14 of the RD)

In 'Limitations and other information' of this section on page 14 of the RD, the second bullet point is deleted and replaced by:

The increase in cover will take effect from the date we notify you of in writing, which date will be no later than 30 days from the date you satisfied our requirements.

2.1.7 Guaranteed Insurability Option (Business Events) (page 15 of the RD)

In 'Limitations and other information' of this section on page 15 of the RD, the sixth bullet point is deleted and replaced by:

The increase in cover will take effect from the date we notify you of in writing, which date will be no later than 30 days from the date we agree to the financial basis for the revised sum insured.

Also, the second last bullet point in this section is deleted and replaced by:

A Life Care benefit, Trauma Cover benefit and TPD Cover benefit can only be increased once every twelve months under this option. The business event must have occurred no more than three years before the date you apply for the increase.

2.1.8 Business Safe Cover Option (page 17 of the RD)

In 'Limitations and other information' of this section on page 17 of the RD, the fourth bullet point is deleted and replaced by:

The increase in cover will take effect from the date we notify you of in writing, which date will be no later than 30 days from the date we agree to the financial basis for the revised sum insured.

Also, the fifth bullet point is deleted and replaced by:

A Life Care benefit, Trauma Cover benefit and TPD cover benefit can only be increased once every 12 months under this option. The business event must have occurred no more than three years before the date you apply for the increase.

2.1.9 Plan Protection Option (page 17 of the RD)

The first paragraph of this section on page 17 of the RD is deleted and replaced by:

Provided you have been totally disabled for more than three months, we will waive all premiums that fall due after the first three months of total disability, up to the policy anniversary before your 65th birthday.

2.2.1 TPD definitions (page 17 and 18 of the RD)

In the section 2.2.1.1 Absent From Active Employment – 'any occupation' on page 17 of the RD, the sentence which reads '– any of the following conditions as defined in Section 4' is deleted and replaced by:

– any of the following Day 1 TPD conditions as defined in Section 4

Also, the last paragraph of the section is deleted and replaced by:

- during the period for which you must be absent from active employment, you have been unable to engage in any occupation:
 - for which you are reasonably suited by education, training or experience; and
 - which would pay remuneration at a rate greater than 25% of your earnings during your last consecutive 12 months of work,

and

- you have been under the regular treatment and following the advice of a medical practitioner

and

- you are likely to be so disabled for life.

In the section 2.2.1.2 Absent From Active Employment – 'own occupation' on page 17 of the RD, the sentence which reads '– any of the following conditions as defined in Section 4' is deleted and replaced by:

– any of the following Day 1 TPD conditions as defined in Section 4

Also, the last sentence of this section on page 18 of the RD is deleted. This sentence is:

If you are unemployed or on leave without pay for 12 months or more before the event causing the claim, the definition in Section 2.2.1.1 will automatically apply even if you chose this definition at the time of applying for cover.

In the section 2.2.1.3 Homemakers on page 18 of the RD, the sentence which reads '– any of the following conditions as defined in Section 4' is deleted and replaced by:

– any of the following Day 1 TPD conditions as defined in Section 4

2.2.3 Continuation Option (page 18 of the RD)

The following is inserted as the last bullet point under the section 'Continuation Option' on page 18 of the RD:

- for a policy issued pursuant to an electronic application via our online application facility, this option can only be exercised if we have received, in the form required by us, the signed Confirmation of Electronic Application and Personal Statement.

2.3.1 Trauma Cover benefit (page 19 of the RD)

The section titled 'Replacing an existing trauma policy' on page 19 of the RD is deleted and replaced by:

If you already have a trauma insurance policy with us or another company and we agree to issue you with a new policy, you will not have to go through another qualifying period for the same medical conditions.

This is subject to the following:

- If you have not already satisfied the qualifying period under your existing policy, you will still need to wait the unexpired qualifying period of that policy or satisfy the qualifying period under your new Trauma Cover (whichever is shorter).
- Where the benefit amount of your new Trauma Cover exceeds that of the policy being replaced, the full qualifying period under your new cover will apply to the increased amount.

2.4.1 Child Cover benefit (pages 21 and 22 of the RD)

In 'Limitations, exclusions and other information' of this section on page 21 of the RD, the sixth bullet point is deleted and replaced by:

No Child Cover benefit is payable when:

- the child life insured's Child Trauma Cover condition is caused directly or indirectly by any intentional self-inflicted injury or any attempt at suicide; or
- the child life insured's death or Child Trauma Cover condition is caused by a malicious act of the child life insured's parent or guardian, or by a malicious act of someone who lives with or supervises the child life insured and who is acting in collusion with the child life insured's parent or guardian.

The section titled 'Replacing an existing trauma policy' on page 22 of the RD is deleted and replaced by:

If you already have a trauma insurance policy for your child, either with us or another company and we agree to issue you with the Child Cover Option, you will not have to go through another qualifying period for the same medical conditions.

This is subject to the following:

- If you have not already satisfied the qualifying period under your existing policy, you will need to wait the unexpired qualifying period of that policy or satisfy the qualifying period under the new Child Cover Option (whichever is shorter).
- Where the benefit amount of the new Child Cover Option exceeds that of the policy being replaced, the full qualifying period under your new Child Cover Option will apply to the increased amount.

Section 4 Medical condition definitions

4.3.1 Cancer (pages 29 and 30 of the RD)

This section on pages 29 and 30 of the RD is deleted and replaced by:

Cancer means any one of the following seven conditions, provided the condition is not AIDS-related:

1. Any malignant (severe and progressively worsening) neoplastic disease characterised by the uncontrolled growth in number and spread of malignant cells that has progressed to a stage that either:

- requires major interventionist treatment such as surgery, radiotherapy, chemotherapy or biological response modifiers, or

- cannot be treated with curative intent;

but excluding:

- conditions classified by their clinical features, cytopathology and/or histopathology as tumours showing the malignant changes of 'carcinoma in situ' or which are histopathologically described as premalignant. Uterine cervical intraepithelial lesions, cervical dysplasias and cervical intraepithelial neoplasias, including those classified as CIN1, CIN2 and CIN3 are examples of tumours categorised as either being carcinoma in situ and/or premalignant and are excluded.
 - all non-melanoma skin tumours and cancers originating in skin, unless there has been evidence of metastatic spread
 - prostatic cancers which remain histopathologically classified as TNM (Tumour, Nodes, Metastases) Stage T1a or T1b or are of another equivalent or lower classification
 - prostatic cancers which remain histopathologically classified as TNM Stage T1c unless curative intent therapy has been administered in connection with such cancer
 - tumours treated by endoscopic procedures alone
 - melanomas which have a depth of invasion of less than Clark Level 3 or less than 1.5mm in Breslow thickness
 - Chronic Lymphocytic Leukaemia diagnosed as RAI Stage 0 or 1, which is defined to be in the blood and bone marrow and/or lymph nodes only
2. Leukaemia that is not Chronic Lymphocytic Leukaemia diagnosed as RAI Stage 0 or 1, which is defined to be in the blood and bone marrow and/or lymph nodes only
 3. Malignant bone marrow disorder that is not Chronic Lymphocytic Leukaemia diagnosed as RAI Stage 0 or 1, which is defined to be in the blood and bone marrow and/or lymph nodes only
 4. Hodgkin's Disease
 5. Malignant lymphoma except where treated by endoscopic procedures alone
 6. Melanomas which have a depth of invasion of Clark Level 3 or 1.5mm or more in Breslow thickness
 7. Carcinoma in situ of the breast requiring removal of all breast tissue from the breast.

This Reference Document Supplement is issued by The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 AFSL 235035 (CMLA). Apart from CMLA, neither the Commonwealth Bank of Australia ABN 48 123 123 124 nor its subsidiaries are responsible for any of the statements contained in this Reference Document Supplement. CommInsure is a registered business name of CMLA.

3. Direct Debit Request Customer Service Agreement

Personal Insurance Portfolio

The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 AFSL 235035 (CMLA). CommInsure is a registered business name of CMLA.

We, The Colonial Mutual Life Assurance Society Limited, note our commitment to you, as follows:

- We will advise you by notice, statement or invoice of the drawings.
- Where the drawing date falls on a non-business day, we will draw the amount on the next business day.
- We will provide written notice of any proposed changes to your drawing arrangement (other than those detailed in your policy conditions), providing no less than 14 days notice.
- We reserve the right to cancel the drawing arrangement if drawings are continually returned unpaid by your nominated financial institution. Where drawings are returned unpaid we will arrange an alternative payment method. A fee may apply for drawings that are returned unpaid.
- We will keep all information provided by you and details of your nominated account at the financial institution, private and confidential. However, we may disclose information that we have about you to the extent specifically permitted by the law or for the purpose of this agreement (including disclosing information in connection with any query, dispute or claim).
- We will investigate and deal promptly with any queries, claims or complaints regarding debits, providing a response within 20 business days.

You, the customer, note your commitment to us as the following:

- It is your responsibility to check with your financial institution before completing the Direct Debit Request, that direct debiting is available on that account.
- It is your responsibility to ensure that the authorisation on the Direct Debit Request is identical to the account signing instruction held by the financial institution of the nominated account.

- It is your responsibility to ensure that, at all times, sufficient funds are available in the nominated account to meet a drawing on the due date for payment.
- It is your responsibility to advise us if the account nominated by you to receive the drawings is altered, transferred or closed.
- It is your responsibility to arrange with us a suitable alternative payment method, if the drawing arrangements are stopped, either by you or the nominated Financial Institution.
- It is your responsibility to meet any charges resulting from the use of the Direct Debit System. This may include fees charged to us as a result of returned drawings.

You may request to defer or alter the agreed drawing schedule, by giving written notice to us. Such notice should be received by us at least 14 business days prior to the drawing date.

You may stop your individual debit by giving written notice to us. Such notice should be received by us at least 14 business days prior to the drawing date.

You may cancel the Direct Debit arrangement at any time by giving written notice to us. Such notice should be received by us at least 14 business days prior to the drawing date. Your nominated financial institution is unable to cancel your Direct Debit arrangement.

All transaction disputes, queries and claims should be raised directly with us. We will provide a verbal or written response within 20 business days from the date of the notice. If the claim/dispute is successful, we will reimburse you by way of cheque or electronic credit to your nominated account.

Important: This section must be provided to, and retained by the Payer.



Personal Insurance Portfolio

Reference Document (RD)

Dated 3 March 2008

This RD contains information about the following products:

- **Income Care**
basic income protection insurance
- **Income Care Plus**
income protection insurance with extras
- **Business Overheads Cover**
business expenses insurance
- **Total Care Plan**
life, total and permanent disability and trauma insurance.



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Important information

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The Colonial Mutual Life Assurance Society Limited
Level 7
39 Martin Place
Sydney NSW 2000

Phone: 13 10 56 between 8am and 8pm (Sydney time), Monday to Friday
Facsimile: 02 9947 4288

CMLA (the Insurer) is a wholly owned but non-guaranteed subsidiary of Commonwealth Bank of Australia.

Commonwealth Bank of Australia and its subsidiaries do not guarantee the Personal Insurance Portfolio products.

The information in this RD is general information only and does not take into account your individual objectives, financial situation or needs. You should assess whether the product is appropriate for you and consider talking to an adviser before making a decision.

In this RD, 'we', 'us' and 'our' refer to CMLA and 'you' and 'your' refer to the person to be insured and/or the proposed policy owner (where applicable).

While every effort has been made to ensure the information in this RD is reliable, the Policy Documents form the basis of the products and should be read carefully.

This is the Reference Document (RD) referred to in the current Personal Insurance Portfolio Product Disclosure Statement (PDS). The RD is valid until it is replaced by a later version. You should use the RD to obtain further information about the Personal Insurance Portfolio (PIP) product that is of interest to you. The RD must be read in conjunction with the PDS and is not intended to be read as a document in its own right. The PDS gives an overview of the purpose of the PIP products, the key features and benefits available and the costs, risks and other important aspects of the products, and makes specific reference to sections of this RD.

If you do not have a PDS, it is available, free of charge, from your adviser or from CommInsure by calling **13 10 56** from 8am to 8pm (Sydney time), Monday to Friday, or writing to:

The Manager, Customer Communication
CommInsure Life Insurance
PO Box 320
Silverwater NSW 2128

Section 1

Income Care Range

1.1 Understanding some technical expressions

Some common terms are used in relation to the Income Care Range. We explain below what we mean when we use them. These terms are specifically defined in the policy and our explanations of them are subject to the policy definitions.

1.1.1 Benefit period

The maximum amount of time that we will pay you benefits for each claim.

1.1.2 Disability/disabled

These are the words we use to describe your inability to work due to sickness or injury. Totally disabled is when you can't work at all, and partially disabled is when you can only work in a reduced capacity.

1.1.3 Monthly benefit

This is the amount you insure for, that we will pay you if you make a valid claim. You can insure up to 75% of your income from personal exertion, excluding superannuation contributions and business expenses, but before tax. If you are self-employed, you can include your superannuation contributions in the determination of your monthly benefit amount.

1.1.4 Cover expiry date

When you take out a policy, you choose how long you want your cover in place – the available choices are until you reach age 60 or age 65. Cover under your policy will cease on the cover expiry date, which is the anniversary of your policy start date before you reach the selected age.

1.1.5 Income producing duty

A duty of your occupation that we could consider primarily essential to producing your monthly income.

1.1.6 Waiting period

This is the amount of time you have to be disabled before you can qualify for any disability benefits. You select your waiting period based on how long you can wait before you need a benefit to be paid.

There are some important aspects of the waiting period which you should understand:

- You need to be totally disabled for at least 14 days out of the first 19 consecutive days of the waiting period.
- You can return to work at full capacity for up to five consecutive days during the waiting period without having to start the waiting period again. The days you work are added to the end of the waiting period. (If your waiting period is more than one month, you can return to work for up to ten days.)
- You can select the waiting period that best suits you.

The waiting period starts:

- when you first consult a medical practitioner about the condition that is causing total disability, or
- when you first stop working due to that condition (as long as you consult a medical practitioner within seven days

and provide reasonable medical evidence about when the condition began).

If your condition is directly or indirectly related to pregnancy, childbirth or miscarriage, the waiting period will not begin any earlier than the last day of the three-month period:

- immediately following the end of the pregnancy, and
- during which you are totally disabled or partially disabled from the relevant condition.

If you are not totally or partially disabled from your condition for this three-month period, the waiting period will not begin and no benefit is payable.

If your occupation group is 'S', 'K', 'J' or 'P' and you take out Income Care Plus and/or Business Overheads Cover, you do not have to be totally disabled in the waiting period to qualify for a disability benefit. Provided you are partially disabled for 14 out of the first 19 consecutive days of the waiting period and you otherwise satisfy the waiting period, you will be eligible to receive a disability benefit.

1.2 Income Care

1.2.1 Total Disability Benefit

Total disability means that because of sickness or injury, you are:

- unable to perform an income producing duty of your occupation
- following the advice of a medical practitioner, and
- not working.

If you have been unemployed or on maternity, paternity or long service leave for twelve months or more immediately preceding a claim, then the definition of total disability and totally disabled changes to mean that, because of sickness or injury, you are unable to perform any occupation for which you are reasonably suited by education, training or experience, and you are following the advice of a medical practitioner and not working.

If you are categorised as belonging to our heavy risk occupation group, and you have selected a five-year benefit period, after two years of total disability, total disability will mean that due to sickness or injury you are:

- unable to perform any occupation for which you are reasonably suited by education, training or experience
- following the advice of a medical practitioner, and
- not working.

If you are categorised as an eligible commercial airline pilot/flight engineer belonging to our aviation occupation group, then from age 55, total disability will mean that due to sickness or injury you are:

- unable to perform any occupation for which you are reasonably suited by education, training or experience
- following the advice of a medical practitioner, and
- not working.

1.2.2 Partial Disability Benefit

Meaning of partial disability

Partial disability means that, due to sickness or injury, you are unable to work in your own occupation at full capacity and:

- you are not totally disabled and you are working in your own occupation in a reduced capacity, or working in another occupation
- your monthly income is less than your pre-disability income, and
- you are following the advice of a medical practitioner.

If you become unemployed or go on leave without pay while a Partial Disability Benefit is payable, then the definition of partial disability and partially disabled changes to mean that, because of sickness or injury, you are not totally disabled and are only capable of working in your own occupation in a reduced capacity, or working in another occupation, and your monthly income would be less than your pre-disability income and you are following the advice of a medical practitioner.

Calculation of Partial Disability Benefit

We calculate the Partial Disability Benefit in accordance with the following formula:

$$\frac{(A - B) \times (\text{monthly benefit} + \text{any super continuance monthly benefit})}{A}$$

where 'A' is your pre-disability income and 'B' is your monthly income for the month for which partial disability is claimed.

For example, if you suffer a partial disability which results in your pre-disability income decreasing from \$4,000 to \$2,000 per month and your monthly benefit is \$3,000 and your super continuance monthly benefit is \$360, we will calculate the Partial Disability Benefit to which you may be entitled as follows:

$$\frac{(\$4,000 - \$2,000) \times (\$3,000 + \$360)}{4,000}$$

$$= \$1,680$$

If you have been totally disabled throughout the waiting period and then return to work on a partial basis, we will pay the Total Disability Benefit instead of the Partial Disability Benefit for up to six months from the end of the waiting period if you are earning 20% or less of your pre-disability income or you are working for ten hours or less per week.

If you become unemployed or go on leave without pay while a Partial Disability Benefit is payable, the maximum benefit we will pay is 75% of your monthly benefit.

Limitations

If you are categorised as belonging to our heavy risk or aviation occupation groups, the maximum payment period for Partial Disability Benefits is two years.

1.2.3 Recurrent Disability Benefit

You won't have to go through the waiting period again if you suffer a recurrence of the same, or a related, sickness or injury which results in total or partial disability within twelve months of returning to work on a full-time basis after receiving Total or Partial Disability Benefits or, if you select Income Care Plus, specific injuries or six months after receiving the Crisis Benefit. The recurrence of your sickness or injury will be treated as a continuation of the original claim.

Limitations

- If your benefit period is two or five years, this feature will only apply for recurrences within six months from the date you were last on claim.

1.2.4 Medical Professionals Benefit

If you are a medical professional, this benefit provides a lump sum if:

- you are registered to practise your profession as regulated by an Act of Parliament of a state or territory of the Commonwealth of Australia
- you were performing or assisting in exposure-prone medical procedures (as defined on page 4) monthly on average or more frequently
- you cease to perform or assist in exposure-prone medical procedures as a result of you contracting HIV (Human Immunodeficiency Virus), Hepatitis B or Hepatitis C infection, and
- you cease this part of your practice in compliance with your demonstrable professional obligations to the public and the demonstrable policies of the body that authorises you to practise your profession.

The lump sum benefit we will pay you is the lesser of:

- six times the total of your monthly benefit and any super continuance monthly benefit
- \$100,000.

In no event will we pay you a benefit less than \$10,000.

To illustrate, if you become entitled to the Medical Professionals Benefit and your monthly benefit is \$3,000 and your super continuance monthly benefit is \$360, the lump sum benefit we will pay you is \$20,160 (i.e. 6 x (\$3,000 + \$360)) as this is less than \$100,000.

Limitations and exclusions

- This benefit is only available to occupations classified as medical (occupation group 'K') who have made reasonable efforts to comply with relevant and readily available current state and Commonwealth departmental guidelines dealing with infection of healthcare workers, including anaesthetists, dental prosthetists, dermatologists, gastroenterologists, gynaecologists, haematologists, nephrologists, neurologists, oncologists, ophthalmologists, orthodontists, paediatricians, pathologists (degree qualified), radiologists (medical degree qualified) and rheumatologists.
- Exposure-prone medical procedures are those procedures where there is potential for contact between the skin (usually finger or thumb) of the healthcare worker and sharp surgical instruments, needles or tissues (splinters/pieces of bone/tooth) in body cavities or in poorly visualised or confined body sites including the mouth. Procedures which lack these characteristics do not constitute exposure-prone medical procedures because they are unlikely to pose a risk of transmission of blood-borne viruses from infected healthcare worker to patient.
- Eligibility for this benefit continues for as long as your occupation continues to fall within occupation group 'K' or one of the occupations listed in the first bullet point.
- This benefit can only be paid once, but can be paid in addition to other benefits payable under the policy.
- This benefit will not be payable if, before you contract HIV, Hepatitis B or Hepatitis C, the Australian Government or relevant government body has approved a medical treatment which, if applied to you:
 - would be likely to make it improbable that the relevant infection could be transmitted to patients for whom you perform or assist in medical procedures, and
 - would allow the body which authorises or licenses you to practise your occupation group 'K' profession or one of the occupations listed in the first bullet point, to approve of your performing or assisting in exposure-prone medical procedures.

1.2.5 Reward Cover Benefit

After your cover has been in place for three years, we will provide you with \$50,000 of Accidental Death Cover at no additional cost. On each of the following five anniversaries, the Accidental Death Cover will increase by \$10,000. Accidental Death Cover is a benefit that is paid if you die as a result of an accident, within 90 days of the accident, but before your cover ends.

Exclusions

A benefit will not be paid if death is caused directly or indirectly by suicide or any attempt at suicide, self-inflicted injury or infection, the taking of drugs other than prescribed by a medical practitioner, the taking of alcohol, participation in criminal activity or an act of war (whether declared or not).

1.2.6 Rehabilitation Benefit

A Rehabilitation Benefit is payable if you are totally disabled while you participate in a rehabilitation program approved by us. The benefit we will pay is 50% of the monthly benefit (and any super continuance monthly benefit). For example, if you become entitled to the benefit and your monthly benefit is \$3,000 and your super continuance monthly benefit is \$360, we will pay \$1,680 (i.e. 50% x (\$3,000 + \$360)).

The benefit starts to accrue as soon as you begin the program and is paid monthly in arrears.

Limitations and exclusions

An approved rehabilitation program is one approved by us. This excludes programs providing hospital treatment or general treatment as defined in the Private Health Insurance Act 2007 (Cth) or any other program that legislation prevents us from paying a benefit for.

1.2.7 Unemployment Cover Benefit

To be eligible for this benefit, you must be:

- a borrower under a Commonwealth Bank loan
- involuntarily unemployed for more than 60 consecutive days
- employed for at least 180 consecutive days immediately prior to the period of unemployment, and
- registered with a recognised employment agency and actively seeking employment. You are not required to be receiving unemployment benefits from the Australian Government.

Limitations, exclusions and other information

- Only home and investment home loans, line of credit facilities, business loans, margin loans and personal loans issued by the Commonwealth Bank Group are covered. All other loans are excluded.
- Under this benefit, we will pay monthly in arrears to your loan account 1/30th of the unemployment benefit for each additional day that the unemployment continues and your loan remains in place.
- This benefit only covers you for your minimum monthly loan repayment up to the monthly benefit amount under your Income Care or Income Care Plus policy. If there is no minimum monthly loan repayment, the benefit is nil. If you have more than one loan in place, the unemployment benefit will be payable with respect to each loan but for all applicable loans we will pay no more in total than the monthly benefit.
- If the Unemployment Cover Benefit has been paid for a continuous period of unemployment, a benefit can only become payable on account of a subsequent period of unemployment if you have first returned to employment for at least 180 consecutive days. However, any unemployment that occurs within 90 days of a previous period of unemployment is treated as one continuous period of unemployment and the benefit period of three months will apply to the claim in total.

