



Protection Plans

Previously branded
BT, Westpac or St.George

Product Disclosure
Statement and
Policy Document (PDS)

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TAL

Answering our questions – Your responsibility	3
Pre-existing conditions	3
Who plays a part in your journey?	4
Protection Plans	4
Chapter 1: Introduction	5
About this PDS	6
Types of cover available in Protection Plans	7
Apply for Protection Plans	8
Features of your Policy	9
Paying for your insurance	10
Ownership options	11
Policy structures	12
About your Policy	13
Chapter 2: Term Life, TPD and Living Insurance	14
Term Life	15
Total and Permanent Disablement (TPD)	17
Living Insurance	21
Term Life, TPD and Living Insurance benefit specifics	27
Chapter 3: Income Products	44
Income Protection for individuals – overview	45
Own Occupation Income Protection	48
Home Duties Income Protection	55
General Cover Income Protection	57
Income products for business protection – overview	59
Business Overheads	60
Key Person Income	62
Income Product benefit specifics	63
Chapter 4: Protection Plans Reserve	86
Chapter 5: Making a claim and our right to investigate	91
Chapter 6: Other important information	94
Chapter 7: Medical glossary	105
Chapter 8: Definitions	113

Answering our questions – Your responsibility

What you need to tell us

Any cover that is offered to *you* will be based on the completeness and accuracy of the answers that *you* give *us*. It is *your* responsibility to take reasonable care to answer all *our* questions honestly, accurately, and completely to the best of *your* knowledge.

Every person to be insured under the *Policy* has the same responsibility. If *you* or any person to be insured under the *Policy* fail in this responsibility when answering questions, this may lead to *us* having the right to change the terms of the *Policy* or treat the *Policy* as if it never existed (avoided), reduce a benefit, or deny a claim in full.

This responsibility relates to *your* duty to take reasonable care not to make a misrepresentation.

If *you* are unsure about whether *you* should include information in response to a question, please include it.

Please remember to check over *your* application responses very carefully. If *you* become aware of any possible errors, omissions, or matters overlooked in *your* answers to *us*, please let *us* know.

Your duty to take reasonable care not to make a misrepresentation

When applying for insurance, there is a legal duty for *you* to take reasonable care not to make a misrepresentation to *us*, the *Insurer*, before the contract of insurance is entered into.

A misrepresentation is a false statement or answer, a statement or answer that is only partially true, or a statement or answer which does not fairly reflect the truth.

This duty also applies when extending or making changes to existing insurance, and reinstating insurance.

When determining whether *you* have taken reasonable care not to make a misrepresentation, we may have regard to a range of matters. This will include *your* particular characteristics or circumstances of which we were aware or ought to have been reasonably aware of.

How do the answers impact your cover and payment of a claim?

If *your* duty is not met, this can have serious impacts on *your* insurance. *Your* claim may be denied or may not be paid in full, *your* cover may be treated as if it never existed (avoided) or its terms changed, if before the *Policy* is issued, extended, varied, or reinstated:

- *you* (or any other person to be insured under the *Policy*) do not take reasonable care to answer the questions we ask honestly, accurately, and completely to the best of *your* knowledge; or
- *you* (or any other person to be insured under the *Policy*) do not tell *us* if *you* think anything *you* have previously told *us* is incorrect or incomplete.



Please note that there may be circumstances where we later investigate whether the information given to *us* was true and complete. For example, we may do this when a claim is made.

Changes before your cover starts

Before *your* cover starts, we may ask about any changes that mean *you* would now answer *our* questions differently. As any changes might require further assessment or investigation, it could save time if *you* let *us* know about any changes when they happen.

Pre-existing conditions

This *Policy* is not designed to cover pre-existing conditions except in some circumstances. Refer to **chapter 6, section 13**, for more information.

Who plays a part in your journey?

 You	Review <i>your</i> protection needs regularly and/or discuss with <i>your</i> financial adviser (if applicable) to ensure <i>your</i> cover continues to be suitable as <i>your</i> life changes.
 Your Adviser	<i>Your</i> financial adviser can help <i>you</i> to determine the right type and level of insurance for <i>you</i>. - In addition, they will assist with <i>your</i> application, and help <i>you</i> monitor and retain the right insurance as <i>your</i> life changes.
 Your Insurer	- The <i>Insurer</i> is responsible for managing <i>your Policy</i> and for being there to pay eligible claims if the unexpected happens. - The <i>Insurer</i> is TAL Life Limited ABN 70 050 109 450 AFSL Number 237848 (TAL Life). - The issuer of this PDS and the life insurance product (Protection Plans) described in it is the <i>Insurer</i>.
 Your Trustee	<i>You</i> can take out a Protection Plans <i>Policy</i> through <i>superannuation</i>. - The trustee of the superannuation fund is responsible for managing the fund in compliance with superannuation law.

Protection Plans

As we move through life, find a partner, raise a family, and maybe start a business, the importance of insurance keeps changing. That's because insurance is all about providing a financial safety net that helps *you* to take care of yourself and those *you* love when *you* need it the most.

Your home	Your income	Your family and lifestyle	Your business
✓ Mortgage repayments ✓ Rent	✓ Salary ✓ Superannuation contributions ✓ Income from business	✓ Everyday costs ✓ Bills ✓ Children's education ✓ Estate planning	✓ Business income ✓ Business expenses ✓ Key people ✓ Business succession

Protection Plans offer *you* a comprehensive and flexible range of personal and business life insurance solutions, designed to help protect *you* and *your* loved ones should the unexpected happen. Having the right amounts and types of life insurance in place can provide valuable financial support in *your* time of need.

Chapter 1: Introduction

About this PDS

Please read this PDS to understand the Protection Plans Policy features, benefits, limitations and exclusions. The terms and conditions of this PDS will form a part of your contract with us.

In this PDS, you will notice the use of terms and expressions which have a particular meaning as set out below.

Term	Meaning
'We', 'us', and 'our'	The <i>Insurer</i> .
Policy Owner	The person (or entity) shown as the <i>Policy Owner</i> in the <i>policy schedule</i> or <i>membership certificate</i> . For Policies held inside <i>superannuation</i> , the <i>Policy Owner</i> is the trustee of the superannuation fund.
Insured Person	The person whose life is insured, or the life to be insured. The name of each <i>Insured Person</i> is set out in the <i>policy schedule</i> or <i>membership certificate</i> under the heading, <i>Insured Person</i> .
Insured Child	The child to be insured for the Children's Benefit being the child named on the <i>policy schedule</i> or <i>membership certificate</i> under the heading, <i>Insured Child</i> .
'You' and 'your'	The <i>Insured Person</i> for all Policies paid through a <i>Super Fund</i> , and for all other Policies means the <i>Policy Owner</i> .
Policy	For policies held inside <i>superannuation</i> , the cover as provided under the contract of insurance between <i>us</i> and the trustee of the superannuation fund; and for all other cover, the contract of insurance with <i>us</i> .

Other important things to note



Any *Policy* issued under this PDS is a consumer insurance contract. As this is a consumer insurance contract, the **duty to take reasonable care not to make a misrepresentation to an insurer** applies. To understand what this means for *you*, please refer to 'Answering our questions – Your responsibility' on **page 3**.

As *you* read through this PDS, *you* will notice that some words are in italics. These words have a particular meaning which can be found in **chapter 8**, comprising the defined term in bold followed by the definitional wording.

As *you* would expect in an insurance document, *you*'ll also find quite a few medical terms. These are explained in **chapter 7**.

Please read the important information on level and stepped premiums in the 'Paying for your insurance' section.

There are certain restrictions on the type of Policies and benefits that can be held inside *superannuation*. In this PDS, these are denoted as:



Not available for Policies and benefits held inside *superannuation*.



Not available for Policies and benefits held inside *superannuation*. If *you* wish to access these benefits, *you* must hold a Flexible Linking Plus or Income Linking Plus *Policy* in addition to *your* Policies held inside *superannuation*.

For more information

For further information about Protection Plans Reserve (Reserve), see **chapter 4** of this PDS and the Reserve Reference Document dated 1 April 2025.

A Target Market Determination (TMD) has been made for each Protection Plans product.

To find out about TMDs and the Life Insurance Code of Practice, please visit tal.com.au/protection-plans.

Your privacy

We understand that the privacy of *your* information is important to *you*. We recognise the importance of protecting *your* personal information that is collected and used by *us* and we respect the confidentiality of *your* information.

Information about why we collect and use *your* information, along with *our* commitment to privacy can be found in **chapter 6, section 5**.

Types of cover available in Protection Plans

Below is a summary of the types of cover available and examples of what it could protect. Your financial adviser can help you to understand the types of cover which are right for you.

A target market determination has been made for each Protection Plans product. Please visit tal.com.au/protection-plans-docs for the target market determination.

Types of cover	What it could protect			
	Your home	Your income	Your family & lifestyle	Your business
Term Life Terminal illness or death of the Insured Person.	✓	✓	✓	✓
Total and Permanent Disablement (TPD) The Insured Person being unlikely to ever again be able to either: - work; - perform household duties; or - perform activities of daily living, depending on the definition selected.	✓	✓	✓	✓
Living Insurance The Insured Person has a specified medical event (a specified sickness, injury or surgery).	✓	✓	✓	✓
Income Protection (IP) The Insured Person is, due to sickness or injury, unable to: - work; - perform household duties; or - perform activities of daily living, depending on the definition selected.	✓	✓	✓	—
Business Overheads The Insured Person is unable to work due to sickness or injury.	—	—	—	✓
Needlestick Benefit The Insured Person contracts occupationally acquired HIV, hepatitis B or hepatitis C.	—	✓	✓	✓
Children's Benefit The Insured Child dies or has a specified children's event (a specified sickness, injury or surgery).	—	—	✓	—

Your payment options

For all Policies, the Policy Owner is responsible for paying the premiums. The table below sets out the premium payment options. The ownership structure you have selected will determine the payment options available to you.

Payment options	Frequency	
	Yearly	Half-yearly/Quarterly/Monthly
Direct debit	✓	✓
Credit card	✓	✓
Cheque	✓	✗
Platform Investment account	✓	✓
Platform Super account	✓	✓
Partial rollover	✓	✗

Please note:

- Payment by partial rollover is only available for eligible superannuation funds and products.
- Credit card payments can only be made with MasterCard or Visa.

Apply for Protection Plans

Protection Plans Policies are only available for existing customers replacing an existing Protection Plans Policy, where the replacement is first approved by us.

Your financial adviser can help you determine the right insurance for you, including the amount of cover, how to structure your Policies, and the premium and payment option most suitable for you. They can also assist with your application and provide you with a quote for your cover.

To find out more:

- talk to your financial adviser; or
- contact us:

 **1300 553 764** Monday to Friday

 GPO Box 5467, Sydney NSW 2001

Below is a summary of the types of cover available for different age groups. For details of the eligibility and expiry ages for each cover type and premium structure, see [chapter 2](#) and [3](#).

Who can apply?	Types of cover
Entry ages: 2 to 14	Children's Benefit
Entry ages: 15 to 17	Term Life TPD Living Insurance Needlestick Benefit
Entry ages: 17 to 59	Term Life TPD Living Insurance Needlestick Benefit Income Protection Business Overheads
Entry ages: 59 to 69	Term Life

Your Policy starts

If we accept your application for cover, we will issue you a policy schedule or membership certificate. Your cover starts on the commencement date shown in your policy schedule or membership certificate.

Cooling off period

If you change your mind you can cancel your Policy and receive a refund of your premium within the cooling off period. For more information, see [chapter 6, section 1](#).

Financial Hardship

If you are experiencing financial hardship we encourage you to contact your financial adviser or us. Our Customer Service team are just a telephone call away:

 **1300 553 764** Monday to Friday

Features of your Policy

Guaranteed renewable

We won't cancel *your* insurance before the end of the term specified provided *you* keep paying the premiums when they are due and we have given *you* notice required by law – even if there is a change in the Insured Person's health, occupation or pastimes.

Guaranteed upgrades

Should better features and benefits become available in the future which don't result in an increase in premium, we will automatically upgrade *your Policy*. At claim time, we will always give *you* the best terms applicable to *your Policy*, from the time of commencement to the date of a sickness or injury.

Worldwide cover – 24 hours a day

We will provide *you* with full coverage anytime, anywhere in the world.

Loyalty Benefit

To reward *your* loyalty, after *you* have held *your Policy* for 3 years (from the *commencement date*), we will add an extra 5% of *your* sum insured to any Death Benefit, TPD Benefit, Living Benefit or Children's Benefit amount payable at the time of claim, without additional charge.

For Income Protection, Income Protection as Superannuation, Income Protection Plus, Business Overheads and Key Person Income, after *you* have held *your Policy* for 3 years (from the *commencement date*), we will add a Death Benefit of \$50,000 to *your Policy* without additional charge. The Loyalty Benefit is not available on Income Protection Assured, Income Protection Assured as Superannuation or Business Overheads Assured Policies.

For more information see [chapter 2, section 7](#), and [chapter 3, section 14](#).

Premium Holiday

If *your Policy* has been in force and the premiums paid for at least 6 months, we will allow *you* to suspend *your Policy* for up to 12 months in certain circumstances of financial hardship. For more information see [chapter 2, section 8](#), and [chapter 3, section 15](#).

CPI increases

To help the value of *your* benefits keep up with the cost of living, we will automatically increase the amount of certain benefits each year on *your review date* in line with *CPI*.