- If you are both totally disabled and unemployed at the same time, we will only pay the highest of the Total Disability Benefit or the Unemployment Cover Benefit.
- The Unemployment Cover Benefit does not apply if:
 - the unemployment commences or occurs, or you were aware of your impending unemployment, prior to, or on or within 60 days after the policy commencement date or the reinstatement of the policy
 - the unemployment occurs from ceasing work of a casual, seasonal or temporary nature, the expiration of a fixed term contract or specified period of work or your deliberate or serious misconduct
 - the unemployment occurs from you resigning, accepting voluntary redundancy, retiring early or abandoning your employment
 - at the time of your involuntary unemployment, you are self-employed or employed by an employer with less than five employees or employed for less than 20 hours per week
 - the unemployment occurs while you are working outside Australia.
- This benefit ends when any of the following events occurs:
 - you no longer have a covered loan
 - you have returned to any gainful occupation
 - we have paid the Unemployment Cover Benefit for three months for any one continuous period of unemployment
 - you cease to be a permanent Australian resident
 - the cover expiry date is reached
 - if you become unemployed during the term of a fixed term contract, the expiry date of that contract
 - a total and permanent disablement, terminal illness or trauma benefit is payable under this or any other insurance policy
 - your death.

1.2.8 Waiver of premium while on claim

For a waiver to apply, you must continue to pay premiums throughout the waiting period, however, if your waiting period is three months or less and a benefit becomes payable, we will refund any premiums which you pay during the waiting period.

1.2.9 Waiver of premium if you are unemployed

If you become involuntarily unemployed prior to turning age 65, we will waive your premium for up to three months over the duration of your policy.

To be eligible for this benefit, you must notify us and register with a recognised employment agency within 30 days of first becoming involuntarily unemployed. However, you do not need to be receiving unemployment benefits from the Australian Government to qualify for this benefit.

Limitations and exclusions

- The waiver of premium will not apply if, immediately before becoming involuntarily unemployed, you were self-employed.
- For the waiver to apply, your policy must have been in force for a continuous period of six months before you became involuntarily unemployed.

1.2.10 Waiver of premium if you are on maternity leave

If you go on maternity leave, we will waive your premium for up to three months over the duration of your policy.

To be eligible for this benefit, you must notify us within 30 days of commencing maternity leave together with proof to our satisfaction of your maternity leave.

Limitations

- For the waiver to apply, your policy must have been in force for a continuous period of six months before you go on maternity leave.
- If you are self-employed prior to going on maternity leave then for the waiver to apply, you must have been in self-employment for at least six months.
- Proof to our satisfaction must be provided.

1.2.11 Waiver of waiting period for specific medical conditions

We will waive the waiting period once under your policy if you make a claim for a Total or Partial Disability Benefit and the sickness or injury which causes your disability is one of the medical conditions specified below:

- you:
 - have been absent from active employment as a result of Cardiomyopathy, Primary Pulmonary Hypertension, Major Head Trauma, Motor Neurone Disease, Multiple Sclerosis, Muscular Dystrophy, Paraplegia, Quadriplegia, Hemiplegia, Diplegia, Tetraplegia, Dementia and Alzheimer's Disease, Parkinson's Disease, Blindness, Loss of Speech, Loss of Hearing, Chronic Lung Disease or Severe Rheumatoid Arthritis (as these conditions are defined in Section 4)
 - continue to be incapacitated to such an extent that you will be unlikely to ever again engage in the full-time gainful occupation you engaged in before your disability, and
 - are under the regular treatment, and following the advice, of a medical practitioner

or

- Loss of Limbs or Sight (as defined in Section 4.5.3)

or

- Loss of Independent Existence (as defined in Section 4.5.5).

However, if you have been engaged in full-time domestic duties or child rearing at the time you become disabled, then for the waiver to apply, the sickness or injury which causes your disability must be one of the medical conditions specified below:

- you:
 - have been unable to perform domestic duties or child rearing and have been confined to the home as a result of Cardiomyopathy, Primary Pulmonary Hypertension, Major Head Trauma, Motor Neurone Disease, Multiple Sclerosis, Muscular Dystrophy, Paraplegia, Quadriplegia, Hemiplegia, Diplegia, Tetraplegia, Dementia and Alzheimer's Disease, Parkinson's Disease, Blindness, Loss of Speech, Loss of Hearing, Chronic Lung Disease or Severe Rheumatoid Arthritis (as these conditions are defined in Section 4)
 - continue to be so incapacitated to the extent that you are unable to engage in (whether or not for reward) any occupation for which you are reasonably suited by education, training or experience and are likely to be so disabled for life, and
 - are under the regular treatment, and following the advice, of a medical practitioner

or

- Loss of Limbs or Sight (as defined in Section 4.5.3)

or

- Loss of Independent Existence (as defined in Section 4.5.5).

Limitations

For the waiver to apply, your policy must have a waiting period of three months or less and you must provide us with proof to our satisfaction that you meet the specified medical condition.

1.2.12 Indexation

Each year we will provide you with an automatic increase in cover to ensure your insurance keeps pace with movements in the Consumer Price Index (CPI). If the CPI increases by less than 3%, we will increase your cover by 3%. Your premium will also be adjusted to allow for the higher level of cover. You can elect not to accept the increase in any year.

We will not index your cover if you are receiving any benefits under this policy.

1.2.13 Guaranteed insurability

You can only apply for an increase under this feature once every three years and the increase you apply for must be in line with an increase in your monthly income.

To increase your cover, you must apply in writing. Also, if you have selected the agreed value option or the monthly benefit exceeds the limits as per our financial guidelines, proof to our satisfaction must be provided of your income over the previous two years.

Limitations

- You must apply for an increase within 30 days of the policy anniversary date. The increase will take effect from the next premium due date after we accept the increase in cover.
- No benefit will be payable on account of the increased cover if, at the time you apply for it, a benefit is payable.

1.2.14 Flexibility to reduce waiting period

If you apply for an income protection policy to complement existing group income protection cover which has a two-year benefit period, and you notify us that you have that group insurance, we will allow you to reduce your waiting period without the need to supply further medical evidence in the event that your group income protection cover ceases. You can apply to reduce your waiting period from two years to one of these three options: three months, six months or one year.

To reduce your waiting period under this feature, you must apply in writing within 30 days of your group income protection cover ceasing. The reduced waiting period and new premium will take effect from your next premium due date after we accept your change of the waiting period.

Limitations

- This feature is only available if you apply for an income protection policy with a two-year waiting period and a benefit period to cover expiry date, and no benefits are payable for you under your Income Care or Income Care Plus policy when you make your application to reduce your waiting period.
- Upon application to reduce your waiting period, the group income protection policy must be in force and you must be ineligible to exercise any continuation or similar option under that policy and you must not have exercised any such option.
- The group income protection policy under which you are insured must be held by a trustee of a superannuation fund of which you were a standard employer-sponsored member in terms of the Superannuation Industry (Supervision) Act.

1.2.15 Extended Cover

Under Extended Cover, we will extend your Total Disability Cover beyond your cover expiry date of age 65 and up until the policy anniversary date prior to your 70th birthday. If cover is extended, it will be based on the following conditions:

- the waiting period will be the greater of one month and the waiting period which applied as at your cover expiry date
- the benefit period will be one year
- any benefit payable will be determined on an indemnity basis
- the maximum monthly benefit we will pay is \$30,000.

Limitations and other information

- Extended Cover is only available to the following occupation groups: 'C', 'G', 'P', 'J', 'K', 'S'.
- Cover will only be extended if your cover expiry date is to age 65 and you are not entitled to receive a benefit for the month before your cover expiry date.
- If you select the Total and Temporary Disability (TTD) Cover Option you are not eligible for extended cover.
- If you have selected the Premium Saver Option, the option will cease on the policy anniversary date prior to your 65th birthday and the premium discount on your policy will not apply during the Extended Cover period.
- Only a Total Disability Benefit and, if applicable, Reward Cover Benefit will be payable on account of the Extended Cover. No other benefits will be payable.
- If you select the Level Premium Rate option, the Stepped Premium Rate option will apply once cover is extended beyond the cover expiry date.

1.2.16 Increasing Claim Option

Once you have received Total or Partial Disability Benefits for more than twelve months, the Increasing Claim Option will increase the monthly benefit and any super continuance monthly benefit by the indexation factor every twelve months for as long as you continue to receive the benefits.

Limitations

This option is not available to heavy risk occupations and does not apply under Extended Cover.

1.2.17 Accident Option

The benefit under this option is 1/30th of the monthly benefit for each day that you are totally disabled and, in the case of Income Care Plus, not eligible for any Specific Injuries Benefit, Crisis Benefit or Bed Confinement Benefit. That is, if you become entitled to this benefit and your monthly benefit is \$3,000, we will pay you \$100 a day (i.e. 1/30th of \$3,000).

Limitations

- This option is only available if you select a 14-day or one-month waiting period.
- This option is not available to heavy risk occupations.

1.2.18 Super Continuance Option

The super continuance monthly benefit is the amount that we will pay as a personal contribution in your name to your nominated superannuation plan during periods of disability. You can insure 100% of superannuation contributions made by you or your employer in the twelve months preceding the application, to a maximum of 15% of your annual income. Contributions exceeding 15% of your annual income can be included in income for the purpose of determining the monthly benefit.

When we determine your total cover, we combine any super continuance monthly benefit you apply for with the monthly benefit amount. The maximum is generally \$30,000.

Any time you receive a Total or Partial Disability Benefit, the super continuance monthly benefit, or a proportion of that benefit, will be paid directly to your nominated superannuation plan. The amount we will pay is the lesser of the insured amount and the actual average monthly contributions made by you or your employer in the twelve months prior to claim.

For example, if the super continuance monthly benefit for which you are insured is \$360 but the average monthly contributions made by you or your employer in the twelve months before you became entitled to a Total Disability Benefit was \$300, we will only pay a super continuance monthly benefit of \$300 and not the \$360 for which you were insured.

If the Increasing Claim Option applies, we will also increase the super continuance monthly benefit.

1.2.19 Cash Back Option

The Cash Back Option entitles you to a refund of some premiums paid, provided you do not make a claim on your policy. The potential refund applies after your policy has been in place for three years, and the refund is only made to you when your policy ends, other than on your death.

The amount of the refund will depend on how long you keep your policy for. If you cancel your policy after three years, you will receive a refund of 13% of premiums, increasing each year until the maximum refund of 20% (after the policy continues for ten years or more) is reached.

For example, if over twelve years you pay total premiums of \$22,000 and you then become entitled to a refund under the Cash Back Option, you will receive a refund of \$4,400 (i.e. 20% of \$22,000).

Limitations and other information

- If there is more than one person covered by the policy, everyone must have the Cash Back Option.
- The option must be selected when you first apply for your policy and, if selected, cannot be cancelled.
- This option cannot be selected if you select the Premium Saver Option, Essential Cover Option, TTD Cover Option or the TPD Cover Option.
- No interest is payable on a refund.

1.2.20 Total and Permanent Disability (TPD) Cover Option

Lump sum benefit

If we pay you a lump sum benefit under this option, no other benefit will be payable and your cover will end.

If you choose to receive a lump sum benefit, it will be treated as a tax-free payment, unlike a monthly benefit which is treated as income and taxable for income tax purposes (see Section 3.4).

The lump sum benefit we pay is calculated as the lesser of the following:

- \$3,000,000
- an amount equal to 'A' times the Annualised Monthly Benefit, where:

Annualised Monthly Benefit is twelve times the total of your monthly benefit and any super continuance monthly benefit, increased with indexation but is reduced by any benefit offsets which would have applied to your monthly benefit had you not chosen to receive a lump sum benefit.

'A' is:

- 15, if your age next birthday is less than 40 years
- 13, if your age next birthday is between the ages of 40 and 44 inclusive
- 11, if your age next birthday is between the ages of 45 and 49 inclusive
- 9, if your age next birthday is between the ages of 50 and 55 inclusive
- 65 minus your age next birthday when the lump sum benefit becomes payable, if your age next birthday is 56 or more

when the lump sum benefit becomes payable.

If the lesser of the above amounts is nil or a negative amount, no lump sum benefit is payable.

To illustrate, if:

- at age 42 you become TPD, become entitled to the TPD Cover benefit and choose to receive that benefit, and
- your Annualised Monthly Benefit is \$40,320

the lump sum TPD Cover benefit we will pay is \$524,160 (i.e. 13 x \$40,320), as this is less than the maximum of \$3,000,000.

TPD definition

For the purpose of this option, the following TPD definition will apply:

Total and permanent disablement means you:

- have been absent from active employment as a result of sickness or injury for a period of three consecutive months
- at the end of the three months you continue to be incapacitated to such an extent that you will be unlikely to engage in your own occupation ever again, and
- are under the regular treatment, and following the advice, of a medical practitioner

or

- have been absent from active employment as a result of Cardiomyopathy, Primary Pulmonary Hypertension, Major Head Trauma, Motor Neurone Disease, Multiple Sclerosis, Muscular Dystrophy, Paraplegia, Quadriplegia, Hemiplegia, Diplegia, Tetraplegia, Dementia and Alzheimer's Disease, Parkinson's Disease, Blindness, Loss of Speech, Loss of Hearing, Chronic Lung Disease or Severe Rheumatoid Arthritis (as these conditions are defined in Section 4)

- continue to be incapacitated to such an extent that you will be unlikely to engage in your own occupation ever again, and
- are under the regular treatment, and following the advice, of a medical practitioner

or

- have suffered Loss of Limbs or Sight (as defined in Section 4.5.3)

or

- have suffered Loss of Independent Existence (as defined in Section 4.5.5).

Despite the above, if you have been engaged in full-time domestic duties or child rearing at the time of the sickness or injury that causes your total and permanent disablement, then total and permanent disablement means you:

- have been, through sickness or injury, unable to perform domestic duties or child rearing and have been confined to the home for a period of three consecutive months
- are under the regular treatment, and following the advice, of a medical practitioner
- continue to be so incapacitated to the extent that you are unable to engage in (whether or not for reward) any occupation for which you are reasonably suited by education, training or experience, and
- will be so disabled for life

or

- have been unable to perform domestic duties or child rearing and have been confined to the home due to Cardiomyopathy, Primary Pulmonary Hypertension, Major Head Trauma, Motor Neurone Disease, Multiple Sclerosis, Muscular Dystrophy, Paraplegia, Quadriplegia, Hemiplegia, Diplegia, Tetraplegia, Dementia and Alzheimer's Disease, Parkinson's Disease, Blindness, Loss of Speech, Loss of Hearing, Chronic Lung Disease or Severe Rheumatoid Arthritis (as these conditions are defined in Section 4)

- continue to be so incapacitated to the extent that you are unable to engage in (whether or not for reward) any occupation for which you are reasonably suited by education, training or experience
- are under the regular treatment, and following the advice, of a medical practitioner, and
- are likely to be so disabled for life

or

- have suffered Loss of Limbs or Sight (as defined in Section 4.5.3)

or

- have suffered Loss of Independent Existence (as defined in Section 4.5.5).

Limitations and exclusions

- If you select this option, you cannot select the TTD Cover Option, the Cash Back Option or the Premium Saver Option.
- This option must be selected when you first apply for your policy and, if selected, cannot be cancelled.
- You cannot choose to receive your benefit as a lump sum if, in our opinion, the sickness or injury that causes your TPD will lead to your death within twelve months.
- This option is only available if you select a benefit period to age 65.

1.2.21 Essential Cover Option

If you select the Essential Cover Option, a premium discount will apply to your policy but your policy will only cover you for accidents. For instance, you will not be considered to be totally or partially disabled unless you satisfy the additional requirement that your disability results from an injury that first occurred in the 60 days immediately before you suffered your disability. Benefits will not apply or be payable under your policy for sickness of any kind.

Injury definition

For the purpose of this option, an injury is defined to mean a bodily injury occurring while your policy is in force and which is caused solely and directly by violent, accidental, external and visible means, independent of any other cause. The following are excluded from the definition of injury and a benefit will not apply for them:

- self-inflicted injury
- a dental injury caused by chewing, biting or malocclusion
- an injury which is caused directly or indirectly by attempt at suicide, self-inflicted infection, participation in criminal activity, an act of war (whether declared or not), the taking of alcohol or the taking of drugs other than prescribed by a medical practitioner
- an injury in connection with a condition which first occurred, or first became apparent, before the cover under your policy or an increase in cover came into effect (for this purpose, a condition includes, but is not limited to, a disease, infection, hernia or cerebral vascular accident).

Limitations

- This option must be selected when you first apply for your policy and, if selected, cannot be cancelled.
- This option is not available with Income Care Plus or an agreed value type policy.
- If you select this option, you cannot select the Cash Back Option or Premium Saver Option.

1.2.22 Total and Temporary Disability (TTD) Cover Option

- If you select this option, you cannot select the TPD Cover Option, Cash Back Option or Premium Saver Option.
- If you select this option, the Extended Cover feature will not apply.
- The option must be selected when you first apply for your policy and, if selected, cannot be cancelled.
- This option is only available if you select a benefit period to age 65.

1.2.23 Premium Saver Option

If you make a claim for a benefit due to mental illness and this option applies, we will only ever make up to 24 monthly benefit payments in total for that sickness over the life of the policy. Once those 24 payments are made, no further benefits will be payable for that mental illness or any other mental illness which is directly or indirectly caused by, or related to, that mental illness.

Definitions

For the purpose of this option:

- benefit payments mean Total and/or Partial Disability Benefits or, in the case of Income Care Plus, the Crisis Benefit and may be for one or more periods of disability or for one or more claims, and
- mental illness means any disorder classified in Axis I of the Diagnostic and Statistical Manual of Mental Disorders, Volume IV, published by the American Psychiatric Association (APA) or such successor or replacement publication (or, if none, such comparable publication selected by us) current at the time the disability or condition, to which the relevant claim relates, first became apparent, and
 - includes, but is not limited to, mood and anxiety disorders, depressive illness, eating disorders and disorders related to substance abuse or dependency, but
 - despite the above, excludes Alzheimer's Disease and Dementia, as well as any illness or disorders caused by head injuries (except where the Dementia or head injury is related to any substance abuse or dependency).

Limitations

- You can only apply for the Premium Saver Option if you have selected a benefit period to age 60 or age 65 and you have not selected the Cash Back Option, TPD Cover Option, Essential Cover Option or TTD Cover Option.
- The Premium Saver Option must be taken out when you first apply for cover and, if taken out, cannot be cancelled.
- The Premium Saver Option is not available with a one or two-year waiting period.

1.2.24 Limitations and benefit offsets

You need to be aware of the following limitations which will affect the cover provided by Income Care and Income Care Plus:

- A benefit will not be paid where it arises in connection with intentional self-inflicted injury, any attempt at suicide, acts of war or postnatal depression.
- You cannot claim any benefits for disability resulting from surgery or treatment which you voluntarily undergo in the first six months of your policy or within six months of reinstatement, such as cosmetic or other elective surgery, or surgery to transplant your body organs to the body of another person.
- We will not pay a benefit for a condition which first occurred, or for a condition the circumstances leading to which first became apparent, before the policy (or any increase in cover) came into effect unless you were unaware of the condition or the circumstances or you told us about the condition or circumstances in your Application and we agreed to provide cover.

Your benefits may be reduced if you receive other disability payments which exceed 10% of your pre-disability income:

- as a result of a workers compensation or motor accident claim, or any claim under similar state or federal legislation, or
- from any other insurance that provides income payments due to sickness or injury, unless we have expressly agreed not to apply a reduction.

Any lump sum payment you receive will, for the purpose of the reduction, be treated as a series of 60 monthly payments with each monthly payment equal to 1/60th of the lump sum.

The reduction in your benefits will only be made to the extent that:

- a Total Disability Benefit, when combined with any other payment, exceeds the greater of either 75% of your pre-disability income or the total of the monthly benefit and any super continuance monthly benefit
- a Partial Disability Benefit, when combined with your monthly income and any other payment, exceeds 100% of your pre-disability income.

A reduction will not be made to your benefits if the other payment received is:

- a lump sum compensation payment for pain or suffering or loss of use of part of the body
- a lump sum trauma benefit or total and permanent disablement benefit paid under an insurance policy
- a sick, long service or annual leave payment.

If your benefits are reduced, part of the premium you paid us in the last twelve months will be refunded in proportion to the reduction of the benefit.

1.3 Income Care Plus

1.3.1 Rehabilitation Expenses Benefit

This benefit pays up to six times the monthly benefit (and any super continuance monthly benefit). If, therefore, your monthly benefit is \$3,000 and your super continuance monthly benefit is \$360, the maximum amount you can receive under this benefit is \$20,160 (i.e. 6 x \$3,360). However, if the rehabilitation expenses incurred are \$10,000, we will only pay \$10,000 on account of the benefit, as that is less than \$20,160.

We must approve the expense before it is incurred. We will not pay you amounts for which you have already been reimbursed.

1.3.2 Accommodation Benefit

If you are totally disabled and confined to bed, and on medical advice you stay more than 100 kilometres from home or travel to a place more than 100 kilometres from home, you will be eligible to receive \$250 a day to help cover the costs of accommodating an immediate family member (i.e. your spouse, de facto spouse, parent, parent-in-law, sibling or child) who has to be away from home to be near you. This benefit is payable for up to 30 days in any twelve-month period.

1.3.3 Family Support Benefit

If, due to total disability, you are totally dependent on an immediate family member for essential everyday home care needs to enable you to live at home (excluding nursing or similar services), and this causes a reduction in the family member's income, we will pay a benefit to you to subsidise his or her income. We will pay the lesser of the reduction in income or 50% of the monthly benefit (and any super continuance monthly benefit), for up to three months, starting from the end of the waiting period.

If, therefore, your monthly benefit is \$3,000 and your super continuance monthly benefit is \$360, the maximum amount you can receive under this benefit is \$1,680 (i.e. 50% x \$3,360). However, if the reduction in the family member's income is \$1,000, we will only pay \$1,000 on account of the benefit as that is less than \$1,680.

1.3.4 Home Care Benefit

If you are still totally disabled after the waiting period, are confined to or near a bed (other than in a hospital or similar institution) and are totally dependent upon a paid professional housekeeper for essential everyday home care needs (excluding nursing and similar services), we will pay the lesser of \$150 a day or 100% of the monthly benefit (and any super continuance monthly benefit) to you for up to six months to help cover the cost, provided you continue to qualify for the benefit and are not receiving the Family Support Benefit or Accommodation Benefit.

1.3.5 Bed Confinement Benefit

If you are totally disabled and confined continuously to bed for at least three days during the waiting period and a medical practitioner certifies that the continuous care of a registered nurse is required, we will pay 1/30th of the monthly benefit (and any super continuance monthly benefit) for each day (including the first three days) you continue to qualify for the benefit. This benefit is payable for up to a maximum of 90 days or till the end of the waiting period, if shorter. For example, if you become entitled to this benefit and your monthly benefit is \$3,000 and you have no super continuance monthly benefit, we will pay you \$100 a day (i.e. 1/30th of \$3,000).

1.3.6 Overseas Assist Benefit

If you are totally disabled for at least a month while outside Australia and decide to return to Australia because of continuing total disability, we will reimburse your return economy airfare to Australia by the most direct route, including connecting flights, less amounts that are reimbursed elsewhere. The maximum amount payable is three times the monthly benefit (and any super continuance monthly benefit). If, therefore, your monthly benefit is \$3,000 and your super continuance monthly benefit is \$360, the maximum amount you can receive under this benefit is \$10,080 (i.e. 3 x \$3,360). However, if your return economy airfare to Australia by the most direct route, including connecting flights, less amounts that are reimbursed elsewhere is \$5,000, we will only pay \$5,000 on account of the benefit as that is less than \$10,080.

1.3.7 Specific Injuries Benefit

If, as a result of an injury, you suffer one of the events in the adjacent table, we will pay the monthly benefit (and any super continuance monthly benefit) each month up to the payment period shown below, whether you are capable of returning to work or not. Benefits begin from the date of the injury. If you are totally or partially disabled at the end of the payment period, then a Total or Partial Disability Benefit may be payable. This benefit only applies if you have a waiting period of three months or less.

For example, if you become entitled to this benefit and your monthly benefit is \$3,000 and your super continuance monthly benefit is \$360, we will pay a benefit of \$3,360 per month.

Limitations and other information

- This benefit will be paid instead of any Total or Partial Disability Benefit or the Bed Confinement Benefit.
- If one injury causes more than one listed event, we will only pay for the event with the longest payment period.
- You cannot claim a Crisis Benefit at the same time as a Specific Injuries Benefit (you will only be paid for the one with the longest payment period).

Covered specific events	Payment period
Paraplegia Quadriplegia	60 months*
Total and permanent loss of use of:	
Both hands or both feet or sight in both eyes	24 months
One hand and one foot	24 months
One hand and sight in one eye	24 months
One foot and sight in one eye	24 months
One arm or one leg	18 months
One hand or one foot or sight in one eye	12 months
Thumb and index finger from the same hand	6 months
Fracture requiring a plaster cast or other immobilising device of the following bones:	
Thigh (shaft)	3 months
Pelvis (except coccyx)	3 months
Skull (except bones of the face or nose)	2 months
Arm, between elbow and shoulder (shaft)	2 months
Shoulder blade	2 months
Leg (above the foot)	2 months
Kneecap	2 months
Elbow	2 months
Collarbone	1.5 months
Forearm, between wrist and elbow (shaft)	1.5 months

* If your benefit period is two years, the maximum payment period is 24 months.

1.3.8 Crisis Benefit

If you suffer one of the specified medical conditions listed below and you have a waiting period of three months or less, we will pay a lump sum equal to six times the monthly benefit (and any super continuance monthly benefit), whether or not you are capable of returning to work. For example, if you become entitled to this benefit and your monthly benefit is \$3,000 and your super continuance monthly benefit is \$360, we will pay a lump sum benefit of \$20,160. There may be some tax advantages that you may be able to take advantage of – see Section 3.4.

Heart Disorders

- Heart Attack
- Out of Hospital Cardiac Arrest
- Coronary Artery Disease Requiring By-pass Surgery
- Replacement of a Heart Valve
- Surgery of the Aorta
- Cardiomyopathy
- Primary Pulmonary Hypertension
- Open Heart Surgery

Body Organ Disorders

- Cancer
- Chronic Kidney Failure
- Major Organ or Bone Marrow Transplant
- Severe Burns

Nervous System Disorders

- Stroke
- Major Head Trauma
- Multiple Sclerosis
- Hemiplegia
- Diplegia

Other Events

- Loss of Independent Existence

Each of these conditions has a specific medical definition and no claim will be accepted unless that specific definition is met. The specific definitions are contained in Section 4.

Limitations and other information

- If you are totally or partially disabled at the end of the six-month period after we pay the Crisis Benefit, then a Total or Partial Disability Benefit may be paid.
- This benefit will be paid instead of any Total or Partial Disability Benefit or the Bed Confinement Benefit.
- No waiting period applies to the Crisis Benefit.
- You can only claim a Crisis Benefit once in any twelve-month period.
- You cannot claim a Specific Injuries Benefit at the same time as a Crisis Benefit (you will only be paid for the one with the longest payment period). For this purpose the Crisis Benefit will be considered a six-monthly payment.

1.3.9 Death Benefit

In the event of death, this benefit pays four times the monthly benefit (and any super continuance monthly benefit) up to \$75,000 to help meet any expenses at the time. For example, if this benefit becomes payable and your monthly benefit is \$3,000 and your super continuance monthly benefit is \$360, we will pay a benefit of \$13,440 (i.e. 4 x \$3,360).

1.4 Business Overheads Cover

1.4.1 Business Overheads Cover Benefit

For each month you are totally disabled beyond the waiting period, we will cover your usual, regular, fixed operating expenses incurred in the month, up to the amount you have insured, i.e. the Business Overheads Cover monthly benefit. For example, if your usual, regular, fixed operating expenses during the month are \$2,000 and you have insured yourself for \$3,000 a month, we will only pay you the \$2,000 in expenses you incurred in the event you become entitled to a benefit for that month.

Where an expense has been paid prior to the month of disability, and reasonable proof to our satisfaction can be provided that the expense applied in the month of disability, then we will consider paying a proportion of that expense. For example, if you are totally disabled in the month of March, but paid an expense in the month of February that applied for March, then we will consider paying a proportion of that expense in March.

Totally disabled definition

Totally disabled means that because of sickness or injury, you are:

- unable to perform an income producing duty of your occupation
- following the advice of a medical practitioner, and
- not working for more than ten hours per week. (You will be considered to be working irrespective of whether income is generated or the work is carried out in the context of the business.)

The benefit will be payable after the waiting period has ended and will continue while you remain totally disabled.

Limitations

- The maximum payment is twelve times the Business Overheads Cover monthly benefit either for any one continuous period of total disability or for any one sickness or injury.
- If the ownership of the business changes, we may vary the amount of the Business Overheads Cover monthly benefit in a way that reflects those changes.
- Some business expenses are not covered.

1.4.2 Covered business expenses

The business expenses covered are the regular fixed operating expenses of running a business including: principal and interest loan repayments for the purposes of the business, business insurance premiums, rent, property rates, leasing costs, accounting fees, contracted advertising, audit fees, bank fees and charges, business vehicle registration and insurance, equipment hire, gas, professional membership fees, postage, printing, professional subscriptions, contracted repairs and maintenance, contracted security costs, stationery and utility charges.

You may have to hire a locum to take over the day-to-day operations of your business. Depending on your occupation, you may be eligible to include the cost of a locum as a covered business expense.

1.4.3 Reward Cover Benefit

After your cover has been in place for three years, we will provide you with \$50,000 of accidental death cover at no additional cost. On each of the following five anniversaries, the accidental death cover will increase by \$10,000. Accidental death cover is a benefit that is paid if you die as a result of an accident, within 90 days of the accident, but before your cover ends.

Where you are covered under both Business Overheads Cover and Income Care/Income Care Plus, the Reward Cover Benefit will apply in respect of each.

Exclusions

A benefit will not be paid if death is caused directly or indirectly by suicide or any attempt at suicide, self-inflicted injury or infection, the taking of drugs other than prescribed by a medical practitioner, the taking of alcohol, participation in criminal activity or an act of war (whether declared or not).

1.4.4 Waiver of premium while on claim

For a waiver to apply, you must continue to pay premiums throughout the waiting period. However, if your waiting period is three months or less and a benefit becomes payable, we will refund any premiums which you pay during the waiting period.

1.4.5 Indexation

Each year we will provide you with an automatic increase in cover to ensure your insurance keeps pace with movements in the Consumer Price Index (CPI). If the CPI increases by less than 3%, we will increase your cover by 3%. Your premium will also be adjusted to allow for the higher level of cover. You can elect not to accept the increase in any year.

We will not index your cover if you are receiving any benefits.

1.4.6 Cash Back Option

The Cash Back Option entitles you to a refund of some premiums paid, provided you do not make a claim on your policy. The potential refund applies after your policy has been in place for three years, and the refund is only made to you when your policy ends, other than on your death.

The amount of the refund will depend on how long you keep your policy for. If you cancel your policy after three years, you will receive a refund of 13% of premiums, increasing each year until the maximum refund of 20% (after the policy continues for ten years or more) is reached. For example, if over twelve years you pay total premiums of \$22,000 and you then become entitled to a refund under the Cash Back Option, you will receive a refund of \$4,400 (i.e. 20% of \$22,000).

Limitations and other information

- If there is more than one person covered by the policy, everyone must have the Cash Back Option.
- The option must be selected when you first apply for your policy and, if selected, cannot be cancelled.
- No interest is payable on a refund.

1.4.7 Limitations and benefit offsets

You need to be aware of the following limitations which will affect the cover provided by Business Overheads Cover.

- A benefit will not be paid where it arises in connection with intentional self-inflicted injury, any attempt at suicide, acts of war or postnatal depression.
- You cannot claim any benefits for disability resulting from surgery or treatment which you voluntarily undergo in the first six months of your policy, such as cosmetic or other elective surgery, or surgery to transplant your body organs to the body of another person.

We will not pay a benefit for a condition which first occurred, or for a condition the circumstances leading to which first became apparent, before the policy (or any increase in cover) came into effect unless you were unaware of the condition or the circumstances or you told us about the condition or circumstances in your Application and we agreed to provide cover.

We may reduce the Business Overheads Cover Benefit by:

- your portion of the business income earned while you are totally disabled
- the income generated by any employee/s, hired after you become totally disabled, to perform the work normally performed by you, or
- any payments from other business expenses insurance, but we will only make this reduction to the extent the total insurance payments would be more than your covered business expenses.

Section 2

Total Care Plan

2.1 Life Care

2.1.1 Life Care benefit

The Life Care benefit is not payable if death is due to suicide within twelve months of the date of commencement, reinstatement or increase of the cover (but only in relation to the increased amount).

The Life Care benefit ceases on the policy anniversary date before your 99th birthday.

2.1.2 Terminal Illness Benefit

If this benefit is payable, your Life Care, Trauma and TPD Cover will be reduced by the total benefit payable. The maximum benefit that may be paid is \$2,000,000.

This benefit will not be payable after the Life Care benefit ceases.

2.1.3 Life Care Advance Payment Benefit

On production of a death certificate, this benefit provides a cash advance of up to \$20,000 of the Life Care benefit to assist with the cost of a funeral or other similar expenses. The Life Care benefit is reduced by the amount advanced.

Limitations and exclusions

- Payment of this benefit is not an admission of our liability to pay the Life Care benefit.
- This benefit will not be payable if death is due to suicide within twelve months of the date of commencement, reinstatement or increase of the cover.

2.1.4 Life Care Buy Back Benefit

If you have a policy which combines Life Care, TPD Cover and/or Trauma Cover, the amount of your Life Care will automatically be reduced by the total amount of TPD Cover and/or Trauma Cover benefit paid. However, under the Life Care Buy Back Benefit, 100% of the amount of any Life Care reduced by the claim will be reinstated, with no further medical evidence, one year from the date your TPD Cover or Trauma Cover claim was accepted.

2.1.5 Accidental Death Cover

Accidental Death Cover pays a lump sum in the event of your death by accident, provided death occurs within 90 days of the accident but before your cover under the policy ends. The lump sum is payable in addition to any Life Care benefit payable. The lump sum paid is the amount for which you are insured.

Limitations, exclusions and other information

- The maximum amount of Accidental Death Cover you can select is \$1,000,000.
- Depending on your occupation, Accidental Death Cover is available to people between the ages of 17 and 69 inclusive.
- Accidental Death Cover ceases on the policy anniversary date before your 99th birthday.
- If you take out Accidental Death Cover in combination with Life Care, then the Accidental Death Cover will cease when your Life Care ceases.

- A benefit will not be paid if death is caused directly or indirectly by suicide or any attempt at suicide, self-inflicted injury or infection, the taking of drugs other than prescribed by a medical practitioner, the taking of alcohol, participation in criminal activity, or an act of war (whether declared or not).

2.1.6 Guaranteed Insurability Option (Personal Events)

This option allows you to increase your Life Care cover and, if applicable, your Trauma Cover without having to provide any further medical information.

Up to the policy anniversary date before your 46th birthday, you can increase your Life Care and, if applicable, Trauma Cover once every twelve months following certain events.

In the event of:

- your marriage
- the birth or adoption of a child
- your child commencing secondary school, or
- your divorce

your Life Care and, if applicable, Trauma Cover can be increased by up to 25%. The maximum increase is \$200,000 per event.

In the event that you mortgage a home or increase a home mortgage, the increase you can make to your Life Care and, if applicable, Trauma Cover is limited to the lesser of the following:

- 50% of the Life Care benefit and, if applicable, 25% of your Trauma Cover
- the value of the new mortgage
- the value of the latest increase to an existing mortgage, and
- \$200,000.

In the event that you change employment and, as a result of the change in employment, your annual income increases by more than \$10,000 within 30 days of the change, the increase you can make to your Life Care and, if applicable, Trauma Cover is limited to the lesser of the following:

- 25% of the benefit
- ten times the increase in your income, and
- \$200,000.

You cannot increase your cover under this option if you remain in self-employment or if your change in employment involves a move to self-employment.

Limitations and other information

- You can only exercise a right to increase your cover by writing to us within 30 days before or after the relevant event, and you must provide proof to our satisfaction of the event.
- The increase in cover will take effect from your next premium due date after we accept the increase in cover.

- The total increases made to Trauma Cover under this option cannot exceed the amount of Trauma Cover which applied when it was taken out.
- This option:
 - is not available with Trauma Cover where Life Care does not apply
 - cannot be exercised in relation to Trauma Cover if the cover is issued subject to special conditions or exclusions or if the premium payable for the cover is subject to a premium loading
 - cannot be exercised while we are waiving premiums under the Plan Protection Option.
- If you select this option, you cannot select the Guaranteed Insurability Option (Business Events) or the Business Safe Cover Option.
- The Trauma Cover benefit cannot be increased under this option if the benefit exceeds \$2,000,000 or the increase would result in the benefit exceeding \$2,000,000.
- A Trauma Cover benefit cannot be increased under this option if a death, trauma or disablement benefit has been paid or is payable by us for you.

2.1.7 Guaranteed Insurability Option (Business Events)

You can, without supplying further medical information, increase your Life Care and, if applicable, TPD and Trauma Cover on the occurrence of one of the following business events:

- increase in the value of your business ('business growth')
- increase in the value of a person who is crucial to the operation of your business ('key person')
- increase in the value of your financial interest in a business, which interest you hold as a shareholder, partner or unit holder and which is the subject of a buy/sell share purchase or business succession agreement ('financial interest')
- increase in the amount of a business loan ('business loan').

The business event for which you can exercise this option will depend on the purpose for which you take out your cover. For example, if you indicate in your Application that you are applying to cover a business loan, then you will only be able to exercise this option if there is an increase in the amount of that loan.

The maximum increase you can make to your Life Care benefit and, if applicable, your TPD and Trauma Cover upon the occurrence of the relevant business event is the lesser of the following:

- 25% of the Life Care benefit and, if applicable, the TPD and Trauma Cover benefit
- \$2,000,000 per annum, and
- the amount of the increase in respect of the business event.

To increase your cover under this option, evidence of the relevant business event satisfactory to us needs to be provided as follows:

Business event	Evidence required
Business growth	✓ A revised valuation of the value of the business calculated by a qualified accountant or by a valuer approved by us.
Key person	✓ A revised valuation of the value of the key person to the business calculated by a qualified accountant or by a valuer approved by us.
Financial interest	✓ A revised valuation of the value of the financial interest in the business calculated by a qualified accountant or by a valuer approved by us.
Business loan	✓ Loan documentation acceptable to us.

Limitations and other information

- The maximum age at which this option can be taken out for a life insured is 59 but, if the Level Premium Rate option applies, the maximum age is 54.
- If the maximum of any of Life Care, TPD or Trauma Cover has been reached, then this option no longer applies and any increases will require underwriting.
- The maximum sum insured for a life insured before medical underwriting recommences for any and all increases under this option is \$10,000,000 for Life Care, \$3,000,000 for TPD Cover and \$2,000,000 for Trauma Cover.
- You can increase your Life Care and, if applicable, your TPD Cover up to the policy anniversary date before your 66th birthday. However, your Trauma Cover can only be increased up to the policy anniversary date before your 50th birthday.
- You must apply for an increase within 30 days of the required valuation being issued or the business loan being increased, as applicable.
- The increase in cover will take effect from your next premium due date after we accept the increase in cover.
- If you have Life Care, TPD and Trauma Cover, you must increase each type of cover in the same proportion subject to the maximum increases as outlined above.
- Your TPD Cover benefit and Trauma Cover benefit cannot exceed your Life Care benefit.
- If you select this option, you cannot select the Guaranteed Insurability Option (Personal Events) or the Business Safe Cover Option.

- This option:
 - is not available with TPD Cover or Trauma Cover where Life Care does not apply
 - cannot be exercised in relation to TPD Cover or Trauma Cover if that cover is issued subject to special conditions or exclusions, or if the premium payable for the cover is subject to a premium loading
 - cannot be exercised while we are waiving premiums under the Plan Protection Option.
- A Life Care benefit, Trauma Cover benefit and TPD Cover benefit can only be increased once every twelve months under this option and the event to which the increase relates must not have occurred more than three years before you apply for the increase.
- The total increases made to Trauma Cover under this option cannot exceed the amount of Trauma Cover which applied when it was taken out.

2.1.8 Business Safe Cover Option

The business events to which this option applies are as follows:

- increase in the value of your business ('business growth')
- increase in the value of a person who is crucial to the operation of your business ('key person')
- increase in the value of your financial interest in a business, which interest you hold as a shareholder, partner or unit holder and which is the subject of a buy/sell share purchase or business succession agreement ('financial interest')
- increase in the amount of a business loan ('business loan').

The business event for which you can exercise this option will depend on the purpose for which you take out your cover. For example, if you indicate in your Application that you are applying to cover a business loan, then you will only be able to exercise this option if there is an increase in the amount of that loan.

The maximum increase you can make to your cover is the actual increase in the amount of the business loan or the increase in the value of the business, the financial interest in the business or the key person, as applicable.

The maximum Life Care benefit you can have before medical underwriting is required is the lesser of the following:

- \$10,000,000
- three times the amount of the Life Care benefit as at the date the benefit was issued (plus indexation increases), or
- the amount of the business loan or the value of the business, the financial interest in the business or the key person, as applicable.

The maximum TPD Cover benefit you can have before medical underwriting is required, is the lesser of the following:

- \$3,000,000
- three times the amount of the TPD Cover benefit as at the date the benefit was issued (plus indexation increases)
- the amount of any Life Care benefit or, if a Life Care benefit does not apply, the amount of any Trauma Cover benefit
- the amount of the business loan or the value of the business, the financial interest in the business or the key person, as applicable.

The maximum Trauma Cover benefit you can have before medical underwriting is required, is the lesser of the following:

- \$2,000,000
- three times the amount of the Trauma Cover benefit as at the date the benefit was issued (plus indexation increases)
- the amount of any Life Care benefit
- the amount of the business loan or the value of the business, the financial interest in the business or the key person, as applicable.

To increase your cover under this option, evidence of the relevant business event satisfactory to us needs to be provided as follows:

Business event	Evidence required
Business growth	✓ A revised valuation of the value of the business calculated by a qualified accountant or by a valuer approved by us.
Key person	✓ A revised valuation of the value of the key person to the business calculated by a qualified accountant or by a valuer approved by us.
Financial interest	✓ A revised valuation of the value of the financial interest in the business calculated by a qualified accountant or by a valuer approved by us.
Business loan	✓ Loan documentation acceptable to us.

Limitations and other information

- The maximum age at which this option can be taken out for a life insured is 59 but, if the Level Premium Rate option applies, the maximum age is 54.
- You can increase your cover until the option expires on the policy anniversary preceding your 70th birthday for Life Care and the policy anniversary preceding your 60th birthday for TPD Cover and Trauma Cover. The option also ceases when a benefit becomes payable under your policy.
- You must apply for an increase within 30 days of the date the qualified accountant or valuer issues the revised revaluation or the business loan is increased, as applicable.

- The increase in cover will take effect from your next premium due date after we accept the increase in cover.
- Only one increase in any Life Care benefit, Trauma Cover benefit and TPD Cover benefit is permitted each twelve months under this option and the event to which the increase relates must not have occurred more than three years before you apply for the increase.
- If you have Life Care and TPD Cover and/or Trauma Cover, the TPD Cover and/or Trauma Cover cannot be increased without increasing Life Care and you must increase each type of cover in the same proportion subject to the maximum increases as outlined above.
- If only Trauma Cover and TPD Cover benefits apply, one benefit cannot be increased unless the other is also increased and both must be increased by the same proportion subject to the maximum increases as outlined above.
- If you have Life Care and TPD Cover and/or Trauma Cover, and you apply for an increase under this option after the expiry of the option for TPD Cover and Trauma Cover, then any increase will only apply to the Life Care cover.
- If you select this option, you cannot select the Guaranteed Insurability Option (Personal Events) or the Guaranteed Insurability Option (Business Events).
- By increasing your cover under this option, you cannot increase the ratio of the amount of your cover to the value of your business, the key person, your financial interest in the business or the amount of your loan, as applicable, as at the time your cover was issued.
- This option cannot be exercised while we are waiving premiums under the Plan Protection Option.

2.1.9 Plan Protection Option

Provided you are under age 60, and are totally disabled for three months or more, we will waive premiums that fall due after the first three months of total disability, up to the policy anniversary date before your 65th birthday.

Under this option, you are totally disabled if due to sickness or injury you:

- have been continually and significantly unable to perform your occupation for a period of three consecutive months
- have been throughout the three-month period, and continue to be, under the regular care and treatment of, or following treatment prescribed by a medical practitioner, and
- are not engaged in any occupation for wage or profit during that time.

Limitations and exclusions

- This option is not available to occupations we categorise as heavy risk, manual or aviation.
- The option does not apply if total disability is caused directly or indirectly by any intentional self-inflicted injury or any attempt at suicide or an act of war (whether declared or not).

2.2 Total and Permanent Disability (TPD) Cover

2.2.1 TPD definitions

2.2.1.1 Absent From Active Employment – 'any occupation'
Under the 'any occupation' version of the Absent From Active Employment TPD definition, you are TPD if you:

- have been absent from active employment as a result of:
 - any of the following conditions as defined in Section 4: Cardiomyopathy, Primary Pulmonary Hypertension, Major Head Trauma, Motor Neurone Disease, Multiple Sclerosis, Muscular Dystrophy, Paraplegia, Quadriplegia, Hemiplegia, Diplegia, Tetraplegia, Dementia and Alzheimer's Disease, Parkinson's Disease, Blindness, Loss of Speech, Loss of Hearing, Chronic Lung Disease, Severe Rheumatoid Arthritis (for TPD Cover where Life Care does not apply, the TPD Cover benefit will not be payable if you die from any cause within eight days of first being found to have had the relevant condition), or
 - any other sickness or injury for a period of three consecutive months
- and
- during the period for which you must be absent from active employment, you have been unable to engage in (whether or not for reward) any occupation for which you are reasonably suited by education, training or experience and you have been under the regular treatment and following the advice of a medical practitioner and you are likely to be so disabled for life.