Policy type	CPI increase
Term Life, Term Life as Superannuation, Standalone Living Insurance, Standalone TPD and Children's Benefit	<i>CPI</i> with a minimum of 3%
Income Protection, Income Protection as Superannuation and Income Protection Plus Policies with <i>own occupation IP</i> definition, Business Overheads and Key Person Income	<i>CPI</i> with a minimum of 3% Note: While <i>you</i> are receiving a monthly benefit from <i>us</i> , the <i>insured monthly benefit</i> will only be increased by the <i>CPI</i> on each <i>review date</i>
Income Protection Assured and Income Protection Assured as Superannuation with <i>own occupation IP</i> definition, Income Protection Assured, Income Protection and Income Protection Plus Policies with a <i>home duties IP</i> definition, all Income Protection Policies with a <i>general cover IP</i> definition and Business Overheads Assured	<i>CPI</i>

For more information on the *own occupation IP*, *home duties IP* and *general cover IP* definitions, please see [chapter 3](#).

From the *review date* following the Insured Person's 61st birthday *CPI* for Income Protection Assured and Income Protection Assured as Superannuation will no longer apply.

You may decline a *CPI* increase in any year by advising *us* within 30 days of the *review date*. *You* may also request that *CPI* increases never apply again.

If *you* wish to restart the *CPI* increases at a later date, please contact *us*.

Multi-Policy discount

If the *Insured Person* is covered by multiple eligible Protection Plans Policies of the same brand (previously BT, Westpac or St.George), *you* will receive a Multi-Policy premium discount of 5% on all Protection Plans premiums applicable to the *Insured Person* (excluding policy fee and stamp duty).

The eligible Policies are Term Life, Term Life as Superannuation, Standalone Living Insurance, Standalone TPD, Income Protection Assured, Income Protection, Income Protection Assured as Superannuation, Income Protection as Superannuation, Income Protection Plus, Business Overheads Assured, Business Overheads and Key Person Income.

Platform Investment and Platform Super discount

If *you* pay *your* benefit premiums through a *Platform Investment* or *Platform Super* account, *you* will receive a 10% premium discount for those premiums.

Paying for your insurance

The cost of *your* insurance includes the premium and other fees and charges, such as the policy fee and stamp duty. For more information on *your* premiums, fees and charges, please see the 'Premiums and charges' section in [chapter 6](#).

Your premium options

Stepped premium

Your premium is calculated each year and will change based on the Insured Person's age and the sum insured at the *review date*. The premium will generally increase every year.

Level premium¹

Level premiums are not guaranteed to stay the same for the life of the *Policy*, and there is a real chance they may increase in the future. We can increase level premiums if:

- we decide to increase *our* premiums for a group of similar *Policies*, for example if we get more claims than expected, or
- the sum insured increases (including *CPI* increases), or
- the *Policy* fee increases.

Your premium is calculated based on an age-based premium rate determined at the commencement of the cover. If there is an increase to *your* sum insured due to *CPI* increases or because *you* have requested to change *your* sum insured, the premium for the increased portion of cover will be calculated based on the Insured Person's age at the time of the increase. *Your* premium may also be recalculated based on the Insured Person's current age if *you* request a variation to *your Policy*.

Unless we need to change premium rates for reasons described in the 'Changes in premium rates due to a review' section, this rate will apply until the *review date* following the Insured Person's 55th birthday (for a 'Level 55' premium structure) or 65th birthday (for a 'Level 65' premium structure). After this time, stepped premiums will apply, which means *your* premium will increase each year in line with *your* age, possibly significantly with the first increase.

Changes in premium rates due to a review

To preserve the sustainability of *our* products, we regularly review *our* premium rates for stepped and level premium *Policies* and make changes if needed. For instance, we may need to increase *our* premiums if we are paying more claims than we expected to pay, or if the economic conditions worsen, or if we need to adhere to directives from government regulatory bodies. Likewise, premium rates may also decrease following a review. *Our* review of premium rates for stepped and level premium *Policies* may take into account other factors which include, but are not limited to, operating expenses, the cost of reinsurance and capital requirements. These premium rate changes will not be calculated on an individual basis, rather, a change would relate to an entire group such as occupation category, product type or optional benefits. Any changes will be made consistently across each group impacted.

When your premium will change

For both stepped and level premiums, *your* premiums will change if:

- there is a change to *your* sum insured due to *CPI* increases, or because *you* have requested to change *your* sum insured;
- there is a change due to an increase in *your* age (for level premiums, this relates to *CPI* increases only);
- there is a change to the premium discounts and/or loadings on *your Policy*;
- *you* vary *your Policy*, including changing *your* premium frequency; or
- we change the premium rates or discount factors applicable to *your Policy*.

You will be provided at least 30 days notice prior to an increase to *your* premium rates.

You will be notified of any other changes to *your* premium in accordance with the law. *You* can contact *us* to request information on *your* premium, or to request a quote for the premium that will apply after a variation to *your Policy*.

If *your* premiums increase, *you* will always have the option to reduce the premium by reducing *your* cover, subject to any minimum premiums or sum insured applicable to *your Policy*.

You will also have the right to cancel *your* cover, at any time and for any reason, including a premium increase. There may be other options available to help *you* manage the cost of *your* cover.

¹ A level premium structure is not available for all benefits. Please refer to the applicable section for each benefit for further information on the premium options.

Ownership options

This section explains the ownership options available under Protection Plans.

Protection Plans Policies can be held inside or outside *superannuation*.

The following table outlines the ownership options available.

Ownership option	Term Life	Standalone TPD	Standalone Living Insurance	Income Protection Assured, Income Protection and Income Protection Plus	Business Overheads Assured, Business Overheads and Key Person Income	Children's Benefit and Needlestick Benefit
Outside <i>superannuation</i> - Self owned - Another individual - Trustee of a trust or a business entity	✓	✓	✓	✓ ¹	✓ ¹	✓
Inside <i>superannuation</i> Trustee of: - SMSF - TAL Super - Platform Super	✓	✓ ²	✗	✓ ³	✗	✗

1 Income Protection Assured, Income Protection, Income Protection Plus, Business Overheads Assured and Business Overheads Policies must be owned by the *Insured Person* or a trust/business entity that the *Insured Person* has direct control of (e.g. the *Insured Person* is the trustee of the trust, or the partner or director of a business entity). A Key Person Income Policy must be owned by the business entity of which the key person has a share of ownership, or is employed by.

2 Standalone TPD is not available through TAL Super.

3 If Income Protection Plus is selected, the core benefits which are consistent with a superannuation condition of release will be held under a Policy inside *superannuation*, and the other benefits under an Income Linking Plus Policy held outside *superannuation* (see Super Plus IP Benefit, [chapter 3, section 30](#)). General cover IP is only available in Policies held through an SMSF or Platform Super if the *Insured Person* is gainfully employed at the time you apply for cover. General cover IP is not available through TAL Super.

Please note:

- We allow up to five Policy Owners on Term Life, Standalone TPD and Standalone Living Insurance Policies held outside *superannuation*. Each Policy Owner will jointly own the Policy. In the event a Policy Owner of a Policy with joint ownership dies, the ownership of the Policy automatically goes to the surviving Policy Owners. If all Policy Owners have died, the owner of the Policy will become the estate of the last surviving Policy Owner.
- TPD and/or Living benefits may be structured as additional benefits under a Term Life or Term Life as Superannuation Policy. This may be under the same or different ownership option. Please refer to [page 12](#) for further information.
- If Income Linking Plus has been selected together with Income Protection you will have equivalent cover to that provided by Income Protection Plus.
- Policies held through TAL Super are called Term Life as Superannuation, Income Protection Assured as Superannuation and Income Protection as Superannuation.

There are restrictions and limitations on the type of cover that can be held inside *superannuation*, and on the terms and conditions of those Policies, as the payment of insurance benefits from a superannuation fund is governed by superannuation law.

The trustee of the superannuation fund can only provide a benefit to the *Insured Person* if the insured event is consistent with a condition of release under superannuation law. In the event of a claim, the trustee can only release benefits to the *Insured Person* if they meet a superannuation condition of release.

For more information on the superannuation conditions of release, see [chapter 6, section 12](#).

Policy structures

This section explains the Policy structures available under Protection Plans.

You can structure cover for an *Insured Person* in the following ways:

1. Standalone or individual Policies

The benefits paid will not affect the sum insured under any other *Policy* (unless we have stated otherwise).

2. Additional benefits under the same Policy

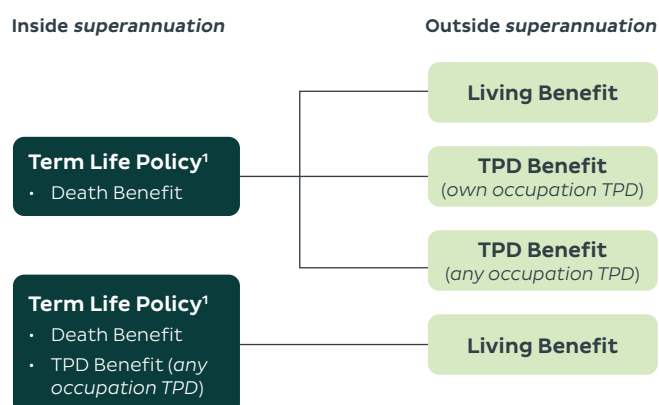
TPD and Living Benefits can be structured as additional benefits under a Term Life or Term Life as Superannuation *Policy*. The benefits paid will reduce the sum insured of all benefits held under the same *Policy*, and all benefits held under a linked Flexible Linking Plus *Policy*.

3. Linked Policies inside and outside superannuation

Flexible Linking Plus and Income Linking Plus allows you to link benefits under two *Policies* held inside and outside *superannuation*. The benefits (or the portion of a benefit) which are consistent with the superannuation conditions of release will be held under a *Policy* with ownership inside *superannuation*. The remaining benefits (or the remaining portion of a benefit) will be held outside *superannuation* under the Flexible Linking Plus or Income Linking Plus *Policy*.

Flexible Linking Plus

Benefits which are not consistent with a superannuation condition of release (such as TPD Benefit with *own occupation TPD* definition and Living Benefit) will be held under a *Policy* outside *superannuation* (referred to as the Flexible Linking Plus *Policy*) and linked to a *Policy* inside *superannuation*. The following diagram is an example of how you can link TPD and/or Living Benefits under a Flexible Linking Plus *Policy* held outside *superannuation*, to a Term Life *Policy* inside *superannuation*.

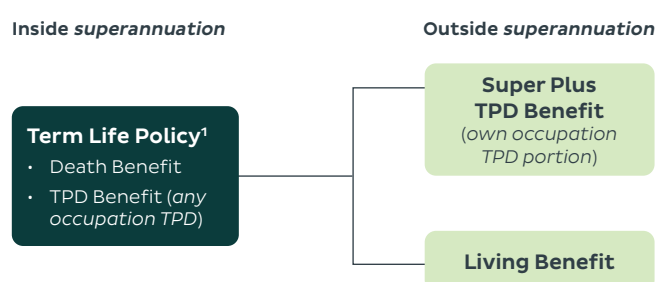


1. Benefits which are not consistent with a superannuation condition of release, such as the Financial Planning Benefit and Counselling Benefit, will be held under the Flexible Linking Plus *Policy*.

You can apply to add a Needlestick Benefit *Policy* and/or Children's Benefit *Policy*, held outside *superannuation*, to the above policy structures.

Super Plus TPD Benefit

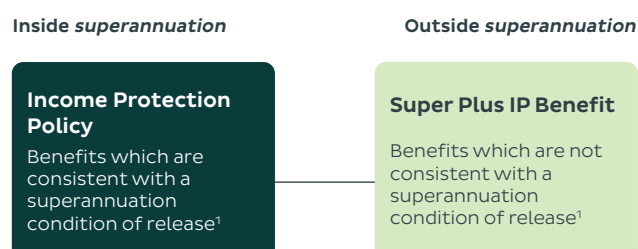
The Super Plus TPD Benefit allows *own occupation TPD* to be held outside *superannuation*. The portion of the TPD Benefit which is consistent with a superannuation condition of release is held under a *Policy* inside *superannuation*, and the remainder of the TPD Benefit is held under a *Policy* outside *superannuation*. For more information on the Super Plus TPD Benefit, see [chapter 2, section 21](#). The following diagram is an example of how Flexible Linking Plus can be used to link a Super Plus TPD Benefit and a Living Benefit under a Flexible Linking Plus *Policy* to a Term Life *Policy* held inside *superannuation*.



1. Benefits which are not consistent with a superannuation condition of release, such as the Financial Planning Benefit and Counselling Benefit, will be held under the Flexible Linking Plus *Policy*.

Income Linking Plus

Access benefits offered under an Income Protection Plus *Policy* inside and outside *superannuation*. The benefits which are consistent with a superannuation condition of release are held inside *superannuation*, and the remaining benefits are held outside *superannuation*. For more information on the Super Plus IP Benefit, see [chapter 3, section 30](#). The diagram below is an example of how the Super Plus IP Benefit works in conjunction with an Income Protection *Policy*, to provide the benefits offered under an Income Protection Plus *Policy*.



1. Benefits offered under an Income Protection Plus *Policy* which are not consistent with a superannuation condition of release (such as the Crisis Benefit, Specified Injury Benefit, Counselling Benefit and Nursing Care Benefit), will be held outside *superannuation* under the Income Linking Plus *Policy*.

Income Linking Plus is not available on Income Protection Assured or Income Protection Assured as Superannuation *Policies*.

For more information on the superannuation conditions of release, please see [chapter 6, section 12](#).

About your Policy

Once your cover is in place, it's important to maintain your Policy and review it on a regular basis to ensure you continue to have the right level and type of cover to suit your needs.

How to apply for a variation to your Policy?

Throughout this PDS, we make reference to applying for changes to your Policy in writing. We may agree to accept amendments by other means. Please contact us if you want to make changes to your Policy. If we agree to the variation, we will issue an update to your policy schedule or membership certificate to confirm the variation has been applied to your Policy.

Who receives the benefits of the Policy?