2.2.1.2 Absent From Active Employment – 'own occupation'

Under the 'own occupation' version of the Absent From Active Employment TPD definition, you are TPD if you:

- have been absent from active employment as a result of:
 - any of the following conditions as defined in Section 4: Cardiomyopathy, Primary Pulmonary Hypertension, Major Head Trauma, Motor Neurone Disease, Multiple Sclerosis, Muscular Dystrophy, Paraplegia, Quadriplegia, Hemiplegia, Diplegia, Tetraplegia, Dementia and Alzheimer's Disease, Parkinson's Disease, Blindness, Loss of Speech, Loss of Hearing, Chronic Lung Disease, Severe Rheumatoid Arthritis (for TPD Cover where Life Care does not apply, the TPD Cover benefit will not be payable if you die from any cause within eight days of first being found to have had the relevant condition), or
 - any other sickness or injury for a period of three consecutive months
- and
- after the period for which you must be absent from active employment, you continue to be incapacitated to such an extent that you will be unlikely to engage in your own occupation ever again and you are under the regular treatment and following the advice of a medical practitioner.

If you are unemployed or on leave without pay for twelve months or more before the event causing the claim, the definition in Section 2.2.1.1 will automatically apply even if you chose this definition at the time of applying for cover.

2.2.1.3 Homemakers

If you are performing full-time domestic duties or child rearing at the time of the event causing the claim, a 'homemakers' TPD definition will automatically apply instead of the Absent From Active Employment TPD definition that was chosen at the time of applying for cover.

Under the 'homemakers' definition, you are TPD if you:

- have been unable to perform domestic duties or child rearing and have been confined to the home as a result of:
 - any of the following conditions as defined in Section 4: Cardiomyopathy, Primary Pulmonary Hypertension, Major Head Trauma, Motor Neurone Disease, Multiple Sclerosis, Muscular Dystrophy, Paraplegia, Quadriplegia, Hemiplegia, Diplegia, Tetraplegia, Dementia and Alzheimer's Disease, Parkinson's Disease, Blindness, Loss of Speech, Loss of Hearing, Chronic Lung Disease, Severe Rheumatoid Arthritis (for TPD Cover where Life Care does not apply, the TPD Cover benefit will not be payable if you die from any cause within eight days of first being found to have had the relevant condition), or
 - any other sickness or injury for a period of three consecutive months
- and
- you are under the regular treatment, and following the advice, of a medical practitioner and you continue to be so incapacitated that you are unable to engage in (whether or not for reward) any occupation for which you are reasonably suited by education, training or experience and you are likely to be so disabled for life.

2.2.1.4 Loss of Limbs or Sight/ Loss of Independent Existence

You are also TPD if you suffer:

- Loss of Limbs or Sight (as defined in Section 4.5.3), or
- Loss of Independent Existence (as defined in Section 4.5.5).

2.2.2 Limitations, exclusions and other information

- If you still have TPD Cover on or after the policy anniversary date before your 65th birthday, only a Loss of Independent Existence TPD definition will apply and this cover will cease on the policy anniversary date before your 80th birthday.
- The TPD Cover benefit also ceases to apply upon payment of the benefit, termination of the policy, the cover expiry date (if any) or if the TPD Cover benefit reduces to less than \$10,000, whichever happens first.
- No TPD Cover benefit is payable if total and permanent disablement is caused directly or indirectly by any intentional self-inflicted injury or any attempt at suicide.

- If a TPD Cover benefit is payable, any Trauma Cover benefit will be reduced by the amount of TPD Cover benefit payable. If, as a result, the Trauma Cover benefit would be less than \$10,000, the Trauma Cover benefit will cease.
- If a TPD Cover benefit is payable, any Life Care benefit will be reduced by the amount of TPD Cover benefit payable. The Life Care benefit then becomes subject to the Buy Back Benefit described in Section 2.1.4.

2.2.3 Continuation Option

The Life Care provided for under this option will provide a death benefit no greater than the amount of the TPD Cover benefit which applied on the day before the TPD Cover benefit ceased, and will be issued effective from the date you validly exercise the option and no earlier.

Limitations and other information

- The new Life Care policy will be on the terms and at the premium rates current for the individual policy as at the time it is issued, without the benefit of any of the optional features a person can select under the individual policy, unless we agree otherwise, and with the same premium loadings, exclusions and special conditions that applied to you under your stand-alone TPD Cover.
- To take up this option after a TPD Cover benefit becomes payable under your stand-alone TPD Cover, you must give us notice in writing of the exercise of the option after the first anniversary of the payment of the TPD Cover benefit but within 30 days of that first anniversary.
- To take up this option after your stand-alone TPD Cover ceases to apply from the policy anniversary date preceding your 80th birthday, you must give us notice in writing of the exercise of the option after the policy anniversary date preceding your 80th birthday but within 30 days of that policy anniversary date. It is also a condition of the exercise of the option that no TPD Cover benefit is payable or about to be payable on the date your TPD Cover ceases.
- The new Life Care policy will only be issued under this option if we receive the first premium payable under the Life Care policy within the relevant 30-day period and the premium payable under your stand-alone TPD Cover is not overdue as at the date the TPD Cover benefit ceases. We also require that our minimum Life Care policy issue requirements and our Life Care underwriting requirements for residency, occupation and pastimes are met and, if necessary, a non-smoking declaration is completed.

2.3 Trauma Cover

2.3.1 Trauma Cover benefit

Limitations and exclusions

- We may reduce the amount of the Trauma Cover benefit if you receive a benefit under any other similar policies which we were not told about at the time of application.
- No Trauma Cover benefit is payable if the insured condition is caused directly or indirectly by any intentional self-inflicted injury or any attempt at suicide.
- If a Trauma Cover benefit is payable, any TPD Cover benefit will be reduced by the amount of Trauma Cover benefit payable. If, as a result, the TPD Cover benefit would be less than \$10,000, the TPD benefit will cease.
- If a Trauma Cover benefit is payable, any Life Care benefit will be reduced by the amount of Trauma Cover benefit payable. The Life Care benefit then becomes subject to the Buy Back benefit described in Section 2.1.4.

Qualifying period

- Some of the Trauma Cover conditions are not covered in the first three months of cover (i.e. Coronary Artery Disease Requiring By-pass Surgery, Coronary Artery Angioplasty, Coronary Artery Angioplasty – Triple Vessel, Cancer, Stroke, Heart Attack and the conditions covered under the Trauma Plus Cover Option). This three-month period is known as the 'qualifying period'.
- The qualifying period begins on the date insured from, or the date cover is reinstated, or when cover is first issued.
- Similarly, if you increase the amount of Trauma Cover, the qualifying period applies to the increased amount of benefit.

Replacing an existing trauma policy

- If you already have a trauma insurance policy, either with us or with another company, provided we agree to issue you with a new policy, we will consider waiving the qualifying period.
- If the amount of cover has not increased, and you have already been through the qualifying period under your existing policy, you will not have to go through another qualifying period for the same medical conditions.
- If you have not already satisfied the qualifying period under your existing policy, you will still need to wait the unexpired qualifying period of that policy or satisfy the qualifying period under your new Trauma Cover (whichever is shorter).
- Where the benefit amount of your new Trauma Cover exceeds that of the policy being replaced, the full qualifying period will apply to the increased amount.

When Trauma Cover ends

- You are covered for 48 medical conditions or events (58, if you select the Trauma Plus Cover Option) up to the policy anniversary date before your 70th birthday. If you still have Trauma Cover on or after the policy anniversary date before your 70th birthday, only Loss of Independent

Existence is covered by the Trauma Cover benefit and this cover will cease on the policy anniversary date before your 80th birthday.

- Once you make a valid claim for one of the Trauma Cover conditions or events, the total benefit is paid and the Trauma Cover ends, unless the Trauma Cover Buy Back Benefit applies (see Section 2.3.3). However, some conditions can result in a partial benefit without ending the cover (see Section 2.3.2).
- Your Trauma Cover will end if it is reduced to below \$10,000.

If TPD Cover applies in conjunction with Trauma Cover (and Life Care does not apply), the TPD Cover will also end if the Trauma Cover is reduced to below \$10,000.

2.3.2 Partial Trauma Cover benefit

The amount of the Trauma Cover benefit (excluding any Loyalty Bonus Benefit) payable for any of the following:

- the procedure that is Coronary Artery Angioplasty
 - Serious Injury
 - Critical Care
 - Removal of Carcinoma in situ of the Breast
 - Loss of One Hand or One Foot
 - Placement on a Waiting List for Major Organ Transplant
- is 10% of the Trauma Cover benefit (up to a maximum of \$25,000 for Coronary Artery Angioplasty), but will be no less than \$10,000.

The amount of the Trauma Cover benefit (excluding any Loyalty Bonus Benefit) payable for Multiple Sclerosis of limited extent is 25% of the Trauma Cover benefit (up to a maximum of \$50,000), but will be no less than \$10,000.

If you have selected the Trauma Plus Cover Option, the amount of the Trauma Cover benefit (excluding any Loyalty Bonus Benefit) payable for any of the following:

- Carcinoma in situ of the Cervix Uteri
- Carcinoma in situ of the Vulva or Perineum of limited extent
- Carcinoma in situ of the Vagina
- Chronic Lymphocytic Leukaemia
- Hydatidiform Mole
- Partial Blindness
- Partial Loss of Hearing
- Severe Osteoporosis

is 20% of the Trauma Cover benefit (up to a maximum of \$100,000), but will be no less than \$10,000.

If you have selected the Trauma Plus Cover Option, the amount of the Trauma Cover benefit (excluding any Loyalty Bonus Benefit) payable for either of the following:

- Diabetes Complication
- Melanoma

is 40% of the Trauma Cover benefit (up to a maximum of \$200,000), but will be no less than \$10,000.

Section 2 Total Care Plan

Limitations and other information

In addition to the limitations and exclusions set out in Section 2.3.1, the following applies to partial payments:

- When a partial benefit is paid, the Trauma Cover will be reduced by the amount paid. As long as the remaining cover is \$10,000 or more, it will continue in force. To illustrate, if your Trauma Cover benefit is \$300,000 and you become entitled to a partial Trauma Cover benefit for Serious Injury, we will pay you \$30,000 (i.e. 10% of \$300,000). Your Trauma Cover benefit of \$300,000 would then be reduced by \$30,000 to \$270,000.
- If a partial benefit is payable, any TPD Cover benefit will be reduced by the amount of partial benefit payable. If, as a result, the TPD Cover benefit would be less than \$10,000 the TPD benefit will cease.
- If a partial benefit is payable, any Life Care benefit will be reduced by the amount of partial benefit payable. The Life Care benefit then becomes subject to the Buy Back benefit described in Section 2.1.4.
- With the exception of Coronary Artery Angioplasty, a partial trauma benefit can only be paid once for each of the applicable conditions.
- Multiple claims for Coronary Artery Angioplasty are allowed, but we will not pay the Trauma Cover benefit for that procedure where it occurs within six months after a prior procedure for which the Trauma Cover benefit was paid.

2.3.3 Trauma Cover Buy Back Benefit

The Trauma Cover Buy Back Benefit applies to Trauma Cover selected on its own, in conjunction with Life Care or in conjunction with TPD Cover where Life Care does not apply.

If payment of a Trauma Cover claim reduces your Trauma Cover to less than \$10,000, 100% of your Trauma Cover will, without further evidence of health, automatically be reinstated one year from the date your Trauma Cover claim was paid.

Limitations and exclusions

The Trauma Cover Buy Back Benefit does not apply:

- if a partial Trauma Cover benefit is paid. (However, if multiple partial Trauma Cover benefits are paid that reduce your Trauma Cover to less than \$10,000, the Trauma Cover Buy Back Benefit will apply.)
- if a TPD Cover benefit or a Terminal Illness benefit has been paid to you, or
- if a Trauma Cover benefit has been paid to you for Loss of Independent Existence.

Any medical, occupational or pastime loadings or exclusions which applied to the original Trauma Cover will also apply to the Trauma Cover reinstated under the Trauma Cover Buy Back Benefit.

We will not pay a claim under the reinstated Trauma Cover, including any reinstated Trauma Plus Cover, for:

- any trauma condition that first occurred or was first diagnosed, or the symptoms of which first became reasonably apparent, before the date of reinstatement of the Trauma Cover

- the same trauma condition for which we paid a claim under the original cover
- a trauma condition which, in our opinion (as confirmed by an appropriate specialist medical practitioner nominated by us):
 - arises in connection with
 - is a complication of
 - results from, or
 - is a treatment for
 a condition for which we previously paid a Trauma Cover claim
- Cancer, Cancer of the Vulva or Perineum, Removal of Carcinoma in situ of the Breast, Benign Brain Tumour, Carcinoma in situ of the Cervix Uteri, Carcinoma in situ of the Vulva or Perineum of limited extent, Carcinoma in situ of the Vagina, Hydatidiform Mole, Melanoma or Chronic Lymphocytic Leukaemia, if we paid a claim for any one or more of those conditions under the original cover
- Stroke, if under the original cover we paid a claim for any condition listed under Heart Disorders or for Paraplegia, Quadriplegia, Hemiplegia, Diplegia or Tetraplegia as a result of a Stroke
- Paraplegia, Quadriplegia, Hemiplegia, Diplegia or Tetraplegia as a result of a Stroke, if under the original cover we paid a claim for Stroke or for any condition listed under Heart Disorders
- any condition listed under Heart Disorders, if under the original cover we paid a claim for Stroke or for any condition listed under Heart Disorders or for Paraplegia, Quadriplegia, Hemiplegia, Diplegia or Tetraplegia as a result of a Stroke.

Other information

- The Trauma Cover Buy Back Benefit will apply once for each life insured and will expire on the policy anniversary date before your 70th birthday.
- When your Trauma Cover is reinstated under the Trauma Cover Buy Back Benefit, your premium will be based on your age next birthday at the time of reinstatement and include any relevant indexation increases.
- Increases under the Guaranteed Insurability Option (Personal or Business Events) will not apply to the Trauma Cover Buy Back Benefit.
- The Trauma Cover Loyalty Bonus Benefit and the Trauma Cover Severe Hardship Booster Benefit will not apply to the Trauma Cover Buy Back Benefit.

2.3.4 Evidence of Severity Option

The additional requirements that apply under this option are as follows. You must survive the Trauma Cover condition for at least 28 days and throughout those 28 days:

- be absent from active employment as a result of the condition
- be unable to engage in any occupation (whether or not for reward), and
- be under the regular treatment, and following the advice, of a medical practitioner.

If you are unemployed or engaged in full-time domestic duties or child rearing when you first suffer the Trauma Cover condition, the additional requirements you must satisfy are different to those set out above. In this case you must survive the condition for at least 28 days and throughout those 28 days:

- be unable, as a result of the condition, to perform domestic duties or child rearing
- be confined to your home or a hospital, nursing home or rehabilitation unit, and
- be under the regular treatment, and following the advice, of a medical practitioner.

Once the Evidence of Severity Option is taken out it cannot be cancelled.

2.4 Child Cover Option

2.4.1 Child Cover benefit

Heart Disorders	Nervous System Disorders
Heart Attack	Stroke
Out of Hospital Cardiac Arrest	Major Head Trauma
Cardiomyopathy	Muscular Dystrophy
Open Heart Surgery	Paraplegia
Coronary Artery Angioplasty	Quadriplegia
Coronary Artery Angioplasty – Triple Vessel	Hemiplegia
Surgery of the Aorta	Subacute Sclerosing Panencephalitis
Coronary Artery Disease Requiring By-pass Surgery	Tetraplegia
	Coma
Body Organ Disorders	Encephalitis
Cancer	Bacterial Meningitis
Benign Brain Tumour	Diplegia
Blindness	Blood Disorders
Chronic Kidney Failure	Medically Acquired HIV
Major Organ or Bone Marrow Transplant	Aplastic Anaemia
Placement on a Waiting List for Major Organ Transplant	Other Events
Severe Burns	Serious Injury
Loss of Speech	Critical Care
Loss of Hearing	Loss of Limbs or Sight
Chronic Liver Disease	Loss of One Hand or One Foot
Chronic Lung Disease	
Severe Rheumatoid Arthritis	

Limitations, exclusions and other information

- The minimum amount of cover that can be applied for is \$10,000 and the maximum is \$100,000. Cover must be taken out in multiples of \$10,000.
- If we pay the Child Cover benefit for death, we will not pay the benefit for any of the Child Trauma Cover conditions.
- Once you make a valid claim for one of the Child Cover trauma conditions or events, the total benefit is paid and the Child Cover ends. However, some conditions can result in a partial benefit without ending the cover. See Section 2.4.2 'Partial Child Cover benefit'.
- If we pay the Child Cover benefit for a Child Trauma Cover condition other than Coronary Artery Angioplasty, Serious Injury, Critical Care, Loss of One Hand or One Foot or Placement on a Waiting List for Major Organ Transplant, we will not pay the benefit for death or any other Child Trauma Cover condition.
- We may reduce the amount of the Child Cover benefit if you receive a benefit under any other similar policies which we were not told about at the time of application.
- No Child Cover benefit is payable when:
 - the Child Trauma Cover condition is caused directly or indirectly by any intentional self-inflicted injury or any attempt at suicide, or
 - the child life insured's death or Child Trauma Cover condition is caused directly or indirectly by an injury or infection inflicted on the child life insured by a policy owner or life insured or by the child life insured's parent or legal guardian or by any other person who has responsibility for the care of the child life insured or who resides with the child life insured.
- No Child Cover benefit is payable when the child life insured (whether sane or insane) commits suicide within one year from:
 - the date the policy commenced
 - the date the Child Cover Option came into force
 - the date the Child Cover Option first applied to the child life insured
 - the date on which the policy was last reinstated, or
 - the date of an increase to the Child Cover benefit (the exclusion will then apply only to the amount of the increase).

Qualifying period

- Some of the Child Trauma Cover conditions are not covered in the first three months of cover (i.e. Coronary Artery Disease Requiring By-pass Surgery, Coronary Artery Angioplasty, Coronary Artery Angioplasty – Triple Vessel, Cancer, Stroke or Heart Attack). This three-month period is known as the 'qualifying period'.
- The qualifying period begins on the date insured from, or the date cover is reinstated, or when cover is first issued.
- Similarly, if you increase the amount of Child Cover, the qualifying period applies to the increased amount of the benefit.

Replacing an existing trauma policy

- If you already have a trauma insurance policy for your child, either with us or with another company, provided we agree to issue you with the Child Cover Option, we will consider waiving the qualifying period.
- If the amount of cover for your child has not increased, and you have already been through the qualifying period under your existing policy, you will not have to go through another qualifying period for the same medical conditions.
- If you have not already satisfied the qualifying period under your existing policy, you will still need to wait the unexpired qualifying period of that policy or satisfy the qualifying period under the Child Cover Option (whichever is shorter).
- Where the benefit amount of your Child Cover exceeds that of the policy being replaced, the full qualifying period will apply to the increased amount.

When Child Cover ends

Child Cover for a child life insured will end on the earliest of the following:

- the policy anniversary date preceding the child life insured's 18th birthday
- once the Child Cover benefit becomes payable for any Child Trauma Cover condition other than Coronary Artery Angioplasty, Serious Injury, Critical Care, Loss of One Hand or One Foot or Placement on a Waiting List for Major Organ Transplant
- the death of the child life insured
- if the Child Cover benefit reduces to less than \$10,000
- when the policy ends.

The Child Cover Option remains in-force even if the primary cover to which it is linked ceases as a result of the payment of a benefit under the primary cover or the expiry of that cover. Ownership of the policy remains with the existing policy owner or, if they die, their estate.

2.4.2 Partial Child Cover benefit

The conditions which result in a partial Child Cover benefit are listed below:

- Coronary Artery Angioplasty
- Serious Injury
- Critical Care
- Loss of One Hand or One Foot
- Placement on a Waiting List for Major Organ Transplant.

The amount payable for the conditions listed is the greater of \$10,000 and 10% of the Child Cover benefit. When this amount is paid, the Child Cover will be reduced by the same amount. As long as the remaining cover is \$10,000 or more, it will continue in force.

To illustrate, if your Child Cover benefit is \$90,000 and you become entitled to a partial Child Cover benefit for Serious Injury, we will pay you the minimum Child Cover benefit of \$10,000 because it exceeds 10% of \$90,000 (i.e. \$9,000). Your Child Cover benefit of \$90,000 would then be reduced by \$10,000 to \$80,000.

Limitations

In addition to the limitations and exclusions set out in Section 2.4.1, the following applies to partial payments:

- We will not pay the Child Cover benefit for the procedure that is Coronary Artery Angioplasty where the procedure occurs within six months after a prior procedure for which the Child Cover benefit was paid.
- We will not pay the Child Cover benefit for Serious Injury, Critical Care, Loss of One Hand or One Foot or Placement on a Waiting List for Major Organ Transplant on more than one occasion for a child life insured.

2.4.3 Continuation of cover

Under the Child Cover Continuation Option, a child life insured has the opportunity to continue his or her death and trauma cover under a new policy on his or her life, without having to provide any evidence of health. The death and trauma cover issued under the new policy will be no greater than the amount of Child Cover under the Child Cover Option.

To continue cover, the child life insured must apply to us within 30 days before the policy anniversary date preceding his or her 18th birthday.

2.5 Standard features in Total Care Plan

2.5.1 Severe Hardship Booster Benefit

Under the Severe Hardship Booster benefit we will double the amount of benefit payable, if:

- your death or terminal illness is due to Meningococcal Disease, Legionnaires' Disease or Motor Neurone Disease and we pay a Life Care or Terminal Illness Benefit
- you suffer Loss of Limbs or Sight (as defined in Section 4.5.3) as a direct result of injury and the TPD Cover is payable in respect of that disability, or
- we pay a Trauma Cover benefit for Severe Burns, Diplegia, Hemiplegia, Quadriplegia, Paraplegia, Tetraplegia or Loss of Limbs or Sight (as defined in Section 4).

For example:

- if your Life Care benefit is \$200,000 and you are entitled to this booster benefit on your death, we will pay you a benefit of \$400,000 instead of a benefit of \$200,000
- if your Life Care benefit is \$500,000, your TPD Cover benefit is \$200,000 and you are entitled to this booster benefit on your TPD, we will pay you a benefit of \$400,000 instead of a benefit of \$200,000
- if your Life Care benefit is \$500,000, your Trauma Cover benefit is \$200,000 and you are entitled to this booster benefit on suffering a Trauma Cover condition, we will pay you a benefit of \$400,000 instead of a benefit of \$200,000
- if your Trauma Cover benefit is \$500,000, your TPD Cover benefit is \$200,000, Life Care does not apply and you are entitled to this booster benefit on your TPD, we will pay you a benefit of \$400,000 instead of a benefit of \$200,000

Limitations

- Each boosted benefit is limited to a maximum of \$250,000.
- Under Life Care, the Severe Hardship Booster Benefit will only apply to either terminal illness or death – the benefit will not be boosted twice.
- This benefit cannot boost your TPD or Trauma Cover benefit above your Life Care Benefit (if any). Where Trauma Cover and TPD Cover apply to your policy and Life Care does not apply, this benefit cannot boost the TPD Cover benefit above your Trauma Cover.

2.5.2 Loyalty Bonus Benefit

After your policy has been in place for five years or more, any Life Care, Terminal Illness, TPD Cover, Trauma Cover or Child Cover benefit which becomes payable will automatically be increased by 5%. For example, if your Life Care benefit is \$200,000 and you are entitled to this bonus benefit on your death, we will pay you a benefit of \$210,000 instead of a benefit of \$200,000.