The Policy Owner is entitled to receive any benefits that are payable on a Policy.

If there is a valid beneficiary nomination on a Term Life Policy, and the Policy Owner is the same person as the Insured Person then any benefit payable on death (Death Benefit, Funeral Advancement Benefit, Financial Planning Benefit or Counselling Benefit) will be paid to the beneficiary or beneficiaries. For more information about beneficiaries, see 'Making a claim and our right to investigate' in [chapter 5](#).

Where the Policy Owner is different to the Insured Person or there is more than one Policy Owner, any benefits payable on a Policy will be paid to the Policy Owner(s) of the Policy.

For a superannuation Policy (including a Term Life as Superannuation, Income Protection Assured as Superannuation or Income Protection as Superannuation Policy), any benefits payable will be paid to the Policy Owner. If a valid beneficiary nomination has been made for a Term Life as Superannuation Policy, benefits may be payable to the beneficiary by the trustee. Please refer to [chapter 6, section 10](#), 'Structuring insurance through superannuation' for further information.

For Standalone TPD, Standalone Living Insurance, Income Protection Assured, Income Protection, Income Protection Plus, Business Overheads Assured and Business Overheads Policies, if the Insured Person and the Policy Owner is the same person, any benefit payable on death will be paid to their estate.

When does your Policy end?

To understand when your Policy will end, please see [chapter 2, section 29](#), for Term Life, Term Life as Superannuation, Standalone TPD, Standalone Living Insurance, Needlestick Benefit, Children's Benefit and Flexible Linking Plus Policies.

For Income Protection Assured, Income Protection, Income Protection Plus, Income Protection Assured as Superannuation, Income Protection as Superannuation, Business Overheads Assured, Business Overheads, Key Person Income and Income Linking Plus Policies, please see [chapter 3, section 35](#).

Cover continuation

Term Life as Superannuation, Income Protection Assured as Superannuation and Income Protection as Superannuation

If the Insured Person is no longer eligible to contribute to superannuation, or is no longer eligible to have contributions made on their behalf, the Insured Person can apply to transfer their current level of insurance under a Term Life as Superannuation Policy to a Term Life Policy, and/or an Income Protection Assured as Superannuation Policy to an Income Protection Assured Policy, and/or an Income Protection as Superannuation Policy to an Income Protection Policy, without any further underwriting.

Any exclusions or special conditions applicable to the Policy will be maintained under the new Term Life and/or Income Protection Assured and/or Income Protection Policy.

For more information on eligibility rules for contributions to superannuation, please see [chapter 6, section 10](#), 'Structuring insurance through superannuation'.

Platform Investment and Platform Super

If your Policy is held through a Platform Investment or Platform Super account, you can transfer to a new Policy/Policies paid outside a Platform Investment or Platform Super account at any time, without any further underwriting. To apply for the transfer, you will need to submit an application to us while your Policy remains in force, or within 60 days from the date your Platform Investment or Platform Super account closed.

For more information on Platform Investment and Platform Super, please see [chapter 6, section 11](#), 'Understanding Platform Investment and Platform Super'.

How to make a complaint?

We want you to be satisfied with your insurance, now and in the future. Our Customer Relations Consultants are just a telephone call away should you have any inquiries or complaints – 1300 553 764 Monday to Friday.

For more information on making a complaint, please see [chapter 6, section 6](#).

Chapter 2: Term Life, TPD and Living Insurance

Term Life

Term Life insurance pays a benefit if the **Insured Person** dies or has a **terminal illness**. Term Life insurance can be used to help *your family* pay outstanding debts, to cover the costs of their future financial needs such as funding *your children's* education or to cover the cost of additional care if *you* become terminally ill. This is available under a Term Life Policy or Term Life as Superannuation Policy.

Term Life and Term Life as Superannuation		
Entry ages (Based on premium option selected)	Policies with stepped premium:	Age 15–69
	Policies with 'Level 65' premium:	Age 15–59
	Policies with 'Level 55' premium:	Age 15–49
Expiry age (Some of the benefits may have an earlier expiry age)	Review date following the Insured Person's 99th birthday.	
Minimum sum insured	\$25,000	
Maximum sum insured	Any financially justifiable amount	

Included and optional benefits

The cover under a Term Life or Term Life as Superannuation Policy contains a number of included benefits and optional benefits, and a summary of these is set out in the following tables. The terms and conditions of each benefit are located in the 'Term Life, TPD and Living Insurance benefit specifics' section on [pages 27 to 43](#).

You can apply for optional benefits. Unless we have stated otherwise, the optional benefits will require an additional cost. If we have accepted the application for an optional benefit for an *Insured Person*, it will be shown on *your policy schedule, membership certificate or renewal summary*. If we have accepted the application for an optional benefit after the commencement of *your Policy*, we will issue an update to *your policy schedule or membership certificate*.

Included benefits	Summary	Page
Death Benefit	Pays a benefit in the event of the Insured Person's death.	27
Terminal Illness Benefit	Pays a benefit, equal to the amount of the Death Benefit at that time if the <i>Insured Person</i> has a <i>terminal illness</i> .	27
Future Insurability Benefit	Allows you to increase the Death Benefit, TPD Benefit, and Living Benefit sum insured on the occurrence of one of the specified personal or business events without further medical <i>underwriting</i> .	27
Financial Planning Benefit S+	Reimbursement up to a value of \$5,000 in total for the preparation of a financial plan following the payment of a Death Benefit, Terminal Illness Benefit, TPD Benefit or Living Benefit. This benefit is paid once for each <i>Insured Person</i> .	30
Funeral Advancement Benefit S+	Advances 10% of the Death Benefit up to a maximum of \$25,000 to reimburse the immediate costs of the Insured Person's funeral. This benefit is paid once for each <i>Insured Person</i> .	30
Counselling Benefit S+	Reimbursement up to a value of \$5,000 in total for a maximum of 10 counselling sessions following the payment of a Death Benefit, Terminal Illness Benefit, TPD Benefit or Living Benefit. This benefit is paid once for each <i>Insured Person</i> .	31

Optional benefits	Summary	Page
TPD Benefit	Pays a benefit in the event that the <i>Insured Person</i> becomes <i>totally and permanently disabled</i> .	32
Living Benefit S+	Pays a benefit if the <i>Insured Person</i> has a <i>specified medical event</i> (as listed in the 'Specified medical events (full payment)' table on pages 24 to 25) and meets our definition of the <i>specified medical event</i> .	33
Business Cover Benefit	This benefit is available for Policies taken out for business purposes, and allows you to increase your cover if a specified event occurs, to help match the growth of your business without the need for additional medical <i>underwriting</i> .	37

You can apply to add the following Policies to a Term Life Policy or Term Life as Superannuation Policy:

- Needlestick Benefit **S+**
- Children's Benefit **S+**

The terms and conditions for the Needlestick Benefit and Children's Benefit Policies are located in the 'Term Life, TPD and Living Insurance benefit specifics' section on [pages 38 to 39](#).

Total and Permanent Disablement (TPD)

Total and Permanent Disablement (TPD) insurance pays a benefit if, because of *sickness or injury*, the *Insured Person* becomes *totally and permanently disabled*. It may assist with medical and rehabilitation costs, and provide a level of financial security for *your* family. This is available under a Standalone TPD Policy, as an additional benefit on a Term Life Policy or Term Life as Superannuation Policy, or under a Flexible Linking Plus Policy.

Total and Permanent Disablement	
Entry ages (Based on premium option selected)	Policies with stepped premium: Age 15–59
	Policies with 'Level 65' premium: Age 15–59
	Policies with 'Level 55' premium: Age 15–49
Expiry age (Some of the benefits may have an earlier expiry age)	Review date following the Insured Person's 99th birthday.
Minimum sum insured	\$25,000
Maximum sum insured (Your occupation category may be subject to different maximum benefit amounts. Please contact us for further information.)	\$5 million

The TPD Benefit with *own occupation TPD* definition is only available for Policies held outside *superannuation*.

Included and optional benefits

The TPD insurance cover under a Term Life, Term Life as Superannuation, Flexible Linking Plus or Standalone TPD Policy contains a number of included and optional benefits, and a summary of these is set out in the following tables. The terms and conditions of each benefit are located in the 'Term Life, TPD and Living Insurance benefit specifics' section on [pages 27 to 43](#).

You can apply for optional benefits. Unless we have stated otherwise, the optional benefits will require an additional cost. If we have accepted the application for an optional benefit for an *Insured Person*, it will be shown on your *policy schedule*, *membership certificate* or *renewal summary*. If we have accepted the application for an optional benefit after the commencement of your *Policy*, we will issue an update to your *policy schedule* or *membership certificate*.

Included benefits	Summary	TPD as an additional benefit to Term Life	Standalone TPD	Page
TPD Benefit	Pays a benefit in the event that the <i>Insured Person</i> becomes <i>totally and permanently disabled</i> .	✓	✓	32
TPD Partial Benefit[#] S+	Pays a partial benefit if the <i>Insured Person</i> is <i>partially and permanently disabled</i> .	✓	✓	32
TPD Continuation Benefit	You may be able to continue your TPD Benefit on an <i>any occupation TPD</i> definition after the <i>Insured Person's</i> 65th birthday, subject to entry requirements and work arrangements.	✓	✓	33
Future Insurability Benefit	Allows you to increase the TPD Benefit on the occurrence of one of the specified personal or business events without further medical underwriting.	✓	✓	27
Financial Planning Benefit S+	Reimbursement up to a value of \$5,000 in total for the preparation of a financial plan following the payment of a TPD Benefit. This benefit is paid once for each <i>Insured Person</i> .	✓	✓	30
Counselling Benefit S+	Reimbursement up to a value of \$5,000 in total for a maximum of 10 counselling sessions following the payment of a TPD Benefit. This benefit is paid once for each <i>Insured Person</i> .	✓	✓	31
TPD Death Benefit	Pays a benefit of \$10,000 if the <i>Insured Person</i> dies and the TPD Benefit has not been paid.	✗	✓	33

[#] Payment of this benefit will reduce the amount of the TPD Benefit or TPD Partial Benefit should they become payable subsequently while the *Policy* is in force.

Optional benefits	Summary	TPD as an additional benefit to Term Life	Standalone TPD	Page
Super Plus TPD S+	When Flexible Linking Plus is selected to split TPD inside and outside <i>superannuation</i> , the Super Plus TPD Benefit is the portion of <i>own occupation TPD</i> cover which is held under the Flexible Linking Plus Policy outside <i>superannuation</i> .	✓	✓	39
Business Cover Benefit	This benefit is available for Policies taken out for business purposes, and allows you to increase your cover if a specified event occurs, to help match the growth of your business without the need for additional medical underwriting.	✓	✗	37
TPD Buy Back Benefit	Allows you to reinstate the Death Benefit after the <i>Insured Person</i> becomes <i>totally and permanently disabled</i> , by the amount of the TPD Benefit that was paid.	✓	✗	40
Double TPD Benefit	Allows you to reinstate the Death Benefit after the <i>Insured Person</i> becomes <i>totally and permanently disabled</i> , by the amount of the TPD Benefit that was paid. In addition, premiums payable on the reinstated amount of the Death Benefit will be waived for the life of the <i>Policy</i> .	✓	✗	40
Waiver of Life Premium Benefit S+	Waives all premiums payable on the <i>Policy</i> if the <i>Insured Person</i> has been <i>totally and temporarily disabled</i> for at least 6 consecutive months. Premiums are waived for as long as the <i>Insured Person</i> remains <i>totally and temporarily disabled</i> .	✓	✗	41

You can apply to add the following Policies to a Standalone TPD Policy or a Term Life Policy with an additional TPD Benefit:

- Needlestick Benefit **S+**
- Children's Benefit **S+**

The terms and conditions for the Needlestick Benefit and Children's Benefit Policies are located in the 'Term Life, TPD and Living Insurance benefit specifics' section on [pages 38 to 39](#).

TPD definitions

We offer four types of TPD cover, which we call TPD definitions. Each TPD definition (*own occupation TPD*, *any occupation TPD*, *home duties TPD* and *general cover TPD*) offers cover for a different purpose. Your financial adviser will be able to help you choose the TPD definition suitable for your individual needs.

Each TPD definition has a different set of criteria that will need to be satisfied at the time of claim to be eligible for a TPD Benefit payment. The criteria which applies for each TPD definition is set out in the definition of *total and permanent disability* in [chapter 8](#) 'Definitions'.

Whilst you will need to meet the precise requirements of the definition of *total and permanent disability* in [chapter 8](#) 'Definitions', the following table summarises the types of cover available under each of our TPD definitions. You can look for these summaries in the [chapter 8](#) definitions to match the summary with the precise requirements you will need to meet.

Definition	Outside superannuation	Inside superannuation
Own occupation TPD*	- unlikely to do <i>your own occupation</i> ever again OR - loss of limbs and/or sight OR - unable to look after yourself ever again OR - permanent loss of intellectual capacity	Not applicable[#]
Any occupation TPD*	- unlikely to do a suited occupation ever again OR - able to do a suited occupation but total remuneration for any occupation is less than 25% of the Insured Person's earnings in their last 12 months of work OR - loss of limbs and/or sight OR - unable to look after yourself ever again OR - permanent loss of intellectual capacity	- unlikely to do a suited occupation ever again OR - loss of limbs and/or sight and unlikely to do a suited occupation ever again OR - unable to look after yourself ever again and unlikely to do a suited occupation ever again OR - permanent loss of intellectual capacity and unlikely to do a suited occupation ever again
Home Duties TPD[^]	- unlikely to be able to carry out all <i>normal household duties</i> ever again OR - loss of limbs and/or sight OR - unable to look after yourself ever again OR - permanent loss of intellectual capacity	- unlikely to be able to carry out all <i>normal household duties</i> and unlikely to do a suited occupation ever again OR - loss of limbs and/or sight and unlikely to do a suited occupation ever again OR - unable to look after yourself ever again and unlikely to do a suited occupation ever again OR - permanent loss of intellectual capacity and unlikely to do a suited occupation ever again
General cover TPD	- loss of limbs and/or sight OR - unable to look after yourself ever again OR - permanent loss of intellectual capacity	- loss of limbs and/or sight and unlikely to do a suited occupation ever again OR - unable to look after yourself ever again and unlikely to do a suited occupation ever again OR - permanent loss of intellectual capacity and unlikely to do a suited occupation ever again

[#] See Flexible Linking Plus and Super Plus TPD Benefit under Policy Structures in [chapter 1](#).