2.5.3 Accommodation Benefit

You will be eligible for this benefit if you are confined to bed due to a condition for which a Terminal Illness, TPD or Trauma Cover is payable, and on medical advice you stay more than 100 kilometres from home or travel to a place more than 100 kilometres from home.

This benefit provides up to \$250 a day to help cover the costs of accommodating an immediate family member (i.e. your spouse, de facto spouse, parent, parent-in-law, sibling or child) who has to be away from home to be near you. This benefit is payable for up to 30 days in any twelve-month period.

2.5.4 Indexation

Each year we will provide you with an automatic increase in cover to ensure your insurance keeps pace with movements in the Consumer Price Index (CPI). If the CPI increases by less than 3%, we will increase your cover by 3%. Your premium will also be adjusted to allow for the higher level of cover. You can elect not to accept the increase in any year. Indexation will not apply while premiums are waived under the Plan Protection Option.

Section 3

Costs of cover

3.1 Premium rate options

3.1.1 Change in your level of cover under the Level Premium Rate option

Where the Level Premium Rate option applies and your cover is increased due to indexation, we will calculate the premium payable for the increase in cover based on your age next birthday at the time we accepted your application for cover.

Where, however, you decide to increase your cover, we will calculate the premium payable for the increase in cover based on your age next birthday at the date of the increase; while the premium payable for your existing cover will continue to be based on your age next birthday at the time we accepted your application for that cover.

3.1.2 Change in your level of cover under the Stepped Premium Rate option

Where the Stepped Premium Rate option applies and you increase your cover or it is increased as a result of indexation, we will calculate the premium payable for the increase in cover based on your age next birthday at the date of the increase.

If you want to change from the Stepped Premium Rate to the Level Premium Rate, you will have to apply for a new policy. However, to reduce the inconvenience of applying for a new policy, we have developed a short form Application for this purpose.

3.2 Premium calculation

Depending on the cover applied for, the factors affecting the cost of insurance include:

Factor	How it may affect the cost of your cover
Age	Generally, the older you are the higher the cost of your cover will be.
Health	The better the state of your health, the cheaper your cover will be.
Gender	Mortality and illness rates differ between men and women, resulting in differing premium rates.
Occupation	Each occupation group has different duties associated with it. The greater the risk associated with the general duties of that occupation group the greater the cost of cover for that occupation group.
Smoker status	Smoker premiums are generally higher than the premiums for a non-smoker.
Sporting or recreational activities	Certain sporting or recreational activities carry more risk than others, therefore the riskier the sporting or recreational activities that you undertake, the higher the cost of your cover will be.
Policy features you select	Generally, the more policy features you select, the higher the cost of your cover will be.
The premium rate option you select	Premiums vary depending on the premium rate option selected. The effect of each option on the premiums you pay is described above.
Combination of cover	The more cover types you include in your policy, the higher the cost of your cover will be.
Type and amount of cover	The cost of your cover depends on the amount of the cover you select. Generally, the greater your cover amount, the more expensive your cover will be.
Any options selected	Optional extras generally provide you with additional cover or benefits at an extra cost. However, some options provide for premium discounts.
Stamp duty	Where charged, stamp duty increases the cost of your cover because it is included in your premium.
Any loadings applied to the policy	Loadings increase the cost of your cover.

3.3 Sample premiums

The following premiums are samples only. They are based on a person who resides in NSW and apply as at the date of this RD. In each case a basic quote is provided, then one factor is altered to give you an indication of how premiums vary.

Income Care				
Basic quote				
<ul style="list-style-type: none"> 35-year-old male non-smoker accountant benefit period five years policy expiry date age 65 monthly benefit \$3,125 waiting period one month agreed value includes Increasing Claim Option 	<ul style="list-style-type: none"> 35-year-old male non-smoker accountant benefit period five years policy expiry date age 65 monthly benefit \$3,125 waiting period one month indemnity cover includes Increasing Claim Option 	<ul style="list-style-type: none"> 35-year-old male non-smoker accountant benefit period to age 65 policy expiry date age 65 monthly benefit \$3,125 waiting period one month agreed value includes Increasing Claim Option 	<ul style="list-style-type: none"> 35-year-old female non-smoker accountant benefit period five years policy expiry date age 65 monthly benefit \$3,125 waiting period one month agreed value includes Increasing Claim Option 	<ul style="list-style-type: none"> 35-year-old male non-smoker electrician benefit period five years policy expiry date age 65 monthly benefit \$3,125 waiting period one month agreed value includes Increasing Claim Option
Stepped Premium Rate option \$34.28 per month	Stepped Premium Rate option \$30.00 per month	Stepped Premium Rate option \$46.72 per month	Stepped Premium Rate option \$47.13 per month	Stepped Premium Rate option \$84.07 per month
Level Premium Rate option \$52.46 per month	Level Premium Rate option \$43.29 per month	Level Premium Rate option \$67.84 per month	Level Premium Rate option \$67.81 per month	Level Premium Rate option \$134.98 per month

Income Care Plus				
Basic quote				
<ul style="list-style-type: none"> 35-year-old male non-smoker accountant benefit period five years policy expiry date age 65 monthly benefit \$3,125 waiting period one month agreed value includes Increasing Claim Option 	<ul style="list-style-type: none"> 35-year-old male non-smoker accountant benefit period five years policy expiry date age 65 monthly benefit \$3,125 waiting period one month indemnity cover includes Increasing Claim Option 	<ul style="list-style-type: none"> 35-year-old male non-smoker accountant benefit period to age 65 policy expiry date age 65 monthly benefit \$3,125 waiting period one month agreed value includes Increasing Claim Option 	<ul style="list-style-type: none"> 35-year-old female non-smoker accountant benefit period five years policy expiry date age 65 monthly benefit \$3,125 waiting period one month agreed value includes Increasing Claim Option 	<ul style="list-style-type: none"> 35-year-old male non-smoker electrician benefit period five years policy expiry date age 65 monthly benefit \$3,125 waiting period one month agreed value includes Increasing Claim Option
Stepped Premium Rate option \$40.58 per month	Stepped Premium Rate option \$33.79 per month	Stepped Premium Rate option \$52.63 per month	Stepped Premium Rate option \$58.83 per month	Stepped Premium Rate option \$101.41 per month
Level Premium Rate option \$59.23 per month	Level Premium Rate option \$48.70 per month	Level Premium Rate option \$76.75 per month	Level Premium Rate option \$77.35 per month	Level Premium Rate option \$153.46 per month

Business Overheads Cover				
Basic quote				
<ul style="list-style-type: none"> 35-year-old male non-smoker accountant policy expiry date age 65 monthly benefit \$6,000 one-month waiting period 	<ul style="list-style-type: none"> 45-year-old male non-smoker accountant policy expiry date age 65 monthly benefit \$6,000 one-month waiting period 	<ul style="list-style-type: none"> 35-year-old male non-smoker accountant policy expiry date age 65 monthly benefit \$6,000 three-month waiting period 	<ul style="list-style-type: none"> 35-year-old female non-smoker accountant policy expiry date age 65 monthly benefit \$6,000 one-month waiting period 	<ul style="list-style-type: none"> 35-year-old male non-smoker electrician policy expiry date age 65 monthly benefit \$6,000 one-month waiting period
Stepped Premium Rate option \$47.31 per month	Stepped Premium Rate option \$73.70 per month	Stepped Premium Rate option \$35.10 per month	Stepped Premium Rate option \$63.21 per month	Stepped Premium Rate option \$120.19 per month
Level Premium Rate option \$62.77 per month	Level Premium Rate option \$99.00 per month	Level Premium Rate option \$45.92 per month	Level Premium Rate option \$82.71 per month	Level Premium Rate option \$163.34 per month

Total Care Plan				
Basic quote				
<ul style="list-style-type: none"> 35-year-old male non-smoker accountant Life Care \$200,000 	<ul style="list-style-type: none"> 35-year-old male non-smoker accountant Life Care \$500,000 	<ul style="list-style-type: none"> 35-year-old male non-smoker accountant Life Care \$200,000 TPD \$200,000 	<ul style="list-style-type: none"> 35-year-old male non-smoker accountant Life Care \$200,000 TPD \$200,000 Trauma \$200,000 	<ul style="list-style-type: none"> 35-year-old female non-smoker accountant Life Care \$200,000
Stepped Premium Rate option \$25.00 per month	Stepped Premium Rate option \$32.11 per month	Stepped Premium Rate option \$28.77 per month	Stepped Premium Rate option \$51.55 per month	Stepped Premium Rate option \$25.00 per month
Level Premium Rate option \$36.67 per month	Level Premium Rate option \$62.32 per month	Level Premium Rate option \$53.62 per month	Level Premium Rate option \$128.83 per month	Level Premium Rate option \$27.90 per month

Please note

- Unless otherwise stated, no optional benefits have been included in these premium calculations.
- Where TPD Cover is included, it is assumed that the 'any occupation' definition applies.
- The premium calculations include the policy fee and frequency charge.
- The premium calculations assume no loadings are applied due to health, occupation or pastime risks.

3.4 Taxation

This section provides general information about tax implications. As your individual circumstances may be quite different, you should discuss any taxation issues with your tax adviser. All taxation information is based on the continuance of taxation laws and their interpretation that were current at the date this RD was prepared.

3.4.1 Income Care Range

The premium for your policy will generally be an allowable deduction from your assessable income under Section 8-1 of the Income Tax Assessment Act 1997. In the case of Income Care/Income Care Plus, this deductibility applies regardless of whether you are self-employed or an employed person.

Generally, any Income Care/Income Care Plus benefits (including any super continuance monthly benefit) and Business Overheads Cover benefits will be treated as income and taxed accordingly. However, special considerations apply to the Cash Back Option and TPD Cover Option:

- **Cash Back Option**

If you select the Cash Back Option, the additional premium paid for this option is not tax deductible. When we refund premiums to you under this option, the refund consists of two components:

1. a refund of a percentage of premiums paid for the option, which is not assessable as income, and
2. the balance of the refund, which is assessable as income and should be included in your income tax return.

- **TPD Cover Option**

If you select this option, approximately 10% of your premiums will not be tax deductible. The exact dollar amount of non-deductible premiums will be detailed in an annual statement that we will provide you with. However, if you receive a lump sum under this option, it will not be treated as income and will not be taxable.

- **Crisis Benefit**

This benefit is only payable if you choose Income Care Plus. Payment of a lump sum benefit in the event of suffering one of the specific medical conditions will not be treated as income and will not be taxable.

- **Super continuance monthly benefit**

Super continuance monthly benefit is paid to your nominated superannuation fund as your personal contribution. Accordingly, it should be treated by the fund trustee as an undeducted contribution. However, if you satisfy the tests for claiming a tax deduction for personal superannuation contributions and give the trustee the appropriate notices, you will receive a deduction for some or all of the super continuance monthly benefit and the equivalent amount will be treated by the fund trustee as a taxable contribution.

3.4.2 Life Care, TPD Cover and Trauma Cover under Total Care Plan

Generally, premiums for your policy are not tax deductible. However, in most situations, benefits paid to the policy owner or their estate are not subject to personal tax.

In some circumstances it is possible to claim a tax deduction for premiums, and benefits paid could be assessable. This could apply if an employer or business owns the policy and is paying the premiums.

Section 4

Medical condition definitions

4.1 Heart Disorders

4.1.1 Heart Attack

The death of part of the heart muscle (myocardium) as a result of inadequate blood supply. The diagnosis must be based on either:

- the following medical evidence:
 - i) elevation of cardiac enzyme CK-MB, or
 - ii) elevation in levels of Troponin I greater than 2.0 mcg/L or Troponin T greater than 0.6 mcg/L or their equivalent and
 - iii) confirmatory new electrocardiogram (ECG) changes, or
 - iv) medical evidence satisfactory to us that the heart attack reduced the Left Ventricular Ejection Fraction to below 50% when measured at least six weeks after the heart attack, or
- any other medical evidence satisfactory to us which demonstrates that myocardial damage has occurred to at least the same degree of severity as would be evidenced by the medical evidence required under the first bullet point.

4.1.2 Out of Hospital Cardiac Arrest

Cardiac arrest which is not associated with any medical procedure and is documented by an electrocardiogram, occurs out of hospital and is due to:

- cardiac asystole, or
- ventricular fibrillation with or without ventricular tachycardia.

4.1.3 Coronary Artery Disease Requiring By-pass Surgery

The actual undergoing of by-pass surgery (including saphenous vein or internal mammary graft/s) for the treatment of coronary artery disease. Any other operations are specifically excluded from this definition.

4.1.4 Coronary Artery Angioplasty

The undergoing of coronary artery angioplasty, that is considered necessary by a cardiologist to treat coronary artery disease. The cardiologist's opinion that the procedure is necessary must be supported by angiographic evidence.

4.1.5 Coronary Artery Angioplasty – Triple Vessel

Undergoing, in the same procedure, coronary artery angioplasty to three or more coronary arteries, where the procedure is considered necessary by a cardiologist to treat coronary artery disease.

4.1.6 Repair and Replacement of a Heart Valve

Surgery to replace or repair heart valves but does not include percutaneous valvuloplasty, trans-arterial procedures or other non-surgical techniques.

4.1.7 Surgery of the Aorta

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

4.1.8 Cardiomyopathy

Condition of impaired ventricular function of variable aetiology (often not determined) resulting in significant physical impairment, i.e. Class 3 on the New York Heart Association classification of cardiac impairment.

4.1.9 Primary Pulmonary Hypertension

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

4.1.10 Open Heart Surgery

Open Heart Surgery for treatment of cardiac defect/s, cardiac aneurism or benign cardiac tumour/s.

4.2 Nervous System Disorders

4.2.1 Stroke

A cerebrovascular accident or incident producing neurological sequelae. This includes infarction of brain tissue, intracranial and/or subarachnoid haemorrhage, or embolisation from an extracranial source. The following are excluded:

- Cerebral symptoms due to:
 - transient ischaemic attacks
 - reversible ischaemic neurological deficit
 - migraine
- Cerebral injury resulting from:
 - trauma
 - hypoxaemia
 - vascular disease affecting the eye, optic nerve or vestibular function.

4.2.2 Major Head Trauma

Injury to the head resulting in neurological deficit causing either:

- a permanent loss of at least 25% whole person function (as defined in the edition of the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' current as at the preparation date of this RD), or
- the permanent and irreversible inability to perform without the assistance of another person any one of the 'Activities of Daily Living' (as defined under Loss of Independent Existence in Section 4.5.5), as certified by a consultant neurologist.

4.2.3 Motor Neurone Disease

Motor Neurone Disease diagnosed by a consultant neurologist.

4.2.4 Multiple Sclerosis

The unequivocal diagnosis of Multiple Sclerosis as confirmed by a consultant neurologist and characterised by demyelination in the brain and spinal cord evidenced by Magnetic Resonance Imaging or other investigations acceptable to us. There must have been more than one episode of well-defined neurological deficit with persisting neurological abnormalities.

4.2.5 Multiple Sclerosis of limited extent

The unequivocal diagnosis of Multiple Sclerosis as defined above but without the existence of persisting neurological abnormalities.

4.2.6 Muscular Dystrophy

The unequivocal diagnosis of Muscular Dystrophy by a consultant neurologist.

4.2.7 Paraplegia

The permanent loss of use of both legs or both arms, resulting from spinal cord sickness or injury.

4.2.8 Quadriplegia

The permanent loss of use of both arms and both legs, resulting from spinal cord sickness or injury.

4.2.9 Hemiplegia

The total loss of function of one side of the body due to sickness or injury, where such loss of function is permanent.

4.2.10 Diplegia

The total loss of function of both sides of the body due to sickness or injury, where such loss of function is permanent.

4.2.11 Tetraplegia

The total and permanent loss of use of both arms and both legs, together with loss of head movement, due to brain sickness or injury, or spinal cord sickness or injury.

4.2.12 Dementia and Alzheimer's Disease

Clinical diagnosis of Dementia (including Alzheimer's Disease) as confirmed by a consultant neurologist, psycho-geriatrician, psychiatrist or geriatrician. The diagnosis must confirm permanent, irreversible failure of brain function resulting in significant cognitive impairment for which no other recognisable cause has been identified. Significant cognitive impairment means a deterioration in the life insured's Mini-Mental State Examination scores to 24 or less, and deterioration would continue but for any effective treatments.

Dementia related to alcohol, drug abuse or AIDS is excluded.

4.2.13 Coma

A state of total unconsciousness with no reaction to external stimuli or internal needs, requiring continuous assisted ventilation to maintain life for at least 72 consecutive hours.

4.2.14 Encephalitis

The severe inflammation of brain substance which results in significant neurological sequelae, causing either:

- a permanent loss of at least 25% whole person function (as defined in the edition of the American Medical Association's publication 'Guides to the Evaluation of Permanent Impairment' current as at the date of this RD), or
- the permanent and irreversible inability to perform without the assistance of another person any one of the 'Activities of Daily Living' (as defined under Loss of Independent Existence in Section 4.5.5), as certified by a consultant neurologist.

Encephalitis as a result of HIV infection is excluded.

4.2.15 Parkinson's Disease

The unequivocal diagnosis of Parkinson's Disease by a consultant neurologist where the consultant neurologist confirms that the condition:

- is the established cause of two or more of the following:
 - muscular rigidity
 - resting tremor
 - bradykinesia
- has caused significant progressive physical impairment, likely to continue progressing but for any treatment benefit.

The life insured must be under the established care and following the advice of a specialist neurologist.

4.2.16 Bacterial Meningitis

The unequivocal diagnosis of Bacterial Meningitis resulting in a neurological deficit causing permanent and significant functional impairment. The Bacterial Meningitis must be caused by a proven organism.

4.2.17 Subacute Sclerosing Panencephalitis

The unequivocal diagnosis of Subacute Sclerosing Panencephalitis.

4.3 Body Organ Disorders

4.3.1 Cancer

Any malignant tumour characterised by the uncontrolled growth and spread of malignant cells that requires treatment by surgery, radiotherapy, chemotherapy, biological response modifiers, or any other major interventionist treatment and includes cancers that are completely untreatable.

The following are included:

- Leukaemia.
- Hodgkin's disease.
- Malignant lymphoma.
- Malignant bone marrow disorders.
- Melanomas which have a depth of invasion of Clark Level 3 or 1.5mm or more in Breslow thickness.
- Carcinoma in situ of the breast which results directly in the removal of the entire breast (with or without removal of lymph nodes). The procedure must be performed specifically to arrest the spread of malignancy and be considered the appropriate and necessary treatment.

Section 4

Medical condition definitions

The following are excluded:

- Tumours showing the malignant changes of 'carcinoma in situ' or which are histologically described as premalignant. The following are examples of tumours categorised as either being carcinoma in situ or premalignant and are excluded:
 - i) cervical dysplasia, CIN1, CIN2 and CIN3
 - ii) all non-melanoma skin tumours and cancers unless there has been evidence of metastatic spread.
- Any colorectal cancer classified as TNM (Tumour, Nodes, Metastases) Stage 0 (Tis, NO, MO).
- Prostatic cancers which remain histologically described as TNM Classification T1a or T1b or are of another equivalent or lower classification.
- Prostatic cancers which remain histologically described as TNM Classification T1c unless curative intent therapy has been administered in connection with such cancer.
- All AIDS-related malignancies.
- Tumours treated by endoscopic procedures alone.
- Chronic Lymphocytic Leukaemia (as defined in Section 4.3.3).
- Removal of Carcinoma in situ of the Breast (as defined in Section 4.3.5).
- Melanoma (as defined in Section 4.3.2).
- Hydatidiform Mole (as defined in Section 4.3.9).
- Carcinoma in situ of the Cervix Uteri (as defined in Section 4.3.6).
- Carcinoma in situ of the Vagina (as defined in Section 4.3.8).
- Carcinoma in situ of the Vulva or Perineum of limited extent (as defined in Section 4.3.7).

The last seven exclusions do not apply to Income Care Plus.

4.3.2 Melanoma

A melanoma which has a depth of invasion of:

- Clark level 2, or
- more than 1.25mm, but less than 1.5mm, in Breslow thickness

as determined by histological examination. The malignancy must be characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue.

4.3.3 Chronic Lymphocytic Leukaemia

The presence of chronic lymphocytic leukaemia diagnosed as Rai stage 0 or 1, which is defined to be in the blood and bone marrow and/or lymph nodes only.

4.3.4 Cancer of the Vulva or Perineum

Any lesion described by a histopathologist as carcinoma of the vulva or perineum that meets the criteria of either Stage 3 or 4 (tumour of any size with contiguous invasion of local organs) of the 1988 International Federation of Gynecology and Obstetrics (FIGO) surgical staging system.

4.3.5 Removal of Carcinoma in situ of the Breast

Surgical removal of a carcinoma in situ of the breast, where the carcinoma in situ of the breast:

- is characterised by a focal autonomous new growth of carcinomatous cells which has not yet resulted in the invasion of normal tissues
- does not result in the removal of the entire breast, and
- is classified as TNM (Tumour Nodes Metastasis) stage Tis or FIGO (International Federation of Gynecology and Obstetrics) Stage 0.

The procedure must be performed specifically to arrest the spread of malignancy and be considered the appropriate and necessary treatment.

4.3.6 Carcinoma in situ of the Cervix Uteri

Confirmation by biopsy of localised pre-invasive cancer in the cervix uteri at severe dysplasia of the level of CIN 3 grading where cancer cells do not penetrate the basement membrane nor invade the surrounding tissues or stroma. For the purposes of this definition, 'invade' means to infiltrate and/or destroy the tissue of origin or surrounding tissue.

4.3.7 Carcinoma in situ of the Vulva or Perineum of limited extent

Any lesion described by a histopathologist as carcinoma or intraepithelial neoplasia of the vulva or perineum that meets the criteria of either of the following stages of the 1988 International Federation of Gynecology and Obstetrics (FIGO) surgical staging system:

- Stage 0. Carcinoma in situ; intraepithelial neoplasia
- Stage 1A, 1B or 2 where the cancer is confined to the Vulva or Perineum.

4.3.8 Carcinoma in situ of the Vagina

Any lesion described by a histopathologist as carcinoma or intraepithelial neoplasia of the vagina that meets the criteria of Stage 0, (carcinoma in situ; vaginal intraepithelial neoplasia) of the 1988 International Federation of Gynecology and Obstetrics (FIGO) surgical staging system.

4.3.9 Hydatidiform Mole

The surgical removal of a Hydatidiform mole as confirmed by a histopathologist.

4.3.10 Benign Brain Tumour

A non-cancerous tumour in the brain giving rise to characteristic symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment as confirmed by a medical practitioner who is a consultant neurologist. The tumour must result in permanent neurological deficit:

- causing at least a permanent 25% impairment of whole person function (as defined in the edition of the American Medical Association's publication 'Guides to the Evaluation of Permanent Impairment' current as at the date of this RD) or
- requiring cranial surgery for its removal.

The presence of the underlying tumours must be confirmed by imaging studies such as CT Scan or MRI. Cysts, granulomas, malformations in or of the arteries or veins of the brain, haematomas, and tumours in the pituitary gland or spine are excluded.

4.3.11 Blindness

The permanent loss of sight in both eyes, whether aided or unaided, due to sickness or injury to the extent that visual acuity is 6/60 or less in both eyes, or to the extent that the visual field is reduced to 20 degrees or less of arc, as certified by an ophthalmologist.

4.3.12 Partial Blindness

The permanent loss of sight in one eye, whether aided or unaided, due to sickness or injury to the extent that visual acuity is 6/60 or less in one eye, or to the extent that the visual field is reduced to 20 degrees or less of arc, as certified by an ophthalmologist.

4.3.13 Chronic Kidney Failure

End stage renal failure presenting as chronic irreversible failure of both kidneys to function as a result of which regular renal dialysis is instituted or renal transplantation is performed.

4.3.14 Major Organ or Bone Marrow Transplant

The human to human transplant from a donor to the life insured of

- one or more of the following organs:
 - kidney
 - lung
 - pancreas
 - heart
 - liver
- bone marrow.

The transplantation of all other organs or parts of organs or any other tissue transplant is excluded.

4.3.15 Placement on a Waiting List for Major Organ Transplant

The life insured must:

- be diagnosed with a sickness or injury which necessitates a Major Organ or Bone Marrow Transplant (as defined in Section 4.3.14) and
- meet the Recipient Suitability Criteria of an Organ Allocation Protocol of the Transplantation Society of Australia and New Zealand and
- be on a waiting list for the transplant of the relevant organ for at least six months

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

The diagnosis, suitability and placement on a waiting list must be certified by an appropriate medical specialist.

4.3.16 Severe Burns

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

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

4.3.17 Loss of Speech

The total and irrecoverable loss of the ability to produce intelligible speech as a result of sickness or injury which causes permanent damage to the larynx or its nerve supply or the speech centres of the brain. The loss must be certified by an appropriate medical specialist.

4.3.18 Loss of Hearing

Complete and irrecoverable loss of hearing, both natural and assisted, from both ears as a result of sickness or injury, as certified by a specialist we consider appropriate.

4.3.19 Partial Loss of Hearing

Complete and irrecoverable loss of hearing, both natural and assisted, from one ear as a result of sickness or injury, as certified by a specialist we consider appropriate.

4.3.20 Chronic Liver Disease

Permanent liver failure resulting in permanent jaundice, ascites and/or encephalopathy.

4.3.21 Chronic Lung Disease

Permanent end stage respiratory failure, with FEV1 test results of consistently less than one litre, requiring continuous permanent oxygen therapy.

Section 4

Medical condition definitions

4.3.22 Severe Rheumatoid Arthritis

The unequivocal diagnosis of severe rheumatoid arthritis by a rheumatologist. The diagnosis must be supported by, and evidence, all of the following criteria:

- at least a six-week history of Severe Rheumatoid Arthritis which involves three or more of the following joint areas:
 - i) proximal interphalangeal joints in the hands
 - ii) metacarpophalangeal joints in the hands
 - iii) metatarsophalangeal joints in the foot, wrist, elbow, knee, or ankle
 - simultaneous bilateral and symmetrical joint soft tissue swelling or fluid (not bony overgrowth alone)
 - typical rheumatoid joint deformity
- and at least two of the following criteria:
- morning stiffness
 - rheumatoid nodules
 - erosions seen on X-ray imaging
 - the presence of either a positive rheumatoid factor or the serological markers consistent with the diagnosis of Severe Rheumatoid Arthritis.

Degenerative osteoarthritis and all other arthritides are excluded.

4.3.23 Severe Osteoporosis

The life insured suffers at least two vertebral body fractures or a fracture of the neck of femur, due to osteoporosis and has a bone mineral density reading with a T-score of -2.5 or worse (i.e. 2.5 standard deviations below the young adult mean for bone density). This must be measured in at least two sites by dual energy x-ray absorptiometry (DEXA). The life insured must suffer from this condition before he or she reaches his or her 50th birthday and must at the time be covered for the condition.

4.4 Blood Disorders

4.4.1 Occupationally Acquired HIV

Infection with Human Immunodeficiency Virus (HIV) where it was acquired as a result of an accident occurring during the currency of the policy. The accident must occur during the course of carrying out normal occupational duties, with seroconversion indicating HIV infection occurring within six months of the accident. Infection in any other manner, including sexual activity or recreational intravenous drug use, is specifically excluded.

A HIV antibody test must be taken within seven days after the accident and reported within 30 days and produce negative results. Access to all blood samples taken is required for independent tests, with the right to take additional samples as necessary.

The benefit will not apply if:

- before the injury, the Australian Government has recommended an HIV vaccine for use in the occupation of the life insured but the life insured has not taken this vaccine, or
- the Australian Government has approved a treatment which renders the HIV virus inactive and non-infectious to others.

4.4.2 Medically Acquired HIV

Accidental infection with Human Immunodeficiency Virus (HIV) which we believe, on the balance of probabilities, arose from one of the following medically-necessary events which must have occurred to the life insured in Australia by a recognised and registered health professional:

- a blood transfusion
- transfusion with blood products
- organ transplant to the life insured
- assisted reproductive techniques, or
- a procedure or operation performed by a medical/paramedical practitioner or dentist.

Access to all blood samples taken is required for independent tests, with the right to take additional samples as necessary.

A Trauma Cover benefit will not be payable in respect of Medically Acquired HIV if, before the accidental infection occurred, the Australian Government approved a medical treatment which if applied to the life insured would:

- render the life insured's HIV inactive and non-infectious to others or
- prevent the life insured from developing AIDS, or
- where the life insured has developed AIDS, cure the AIDS.

4.4.3 Aplastic Anaemia

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

- blood product transfusions
- marrow stimulating agents
- immunosuppressive agents, or
- bone marrow transplantation.

4.4.4 Advanced Diabetes

Severe diabetes mellitus, either Insulin or Non-Insulin dependent, as certified by a consultant endocrinologist and resulting in at least two of the following criteria:

- Severe Diabetic Retinopathy resulting in visual acuity uncorrected and corrected of 6/36 or worse in both eyes
- Severe Diabetic Neuropathy causing motor and/or autonomic impairment
- Diabetic Gangrene leading to surgical intervention
- Severe Diabetic Nephropathy causing chronic irreversible renal impairment (as measured by a corrected creatinine clearance below the laboratory/ies measured normal range).

Diabetes Complication (as defined in Section 4.4.5) is excluded.

4.4.5 Diabetes Complication

Diagnosis of Type 1 Insulin dependent diabetes mellitus, as certified by a consultant endocrinologist and resulting in at least two of the following criteria:

- i) urinary protein excretion of more than 300mg per day
- ii) diabetic retinopathy with a minimum severity of at least exudates and/or dot-blot haemorrhages
- iii) persistent sensory neuropathy.

4.5 Other Events

4.5.1 Serious Injury

An injury that has for the first time resulted in the life insured being confined to an acute care hospital for a period of 30 consecutive days (24 hours per day) under the full-time care of a registered medical practitioner. Injury as a result of alcohol or non-prescribed drug intake or other self-inflicted means is excluded.

4.5.2 Critical Care

An injury or sickness that has, for the first time, resulted in the life insured requiring continuous mechanical ventilation by means of tracheal intubation for ten consecutive days (24 hours per day) in an authorised intensive care unit of an acute care hospital. Injury or sickness as a result of alcohol or non-prescribed drug intake, or other self-inflicted means is excluded.

4.5.3 Loss of Limbs or Sight

The life insured has sustained, as a direct result of injury or sickness:

- the complete and irrecoverable loss of use of both hands
- the complete and irrecoverable loss of use of both feet
- the complete and irrecoverable loss of use of one hand and one foot
- blindness in both eyes, whether aided or unaided
- the complete and irrecoverable loss of use of one foot and blindness in one eye, whether aided or unaided, or
- the complete and irrecoverable loss of use of one hand and blindness in one eye, whether aided or unaided.

For the purpose of this definition, 'blindness' means the permanent loss of sight to the extent that visual acuity is 6/60 or less, or to the extent that the visual field is reduced to 20 degrees or less of arc.

4.5.4 Loss of One Hand or One Foot

The life insured has sustained, as a direct result of injury or sickness, the complete and irrecoverable loss of use of one hand or one foot.

4.5.5 Loss of Independent Existence

As a result of sickness or injury:

- there is permanent and irreversible inability to perform without the assistance of another person any two of the 'Activities of Daily Living' or all of the 'Defined Home Duties', or
- the life insured suffers cognitive impairment that results in the life insured requiring permanent and constant supervision for a continuous period of at least six months. The life insured's impairment must be established by a medical practitioner nominated by us.

Loss of Independent Existence due to alcohol or drug abuse or AIDS is excluded.

Activities of Daily Living

1. Dressing – putting on and taking off clothing.
2. Toileting – using the toilet, including getting on and off.
3. Mobilising – getting in and out of bed and a chair.
4. Maintaining Continence – having good control of bowel and bladder function.
5. Feeding – getting food from a plate into the mouth.

Defined Home Duties

- Cleaning the usual place of dwelling.
- Purchasing household food and items used for cleaning.
- Preparing meals for the household.
- Performing for the household laundry services such as washing or ironing.

Checklist for applicants



Personal Insurance Portfolio

To ensure that this application for insurance is processed as quickly as possible, please use this checklist when completing and submitting all relevant paperwork.

- Personal Insurance Portfolio Quotation
- Application

Application		Total Care Plan	Income Care Range
A	Purpose of the policy (page 4)	<input type="checkbox"/>	<input type="checkbox"/>
B	Policy owner details (page 4)	<input type="checkbox"/>	<input type="checkbox"/>
C	Life insured details (page 7)	<input type="checkbox"/>	<input type="checkbox"/>
	• Personal details (page 7)	<input type="checkbox"/>	<input type="checkbox"/>
	• Occupation / income details (page 7)		<input type="checkbox"/>
D	Child Cover option (page 8)	<input type="checkbox"/> (optional)	
E	Nomination of beneficiaries (page 8)	<input type="checkbox"/> (optional)	
F	Premium details (page 8)	<input type="checkbox"/>	<input type="checkbox"/>

Personal Statement	Total Care Plan	Income Care Range
Personal Statement – Personal Insurance Portfolio	<input type="checkbox"/>	<input type="checkbox"/>

Declaration	Total Care Plan	Income Care Range
Section P		
General declaration and application for policy (page 25)	<input type="checkbox"/>	<input type="checkbox"/>

Other requirements

- Business Overheads Cover Supplementary Personal Statement (if Business Overheads Cover is being applied for)
- Read the Duty of disclosure (page 3)
- Complete the relevant Interim Accident Cover Certificate (located in the Personal Insurance Portfolio PDS page 25 or 27)
- Sign the Medical Authorities (page 27)
- Sign the Financial Authority (page 27)
- Complete the Pathology Request form (pages 31 and 32)
- Arrange Premium Payment (Direct Debit Authority/Cheque) (pages 33 and 35)
- Adviser Details section (page 37)

Please make cheques payable to 'CMLA Personal Insurance'.

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Duty of disclosure

Before you enter into a contract of life insurance with an insurer you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you extend, vary or reinstate your insurance.

Your duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer
- that is of common knowledge
- that your insurer knows or, in the ordinary course of its business, ought to know, or
- as to which compliance with your duty is waived by the insurer.

Non-disclosure

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

An insurer who is entitled to avoid a contract of life insurance may, within three years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

Before you sign this application

- You should have been provided with a Product Disclosure Statement (PDS) prepared on 3 March 2008 containing a summary of the important information in relation to the product you are applying for. This information will help you to understand the product and to decide whether it is appropriate to your needs.
- There must be attached to this Application a CommInsure Personal Insurance Portfolio Quotation showing the policy/ies you are applying for and the benefits and options you want to apply under the policy/ies.

Issued by The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 AFSL 235035 (CommInsure) is the insurer.

In this Application 'you' and 'I' refers to the proposed Policy owner/s or Life/Lives insured or both as applicable.

Mailing your application to us

Please send the application to:

CommInsure
Underwriting Department
PO Box 319
Silverwater NSW 2128

A – Purpose of the policy

To be completed by the policy owner(s)

Please indicate the purpose of the policy for the Life/Lives to be insured (please tick (✓) the appropriate box below):

	Life to be insured 1	Life to be insured 2
Personal/Family	<input type="checkbox"/>	<input type="checkbox"/>
Value of your business	<input type="checkbox"/>	<input type="checkbox"/>
Business loan	<input type="checkbox"/>	<input type="checkbox"/>
Key person	<input type="checkbox"/>	<input type="checkbox"/>
Financial interest in business (Buy-Sell)	<input type="checkbox"/>	<input type="checkbox"/>

Please note If you have selected the Guaranteed Insurability Option (Business Events) or the Business Safe Cover Option under Total Care Plan, the purpose of your application which you indicated above will determine the business event for which you can increase your cover under the relevant option.

B – Policy owner details

To be completed by the policy owner(s)

This policy is to be owned by (please tick (✓) the appropriate box below):

The Life/Lives insured.

Note For Income Care Range applications, a separate policy will be issued for each Life insured. Under each policy, the Life insured will, as owner, be insuring their own life.

	Total Care Plan
Life 1	<input type="checkbox"/>
Life 2	<input type="checkbox"/>
Lives 1 and 2 (joint tenants)	<input type="checkbox"/>

OR

Individual/s other than the Life insured (not available for Income Care Range policies).

	Total Care Plan
Policy owner 1	<input type="checkbox"/>
Policy owner 2	<input type="checkbox"/>
Policy owners 1 and 2 (joint tenants)	<input type="checkbox"/>

Policy owner 1

Title Surname

Given name(s)

Residential address
 State Postcode

Mailing address (if different to residential address)
 State Postcode

Home phone number Business phone number Mobile phone number Facsimile number

Email address

Policy owner 2

Title Surname

Given name(s)

Residential address
 State Postcode

Mailing address (if different to residential address)
 State Postcode

Home phone number Business phone number Mobile phone number Facsimile number

Email address

OR

A family trust/company.

Note For Income Care Range applications, all lives to be insured must have a controlling interest in the **family trust/company**, such that they can ensure that the proceeds of the policy will ultimately be paid to them.

	Total Care Plan	Income Care Range
Family trust/Company <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Trust/Company name/s

ABN

Mailing address
 State Postcode

Phone number Facsimile number

Email address

OR

A superannuation fund.

	Total Care Plan	Income Care Range
Superannuation fund	<input type="checkbox"/>	<input type="checkbox"/>

When selecting benefits, please ensure that the benefits can be paid from a superannuation fund in accordance with the Superannuation Industry (Supervision) Act 1993 (SIS Act). Please note, there may be situations where even though a benefit, such as a TPD benefit, is paid to the trustee of the superannuation fund, superannuation legislation or the rules of the superannuation fund may prevent the release of the benefit until the preservation rules are satisfied.

Details of policy owner/s

To be completed by the trustee/s of the superannuation fund which will own the policy/ies.

Full name of the superannuation fund

Superannuation fund number

Trustee's address for communications

	State	Postcode

Phone number

Facsimile number

Details of trustee

Company/Trustee name

ABN

And/Or

Individual trustee name/s (if more than two individuals, please attach further names).

First individual trustee

Title

Surname

Given name(s)

Second individual trustee

Title

Surname

Given name(s)

C – Life to be insured details

To be completed by the life/lives to be insured

Life to be insured 1

Personal details

Title Surname

--	--

Given name/s

--

Residential address

State	Postcode

Mailing address (if different to residential address)

State	Postcode

Home phone number

()	
-----	--

Business phone number

()	
-----	--

Mobile phone number

--

Facsimile number

()	
-----	--

Email address

--

Occupation/Income details

(Please complete for Income Care Range applications only)

What is your employment basis?

Employed **Please complete (A + B + C1 + C2)**

Self-employed **Please complete (A + B + C1 + C2)
or (A + B + C3)**

What is your current annual income from your main occupation only (less all business expenses and superannuation, but before tax)?	\$	A
--	----	---

What are your packaged items (in addition to your annual income)? This would include motor vehicles and other fringe benefits, or for self-employed people this could include payments to spouse (income splitting), share of depreciation, share of directors' fees and share of profit from trust or supporting service company.

Packaged item	Amount	
Total	\$	B

If the Super Continuation Option has been selected:

Super contributions up to 15% of annual income	\$	C1
Super contributions above 15% (i.e. super contributions not covered under the Super Continuation Option)	\$	C2
Super contributions (if you are applying to include your super contributions in your monthly benefit and are not applying for the Super Continuation Option)	\$	C3
Total remuneration (A+B+C1+C2) or (A+B+C3)	\$	

Life to be insured 2

Personal details

Title Surname

--	--

Given name/s

--

Residential address

State	Postcode

Mailing address (if different to residential address)

State	Postcode

Home phone number

()	
-----	--

Business phone number

()	
-----	--

Mobile phone number

--

Facsimile number

()	
-----	--

Email address

--

Occupation/Income details

(Please complete for Income Care Range applications only)

What is your employment basis?

Employed **Please complete (A + B + C1 + C2)**

Self-employed **Please complete (A + B + C1 + C2)
or (A + B + C3)**

What is your current annual income from your main occupation only (less all business expenses and superannuation, but before tax)?	\$	A
--	----	---

What are your packaged items (in addition to your annual income)? This would include motor vehicles and other fringe benefits, or for self-employed people this could include payments to spouse (income splitting), share of depreciation, share of directors' fees and share of profit from trust or supporting service company.

Packaged item	Amount	
Total	\$	B

If the Super Continuation Option has been selected:

Super contributions up to 15% of annual income	\$	C1
Super contributions above 15% (i.e. super contributions not covered under the Super Continuation Option)	\$	C2
Super contributions (if you are applying to include your super contributions in your monthly benefit and are not applying for the Super Continuation Option)	\$	C3
Total remuneration (A+B+C1+C2) or (A+B+C3)	\$	

D – Child Cover Option

To be completed by the policy owner(s)

If you have selected the Child Cover Option, please list below the details of the child/children you wish to insure.

Surname	Given name(s)	Gender	Date of birth
			/ /
			/ /
			/ /
			/ /
			/ /

Note The policy owner will need to complete the Child's personal details section on page 24 of the Personal Statement and sign the Declaration on page 25 of the Personal Statement.

E – Nomination of beneficiaries (optional)

To be completed by the policy owner(s)

Under section 48A of the Insurance Contracts Act 1984, you may nominate up to five beneficiaries to receive death claim proceeds from the Total Care Plan policy. Your valid nomination will ensure that any death claim proceeds payable under the policy will be paid in the designated portions directly to the nominated beneficiary/ies such that the proceeds will not be paid to you or your estate. Please refer to page 16 of the Product Disclosure Statement for further details.

Note Do not include the life to be insured or the child life to be insured as one of the nominated beneficiaries, as it will make the nomination invalid.

Title	Full name of beneficiary	Address	Date of birth	Relationship to policy owner(s)	% split

Total = 100%

F – Premium payment details

Please tick (✓) the appropriate boxes for initial premium and ongoing method of payment

Note If direct debit or credit card is selected, the premium will not be debited until the application is accepted.

Is payment to be included in an existing CommInsure direct debit or credit card authority?

Yes Please provide existing policy number

No

Method of payment	Initial premium	Ongoing payment
Direct debit	<input type="checkbox"/>	<input type="checkbox"/>
Credit card	<input type="checkbox"/>	<input type="checkbox"/>
Direct to CommInsure (cheque must be attached). This payment method is only available for yearly and half-yearly premiums.	<input type="checkbox"/>	<input type="checkbox"/>

If you are not the Life insured, please go to page 25 and sign the General declaration.

If you are the Life insured, please complete the Personal Statement before signing the General declaration.

Personal Statement

Personal Insurance Portfolio

CommInsure



Life to be insured

Surname	Given name(s)	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Customer contact

CommInsure underwriters are committed to fast fulfilling insurance applications. To do this, our underwriters may need to contact you directly to speed up the process.

Are you happy if we call/email you to clarify or gain further information?

Yes **Please provide details below**
 No

Preferred method of contact	Contact phone number/email	Preferred contact time	
		From	To
Home phone number <input type="checkbox"/>	()	am/pm	am/pm
Business phone number <input type="checkbox"/>	()	am/pm	am/pm
Mobile phone number <input type="checkbox"/>		am/pm	am/pm
Email address <input type="checkbox"/>			

Section A – Occupation details

1 What is the main occupation you are working in? What industry do you work in?

2 What is your employer's name (or business name if self employed)?

3 What is your actual business address (not PO box)?

State Postcode

4 Does your main occupation involve performing in any of the following hazardous duties or environments?

Working at heights above 15 metres (for more than 10% of the time) Yes No

Working in armed forces or with fire arms Yes No

Working on oil or gas rigs/platforms Yes No

Working underground or handling explosives Yes No

Underwater diving Yes No

Are you applying for TPD cover, Income Care, Income Care Plus or Business Overheads Cover?

Yes **Please complete the questions below**
 No **Go to Section B – Income details on page 11**

5 What is your employment status? (please tick (✓) the appropriate box)

Self employed* Employed/Contractor Home duties Unemployed

***If 'Self employed', please complete questions below, otherwise go to Q6**

a How long have you operated in this capacity?

Years Months

b What percentage of the business do you own?

%

c How many people do you employ (excluding yourself)?

Full-time Part-time

d Has the business had a net operating loss in the last two years?

Yes
 No

6 What is the number of hours you consistently work per week?

7 What is the nature of the work in your main occupation?

Note The list below represents the physical nature of duties only. Do not write or add to these descriptions, only enter the approximate percentage of time spent on each duty.

Nature of duty	Percentage (%) time spent on each duty
Administration/Clerical (e.g. filing, computer work, office duties)	%
Light manual work (e.g. deliveries, lifting under 5kg)	%
Supervision of manual work	%
Care of dependants/homemaker (only if TPD and occupation is home duties)	%
Manual work (e.g. cleaning, lifting over 5kg, carpentry, plumbing)	%
Total	= 100%

8 Do you work from home?

Yes **Please complete below**

No **Go to Q9**

a What percentage of your time is spent working from home?

 %

b What weekly percentage of time are you in face to face contact (i.e. other than by phone, fax or email) with your clients/employer?

 %

c Do you have the following in your business set up?

Separate office Yes No

Separate entrance to place of residence Yes No

Separate business phone/facsimile Yes No

9 Do you have a second occupation?

Yes **Please complete below**

No **Go to Q10**

a What is your second occupation?

b Hours worked per week Annual income from second occupation only

 \$

10 How long have you been in your current employment?

 Years Months

11 What is your previous employment history over the **last three years**? (only provide details if you have been in your current occupation for less than three years)

Employment status: Employed/Self employed/ Contractor/Casual/Not working	Previous occupation	Date from (MM/YY)	Date to (MM/YY)
		/	/
		/	/
		/	/

Section B – Income details

- 1 What is your current **annual income*** earned through personal exertion (excluding superannuation) from your main occupation (less all business expenses), but before tax?

\$ p.a.

***Note** Current annual income excludes superannuation, but includes reportable fringe benefits you earned. If you are self employed, current annual income also excludes all business expenses, but includes eligible payments to your spouse, share of depreciation, directors fees or share of profit from a trust or supporting service company.

Additional income details – Only complete for Income Care, Income Care Plus or Business Overheads Cover

- 2 What is the percentage (%) of Superannuation contribution (e.g. 9%)?