^{*} If you do not qualify for the TPD Continuation Benefit (see [section 11](#)), from the *review date* following the Insured Person's 65th birthday, we will only pay the TPD Benefit if the *Insured Person* meets the *general cover TPD* definition.

[^] From the *review date* following the Insured Person's 65th birthday, we will only pay the TPD Benefit if the *Insured Person* meets the *general cover TPD* definition.

Important information about TPD cover

If you are working in an eligible occupation, you can apply for an *own occupation TPD*, *any occupation TPD* or *general cover TPD* definition. Of these TPD definitions, the *own occupation TPD* definition is generally the easiest to satisfy if you make a claim. If you don't qualify for *own occupation TPD* or *any occupation TPD* because you are not working in an eligible occupation, you may be eligible for *home duties TPD* or *general cover TPD*. *Home duties TPD* or *general cover TPD* have criteria which make them more difficult to claim for than the any or *own occupation TPD* definitions. You need to carefully consider whether the limited nature of cover provided by *general cover TPD* and *home duties TPD* is satisfactory for your circumstances.

Your financial adviser can help you work out which TPD definition you're eligible for and which is right for you.

The TPD definition that applies to your cover may change from the *review date* following the Insured Person's 65th birthday.

If you are not eligible for the TPD Continuation Benefit, from the *review date* following the Insured Person's 65th birthday, we will only pay the TPD Benefit if the Insured Person meets the *general cover TPD* definition. For more information about the TPD Continuation Benefit, see [section 11](#) of this chapter.

Living Insurance

Living Insurance pays a benefit if the *Insured Person* has a *specified medical event* (such as cancer, stroke or heart attack) and their condition meets our definition of the relevant *specified medical event*. Living Insurance can help with major expenses, providing financial peace of mind during *your* recovery. This is available as an additional benefit on a Term Life Policy, a Flexible Linking Plus Policy or as a Standalone Living Insurance Policy.

Living Insurance	
Entry ages (Based on premium option selected)	Policies with stepped premium: Age 15–59
	Policies with 'Level 65' premium: Age 15–59
	Policies with 'Level 55' premium: Age 15–49
Expiry age (Some benefits may have an earlier expiry age)	Review date following the Insured Person's 75th birthday.
Minimum sum insured	\$25,000
Maximum sum insured (Your occupation category may be subject to different maximum benefit amounts. Please contact us for further information.)	\$2 million

We offer two levels of Living Insurance:

- **Living Benefit** – the *specified medical events* covered under this benefit are available under every Living Insurance Policy.
- **Living Benefit Plus** – covers a more comprehensive list of the *specified medical events*, in addition to those covered under the Living Benefit.

The *specified medical events* covered under the Living Benefit and Living Benefit Plus are listed on [pages 24 to 26](#).

Included and optional benefits

The Living Insurance cover under a Term Life, Flexible Linking Plus, or Standalone Living *Policy* contains a number of included and optional benefits, and a summary of these is set out in the following tables. The terms and conditions of each benefit are located in the 'Term Life, TPD and Living Insurance benefit specifics' section on [pages 27 to 43](#).

You can apply for optional benefits. Unless we have stated otherwise, the optional benefits will require an additional cost. If we have accepted the application for an optional benefit for an *Insured Person*, it will be shown on your *policy schedule* or *renewal summary*. If we have accepted the application for an optional benefit after the commencement of your *Policy*, we will issue an update to your *policy schedule*.

Included benefits	Summary	Living Insurance as an additional benefit to Term Life	Standalone Living	Page
		S+	NS	
Living Benefit and Living Benefit Plus	Pays a benefit if the <i>Insured Person</i> has a <i>specified medical event</i> (as listed in the ' <i>Specified medical events (full payment)</i> ' table on pages 24 to 25).	✓	✓	33
Advancement Benefit[#]	Pays a partial benefit if the <i>Insured Person</i> has a <i>specified medical event</i> (as listed in the ' <i>Specified medical events (partial payment)</i> ' table on page 26).	✓	✓	34
Future Insurability Benefit	Allows you to increase the Living Benefit on the occurrence of one of the specified personal or business events without further medical <i>underwriting</i> .	✓	✓	27
Financial Planning Benefit	Reimbursement up to a value of \$5,000 in total for the preparation of a financial plan following the payment of a Living Benefit. This benefit is paid once for each <i>Insured Person</i> .	✓	✓	30
Counselling Benefit	Reimbursement up to a value of \$5,000 in total for a maximum of 10 counselling sessions following the payment of a Living Benefit. This benefit is paid once for each <i>Insured Person</i> .	✓	✓	31
Child Support Benefit	Pays a benefit of \$10,000 if an eligible <i>dependent child</i> dies or has a <i>specified children's event</i> .	✓	✓	35
Living Buy Back Benefit	Allows you to reinstate the Death Benefit after the <i>Insured Person</i> has a <i>specified medical event</i> (as listed in the ' <i>Specified medical events (full payment)</i> ' table on pages 24 to 25), by the amount of the Living Benefit that was paid.	✓	✗	36
Living Insurance Death Benefit	Pays a benefit of \$10,000 if the <i>Insured Person</i> has a <i>specified medical event</i> , but does not live 14 days.	✗	✓	36

[#] Payment of this benefit will reduce any benefit payable if a *specified medical event* occurs subsequently while the *Policy* is in force.

Optional benefits	Summary	Living Insurance as an additional benefit to Term Life	Standalone Living	Page
		S+	NS	
Business Cover Benefit	This benefit is available for Policies taken out for business purposes, and allows you to increase <i>your</i> cover if a specified event occurs, to help match the growth of <i>your</i> business without the need for additional medical underwriting.	✓	✗	37
Living Reinstatement Benefit	Allows you to reinstate the Living Benefit after the <i>Insured Person</i> has a <i>specified medical event</i> (as listed in the 'Specified medical events (full payment)' table on pages 24 to 25) by the amount of the Living Benefit that was paid.	✓	✓	41
Double Living Benefit	Allows you to reinstate the Death Benefit after the <i>Insured Person</i> has a <i>specified medical event</i> (as listed in the 'Specified medical events (full payment)' table on pages 24 to 25) by the amount of the Living Benefit that was paid. In addition, premiums payable on the reinstated amount of the Death Benefit will be waived for the life of the <i>Policy</i> .	✓	✗	42

You can apply to add the following Policies to a Standalone Living Insurance *Policy* or a Term Life *Policy* with additional Living Insurance:

- Needlestick Benefit **S+**
- Children's Benefit **S+**

The terms and conditions for the Needlestick Benefit and Children's Benefit Policies are located in the 'Term Life, TPD and Living Insurance benefit specifics' section on **pages 38 to 39**.

Specified medical events

We will pay the Living Benefit or Advancement Benefit if:

- an *Insured Person* has a *specified medical event* listed in the relevant tables on **pages 24 to 26** for the Living Insurance cover (i.e. Living Benefit or Living Benefit Plus) applicable for *your Policy*; and
- a *suitably trained doctor* provides the medical evidence to support the claim.

We will only pay a benefit when the *Insured Person* meets the full definition of the relevant *specified medical event*, as defined in **chapter 7** 'Medical glossary' and **chapter 8** 'Definitions'.

For example, the criteria for the *specified medical event* 'Coma – with specified criteria' can be found in **chapter 7** 'Medical glossary'.

The tables on **pages 24 to 26** set out the list of *specified medical events* covered under Living Benefit, and the list of *specified medical events* covered under Living Benefit Plus.

Living Benefit and Living Benefit Plus (full payment)

We will pay the Living Benefit sum insured if the *Insured Person* has one of the *specified medical events* listed in the table below. For full details of the Living Benefit and Living Benefit Plus, please see [section 13](#) 'Living Benefit' in this chapter.

<i>Specified medical events (full payment)</i>	Living Benefit	Living Benefit Plus
Cancer		
Cancer – excluding specified early stage cancers ¹	✓	✓
Prostate cancer – with major treatment ¹	✗	✓
Heart disorders		
Angioplasty – triple vessel ¹	✓	✓
Aortic surgery – excluding less invasive surgeries	✗	✓
Cardiac arrest – occurs out of hospital and of specified severity	✓	✓
Cardiomyopathy – resulting in significant permanent impairment	✗	✓
Coronary artery bypass surgery – excluding less invasive procedures ¹	✓	✓
Heart attack – of specified severity ¹	✓	✓
Heart valve replacement or repair	✓	✓
Idiopathic pulmonary arterial hypertension – resulting in significant permanent impairment	✗	✓
Open heart surgery ¹	✓	✓
Nervous system disorders		
Dementia including Alzheimer's disease – permanent and irreversible and of specified severity	✗	✓
Motor neurone disease	✗	✓
Multiple sclerosis	✗	✓
Muscular dystrophy	✗	✓
Parkinson's disease – resulting in permanent symptoms	✗	✓
Accidents		
Acquired brain injury – of specified severity	✓	✓
Burns (severe) – that meet specific surface area or treatment criteria	✓	✓
Coma – with specified criteria	✓	✓
Paralysis	✗	✓
Body organ disorders		
Kidney failure – requiring permanent dialysis or transplantation	✓	✓
Liver failure (severe) – of specified severity	✗	✓

¹ A 3 month exclusion applies for those *specified medical events*. For more details of the exclusion, please see [section 13](#) in this chapter.

Specified medical events (full payment)	Living Benefit	Living Benefit Plus
Loss of sight (both eyes) – of specified severity	✗	✓
Lung disease – requiring permanent oxygen therapy	✗	✓
Organ transplant (major) – from another donor	✓	✓
Blood disorders		
Aplastic anaemia – of specified severity	✓	✓
HIV – medically acquired	✗	✓
HIV – occupationally acquired	✗	✓
Other events		
Brain or spinal cord tumour (benign) – resulting in significant permanent impairment or requiring radical treatment	✓	✓
Diabetes (severe) – of specified severity	✗	✓
Encephalitis – resulting in significant impairment	✗	✓
Intensive care – requiring continuous mechanical ventilation for 10 days	✗	✓
Loss of hearing (both ears) – permanent, irreversible and of specified severity	✗	✓
Loss of independent existence – with a specified level of impairment	✗	✓
Loss of use of limbs – complete and irrecoverable	✗	✓
Loss of use of single limb – complete and irrecoverable	✗	✓
Loss of speech – complete and irrecoverable	✗	✓
Meningitis (bacterial) – resulting in permanent impairment	✗	✓
Meningococcal septicaemia – resulting in permanent impairment	✗	✓
Osteoporosis (severe, before age 50) – with specified fractures	✗	✓
Pneumonectomy – removal of a complete lung	✗	✓
Rheumatoid arthritis (severe) – of specified severity	✗	✓
Stroke – of specified severity ¹	✓	✓

¹ A 3 month exclusion applies for these *specified medical events*. For more details of the exclusion, please see [section 13](#) in this chapter.

Advancement Benefit (partial payment)

We will pay an Advancement Benefit if the *Insured Person* has one of the *specified medical events* listed in the table below.

The payment of an Advancement Benefit will reduce any benefit payable if a *specified medical event* occurs subsequently while the *Policy* is in force.

For full details of the Advancement Benefit, please see [section 14](#) 'Advancement Benefit' in this chapter.

<i>Specified medical events (partial payment)</i>	Living Benefit	Living Benefit Plus	What we will pay²
Angioplasty – single or double vessel ¹	✓	✓ (multi-payment)	25% of the Insured Person's Living Benefit sum insured up to a maximum of \$50,000.
Aortic surgery – intra-arterial procedures	✓	✓	25% of the Insured Person's Living Benefit sum insured up to a maximum of \$100,000.
Carcinoma in situ of specified organs ¹	✓	✓	
Carcinoma in situ of the penis or testicle ¹	✗	✓	
Melanoma (early stage) – of specified severity ¹	✓	✓	
Loss of hearing (one ear) – permanent, irreversible and of specified severity	✗	✓	
Loss of sight (single eye) – of specified severity	✗	✓	
Loss of use of single limb – complete and irrecoverable	✓	✗	
Prostate cancer – early stage ¹	✓	✓	
Systemic lupus erythematosus (SLE) with lupus nephritis – of specified severity	✗	✓	40% of the Insured Person's Living Benefit sum insured up to a maximum of \$200,000.
Diabetes (Type 1 insulin dependent) – of specified severity	✗	✓	

¹ A 3 month exclusion applies for these *specified medical events*. For more details of the exclusion, please see [section 14](#) in this chapter.

² The maximum amounts are not subject to CPI increases.

Term Life, TPD and Living Insurance benefit specifics

Please take the time to read the details about the benefits *your Policy* provides. This section will provide you with the terms and conditions of each benefit in *your Policy* and is an important part of this PDS. Please speak to *your* financial adviser or contact *us* if you would like any of the details explained to you. Please note, additional terms and conditions apply to Reserve Benefits which are outlined in [chapter 4](#).

Please use the coloured icons below to assist you in understanding which benefits are available on *your* cover.