%

- 3 What was your annual income earned through personal exertion, from your main occupation, less all business expenses, but before tax, over the last two financial years?

	Annual income earned	
Last financial year	01/07/	– 30/06/
Previous financial year	01/07/	– 30/06/
	\$	\$

- 4 Do you receive other income from investments (e.g. interest, dividends, net rental income), which **exceeds 25%** of your current annual income?

Yes **Please complete below**

No **Go to Q5**

Please provide details of other income from investments	Amount p.a.
Dividends and interest	\$
Net rental income	\$
Other source of income (please specify):	\$
Total	\$

- 5 If you became disabled, would any part of your income continue beyond 30 days?

Yes **Please complete below**

No **Go to Q6**

Source of income (e.g. sick pay, pension, company profit salary continuance insurance)	Amount of income per month	How long would this continue?	
	\$	Years	Months
	\$	Years	Months

- 6 Do you intend to change your occupation or duties, employment situation or take extended leave (e.g. sabbatical, maternity leave) in the next 12 months?

Yes **Please complete below**

No **Go to Q7**

Please provide details of change

- 7 In the last five years, have you been made bankrupt or placed in receivership or liquidation? Or are you currently in the process of being assessed for bankruptcy or insolvency?

Yes **Please complete below**

No **Go to Section C – Insurance history details**

a Have you been discharged?

Yes **Please complete below**

No **Go to Section C – Insurance history details**

b How long ago were you discharged?

Years Months

Note For Business Overheads Cover applications, please complete the Business Overheads Cover Supplementary Personal Statement located on the CommInsure Adviser site.

Section C – Insurance history details

- 1 Other than this application, do you **have** or have you **recently applied** for any life, disability, trauma, accident or sickness insurance cover with CommInsure, Colonial First State, any other insurance company or under any superannuation scheme?

Yes Please complete below

No Go to Q2

Insurer	Type of cover	Insured amount	To be replaced by this cover?	Policy number (if known)	Date policy commenced
		\$	Yes <input type="checkbox"/> No <input type="checkbox"/>		/ /
		\$	Yes <input type="checkbox"/> No <input type="checkbox"/>		/ /
		\$	Yes <input type="checkbox"/> No <input type="checkbox"/>		/ /
		\$	Yes <input type="checkbox"/> No <input type="checkbox"/>		/ /

Note If any inforce cover is to be cancelled, the acceptance of this application is subject to cancellation of that cover. This means that CommInsure is not liable for any claims made if the above mentioned policy(ies) have not been cancelled prior to the commencement of the CommInsure policy(ies).

- 2 Has an application for life, disability, trauma, accident or sickness insurance on your life ever been declined, deferred or accepted with a loading, exclusion or special terms?

Yes Please complete below

No Go to Q3

Insurer	Type of cover	Terms offered	Reason for terms	Date policy commenced
				/ /
				/ /

- 3 Are you **claiming** or have you **ever claimed** under legislation (e.g. Worker's Compensation, Disability Pension, Veterans' Affairs) or any other insurance policy providing accident or sickness benefits (including but not limited to disability, trauma insurance, insurance provided by a superannuation scheme, credit card insurance or travel insurance)?

Yes Please complete below

No Go to Section D – Habits

Benefit type/Source	Reason for claim	Date claim made	Total claim amount	Date claim finalised
		/ /	\$	/ / OR ongoing <input type="checkbox"/>
		/ /	\$	/ / OR ongoing <input type="checkbox"/>

Section D – Habits

- 1 Have you smoked tobacco at any time during the last 12 months?

Yes Please indicate type and amount smoked below

No

Type smoked	Per day	Per week	Per month	Per year
Cigarettes <input type="checkbox"/>				
Cigars/Pipes <input type="checkbox"/>				

- 2 Do you drink alcohol?

Yes Please indicate the average number of standard drinks* in only ONE of the below

No Go to Section E – Height and weight

Per day	Per week	Per month	Per year

* A standard drink is equivalent to: one nip of spirits, one glass of wine, 250ml of beer.

Section E – Height and weight

What is your height and current weight?

Height cm **OR** feet inches
 Weight kg **OR** stone lbs

Section F – Doctor details

1 Please provide the name and address of last doctor or medical centre that you consulted.

Doctor's name or medical centre

Address

State
Postcode

Phone number

 ()

Facsimile

 ()

2 Have you been a patient of this doctor or medical centre for less than 12 months?

Yes **Please provide the name and address of your previous doctor or medical centre below**

No **Go to Section G – Family history details**

Doctor's name or medical centre

Address

State
Postcode

Phone number

 ()

Facsimile

 ()

Section G – Family history details

To the best of your knowledge, have any of your natural parents, brothers or sisters suffered from or been diagnosed with any of the following:

Heart problems, stroke, high blood pressure, diabetes Yes No

Depression or any other mental illness Yes No

Cancer of any type (specify type of cancer in table below e.g. breast or colon cancer) Yes No

Huntington's disease, muscular dystrophy, polycystic kidney disease or any other hereditary disease Yes No

If you answered 'Yes' please complete table below, otherwise go to Section H – Medical history details

Family member	Condition	Approximate age diagnosed

Section H – Medical history details

1 Have you ever had or sought advice or treatment for, experienced symptoms of or suffered from any of the following?

- a Asthma, bronchitis or any other lung complaint Yes No
- b Cysts, moles, sunspots or skin lesion Yes No
- c Diabetes or abnormal blood sugar Yes No
- d Back, neck, shoulder, knee, elbow complaints, sciatica, disc or spine complaints, or injury of the joints, bones or muscles Yes No
- e Depression or mental disorder (including but not limited to stress, anxiety, panic attacks, behavioural or nervous disorders) Yes No

2 Have you ever had or sought advice or treatment for, experienced symptoms of or suffered from any of the following?

- a Chest pains, heart complaint, heart murmur, high blood pressure, raised cholesterol, palpitations or rheumatic fever Yes No
- b Stroke, paralysis, neurological disorder, multiple sclerosis or blood vessel disorder Yes No
- c Cancer, tumour or melanoma Yes No
- d Thyroid, glandular or pancreatic disorder Yes No
- e Gastric or duodenal ulcer, or other bowel disorder Yes No
- f Persistent indigestion, irritable bowel Yes No
- g Any disorder of the gall bladder or liver (including hepatitis B, C or raised liver function) Yes No
- h Varicose veins, haemorrhoids or hernia Yes No
- i Disorder of the kidney, bladder or prostate, blood in urine or kidney stones Yes No
- j Epilepsy, fits of any kind, fainting episodes or recurring headaches or migraines Yes No
- k Lethargy, sleep apnoea or any sleeping disorder Yes No
- l Arthritis, gout or osteoporosis Yes No
- m Chronic fatigue syndrome, fibromyalgia, RSI, or any other chronic pain syndrome Yes No
- n Psoriasis or any other skin disorder Yes No
- o Eczema or dermatitis Yes No
- p Anaemia, leukaemia, haemophilia, haemochromatosis or any other blood disorder Yes No
- q Any impairment of sight (other than corrected by glasses or lenses), hearing or speech including tinnitus or blurred vision Yes No
- r Any sexually transmitted diseases Yes No

3 In the last **two years** have you consulted a doctor or health professional for any other reason not already mentioned in **Section H Q1 and 2** in this application?

Yes **Please complete below**

No **Go to Section I – Additional medical details**

a When was this consultation? (please tick (✓) the appropriate box)

- In the last 3 months 3-6 months ago 6-12 months ago 12-24 months ago

b What was the condition/reason for the consultation?

c What was the result/outcome of the consultation? (please tick (✓) **ONLY ONE** of the below)

- All clear/normal/full recovery – no tests or prescribed treatment required (other than contraceptive and cold/flu medication)
- Tests conducted – results pending
- Routine tests conducted – results all clear and normal
- Not fully recovered yet
- Referred to specialist/health professional
- Ongoing treatment (e.g. ventolin inhaler)

Section I – Additional medical details

1 Are you considering seeking medical advice, treatment, tests or surgery in the future (other than for routine check-ups)?

Yes **Please complete below**

No **Go to Q2**

What is the reason for seeking advice, treatment, tests or surgery in the future?

2 Have you had or do you intend on having a genetic test?

Yes **Please complete below**

No **Go to Q3**

a What is the reason for the genetic test? (please tick (✓) the appropriate box)

Family member or relative have had a positive genetic test result

Family member or relative have a condition linked to this genetic test

My doctor recommended a referral for a genetic test

Other (please specify reason)

b What condition/disorder does this test relate to?

c What was the result of the genetic test? (please tick (✓) the appropriate box)

Have not been tested yet

Positive (I have the gene)

Negative (I do not have the gene)

Unsure

Additional questions (for females only)

The following questions should only be answered if the life to be insured is female

3 Have you ever had an abnormal pap smear, breast ultrasound or mammogram test result?

Yes **Please complete below**

No **Go to Q4**

Which result was abnormal? (please tick (✓) the appropriate box)

Breast ultrasound **Go to Q4**

Mammogram **Go to Q4**

Pap smear* **Please complete below**

*Pap smear

i What type of abnormal pap smear did you have? (e.g. HPV CIN 1, CIN 2, CIN 3) (please tick (✓) the appropriate box)

Atypia cells

CIN 1

CIN 2

CIN 3

Human papiloma virus (HPV)

Other (please specify):

ii Were your last two pap smears normal?

Yes **Go to Q4**

No **Go to Q4**

4 Have you ever had a breast lump or breast cyst (even if you have not consulted a doctor)?

Yes **Please complete below**

No **Go to Q5**

a Was the breast lump or cyst fully investigated by the following? (please tick (✓) the appropriate box)

Ultrasound only Ultrasound/Mammogram and Fine needle aspiration

Mammogram only Not investigated

Other (please specify):

b What was the result/outcome of your test? (please tick (✓) the appropriate box)

Test conducted - Results pending Test conducted – Results all clear and normal

Ongoing treatment/investigations

5 Are you currently pregnant?

Yes **Please complete below**

No **Go to Section J – Lifestyle**

a How many weeks pregnant are you?

b Do you or have you ever had any complications with pregnancy or childbirth, e.g. diabetes, ectopic pregnancy?

Yes **Please complete below**

No **Go to Section J – Lifestyle**

Please tick (✓) the appropriate box

Gestational Diabetes

Pre-eclampsia (high blood pressure)

Ectopic pregnancy

Post-natal depression

Other (please specify):

Section J – Lifestyle

1 In the last five years have you taken any illegal drugs?

Yes **Please complete below**

No **Go to Q2**

a What type of drugs were they (e.g. Marijuana, Ecstasy, Speed, MDMA etc)?

b When did you start taking drugs?

c When did you last take drugs?

2 In the last 10 years have you been advised or received counselling or treatment for alcohol or substance abuse?

Yes **Please complete below**

No **Go to Q3**

a I received counselling and or treatment for the use of alcohol

Yes No

b I received counselling and or treatment for the use of drugs

Yes No

c When did you start receiving counselling/treatment for the use of drugs or alcohol?

d When did you last use drugs or drink alcohol?

3 Have you been infected with or tested positive for HIV/AIDS, Hepatitis B or C?

Yes **Please complete below**

No **Go to Q4**

Please specify which condition you were tested positive for.

4 In the last five years have you ever engaged in unprotected male to male anal sexual activity? **OR**

Worked as or engaged the services of a prostitute?

Yes **Please complete below**

No

Please provide details

Note You may be asked to complete a confidential questionnaire.

If you have answered 'Yes' to any part of Q1 a to e on page 14, please complete the **Specific questionnaire** on the related condition in **Section M on page 18**.

If you have answered 'Yes' to any part of Q2 a to r on page 14, please complete the **General health questionnaire** in **Section M on page 21**.

Section K – Residence and travel details

1 Are you a permanent resident of Australia or New Zealand?

Yes **Go to Q2**

No **Please complete below**

a What country did you migrate from?

b What type of visa do you hold? (please tick (✓) the appropriate box)

457 (Long stay business visa)

Spouses visa

418 (Education or Student visa)

419 (Visiting academic visa)

Holiday makers visa

426 or 427 (Domestic staff visa)

Other (please specify):

c When will your visa expire? (please tick (✓) the appropriate box)

Within 12 months

12 – 24 months

More than 2 years

d Will you be applying for permanent residency in Australia before your visa expires?

Yes

No

e Have you lived in Australia for the last 12 months or more?

Yes

No

2 In the next 12 months, do you plan to travel, live or work in another country?

Yes **Please complete below**

No **Go to Section L – Pastimes and activities**

a What country/ies do you plan to travel to?

b What is the reason for travelling? (please tick (✓) the appropriate box)

Holiday

Business

Business and Holiday

Visiting family/relatives

Studying

Residing/immigrating

c What is the intended duration of your trip? (Please enter the number of weeks below)

 Weeks

d How often do you intend to travel over the next 12 months? (please tick (✓) the appropriate box)

Up to 5 times

More than 5 times

Section L – Pastimes and activities

Do you currently engage or intend to engage, through your occupation(s) or pastimes, in any of the following sports or hazardous activities?

a Flying? (other than as a fare paying passenger on a commercial airline e.g. fixed wing or helicopter) Yes No

b Underwater diving? Yes No

c Football of any code? (excluding touch football and oztag) Yes No

d Motor sports of any kind? e.g. motor cross, rally driving, ocean racing Yes No

e Trail bike riding? Yes No

f Any other sport or hazardous activities? e.g. parachuting, hang-gliding Yes No

Note If you have answered 'Yes' to any of the above, please complete the **specific questionnaire** on the related activity in **Section N on page 22**.

Section M – Specific and general health questionnaires

If you answered 'Yes' to:

Section H Q1a on page 14, then please complete **Asthma, bronchitis or any other lung complaint** questionnaire below

Section H Q1b on page 14, then please complete **Cysts, moles, sunspots or skin lesions** questionnaire below

Section H Q1c on page 14, then please complete **Diabetes or abnormal blood sugar** questionnaire on **page 19**

Section H Q1d on page 14, then please complete **Joint/Musculoskeletal** questionnaire on **page 19**

Section H Q1e on page 14, then please complete **Anxiety/Depression** questionnaire on **page 20**

Section H Q2 a to r on page 14, then please complete **General health** questionnaire on **page 21**

1 Asthma, bronchitis or any other lung complaint questionnaire

- a** Please tick (✓) the appropriate box(es)
- Asthma Bronchitis
- Other (please specify)
- b** Frequency of symptoms in the last 2 years?
(please tick (✓) the appropriate box(es))
- Daily Weekly
- Occasionally One off episode
- None – childhood only
- c** Severity of symptoms?
(please tick (✓) the appropriate box(es))
- Mild – Infrequent attacks, exercise induced or seasonal
- Moderate – Frequent symptoms, no specific triggers, occasional steroid therapy
- Severe – Very frequent attacks with almost constant wheezing, restriction of work duties and frequent use of oral steroids
- d** In the last two years have you required hospitalisation or emergency treatment?
- Yes
- No
- e** In the last 12 months has this caused you to have time off work?
- Yes **Please complete below**
- No
- Total number of days you had off work in the last 12 months?
- f** Is your treating doctor different from the last doctor you consulted?
- Yes **Please complete below**
- No
- Name of doctor or medical centre
- Doctor's address
- State Postcode
- Phone number Facsimile
 () ()

2 Cysts, moles, sunspots or skin lesion questionnaire

- a** Please tick (✓) the appropriate box(es)
- Cyst Mole Sunspot Skin lesion
- Melanoma Other (please specify)
- b** Location of growth(s) (e.g. face, back, right arm)
- c** Have you been advised that your growth(s) or skin lesion were cancerous or malignant?
- Yes
- No
- d** How many growths or skin lesions did you have?
- e** Have all your growths or skin lesions been removed or treated?
- Yes **Please complete below**
- No
- How were they removed or treated?
(please tick (✓) the appropriate box)
- Surgically removed/cut off Frozen/burnt off
- f** Were any further tests, investigations, treatments or follow ups recommended?
- Yes **Please complete below**
- No
- Please provide dates and any details of any recommended tests or treatment
-
-
-
- g** Is your treating doctor different from the last doctor you consulted?
- Yes **Please complete below**
- No
- Name of doctor or medical centre
- Doctor's address
- State Postcode
- Phone number Facsimile
 () ()

3 Diabetes and abnormal blood sugar questionnaire

a Please tick (✓) the appropriate box(es)

Diabetes

Go to b

Abnormal blood sugar

Go to c

b What type of diabetes do you have?
(please tick (✓) the appropriate box)

Type 1 – insulin dependant

Type 2 – diet controlled, oral medication

c At what age were you diagnosed with this condition?

d In the last 6 months, have you had a HbA1c (Glycosylated Haemoglobin) or Fasting Blood Sugar/glucose level test?

Yes Please provide results below

No

HbA1c (Glycosylated Haemoglobin)

Please tick (✓) the appropriate box

Up to 6.0 mmol

6.1 to 8.0 mmol

8.1 or more mmol

Don't know

Abnormal blood sugar

Please tick (✓) the appropriate box

Up to 6.0 mmol

6.1 to 8.0 mmol

8.1 or more mmol

Don't know

e As a result of your condition, have you ever experienced complications such as eye problems, numbness or tingling in your legs or feet, a diabetic or insulin coma?

Yes

No

f Is your treating doctor different from the last doctor you consulted?

Yes Please complete below

No

Name of doctor or medical centre

Doctor's address

State

Postcode

Phone number

Facsimile

4 Joint/Musculoskeletal questionnaire

a Nature of complaint (doctor's diagnosis), e.g. sciatica, back pain, broken bone, dislocated shoulder

b What part of the body was affected, e.g. arm, back, neck?

c Is the nature of the condition arthritic, degenerative or a disc problem?

Yes

No

d When did your symptoms first occur?
(please tick (✓) the appropriate box)

Within the last 3 months

3-6 months ago

6-12 months ago

12-24 months ago

More than 2 years ago

e In the last 12 months has the condition caused you to lose time off work?

Yes Please complete below

No

Total number of days you had off work in the last 12 months?

f Are you experiencing symptoms or have any residual restrictions or limitations to your work?

Yes Please provide results below

No

When did your symptoms cease?
(please tick (✓) the appropriate box)

Within the last 3 months

3-6 months ago

6-12 months ago

12-24 months ago

More than 2 years ago

g Is your treating doctor different from the last doctor you consulted?

Yes Please complete below

No

Name of doctor or medical centre

Doctor's address

State

Postcode

Phone number

Facsimile

5 Anxiety/Depression questionnaire

a Please provide details of the condition (doctor's diagnosis)

b When did your symptoms start?
(please tick (✓) the appropriate box)

- Within the last 6 months 6-12 months ago
 12-24 months ago More than 2 years ago

c Have you ever been hospitalised for this condition?

- Yes
No

d Have you ever attempted suicide or had suicidal thoughts?

- Yes
No

e Are you still undergoing treatment, experiencing symptoms or have any residual restrictions to your work duties or lifestyle?

- Yes
No **Please provide results below**

When did your symptoms cease?
(please tick (✓) the appropriate box)

- Within the last 6 months 6-12 months ago
 12-24 months ago More than 2 years ago

f In the last two years has the condition caused you to lose time off work?

- Yes **Please complete below**
No

Total number of days you had off work in the last 2 years?

g Is your treating doctor different from the last doctor you consulted?

- Yes **Please complete below**
No

Name of doctor or medical centre

Doctor's address

 State Postcode

Phone number

 ()

Facsimile

 ()

6 High blood pressure and Raised cholesterol questionnaire

a Please tick (✓) the appropriate box(es)

- High blood pressure* **Go to b**
Raised cholesterol# **Go to b**

b When were you first diagnosed with this condition?
(please tick (✓) the appropriate box)

- Within the last 12 months
 More than 12 months ago

c Do you have any problems or complications resulting from this condition? (e.g. heart disease, kidney disorder)

- Yes
No

d Are you taking regular medication for this condition?

- Yes
No

Additional question

For **high blood pressure**, please complete **e and h** below

For **raised cholesterol**, please complete **f, g and h** below

*High blood pressure

e Is your blood pressure being monitored by your doctor and considered to be well controlled? (e.g. less than 140/90?)

- Yes **Go to Qh**
No **Go to Qh**

#Raised cholesterol

f When was your last cholesterol reading?
(please tick (✓) the appropriate box)

- Within the last 12 months
 More than 12 months ago

g What was the result of your last cholesterol reading?
(please tick (✓) the appropriate box)

- 2.0 to 5.9 mmol 6.0 to 6.9 mmol
 7.0 or above mmol Don't know

h Is your treating doctor different from the last doctor you consulted?

- Yes **Please complete below**
No

Name of doctor or medical centre

Doctor's address

 State Postcode

Phone number

 ()

Facsimile

 ()

7 General health questionnaire

If you have answered 'Yes' to any question in Section H Q2 a to r please complete the table below

	Question 2()	Question 2()	Question 2()
a	Name of condition	1	2
b	Date symptom first started	/ /	/ /
c	Date symptom ceased (if ongoing please state)	/ /	/ /
d	How often do/did you have symptoms? Please choose from one of the following: daily, weekly, monthly, quarterly, half-yearly, yearly, one-off, other – please specify.		
e	Severity of condition – please choose from one of the following: mild, moderate, severe, never had symptoms, symptoms ceased.		
f	Have you ever had an x-ray, scan or blood test for this condition? ▶ ▶ ▶ ▶	Yes <input type="checkbox"/> No <input type="checkbox"/> Details: Dates: Results:	Yes <input type="checkbox"/> No <input type="checkbox"/> Details: Dates: Results:
g	Did you take medication or have any other treatment (e.g. physiotherapy, operation) for this condition? ▶ If 'Yes', name the treatment/medication.	Yes <input type="checkbox"/> No <input type="checkbox"/> Details:	Yes <input type="checkbox"/> No <input type="checkbox"/> Details:
h	Are you still on treatment (including medication)? ▶	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
i	Have you ever been off work as a result of this condition? ▶ If 'Yes', please state the total time off work in days, months or years.	Yes <input type="checkbox"/> No <input type="checkbox"/> Details:	Yes <input type="checkbox"/> No <input type="checkbox"/> Details:
j	Have you had any residual, ongoing effects or restrictions as a result of this condition? ▶ If 'Yes', please provide dates and details. ▶	Yes <input type="checkbox"/> No <input type="checkbox"/> Dates: Details:	Yes <input type="checkbox"/> No <input type="checkbox"/> Dates: Details:
k	Is your treating doctor/medical centre different from your usual doctor? ▶ ▶ If 'Yes', please provide the doctor's details. ▶ ▶	Yes <input type="checkbox"/> No <input type="checkbox"/> Name of doctor: Doctor's address: Phone: Fax:	Yes <input type="checkbox"/> No <input type="checkbox"/> Name of doctor: Doctor's address: Phone: Fax:

Section N – Pastimes and activities questionnaires

If you answered 'Yes' to:

Section L a on page 17, then please complete **Flying** questionnaire below

Section L b on page 17, then please complete **Underwater diving** questionnaire on **page 23**

Section L c on page 17, then please complete **Football of any code** questionnaire on **page 23**

Section L d on page 17, then please complete **Motor sports of any kind** questionnaire on **page 23**

Section L f on page 17, then please complete **Other sports or hazardous activities** questionnaire on **page 23**

1 Flying questionnaire

a What type of aircraft do you fly? (please tick (✓) the appropriate aircraft(s))

	Number of hours flown in the last 12 months	Number of hours in the next 12 months
Fixed wing (Private/recreational/commuter travel) <input type="checkbox"/>		
Fixed wing (Charter flying) <input type="checkbox"/>		
Helicopter (Charter flying) <input type="checkbox"/>		
Fixed wing and Helicopter (Agriculture/crop/mustering) <input type="checkbox"/>		
Helicopter (Private/recreational/commuter travel) <input type="checkbox"/>		
Ballooning <input type="checkbox"/>		
Gliding <input type="checkbox"/>		
Hang gliding <input type="checkbox"/>		
Ultra-light/Gyroplanes <input type="checkbox"/>		
Parachuting/Paragliding/Skydiving <input type="checkbox"/>		
Aerobatics/Stunt <input type="checkbox"/>		

b Do you hold an Air Service licence?