TL Term Life	LI Standalone Living Insurance STANDALONE
TLS Term Life as Superannuation	+LI Living Benefit (as an additional benefit to a Term Life or Term Life as Superannuation <i>Policy</i> , unless specified otherwise)
+TPD TPD Benefit (as an additional benefit to a Term Life or Term Life as Superannuation <i>Policy</i> , unless specified otherwise)	NB Needlestick Benefit
TPD Standalone TPD STANDALONE	CB Children's Benefit

1. Death Benefit

TL TLS

- 1.1 If the *Insured Person* dies while *your Policy* is in force, the Death Benefit will be paid to you, unless the *Policy Owner* and the *Insured Person* are the same person and a valid *beneficiary* has been nominated, in which case the Death Benefit will be paid to the relevant *beneficiary(s)*.

If there is more than one *Policy Owner* and the *Insured Person* dies, the Death Benefit will be paid equally between the surviving *Policy Owners*. If there are no surviving *Policy Owners*, the benefit will be paid to the estate of the last surviving *Policy Owner*.

- 1.2 We will pay the amount of the Death Benefit for the *Insured Person* as shown in the most recent *policy schedule, membership certificate or renewal summary*.

1.3 Exclusions

We will not pay a Death Benefit if the *Insured Person* commits suicide (whether sane or insane) within 13 months of the later of:

- the *commencement date*;
- for an increase in the Death Benefit for the *Insured Person* other than *CPI* or *Loyalty Benefit* increases, the date we increase the Death Benefit (applicable to the amount of the Death Benefit that was increased); and
- the date the *Policy* was last reinstated.

This exclusion does not apply to the *Policy* if it replaces another similar policy issued by another insurer, or another *policy* issued by us, and all of the following apply:

- We were specifically told about the intended replacement of the other policy and we agreed to issue this *Policy* on the basis that it replaced the other policy.
- The sum insured of the Death Benefit being issued by us is the same as, or less than, the existing cover being replaced.¹

- The other policy and equivalent sum insured were continuously in force for at least 13 months immediately prior to the issue of this *Policy*.
- The other policy was cancelled immediately after the issue of this *Policy*.
- No claim is pending or payable under the other policy.

2. Terminal Illness Benefit

TL TLS

- 2.1 The Terminal Illness Benefit will be paid to you if the *Insured Person* has a *terminal illness* while *your Policy* is in force.
- 2.2 We will pay the amount of the Death Benefit for the *Insured Person* as shown in the most recent *policy schedule, membership certificate or renewal summary*.

3. Future Insurability Benefit

TL TLS +TPD TPD +LI LI
STANDALONE STANDALONE

- 3.1 The Future Insurability Benefit enables you to increase the Death Benefit, TPD Benefit and Living Benefit sum insured for an *Insured Person* without providing further health evidence when a specified personal event set out in the table in [section 3.3](#), or business event set out in the table in [section 3.4](#) occurs.
- 3.2 You may only apply for an increase in writing within 30 days of a personal event or business event (excluding the 'periodic increase' event), or within 30 days of the *review date* immediately following the 'periodic increase' event.

If you wish to increase *your* benefits, contact *us* and we will forward you the relevant forms to complete and advise you of the evidence we require. The evidence must be satisfactory to us, and demonstrate that the personal event or business event has occurred.

¹ Where the sum insured of the Death Benefit being issued under this *Policy* exceeds that of the other policy, this exclusion will apply to the sum insured in excess of the sum insured in the other policy.

The increased cover does not apply until we have confirmed it in writing, and *your* premium will increase to reflect the increase in cover.

The minimum increase per personal event or business event is \$25,000.

For Future Insurability Benefit increases under Term Life and Term Life as Superannuation, the increase to the Death Benefit must be the same amount as, or more than, any increase in the TPD Benefit or Living Benefit sum insured.

3.3 You can apply to increase the Death Benefit, TPD Benefit and Living Benefit for the following personal events:

Personal events		Maximum increase per event
Marriage	The <i>Insured Person</i> marries (which is recognised by Australian law).	The lesser of: • \$250,000; and • 25% of the original Death Benefit, TPD Benefit, or Living Benefit sum insured.
A de facto spouse	The first anniversary of the <i>Insured Person</i> living with another person as de facto spouse on a continuous and bona fide domestic basis.	
Birth or adoption	The <i>Insured Person</i> or their spouse gives birth to or adopts a child.	
Post-Graduate degree	The <i>Insured Person</i> completes a post graduate degree at a university accredited by the appropriate local state or territory authority.	
Change in tax dependency status	The <i>Insured Person</i> ceases to have any tax dependants. A dependant for tax purposes includes the <i>Insured Person's</i> spouse or former spouse, their children under 18, a person who is wholly or substantially financially dependent on the <i>Insured Person</i> , and any person the <i>Insured Person</i> is in an interdependency relationship with. This event is restricted to Death Benefit increases for any Policies held inside superannuation. This event will only apply once for an <i>Insured Person</i> under all Policies with us.	
Becoming a carer	The <i>Insured Person</i> becomes a carer for the first time and is financially responsible for provision of such care, and/or is physically providing such care.	
Secondary school	A dependent child of the <i>Insured Person</i> starts secondary school.	
Divorce	The <i>Insured Person</i> gets a divorce (which is recognised by Australian law).	
Death of a spouse	The <i>Insured Person's</i> spouse dies.	
Periodic increase	The <i>Policy Owner</i> has not exercised the Future Insurability Benefit for any reason, and has not had an increase in the <i>Insured Person's</i> sum insured (excluding CPI increases and Loyalty Benefit increases) for a period of 3 consecutive years.	The lesser of: • \$250,000; • 50% of the original Death Benefit, TPD Benefit, or Living Benefit sum insured; and • the amount of the new mortgage or increase in the original amount borrowed under an existing mortgage, as applicable.
Mortgage	The <i>Insured Person</i> takes out a mortgage, or increases the original amount borrowed under an existing mortgage, to buy or improve their home.	

Personal events	Maximum increase per event	
Salary increase	The Insured Person's annual salary package increases by at least \$10,000 within a 12 month period. The salary package does not include irregular payments such as bonuses or commissions that may not continue to be made in future.	The lesser of: • \$250,000; • 25% of the original Death Benefit, TPD Benefit, or Living Benefit; and • five times the annual amount of salary package increase.

For all personal event increases applied for under the Future Insurability Benefit, the maximum amount that *you* can increase the Death Benefit, TPD Benefit or Living Benefit by, over the life of the *Policy* (under all Policies with *us*), cannot exceed the lesser of \$1 million and the initial sum insured of the Death Benefit, TPD Benefit or Living Benefit (as applicable) at the commencement of *your Policy*. Any increase over this amount under the Future Insurability Benefit (other than *CPI* and Loyalty Benefit increases) will be subject to underwriting.

3.4 You can apply to increase the Death Benefit, TPD Benefit and Living Benefit for the following business events:

Business events	Maximum increase per event	
Value of the key person in the business increases	The <i>Insured Person</i> is a <i>key person</i> in the business and their value to the business increases. The <i>Insured Person's</i> value to the business is their remuneration package, excluding discretionary benefits, plus their share of net profits of the business distributed in the 12 months immediately before the event occurs.	The lesser of: • \$500,000; • 25% of the original Death Benefit, TPD Benefit, or Living Benefit sum insured; • an increase which is proportionate to the increase in the <i>Insured Person's</i> value to the business; and • five times the average annual increase in the gross remuneration package of the <i>Insured Person</i> over the 3 years immediately before the event.
The net value of the Insured Person's financial interest in the business increases	The <i>Insured Person</i> is a partner, shareholder, unit holder or similar principal in a business. The insurance was purchased in relation to a written share purchase or business succession agreement and the net value of the <i>Insured Person's</i> financial interest in the business increases. The net value of their financial interest in the business is their share of the value of the business, after deducting liabilities of the business, as determined by a valuation method that is acceptable to <i>us</i>.	The lesser of: • \$500,000; • 25% of the original Death Benefit, TPD Benefit, or Living Benefit sum insured; • an increase which is proportionate to the increase in the net value of the <i>Insured Person's</i> financial interest in the business; and • the average annual increase in the net value of the <i>Insured Person's</i> financial interest in the business over the 3 years immediately before the event.
The value of the Insured Person's loan increases	The <i>Insured Person</i> is the borrower for a business loan that the Death Benefit is intended by the <i>Policy Owner</i> to cover, and the value of the loan increases.	The lesser of: • \$500,000; • 25% of the original Death Benefit, TPD Benefit, or Living Benefit sum insured; and • an amount which is proportionate to the increase in the value of the <i>Insured Person's</i> loan.
Periodic increase	The <i>Policy Owner</i> has not exercised the Future Insurability Benefit for any reason, and has not had an increase in the <i>Insured Person's</i> sum insured (excluding <i>CPI</i> increases and Loyalty Benefit increases) for a period of 3 consecutive years.	The lesser of: • \$250,000; and • 25% of the original Death Benefit, TPD Benefit or Living Benefit sum insured.

For all business event increases applied for under the Future Insurability Benefit, the maximum amount that *you* can increase the Death Benefit, TPD Benefit or Living Benefit by, over the life of the *Policy* (under all Policies with *us*), cannot exceed the lesser of \$2 million and the initial sum insured of the Death Benefit, TPD Benefit or Living Benefit (as applicable) at the commencement of *your Policy*. Any increase over this amount under the Future Insurability Benefit (other than *CPI* and Loyalty Benefit increases) will be subject to *underwriting*.

- 3.5 You cannot apply for a Future Insurability Benefit increase for an *Insured Person*:
- after the *review date* immediately following the *Insured Person's* 65th birthday;
 - if you have had an increase under this benefit in the last 12 months;
 - if you have the Business Cover Benefit on your *Policy* for the *Insured Person*;
 - if a person has made, or is eligible to make, a claim in relation to the *Insured Person* for any benefit under any *Policy* issued by us;
 - on a benefit where a premium loading has been applied; or
 - for salary increases, if the *Insured Person* is self-employed, a controlling director of the employer or a holding company of the employer, or is able to (directly or indirectly) make or control a decision on the amount of the *Insured Person's* salary package.

- 3.6 For 6 months immediately after the commencement of an increase under the Future Insurability Benefit, the increased amount:
- will only be payable in the event of an *accident*; and
 - will not be payable for a *terminal illness* which arises during this period.

These conditions do not apply to increases under the 'birth or adoption' personal event.

- 3.7 Any exclusions that apply to the Death Benefit, TPD Benefit and Living Benefit will also apply to any increase in the Death Benefit, TPD Benefit and Living Benefit.

4. Financial Planning Benefit **S+**



- 4.1 If we pay a Death Benefit, Terminal Illness Benefit, or the entire sum insured of the TPD Benefit or Living Benefit, we will pay the Financial Planning Benefit to the recipient of the relevant benefit. Under the Financial Planning Benefit, we will reimburse the recipient of the benefit for the cost of obtaining financial advice.
- 4.2 We will pay the cost of obtaining financial advice, up to a maximum of \$5,000.
- If there is more than one recipient of the benefit, each recipient will be entitled to receive an equal share of the benefit so the total amount payable does not exceed \$5,000.
- The Financial Planning Benefit will only be paid once per *Insured Person* across all *Policies* issued by us in respect of that *Insured Person*.
- 4.3 The following conditions must be met for the Financial Planning Benefit to be paid:
- The financial plan must be provided by an authorised financial adviser that is acceptable to us.

- We will only reimburse amounts relating to the preparation and presentation of the plan and not amounts relating to the implementation of the plan, or commission paid to a financial adviser.
- The Financial Planning Benefit must be claimed within 12 months from the date the Death Benefit, Terminal Illness Benefit, TPD Benefit or Living Benefit was paid.
- The recipient must be able to provide a copy of the invoice showing a breakdown of the services provided, and a receipt showing the amount paid.

5. Funeral Advancement Benefit **S+**



- 5.1 We will reimburse funeral and related expenses and costs following the *Insured Person's* death. This benefit is only payable once for each *Insured Person* across all *Policies* issued by us.

The payment of this benefit does not mean that any other benefit under the *Policy* will be admitted.

We will require a copy of the death certificate and invoice(s) showing the funeral and other related expenses paid (by whom and the amount paid) which are acceptable to us.

- 5.2 We will pay 10% of the Death Benefit, up to a maximum \$25,000.

The Death Benefit will be reduced by the amount paid under the Funeral Advancement Benefit.

5.3 Exclusions

We will not pay a Funeral Advancement Benefit if the *Insured Person* commits suicide (whether sane or insane) within 13 months of the later of:

- the *commencement date*; and
- the date the *Policy* was last reinstated.

This exclusion does not apply to the *Policy* if it replaces another similar policy issued by another insurer, or another *Policy* issued by us, and all of the following apply:

- We were specifically told about the intended replacement of the other policy and we agreed to issue this *Policy* on the basis that it replaced the other policy.
- The sum insured of the Death Benefit being issued by us is the same as, or less than, the existing cover being replaced.¹
- The other policy and the equivalent sum insured were continuously in force for at least 13 months immediately prior to the issue of this *Policy*.
- The other policy was cancelled immediately after the issue of this *Policy*.
- No claim is pending or payable under the other policy.

¹ Where the sum insured of the Death Benefit being issued under this *Policy* exceeds that of the other *Policy*, this exclusion will apply to the sum insured in excess of the sum insured in the other *Policy*.