Yes

No

c Do you intend to change the scope of your present licence?

Yes **Please complete below**

No

Please state the change in scope of your present licence

d Have you ever had an accident or been charged with violating civil aviation regulations?

Yes **Please complete below**

No

Please provide details

e Do you intend to engage in any form of aviation other than already mentioned?

Yes **Please complete below**

No

Please provide details on the other form of aviation

f Do you ever use unauthorised landing areas?

Yes **Please complete below**

No

Please provide details

2 Underwater diving questionnaire

- a At what level do you participate?
(please tick (✓) the appropriate box)
- Recreational only (non-competitor)
 Recreational only (with competition)
 Semi-professional/professional
- b How many times per year do you participate in this activity?
- c Do you ever dive:
- alone? e.g. without a buddy Yes No
over 40 meters in depth? Yes No
in wrecks, caves or potholes? Yes No
- If 'Yes' to any above, please provide details**
- d Have you ever had a diving accident, suffered from decompression sickness or the bends?
Yes **Please complete below**
No
- Provide details
- e What type of qualification do you hold?
(please tick (✓) the appropriate box)
- No qualification PADI NAUI BSAC
 Other (please specify):

3 Football of any code questionnaire

- a What type of football code do you participate in?
(please tick (✓) the appropriate box)
- Rugby league Rugby union
 AFL Touch football/Oztag
 American football Soccer
- b At what level do you participate?
(please tick (✓) the appropriate box)
- Recreational only (non-competitor)
 Recreational only (with competition)
 Semi-professional/professional
- c In the last two years have you had a sporting injury to either your shoulder, leg, knee or ankle that required any time off work?
Yes **Please complete below**
No
- Provide details
- d Do you receive an income from participating in this activity?
Yes **Please complete below**
No
- How much do you earn from this activity per year?

4 Motor sports of any kind questionnaire

- a What type of vehicle or motor activity do you engage in?
- b At what level do you participate?
(please tick (✓) the appropriate box)
- Recreational only (non-competitor)
 Recreational only (with competition)
 Semi-professional/professional
- c Have you ever been involved in any accidents whilst practising, testing or racing?
Yes **Please complete below**
No
- Provide details of when this occurred and whether you have any restrictions of your work duties or activities as a result
- d Do you participate in record attempts or prototype testing?
Yes
No
- e Which events do you race in? (please provide details)
- f How many times per year do you participate in this activity?

5 Other sport or hazardous activity questionnaire

- a What type of activity do you engage in?
- b At what level do you participate?
(please tick (✓) the appropriate box)
- Recreational only (non-competitor)
 Recreational only (with competition)
 Semi-professional/professional
- c How many times per month do you play or participate in this activity?
- d Do you receive an income from participating in this activity?
Yes **Please complete below**
No
- How much do you earn from this activity per year?

Section O – Child’s personal details

Complete **Q1** to **Q7** if you have selected the child Cover Option, Otherwise go to **Section P – General declaration**

Child life to be insured 1

Surname Date of birth / /

Given name(s)

Gender Male Female

1 What is the relationship between you (i.e. the applicant) and your child? (please tick (✓) the appropriate box)

Mother/Father Legal guardian

2 Have you cared for your child continuously since birth?

Yes

No **Complete below**

How long have you cared for the child?

Less than 12 months More than 12 months

3 Has your child suffered from severe asthma, requiring continuous oral steroid medication or hospitalisation in the last 2 years?

Yes **Complete below**

No

Please provide dates and details on diagnosis and treatment

4 Other than for asthma, has your child ever been admitted to hospital (other than for minor ailments, e.g. broken bones, tonsillitis) or does your child suffer from any other medical condition or disability?

Yes **Complete below**

No

Please provide details of the condition, date diagnosed, treatment and whether fully recovered

5 Is your child currently undergoing medical tests, or being considered for an operation?

Yes **Complete below**

No

Please provide details of the condition, date diagnosed, treatment and whether fully recovered

6 Have any of your child’s natural family (i.e. parents, brothers or sisters) ever had:

- Heart problems, stroke, diabetes, cancer,
- cystic fibrosis, or any other hereditary disorder

Family member	Condition	Approximate age diagnosed
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

7 Details of your child’s usual doctor or medical centre?

Name of doctor or medical centre

Doctor’s address

State Postcode

Phone number Facsimile

() ()

Child life to be insured 2

Surname Date of birth / /

Given name(s)

Gender Male Female

1 What is the relationship between you (i.e. the applicant) and your child? (please tick (✓) the appropriate box)

Mother/Father Legal guardian

2 Have you cared for your child continuously since birth?

Yes

No **Complete below**

How long have you cared for the child?

Less than 12 months More than 12 months

3 Has your child suffered from severe asthma, requiring continuous oral steroid medication or hospitalisation in the last 2 years?

Yes **Complete below**

No

Please provide dates and details on diagnosis and treatment

4 Other than for asthma, has your child ever been admitted to hospital (other than for minor ailments, e.g. broken bones, tonsillitis) or does your child suffer from any other medical condition or disability?

Yes **Complete below**

No

Please provide details of the condition, date diagnosed, treatment and whether fully recovered

5 Is your child currently undergoing medical tests, or being considered for an operation?

Yes **Complete below**

No

Please provide details of the condition, date diagnosed, treatment and whether fully recovered

6 Have any of your child’s natural family (i.e. parents, brothers or sisters) ever had:

- Heart problems, stroke, diabetes, cancer,
- cystic fibrosis, or any other hereditary disorder

Family member	Condition	Approximate age diagnosed
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

7 Details of your child’s usual doctor or medical centre?

Name of doctor or medical centre

Doctor’s address

State Postcode

Phone number Facsimile

() ()

Section P – General declaration and application for policy

The following declarations apply to the policy owner/s.

- 1 I have read and understood the CommInsure Personal Insurance Portfolio Quotation attached to this Application. I acknowledge that the quotation forms part of this Application and apply to CommInsure for the life insurance policy/ies shown on the quotation.
- 2 I have read and understood the Personal Insurance Portfolio Product Disclosure Statement (PDS) prepared on 3 March 2008. My decision to apply for the insurance is based on the material received and my understanding of the information included in the PDS.
- 3 I understand that insurance cover will not commence until CommInsure accepts the insurance proposed in writing or receives a signed acceptance of such alternative conditions as may be offered, and the first premium is received.

The following declarations apply both to the policy owner/s and Life/Lives to be insured.

- 4 I declare that the declarations and answers to all questions in this Application are true and correct including those not in my own handwriting. (For a Life insured, this declaration relates to answers and declarations in respect of the Life insured.)
- 5 I declare that the answers given together with any special conditions form the basis of the contract for Insurance.
- 6 I have read and understood my Duty of Disclosure as set out in this Application and I am aware of the consequences of non-disclosure.
I understand that my duty to disclose continues after this Application has been completed until CommInsure has accepted the Application in writing.
- 7 I have read and understood the section **Privacy of your personal information** on page 23 of the PDS. I acknowledge and consent to the use and disclosure of my personal information as detailed in that section.
- 8 I understand that benefits provided by Income Care, Income Care Plus, Business Overheads Cover and Total Care Plan are liabilities of CommInsure and that the Commonwealth Bank of Australia and its subsidiaries do not guarantee the Personal Insurance Portfolio products.

The following additional declarations apply to the policy owner/s when the policy will be owned by a superannuation fund.

I, the trustee/s of the superannuation fund named in this application:

- 9 Confirm that the superannuation fund of which I am the trustee is a complying superannuation fund within the meaning of the Superannuation Industry (Supervision) Act 1993 (SIS Act) and Income Tax Assessment Act (Tax Act)
- 10 Undertake to advise CommInsure immediately if the superannuation fund at any time ceases to be a complying fund as defined in the SIS Act and/or the Tax Act
- 11 Confirm that I have the power under the trust deed governing the superannuation fund to apply for the policy/ies the subject of this application.

Life Insured's Authority to disclose information to Financial Adviser (please tick (✓) appropriate box)

I authorise the insurer to disclose personal medical and financial information to the policy owner's Financial Adviser used for the purpose of assessing the application for insurance. This may also include any 'sensitive information' as defined in the Privacy Act.

Yes No

By ticking the box beside my signature below, I indicate that I do not want to receive marketing information. To be completed by all lives insured and policy owners (including individual and corporate trustees and company directors/secretaries).

Name of signatory 1

Name of signatory 2

Signature of signatory 1

Date

Signature of signatory 2

Date

I do not wish to receive marketing information

I do not wish to receive marketing information

Name of signatory 3

Name of signatory 4

Signature of signatory 3

Date

Signature of signatory 4

Date

I do not wish to receive marketing information

I do not wish to receive marketing information

To be completed if the policy owner is a company, including a corporate trustee

Executed by (name of company)

in accordance with section 127 of the Corporations Act 2001 (Cth)

Relationship to policy (please tick)	Signatory 1	Signatory 2	Signatory 3	Signatory 4
Life insured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy owner/s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the owner is a company including a corporate trustee				
Director (of company)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secretary (of company)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Medical authority – Personal Insurance Portfolio

The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 (Commlnsure)

Dear

I hereby authorise you to give to Commlnsure and/or an authorised person all information with respect to any illness, injury, medical history, consultation, prescription or treatment and copies of all hospital or medical records. A photocopy of this authorisation is as effective and valid as the original.

Name of life to be insured

Previous surname (if applicable)

Signature of life to be insured

Date

Medical authority – Personal Insurance Portfolio

The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 (Commlnsure)

Dear

I hereby authorise you to give to Commlnsure and/or an authorised person all information with respect to any illness, injury, medical history, consultation, prescription or treatment and copies of all hospital or medical records. A photocopy of this authorisation is as effective and valid as the original.

Name of child life to be insured

Name of parent/guardian

Signature of parent/guardian

Date

Financial authority

Only complete this section if you want your Accountant or Financial Adviser to release information to Commlnsure.

Authority to release financial information to Commlnsure

Name of life to be insured

I,

authorise my Accountant/Financial Adviser to release all information which Commlnsure and/or an authorised person requests for the purpose of assessing my Application for insurance. A photocopy of this authorisation is as effective and valid as the original.

Signature of life to be insured

Date

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Important information relating to AIDS (HIV)

What is AIDS?

AIDS (Acquired Immune Deficiency Syndrome) is the name given to a condition in which the immune system is attacked by the Human Immunodeficiency Virus (HIV). AIDS is a viral disease which destroys white blood cells in the body. The white blood cells help protect the body against infections and cancers.

How do people contract AIDS?

HIV can be transmitted by:

- unprotected sex with a partner who has the virus
- receiving blood, semen or organs which have been infected with HIV
- intravenous drug users who share needles and syringes
- mother to child during pregnancy or breastfeeding.

Is there a cure?

The most recent evidence suggests that the virus will persist in the body indefinitely. As yet, there is no known cure for AIDS.

Why do people need an AIDS test for insurance?

As there is no known cure for AIDS, it is essential that CommInsure protects the interests of existing policy owners. It must also ensure long-term viability for the benefit of not only current but also future policy owners. AIDS has become a critical risk factor as are heart disease, cancers, dangerous occupations, hazardous activities and the like. Accordingly, a lifestyle declaration has been introduced as part of the Personal Statement. Additionally, a blood test will be required.

What are your options?

You may choose not to have the test or you may wish to have further information first. If so, we recommend you discuss this with your own doctor or specialist counsellor. If you choose not to have the test, CommInsure may not be able to proceed with the application for insurance.

What does a negative result mean?

If you receive a negative result, it means that you have not been infected with HIV or that you may have been infected recently but your body has not produced the antibodies signalling the presence of the virus. The body can take between seven and twelve weeks to manufacture the antibodies for HIV.

What does a positive result mean?

If the result is positive, it means that you have been infected with the virus and thus the infection is permanent. Please be aware of how the infection is transmitted so that you do not pass it on. People who have been infected with HIV may develop full-blown AIDS at some stage and the long-term outlook is uncertain. For this reason, insurance will not be available to these people.

Where do the results go?

Everyone undergoing an AIDS test must sign a release form. All results will be sent under confidential cover to CommInsure's Chief Medical Officer to preserve your privacy.

Important information relating to Hepatitis B and C

What is Hepatitis B?

Hepatitis B is liver inflammation caused by the Hepatitis B Virus (HBV). Many people who get Hepatitis B either don't become ill or recover completely and the virus disappears from the blood. However, between 5% and 10% of people who are infected remain infectious and can infect other people. Chronic Hepatitis B infection can lead to cirrhosis of the liver and/or liver cancer.

What does a positive Hepatitis B test result mean?

If the result of the Hepatitis B test is positive, this means you have been infected by the Hepatitis B Virus and you can pass this infection to:

- any unprotected sexual partner
- anyone receiving your blood, donated organs or semen
- an intravenous drug user by sharing a needle, or
- a newborn baby from a Hepatitis B positive mother.

What is Hepatitis C?

Hepatitis C is liver inflammation caused by the Hepatitis C Virus (HCV). Many people have no symptoms. Some people may feel tired, have mild abdominal discomfort, or feel nauseous. The Hepatitis C Virus is usually spread by blood-to-blood contact with someone who is already infected. People infected with the Hepatitis C Virus will either clear the virus from their body or develop chronic hepatitis with or without symptoms. About 50% of people with Hepatitis C will develop chronic hepatitis. Some people with chronic hepatitis will develop cirrhosis of the liver and/or liver cancer.

What does a positive Hepatitis C test result mean?

A positive Hepatitis C test result means that you have Hepatitis C antibodies in your blood indicating present or past infection and you can pass this infection to:

- an intravenous drug user by sharing a needle, or
- anyone receiving your blood or donated organs.

Note If you test positive for Hepatitis B or C, the laboratory that tests your blood is required by law to inform the state health department. This information is treated confidentially and used only for statistical purposes. People with Hepatitis B or C are not necessarily refused life insurance but may expect to pay higher annual premiums.

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Pathology Request for Insurance Purposes

Personal Insurance Portfolio

CommInsure



Please complete pages 31 and 32.

It is essential to present this consent form to your doctor/pathologist if you need to undergo any pathology test(s).

Adviser instructions

- 1 With the life to be insured, complete the following sections on this page: Adviser details, Life to be insured details, Tests requested, Current doctor and Pathologist.
- 2 Give your client this Pathology Request and confirm the 'Life to be insured instructions' section with them.

Life to be insured instructions

- 1 Please complete this form but do not sign the client consent prior to attending the pathologist appointment.
- 2 Telephone the pathology branch for an appointment and ask if any special instructions apply.
- 3 If a Multiple Biochemical Analysis (MBA20) is required, you should fast overnight for a minimum ten hours before the test.
- 4 If an HIV test and/or Hepatitis B and C test are required, please ensure you have read the sections 'Important information relating to AIDS (HIV)' and 'Important information relating to Hepatitis B and C' on page 29.

Adviser details

Name(s)

Agency number

Application number

Phone number () Facsimile ()

Life to be insured details

Given name(s)

Surname

Gender Male Female

Date of birth / / Referral date / /

Tests requested

Other than a positive HIV and Hepatitis B and C test result, I request and authorise the pathologist mentioned in this form to forward a copy of my blood test results to my current doctor in addition to CommInsure and its authorised person.

Consent

No

Yes

Tests

Please tick (✓) the appropriate test(s)

- Multiple Biochemical Analysis (MBA20) (including HDL and LDL cholesterol)
- Hepatitis B and C serologies (please read the section 'Important information relating to Hepatitis B and C')
- HIV antibodies (please read the section 'Important information relating to AIDS (HIV)')
- Cotinine test
- Full blood count and ESR
- Prostatic Specific Antigen (PSA)
- Resting ECG
- Exercise ECG
- Microscopic Urinalysis
- Other (please specify):

Current doctor

Name(s)

Address

State Postcode

Phone number

Pathologist

Name(s)

Address

State Postcode

Phone number
()

▶ Continued overleaf

Results and accounts for all applications should be sent to:

**CommInsure
Underwriting Department
PO Box 319
Silverwater NSW 2128**

Please indicate client's full name and date of birth on the results and accounts.

Please forward the blood test results to the appropriate person and CommInsure as indicated in this form by the life to be insured (refer to 'Tests requested' section).

Life to be insured consent

I,

- request and authorise the pathologist mentioned above to perform the tests requested by CommInsure and authorised person in connection with my application for insurance and to forward such report to CommInsure's Chief Medical Officer
- consent to have my blood tested for the presence of antibodies to the AIDS virus and Hepatitis B and C where requested by CommInsure. I have read the information provided on page 29 regarding the implications of CommInsure's AIDS test and understand its significance.

I request in the event of a test for HIV antibodies and/or Hepatitis B and C serologies being positive (please tick (✓) the appropriate box):

- CommInsure's Chief Medical Officer to communicate the result to me directly and in confidence
- CommInsure's Chief Medical Officer to communicate the result to my current doctor or to the doctor nominated below for communication to me in person

Doctor's full name

Doctor's address

State Postcode

Doctor's phone number

()

Signature of life to be insured

Date

/ /

Direct Debit Request

Personal Insurance Portfolio

CommInsure



The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 (CMLA)

Policy number/s (if known)

Personal details

Surname

Given name/s

or Company/Business name giving Direct Debit Request

ABN

Customer address

State

Postcode

I/We authorise and request

CMLA 115 (APCA User ID) until further notice in writing to arrange for funds to be debited from my/our account, at the Financial Institution identified and as described in The Schedule below, any amounts which CMLA may debit or charge me/us through the Bulk Electronic Clearing System.

The Schedule

Name of account to be debited

Details of financial institution at which your account is held

Account details

BSB

Account number

Name of financial institution

Address

State

Postcode

Direct Debit Request Authorisation

I/We have read the Customer Service Agreement on page 35 of this Application and acknowledge and agree with its terms and conditions. I/We request this arrangement to remain in force in accordance with details set out in The Schedule described above and in compliance with the Customer Service Agreement.

Customer 1 name

Customer 1 signature

Date

Customer 2 name

Customer 2 signature

Date

This page has been left blank intentionally.

Credit Card Authority

Personal Insurance Portfolio

CommInsure



The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 (CMLA)

Please tick (✓) the appropriate box and complete all details.

MasterCard Visa

Please charge my credit card the amount of

(or adjusted amount as advised to me from time to time) at the frequency selected below until this ongoing authority is cancelled in writing, by either myself or the insurer.

Frequency

Monthly Quarterly Half-yearly Yearly

Cardholder's name

Cardholder's number

Expiry date

Cardholder's signature

Date

CommInsure is a registered business name of The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809

Direct Debit Request

Customer Service Agreement

Personal Insurance Portfolio

CommInsure



The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 (CMLA)

We, The Colonial Mutual Life Assurance Society Limited, note our commitment to you, as follows:

- We will advise you by notice, statement or invoice of the drawings.
- Where the drawing date falls on a non-business day, we will draw the amount on the next business day.
- We will provide written notice of any proposed changes to your drawing arrangement (other than those detailed in your policy conditions), providing no less than 14 days notice.
- We reserve the right to cancel the drawing arrangement if drawings are continually returned unpaid by your nominated financial institution. Where drawings are returned unpaid we will arrange an alternative payment method. A fee may apply for drawings that are returned unpaid.
- We will keep all information provided by you and details of your nominated account at the financial institution, private and confidential. However, we may disclose information that we have about you to the extent specifically permitted by the law or for the purpose of this agreement (including disclosing information in connection with any query, dispute or claim).
- We will investigate and deal promptly with any queries, claims or complaints regarding debits, providing a response within 20 business days.

You, the customer, note your commitment to us as the following:

- It is your responsibility to check with your financial institution before completing the Direct Debit Request, that direct debiting is available on that account.
- It is your responsibility to ensure that the authorisation on the Direct Debit Request is identical to the account signing instruction held by the financial institution of the nominated account.
- It is your responsibility to ensure that, at all times, sufficient funds are available in the nominated account to meet a drawing on the due date for payment.
- It is your responsibility to advise us if the account nominated by you to receive the drawings is altered, transferred or closed.
- It is your responsibility to arrange with us a suitable alternative payment method, if the drawing arrangements are stopped, either by you or the nominated Financial Institution.
- It is your responsibility to meet any charges resulting from the use of the Direct Debit System. This may include fees charged to us as a result of returned drawings.

You may request to defer or alter the agreed drawing schedule, by giving written notice to us. Such notice should be received by us at least 14 business days prior to the drawing date.

You may stop your individual debit by giving written notice to us. Such notice should be received by us at least 14 business days prior to the drawing date.

You may cancel the Direct Debit arrangement at any time by giving written notice to us. Such notice should be received by us at least 14 business days prior to the drawing date. Your nominated financial institution is unable to cancel your Direct Debit arrangement.

All transaction disputes, queries and claims should be raised directly with us. We will provide a verbal or written response within 20 business days from the date of the notice. If the claim/dispute is successful, we will reimburse you by way of cheque or electronic credit to your nominated account.


This section must be retained by the customer.

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Adviser Details

For Adviser use only (must be submitted with the application)

New business

Increase to policy	<input type="checkbox"/>		Policy number
Replacement policy	<input type="checkbox"/>		<input type="text"/>
Continuation option	<input type="checkbox"/>		<input type="text"/>
Child Cover	<input type="checkbox"/>		
Continuation Option	<input type="checkbox"/>		

Staff policy	<input type="checkbox"/>	Staff employee ID	<input type="text"/>
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Underwriting Pre-assessment details

Pre-assessment underwriting reference number (if applicable)

If your client has a significant medical condition or is overweight/obese, have you pre-positioned your client that a premium loading and/or exclusion may apply?

Yes

No

English literacy

Can the proposed policy owner/s and/or life/lives insured read and understand English?

Yes

No **Complete below**

What language was used to explain the policy?

Please indicate by ticking (✓) the applicable box, which state or territory you are from:

NSW or ACT

VIC or TAS

QLD or SA

NT or WA

Adviser 1 name

Adviser 2 name

Agency number

Agency number

Phone Facsimile

Phone Facsimile

Adviser 1 remuneration split

Adviser 2 remuneration split

Customer contact

If required, do you give permission for CommInsure to contact your client directly to clarify any matter in relation to this application, including telephone underwriting (if this question is unanswered, a 'Yes' will be assumed)?

Yes

No

Adviser declaration

I certify that I have provided the applicant with the current Personal Insurance Portfolio PDS.

Signature of adviser 1 Date

Signature of adviser 2 Date

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