6. Counselling Benefit **S+**



- 6.1 If we pay a Death Benefit, Terminal Illness Benefit, or the entire amount of the TPD Benefit or Living Benefit, we will also pay the recipient of the benefit a Counselling Benefit. Under the Counselling Benefit, we will reimburse the cost of up to 10 counselling sessions for you, the *Insured Person* or an *immediate family member* of the *Insured Person*.
- 6.2 We will reimburse the cost of the counselling sessions, up to a maximum of \$5,000.
- If there is more than one recipient of the benefit, each recipient will be entitled to receive an equal share of the Counselling Benefit, so the total amount payable does not exceed \$5,000.
- The Counselling Benefit will only be paid once per *Insured Person* across all Policies issued by us in respect of that *Insured Person*.
- 6.3 The following conditions must be met for the Counselling Benefit to be paid:
- To ensure there is no breach of current health insurance laws, the counselling session must be provided by an accredited counsellor approved by us.
 - We will only reimburse amounts incurred by the recipient.
 - The Counselling Benefit must be claimed within 12 months of receiving the benefit.
 - The recipient must be able to provide a copy of the invoice showing a breakdown of the services provided and the amount paid, and/or a receipt showing the amount paid.
- 6.4 We will not pay for any expense to the extent that such payment is prohibited by health insurance law. Under current health insurance laws, we cannot pay for counselling sessions which are:
- provided by a medical practitioner and a Medicare benefit or pharmaceutical benefit is payable for any part of the service provided;
 - provided in, or associated with, a hospital;
 - would amount to carrying on a health insurance business in contravention of the *Private Health Insurance Act 2007* (Cth); or
 - which would be considered to be treatment that is intended to manage or prevent a disease, injury or condition.

7. Loyalty Benefit



- 7.1 The Loyalty Benefit will apply when the *Policy* has been in force for three years from the *commencement date*. The Loyalty Benefit amount will be listed on the most recent *renewal summary*.
- 7.2 The amount of the Loyalty Benefit will be 5% of any Death Benefit, TPD Benefit, Living Benefit or Children's Benefit.
- 7.3 The Loyalty Benefit will be taken into account when calculating a TPD Partial Benefit, Advancement Benefit, and any other benefit which is paid as a proportion of the total benefit.
- 7.4 You are not entitled to reinstate the amount of any Loyalty Benefit for the purposes of the Living Buy Back Benefit, TPD Buy Back Benefit, Double Living Benefit, Double TPD Benefit and Living Reinstatement Benefit.
- 7.5 The terms and conditions that apply to the payment of the Loyalty Benefit will be the same as those applying to the Death Benefit, TPD Benefit, Living Benefit or Children's Benefit (as applicable).

8. Premium Holiday



- 8.1 If your *Policy* has been in force and the premiums paid for at least 6 months, we will allow you to suspend your *Policy* once in any 12 month period for a maximum of 12 months in total over the duration of the *Policy*. You can stop the Premium Holiday at any time within the relevant period.
- For Policies held outside *superannuation*, this benefit only applies if the *Policy Owner* is also an *Insured Person*.
- 8.2 Application for this benefit is subject to you submitting an application for Premium Holiday confirming that during the relevant period the *Insured Person* is experiencing financial hardship due to:
- being unemployed;
 - being on sabbatical, maternity, paternity or long term leave from work; or
 - the *Insured Person's* household income for the last three months reducing by 30% or more (as compared to the household income over the preceding three month period).

- 8.3 The following conditions apply to the Premium Holiday:
- During the period *your Policy* is on Premium Holiday, *you* will not have to pay premiums. However, *you* will not be eligible to claim for any *sickness, injury or specified medical event*, death or any other event that happens during this period. A *sickness, injury or specified medical event* is taken to have happened when:
 - a doctor first gave the *Insured Person* advice, care or treatment or recommended that the *Insured Person* seek advice, care or treatment for the *sickness, injury or specified medical event*; or
 - the *Insured Person* first had any *symptom* of the *sickness, injury or specified medical event* for which a reasonable person in the same circumstances would have sought advice, care or treatment from a doctor.
 - Where there is more than one *Policy Owner*, all *Policy Owners* must provide *us* with their agreement to exercise the Premium Holiday.
 - Acceptance of *your* application for a Premium Holiday will mean that *your* entire *Policy* and any linked Flexible Linking Plus *Policy* will be suspended.

9. TPD Benefit



9.1 When we will pay

We will pay a benefit if the *Insured Person* becomes *totally and permanently disabled* while the *Policy* is in force.

There are four definitions of *total and permanent disability*:

- own occupation TPD;
- any occupation TPD;
- home duties TPD; and
- general cover TPD.

The definition of *total and permanent disability* which applies to the *Insured Person* will be shown on the most recent *policy schedule, membership certificate or renewal summary*. If *you* do not qualify for the TPD Continuation Benefit (see [section 11](#)), from the *review date* following the *Insured Person's* 65th birthday, we will only pay the TPD Benefit if the *Insured Person* meets the *general cover TPD* definition.

If *your* TPD Benefit is made up of more than one definition of *total and permanent disability*, each definition will be considered as a separate benefit for the purposes of calculating the premium amount.

9.2 What we will pay

For *total and permanent disability*, the amount we will pay is the TPD Benefit shown in the most recent *policy schedule, membership certificate or renewal summary* for the *Insured Person* as at the *date of disablement*.

The maximum benefit payable from the *review date* following the *Insured Person's* 65th birthday is \$1 million (plus the Loyalty Benefit) which can only be increased by the *CPI* after this time.

9.3 What happens after we pay

If the TPD Benefit is held under a Term Life *Policy* or Term Life as Superannuation *Policy*, after we pay the TPD Benefit, we will reduce the sum insured of every other benefit for the *Insured Person* under the same *Policy* and every benefit under a linked Flexible Linking Plus *Policy*, by the amount we paid.

If the TPD Benefit is held under a Flexible Linking Plus *Policy*, we will also reduce the sum insured of every other benefit for the *Insured Person* held under the Flexible Linking Plus *Policy*, and under the linked Term Life or Term Life as Superannuation *Policy*, by the amount we paid.

If we pay the entire sum insured of the TPD Benefit or it is reduced to nil, the TPD Benefit in respect of that *Insured Person* ends.

For Term Life and Term Life as Superannuation, if the Death Benefit sum insured for the *Insured Person* is reduced to zero because we have paid the entire sum insured of the TPD Benefit, the *Policy* will end.

9.4 Exclusions

We will not pay a TPD Benefit if the *sickness or injury* giving rise to the claim was caused by an intentional self-inflicted *injury* or attempted suicide (whether sane or insane).

10. TPD Partial Benefit S+



10.1 When we will pay

We will pay a TPD Partial Benefit if an *Insured Person* suffers a *partial and permanent disability* while the *Policy* is in force.

10.2 What will we pay

For *partial and permanent disability*, we will pay the TPD Partial Benefit which is equal to 25% of the TPD Benefit (including the Loyalty Benefit) for the *Insured Person* at that time, up to a maximum of \$500,000.

10.3 What happens after we pay

After we pay TPD Partial Benefit, we will reduce the sum insured of the TPD Benefit for the *Insured Person* by the amount we paid.

If the TPD Benefit is held under a Term Life or Term Life as Superannuation *Policy*, we will also reduce the sum insured of every other benefit for the *Insured Person* under the *Policy*, and under a linked Flexible Linking Plus *Policy*, by the amount we paid.

If the TPD Benefit is held under a Flexible Linking Plus *Policy*, we will reduce the sum insured of every other benefit for the *Insured Person* held under the Flexible Linking Plus *Policy*, and under the linked Term Life or Term Life as Superannuation *Policy*, by the amount we paid.

10.4 Exclusions

We will not pay a TPD Partial Benefit if the *sickness or injury* giving rise to the claim was caused by an intentional self-inflicted *injury* or attempted suicide (whether sane or insane).

11. TPD Continuation Benefit

STANDALONE

At the *review date* following the Insured Person's 65th birthday, we may allow *you* to continue a TPD Benefit and TPD Partial Benefit (please see **sections 9 and 10**) under an *any occupation TPD* definition, up until the *review date* following the Insured Person's 70th birthday.

- 11.1 To be eligible for continuation, the *Insured Person* must meet the following eligibility criteria:
- The Insured Person's occupation class for the TPD Benefit must be shown as 'A' in the most recent *policy schedule, membership certificate or renewal summary*; and
 - The *Insured Person*:
 - is actively working on a full-time basis;
 - is not planning to cease work in the next 12 months; and
 - has not made a claim, or is not eligible to make a claim for any benefit under any insurance cover issued by *us*.
- 11.2 This option will only apply if:
- the *Insured Person* meets the eligibility criteria set out in **section 11.1**;
 - we have accepted the application for this benefit for an *Insured Person*; and
 - the *Insured Person* continues to actively work on a full-time basis.

You must notify *us* of any changes to your employment status. If *you* are not eligible for the TPD Continuation Benefit, then *you* will be assessed under the *general cover TPD* definition.

- 11.3 You must continue to pay premiums for the TPD Benefit.

11.4 Limits on your cover

At the *review date* following the Insured Person's 65th birthday, the maximum sum insured is the lesser of:

- five times the Insured Person's annual *earnings* at that time; and
- \$1 million.

However, if at the *review date* following the Insured Person's 65th birthday their annual *earnings* result in a reduced sum insured which will be less than \$1 million, the difference up to \$1 million can be held under a *general cover TPD* definition.

12. TPD Death Benefit

STANDALONE

- 12.1 We will pay a TPD Death Benefit of \$10,000 if the *Insured Person* dies while the *Policy* is in force and the TPD Benefit (including the TPD Partial Benefit) has not been paid.

- 12.2 A TPD Death Benefit will not be paid if the *Insured Person* commits suicide (whether sane or insane) within 13 months of the later of the:

- *commencement date* of this *Policy*; and
- date this *Policy* was last reinstated.

This exclusion does not apply to the *Policy* if it replaces another similar *policy* issued by another insurer, or another *policy* issued by *us*, and all of the following apply:

- We were specifically told about the intended replacement of the other *policy* and we agreed to issue this *Policy* on the basis that it replaced the other *policy*.
- The amount of the TPD Death Benefit being issued by *us* is the same as, or less than, the existing cover being replaced.¹
- The other *policy* and equivalent sum insured were continuously in force for at least 13 months immediately prior to the issue of this *Policy*.
- The other *policy* was cancelled immediately after the issue of this *Policy*.
- No claim is pending or payable under the other *policy*.

13. Living Benefit S+

STANDALONE

13.1 When we will pay

We will pay a Living Benefit and Living Benefit Plus if:

- an *Insured Person* has a *specified medical event* listed with a tick (✓) in the '*Specified medical event* (full payment)' table on **pages 24 to 25** while the *Policy* is in force; and
- a *suitably trained doctor* provides the medical evidence to support the claim.

We will only pay a benefit if the *Insured Person* meets the full definition of the relevant *specified medical event*, as defined in **chapter 7** 'Medical glossary' and **chapter 8** 'Definitions'. The *specified medical events* covered under the Living Benefit and Living Benefit Plus are listed in the '*Specified medical events* (full payment)' table on **pages 24 to 25** as indicated.

If the Living Benefit is held under a Standalone Living Insurance *Policy*, the Living Benefit and Living Benefit Plus will only be paid if the *Insured Person* subsequently lives for at least 14 days.

¹ Where the amount of the TPD Death Benefit being issued under this *Policy* exceeds that of the other *policy*, this exclusion will apply to the sum insured in excess of the sum insured in the other *policy*.

13.2 What we will pay

The amount we will pay is the Living Benefit shown in the most recent *policy schedule* or *renewal summary* for that *Insured Person*.

13.3 What happens after we pay

If the Living Benefit is held under a Term Life *Policy*, after we pay the Living Benefit, we will reduce the sum insured of every other benefit for the *Insured Person* under the same *Policy*, and under a linked Flexible Linking Plus *Policy*, by the amount we paid.

If the Living Benefit is held under a Flexible Linking Plus *Policy*, we will also reduce the sum insured of every other benefit for the *Insured Person* held under the Flexible Linking Plus *Policy*, and under the linked Term Life or Term Life as Superannuation *Policy*, by the amount we paid.

If we pay the entire sum insured of the Living Benefit, the Living Benefit in respect of that *Insured Person* ends.

For Term Life and Term Life as Superannuation, if the Death Benefit sum insured for the *Insured Person* is reduced to zero because we have paid the entire sum insured of the Living Benefit, the *Policy* will end.

13.4 Exclusions

- Self-inflicted *injury* or attempted suicide
We will not pay you a benefit if the *specified medical event* giving rise to the claim is caused directly or indirectly by an intentional self-inflicted *injury* or attempted suicide (whether sane or insane).
- 3 month exclusion

For the following *specified medical events*:

- Cancer – excluding specified early stage cancers
- Prostate cancer – with major treatment
- Angioplasty – triple vessel
- Coronary artery bypass surgery – excluding less invasive procedures
- Heart attack – of specified severity
- Open heart surgery
- Stroke – of specified severity

the benefit for the *Insured Person* is only payable if the *specified medical event* (and any treatment, *symptoms* or surgery that is attributable to the *specified medical event* including treatment that is a *specified medical event* in itself), occurs at least 3 months after the latest of the date we receive the completed application form and personal statement (including all required medical and financial information) for the *Policy* or the last reinstatement of the *Policy*.

If any of the above conditions occur within 3 months of any increase to the benefit for the *Insured Person* (excluding *CPI* and Loyalty Benefit increases), the increased benefit amount will not be payable. The benefit payable will be the amount that would have applied if no increase had occurred.

This exclusion does not apply to the *Policy* if it replaces another similar policy issued by another insurer, or another *policy* issued by us, and all of the following apply:

- We were specifically told about the intended replacement of the other policy and we agreed to issue this *Policy* on the basis that it replaced the other policy.
- The sum insured of the Living Benefit being issued by us is the same as, or less than, the existing cover being replaced.¹
- The other policy and equivalent sum insured were continuously in force for at least 3 months immediately prior to the issue of this *Policy*.
- The other policy was cancelled immediately after the issue of this *Policy*.
- No claim is pending or payable under the other policy.

14. Advancement Benefit **S+**



14.1 When we will pay

We will pay an Advancement Benefit if:

- an *Insured Person* has a *specified medical event* listed with a tick (✓) in the '*Specified medical event* (partial payment)' table on [page 26](#) while the *Policy* is in force; and
- a *suitably trained doctor* provides the medical evidence to support the claim.

We will only pay a benefit if the *Insured Person* meets the full definition of the relevant *specified medical event*, as defined in [chapter 7](#) 'Medical glossary' and [chapter 8](#) 'Definitions'.

If the Advancement Benefit is held under a Standalone Living Insurance *Policy*, the Living Benefit and Living Benefit Plus will only be paid if the *Insured Person* subsequently lives for at least 14 days.

Payment of an Advancement Benefit will reduce any benefit payable if a *specified medical event* occurs subsequently while the *Policy* is in force.

14.2 What we will pay

The *specified medical events* that apply to your *Policy* depend on whether you have selected Living or Living Benefit Plus. Please see the '*Specified medical event* (partial payment)' table on [page 26](#) to see the *specified medical events* that apply for Living and Living Benefit Plus.

The amount we will pay for an Advancement Benefit is a partial payment of your Living Benefit sum insured. This is explained in the '*Specified medical event* (partial payment)' table on [page 26](#). Please note that the maximum amounts of \$50,000, \$100,000, and \$200,000 in the '*Specified medical event* (partial payment)' table are not subject to *CPI* increases.

¹ Where the sum insured of the Living Benefit being issued under this *Policy* exceeds that of the other *policy*, this exclusion will apply to the sum insured in excess of the sum insured in the other *policy*.

We will only pay once under each of the *specified medical events*.

The minimum benefit payable under the Advancement Benefit is \$10,000.

If you have selected the Living Benefit Plus option for the *Insured Person* and it appears on the most recent *policy schedule* or *renewal summary* under that *Insured Person*, an Advancement Benefit for angioplasty – single or double vessel will be paid for the first and each subsequent time this *specified medical event* occurs.

14.3 What happens after we pay

After we pay an Advancement Benefit, we will reduce the sum insured of the Living Benefit or Living Benefit Plus for the *Insured Person* by the amount we paid.

If the Living Benefit or Living Benefit Plus is held under a Term Life *Policy*, we will also reduce the sum insured of every other benefit for the *Insured Person* under the same *Policy*, and under a linked Flexible Linking Plus *Policy*, by the amount we paid.

If the Living Benefit or Living Benefit Plus is held under a Flexible Linking Plus *Policy*, we will also reduce the sum insured of every other benefit for the *Insured Person* held under the Flexible Linking Plus *Policy*, and under the linked Term Life or Term Life as Superannuation *Policy* by the amount we paid.

If we pay the entire sum insured of the Living Benefit, the Living Benefit in respect of that *Insured Person* ends.

For Term Life and Term Life as Superannuation, if the Death Benefit sum insured for the *Insured Person* is reduced to zero because we have paid the entire sum insured of the Living Benefit, then the *Policy* will end.

14.4 Exclusions

• Self-inflicted injury or attempted suicide

We will not pay you a benefit if the *specified medical event* giving rise to the claim is caused directly or indirectly by an intentional self-inflicted *injury* or attempted suicide (whether sane or insane).

• 3 month exclusion

For the following *specified medical events*:

- Angioplasty – single or double vessel
- Carcinoma in situ of specified organs
- Carcinoma in situ of the penis or testicle
- Melanoma (early stage) – of specified severity
- Prostate cancer – early stage

the benefit for the *Insured Person* is only payable if the *specified medical event* (and any treatment, symptoms or surgery that is attributable to the *specified medical event* including treatment that is a *specified medical event* in itself), occurs at least 3 months after the latest of the date we receive the completed application form and personal statement (including all required medical and financial information) for the *Policy* or the last reinstatement of the *Policy*.

If any of the above conditions occur within 3 months of any increase to the sum insured for the *Insured Person* (excluding *CPI* and *Loyalty Benefit* increases), the increased sum insured will not be payable. The benefit payable will be the amount that would have applied if no increase had occurred.

This exclusion does not apply to the *Policy* if it replaces another similar policy issued by another insurer, or another policy issued by us, and all of the following apply:

- We were specifically told about the intended replacement of the other policy and we agreed to issue this *Policy* on the basis that it replaced the other policy.
- The sum insured of the Living Benefit being issued by us is the same as, or less than, the existing cover being replaced.¹
- The other policy and equivalent sum insured were continuously in force for at least 3 months immediately prior to the issue of this *Policy*.
- The other policy was cancelled immediately after the issue of this *Policy*.
- No claim is pending or payable under the other policy.

15. Child Support Benefit **S+**



15.1 The Child Support Benefit in respect of each *dependent child* will commence on the later of the following:

- the *dependent child's* 2nd birthday; and
- the *commencement date* of the Living Benefit to which the Child Support Benefit is attached.

15.2 We will pay a Child Support Benefit if a *dependent child* has a *specified children's event* while the *Policy* is in force and a *suitably trained doctor* provides the medical evidence to support the claim.

15.3 We will only pay a benefit of \$10,000 if:

- the *dependent child* dies; or
- the *dependent child* meets the full definition of the relevant *specified children's event*, as defined in **chapter 7** 'Medical glossary' and **chapter 8** 'Definitions'.

The *specified children's events* covered are:

- Acquired brain injury – of specified severity
- Acquired brain injury – resulting in permanent impairment
- Aplastic anaemia – of specified severity
- Brain or spinal cord tumour (benign) – resulting in significant permanent impairment or requiring radical treatment
- Burns (severe) – that meet specific surface area or treatment criteria
- Cancer – excluding specified early stage cancers

¹ Where the sum insured of the Living Benefit being issued under this *Policy* exceeds that of the other *policy*, this exclusion will apply to the sum insured in excess of the sum insured in the other *policy*.

- Cardiomyopathy – resulting in significant permanent impairment
- Coma – with specified criteria
- Encephalitis – resulting in significant impairment
- Kidney failure – requiring permanent dialysis or transplantation
- Loss of hearing (both ears) – permanent, irreversible and of specified severity
- Loss of sight (both eyes) – of specified severity
- Loss of speech – complete and irrecoverable
- Loss of use of limbs – complete and irrecoverable
- Meningitis (bacterial) – resulting in permanent impairment
- Meningococcal septicaemia – resulting in permanent impairment
- Organ transplant (major) – from another donor
- Paralysis
- Stroke – of specified severity
- *Terminal illness.*

The definition of each *specified children's event* can be found in **chapter 7** 'Medical glossary' or in **chapter 8** 'Definitions'.

15.4 Exclusions

The Child Support Benefit will not be paid if the:

- *specified children's event* giving rise to the claim is directly or indirectly caused by a *congenital condition*; or
- *specified children's event* giving rise to the claim occurs within 3 months of the *commencement date* or last reinstatement of the Living Benefit.

15.5 The following conditions apply to the Child Support Benefit:

- The sum insured on the Insured Person's Living Benefit must be greater than or equal to \$100,000 at the time of payment of the Child Support Benefit.
- Upon payment of the Child Support Benefit the cover for that *dependent child* will cease and no further benefit will be payable under the Child Support Benefit in respect of that *dependent child*.

15.6 The Child Support Benefit will end on the earliest of the:

- date the Child Support Benefit is paid in respect of that *dependent child*;
- *review date* following the *dependent child's* 18th birthday; and
- date the Living Benefit for the *Insured Person* ends for any reason.

16. Living Buy Back Benefit **S+**

+LI

- 16.1 After we have paid a Living Benefit, you are automatically entitled to reinstate the Death Benefit for the *Insured Person* by 100% of the Living Benefit paid. You can do this without having to provide any further information about the *Insured Person*.

This benefit may only be exercised by your request in writing, within 30 days from the first anniversary of the date we received notification of your claim, in relation to the *specified medical event* for which the Living Benefit was paid. If we do not receive a written request within this specified period, the offer lapses and will not be re-offered.

If the Living Benefit was an additional benefit on a Term Life or Term Life as Superannuation *Policy*, and this *Policy* is no longer available as the payment has reduced the Death Benefit to zero, and you seek to reinstate that Death Benefit for the *Insured Person*, we will issue a new *Policy* which we believe provides the same or similar death benefits.

- 16.2 The following conditions are placed on the Living Buy Back Benefit, and the Death Benefit that has been reinstated:

- You cannot buy back more than the Living Benefit we have paid.
- You can increase the reinstated Death Benefit with the *CPI*, provided we are still offering you *CPI* increases.
- The same *underwriting* assessment, such as premium loadings and exclusions, that we originally applied to the Insured Person's Death Benefit will apply to the reinstated Death Benefit.
- This benefit can only be exercised once.
- If the Double Living Benefit applies, the Living Buy Back Benefit is not available.
- The *Insured Person* must be alive at the time of the Living Buy Back Benefit application.
- This benefit ends on the *review date* following the Insured Person's 65th birthday.

17. Living Insurance Death Benefit

NS

LI

STANDALONE

- 17.1 We will pay a Living Insurance Death Benefit of \$10,000 if the *Insured Person*:

- has a *specified medical event* before the *Policy* ends; and
- subsequently dies within 14 days of first diagnosis of that *specified medical event*.

- 17.2 A Living Insurance Death Benefit will not be paid if the *specified medical event* giving rise to the claim was caused directly or indirectly by an intentional self-inflicted *injury* or attempted suicide (whether sane or insane).

18. Business Cover Benefit

TL

OPTIONAL

TLS

OPTIONAL

+TPD

OPTIONAL

+LI

OPTIONAL

- 18.1 The Business Cover Benefit enables you to increase the Death Benefit, TPD Benefit and Living Benefit for an *Insured Person* without providing further health evidence when a specified business cover event set out in the table in [section 18.4](#) occurs.
- 18.2 You may only apply for the increase in writing within 30 days of the business cover event, or 30 days of the *review date* immediately following the specified event.
If you wish to increase your benefits, contact us and we will forward you the relevant forms to complete and advise you of the evidence we require. The evidence must be satisfactory to us, and demonstrate that the business cover event has occurred.
A business cover event is only applicable if the purpose of cover at the time of application is directly related to the business cover event.
The increased cover does not apply until we have confirmed it in writing, and your premium will increase to reflect the increase in cover. The minimum increase per business cover event is \$25,000.
- 18.3 You can apply to increase the Death Benefit, TPD Benefit and Living Benefit up to the following maximums:

Maximums	Death Benefit	TPD Benefit	Living Benefit
Maximum increase per event	The lesser of: • \$2,000,000; and • 50% of the original Death Benefit.	The lesser of: • \$2,000,000; and • 50% of the original TPD Benefit.	The lesser of: • \$2,000,000; and • 50% of the original Living Benefit.
Maximum total benefit after all Business Cover Benefit increases	The lesser of: • \$10,000,000; and • 3 times the original Death Benefit.	The lesser of: • \$3,000,000; and • 3 times the original TPD Benefit.	The lesser of: • \$2,000,000; and • 3 times the original Living Benefit.

- 18.4 You can apply for an increase for the following business cover events:

Business cover events	Maximum Increase per event
Value of the key person in the business increases	The <i>Insured Person</i> is a <i>key person</i> in the business and their value to the business increases. The <i>Insured Person's</i> value to the business is their remuneration package, excluding discretionary benefits, plus their share of net profits of the business distributed in the 12 months immediately before the event occurs. The lesser of: - the Death, TPD and Living Benefit limits in section 18.3; - an increase which is proportionate to the increase in the <i>Insured Person's</i> value to the business; and - five times the average annual increase in the gross remuneration package of the <i>Insured Person</i> over the 3 years immediately before the event.
The net value of the Insured Person's financial interest in the business increases	The <i>Insured Person</i> is a partner, shareholder, unit holder or similar principal in a business. The insurance was purchased in relation to a written share purchase or business succession agreement and the net value of the <i>Insured Person's</i> financial interest in the business increases. The net value of their financial interest in the business is their share of the value of the business, after deducting liabilities of the business, as determined by a valuation method that is acceptable to us. The lesser of: - the Death, TPD and Living Benefit limits in section 18.3; - an increase which is proportionate to the increase in the net value of the <i>Insured Person's</i> financial interest in the business; and - the average annual increase in the net value of the <i>Insured Person's</i> financial interest in the business over the 3 years immediately before the event.
The value of the Insured Person's loan increases	The <i>Insured Person</i> is the borrower for a business loan that the Death Benefit is intended by the <i>Policy Owner</i> to cover, and the value of the loan increases. The lesser of: - the Death, TPD and Living Benefit limits in section 18.3; and - an increase which is proportionate to the increase in the value of the <i>Insured Person's</i> loan.

An increase under the Business Cover Benefit will not occur in relation to an *Insured Person*, if it would result in the total of all increases in Death Benefits, TPD Benefits or Living Benefits for an *Insured Person* (under all policies with us) without health evidence (other than *CPI* and Loyalty Benefit increases) exceeding the 'maximum total benefit after all Business Cover Benefit increases' outlined in the table in **section 18.3**.

The Death Benefit may only be increased by the same amount as, or more than any increase in the TPD Benefit or Living Benefit sum insured, subject to the limits in the table in **section 18.3**.

18.5 You cannot apply for a Business Cover Benefit increase for an *Insured Person*:

- after the *review date* following the *Insured Person's* 65th birthday;
- if there has been an increase under this benefit in the last 12 months in respect of the *Insured Person*;
- if a person has made, or is eligible to make, a claim in relation to the *Insured Person* for any benefit under any *policy* issued by us;
- on a benefit where a premium loading has been applied; or
- for salary increases, if the *Insured Person* is self-employed, a controlling director of the employer or a holding company of the employer, or is able to (directly or indirectly) make or control a decision on the amount of the *Insured Person's* salary package.

Any exclusion that applies to the Death Benefit, TPD Benefit and Living Benefit will also apply to any increase in the Death Benefit, TPD Benefit and Living Benefit.

If the Business Cover Benefit has been selected for an *Insured Person*, the Future Insurability Benefit is not available for that *Insured Person*.

19. Needlestick Benefit **S+**

NB

19.1 The Needlestick Benefit (under the optional Needlestick Benefit *Policy*) may be available with another Protection Plans *Policy*, at an additional cost. The Needlestick Benefit is only available to certain medical professionals. Your financial adviser can help determine your eligibility to apply.

The minimum sum insured available is \$25,000. The maximum sum insured available is \$1 million. A *Policy* may also be issued where the sum insured is lower or higher than the minimum or maximum sum insured if this is for reinstated or replaced cover. We will pay the amount of the Needlestick Benefit for the *Insured Person* as shown in the most recent *policy schedule* or *renewal summary*.

19.2 We will pay the Needlestick Benefit sum insured if the *Insured Person* is diagnosed with:

- HIV – occupationally acquired; or
- Hepatitis B or C – occupationally acquired,

as defined in the 'Medical glossary' in **chapter 7**.

19.3 The following conditions apply to the Needlestick Benefit:

- The Needlestick Benefit will only be paid if the *Insured Person* is infected whilst working in their *usual occupation* as a medical professional.
- *CPI*, Future Insurability Benefit, Business Cover Benefit and Loyalty Benefit increases do not apply to this option.
- If the *Insured Person* is eligible to claim on both the Needlestick Benefit and a Living Benefit for the same *sickness or injury*, then a maximum of \$2,000,000 (plus any *CPI* increases on Living Benefit) will be paid in total.

19.4 Exclusions

No payment will be made where the:

- infection is as a result of an intentional self-inflicted *injury*;
- *Insured Person* is not working as a medical professional at the time of infection; or
- *Insured Person* had become positive to the hepatitis B surface antigen within six months from the *commencement date* of the benefit or within six months of the reinstatement of the benefit.

19.5 The Needlestick Benefit will end on the earliest of the:

- date the Needlestick Benefit is paid;
- *review date* following the *Insured Person's* 65th birthday;
- date the *Policy* to which the Needlestick Benefit is linked ends for any reason; and
- date we cancel following a written request to cancel from all *Policy Owners*.

20. Children's Benefit **S+**

CB

20.1 The Children's Benefit (under the optional Children's Benefit *Policy*) is available with another Protection Plans *Policy*, at an additional cost. The minimum sum insured available is \$10,000. The maximum sum insured available is \$200,000. A *Policy* may also be issued where the sum insured is lower or higher than the minimum or maximum sum insured if this is for reinstated or replaced cover.

20.2 We will pay a Children's Benefit if an *Insured Child* has a *specified children's event* and a *suitably trained doctor* provides the medical evidence to support the claim.

20.3 We will only pay a benefit if:

- the *Insured Child* dies, or
- the *Insured Child* meets the full definition of the relevant *specified children's event*, as defined in **chapter 7** 'Medical glossary' and **chapter 8** 'Definitions'.

The *specified children's events* covered are:

- Acquired brain injury – of specified severity
- Acquired brain injury – resulting in permanent impairment
- Aplastic anaemia – of specified severity
- Brain or spinal cord tumour (benign) – resulting in significant permanent impairment or requiring radical treatment
- Burns (severe) – that meet specific surface area or treatment criteria
- Cancer – excluding specified early stage cancers
- Cardiomyopathy – resulting in significant permanent impairment
- Coma – with specified criteria
- Encephalitis – resulting in significant impairment
- Kidney failure – requiring permanent dialysis or transplantation
- Loss of hearing (both ears) – permanent, irreversible and of specified severity
- Loss of sight (both eyes) – of specified severity
- Loss of speech – complete and irrecoverable
- Loss of use of limbs – complete and irrecoverable
- Meningitis (bacterial) – resulting in permanent impairment
- Meningococcal septicaemia – resulting in permanent impairment
- Organ transplant (major) – from another donor
- Paralysis
- Stroke – of specified severity
- *Terminal illness*.

We will pay the amount of the Children's Benefit for the *Insured Child* as shown in the most recent *policy schedule* or *renewal summary*.

20.4 Exclusions

The Children's Benefit will not be paid:

- if the *specified children's event* giving rise to the claim is directly or indirectly caused by a *congenital condition*; or
- for cancer and stroke, if the *specified children's event* giving rise to the claim occurs within 3 months of the *commencement date* or last reinstatement of the *Policy*.

20.5 The following conditions apply to the Children's Benefit:

- The benefit amount on *your* other Protection Plans *Policy* must be greater than:
 - \$50,000 for Term Life, Term Life as Superannuation, Standalone Living Insurance and Standalone Total and Permanent Disablement Policies; or

- \$2,500 per month for Income Protection Assured and Income Protection Assured as Superannuation Policies; or
- \$1,000 per month for Income Protection, Income Protection as Superannuation, Income Protection Plus, Business Overheads Assured and Business Overheads Policies.

- You must be the natural parent or *legal guardian* of the *Insured Child*.
- We will only pay this benefit once for each *Insured Child*, and a child may only be named under one *Policy*.

20.6 The Children's Benefit will end on the earliest of the:

- date the Children's Benefit is paid;
- *review date* following the *Insured Child's* 16th birthday;
- date the *Policy* to which the Children's Benefit is linked ends for any reason; and
- date we cancel following a written request to cancel from all *Policy Owners*.

20.7 Child Continuation Option

At the *review date* following the *Insured Child's* 16th birthday, the *Policy Owner* has the option of applying for a Term Life *Policy* with Living Benefit Plus.

The maximum benefit that is able to be applied for without medical and financial *underwriting* is the lesser of the current Children's Benefit amount or \$200,000. Benefits over this amount, as well as optional benefits which are not available under the Children's Benefit, will be subject to medical and financial *underwriting*.

The *Insured Child* must be the *Insured Person* on the new Term Life *Policy*.

21. Super Plus TPD Benefit **S+**



21.1 Flexible Linking Plus allows you to add a TPD Benefit with an *own occupation TPD* definition to a Term Life as Superannuation, Term Life or Standalone TPD *Policy* held inside *superannuation*.

The Super Plus TPD Benefit is the *own occupation TPD* portion of the TPD Benefit which is not consistent with a superannuation condition of release, and is held under a Flexible Linking Plus *Policy* outside *superannuation*.

The Super Plus TPD Benefit is paid to the *Policy Owner* of the Flexible Linking Plus *Policy*.

For more information on how Flexible Linking Plus can be used to structure TPD inside and outside *superannuation*, please see the 'Linked Policies inside and outside superannuation' section under 'Policy Structures' on **page 12**.

21.2 The following conditions apply to the Super Plus TPD Benefit:

- In the event of a TPD claim, we will first assess your claim under the *any occupation TPD* definition. If your claim does not meet the *any occupation TPD* definition, we will then assess your claim under the *own occupation TPD* definition.
- There will only be one TPD Benefit payment under the Super Plus TPD Benefit (under the *own occupation TPD* definition) and the linked TPD Benefit (under the *any occupation TPD* definition). If the TPD Benefit is paid under the *any occupation TPD* definition, the linked Super Plus TPD Benefit ends. If the Super Plus TPD Benefit is paid in full under the *own occupation TPD* definition, the TPD Benefit ends.
- All other conditions applying to the payment of TPD Benefits (as per [section 10](#)) apply to the Super Plus TPD Benefit.

21.3 Variation of benefits

If the *Insured Person* receives a TPD Partial Benefit, the sum insured on both the Super Plus TPD Benefit and the linked TPD Benefit will be reduced by the amount paid.

Any variation to the TPD Benefit will also apply to the linked Super Plus TPD Benefit and vice versa. For example:

- if the TPD Benefit sum insured is reduced, the linked Super Plus TPD Benefit will be reduced.
- when the TPD Benefit ends, the linked Super Plus TPD Benefit will end.

For the purposes of Term Life and Term Life as Superannuation, the Super Plus TPD Benefit will be considered as part of the *Policy* for variation of benefits. Therefore, a payment of the Living Benefit under the *Policy* (including all benefits within the Flexible Linking Plus *Policy*) will result in a reduction of the Super Plus TPD Benefit. A payment of the Super Plus TPD Benefit will result in a reduction of the Death Benefit and Living Benefit.

22. TPD Buy Back Benefit



22.1 Immediately after the later of the:

- *Insured Person* becoming *totally and permanently disabled*; and
- date we receive claim forms for the *total and permanent disability*,

if the *Insured Person* survives for 14 days from the later of the above dates, we will reinstate the Death Benefit for that *Insured Person* by 100% of the TPD Benefit we have paid. This will occur without you having to provide any further information about the *Insured Person*.

22.2 The following conditions apply to the TPD Buy Back Benefit, and the Death Benefit that has been reinstated:

- You cannot reinstate more than the TPD Benefit we have paid.
- The reinstated Death Benefit increases with the *CPI*, provided we are still offering you *CPI* increases.

- The same *underwriting* assessment, such as premium loadings and exclusions, that we originally applied to the *Insured Person*'s Death Benefit will apply to the reinstated Death Benefit.
- The Death Benefit will be automatically reinstated once the *Insured Person* is eligible. You must decline the reinstatement in writing within 30 days of the reinstatement if you do not wish to have the Death Benefit reinstated.
- This benefit is not available to *Insured Persons* with a *general cover TPD* Benefit.
- This benefit is not available after the Death Benefit has been first reinstated under this benefit.
- If the Double TPD Benefit applies, the TPD Buy Back Benefit is not available.
- This benefit ends on the *review date* following the *Insured Person*'s 65th birthday.

23. Double TPD Benefit



23.1 Immediately after the later of the:

- *Insured Person* becoming *totally and permanently disabled*; and
- date we receive claim forms for the *total and permanent disability*,

if the *Insured Person* survives for 14 days from the later of the above dates, we will reinstate the Death Benefit for that *Insured Person* by 100% of the TPD Benefit we have paid. In addition, any premium payable on the reinstated Death Benefit will be waived for the life of the *Policy*. This will occur without you having to provide any further information about the *Insured Person*.

23.2 The following conditions apply to the Double TPD Benefit, and the Death Benefit that has been reinstated:

- You cannot reinstate more than the TPD Benefit we have paid.
- You cannot exercise this benefit if a claim for a Terminal Illness Benefit has been paid, or is in progress for the *Insured Person*.
- The Future Insurability Benefit, Business Cover Benefit and *CPI* increases do not apply to the reinstated Death Benefit.
- The same *underwriting* assessment, such as premium loadings and exclusions, that we originally applied to the *Insured Person*'s Death Benefit will apply to the reinstated Death Benefit.
- The Death Benefit will be automatically reinstated once the *Insured Person* is eligible. You must decline the reinstatement in writing within 30 days of the reinstatement if you do not wish to have the Death Benefit reinstated.
- This benefit is not available to *Insured Persons* with a *general cover TPD* Benefit.
- This benefit is not available after the Death Benefit has been first reinstated under this benefit.
- If the Double TPD Benefit applies, the TPD Buy Back Benefit is not available.
- This benefit ends on the *review date* following the *Insured Person*'s 65th birthday.

24. Waiver of Life Premium Benefit NS

OPTIONAL

- 24.1 We will waive payment of the entire premium payable under *your* Term Life Policy:
- if the *Insured Person* has been *totally and temporarily disabled* for a continuous period of 6 months; and
 - for as long as the *Insured Person* is *totally and temporarily disabled*.
- The premiums paid by *you* for the 6 months or more that the *Insured Person* was *totally and temporarily disabled* will be reimbursed.
- 24.2 If the *Insured Person's* *total and temporary disablement* recurs from the same or related cause within 6 months of *you* recommencing payment of the premium under the *Policy*, payment of the premium will be waived again without the *Insured Person* having to be *totally and temporarily disabled* for an additional continuous period of 6 months.
- If there is more than 6 months between two periods of *total and temporary disablement*, payment of the premium under the *Policy* will not be waived again until the *Insured Person* has been *totally and temporarily disabled* for an additional continuous period of 6 months.
- 24.3 The following conditions apply to the Waiver of Life Premium Benefit:
- *You* are not entitled to apply for increases to the benefits payable in respect of any *Insured Person* on the *Policy* if the premium is being waived, except for increases in the Death Benefit under the Future Insurability Benefit (excluding the 'Periodic Increase' event).
 - The benefits under *your* *Policy* will continue to be increased with the *CPI* if we are still offering *you* *CPI* increases.
 - This option is only available while *you* have a TPD Benefit.
 - This option is not available to *Insured Persons* with *general cover TPD*.
 - This option is not available if the Super Plus TPD Benefit is selected.
 - This benefit ends on the earlier of:
 - the date *you* are paid a TPD Benefit; and
 - the *review date* following the *Insured Person's* 65th birthday.

24.4 Exclusions

This option will not apply if the *total and temporary disability* giving rise to the claim was caused by an intentional self-inflicted *injury* or attempted suicide (whether sane or insane).

25. Living Reinstatement Benefit S+

OPTIONAL

OPTIONAL WITH
STANDALONE

- 25.1 After we have paid the Living Benefit, *you* have the option to reinstate the Living Benefit, and for Term Life and Term Life as Superannuation reinstate the Death Benefit, for the *Insured Person* by 100% of the Living Benefit we have paid without having to provide any further information about the *Insured Person*.
- This option can be exercised by *your* written request, within 30 days from the first anniversary of the date we received notification of *your* claim, in relation to the *specified medical event* for which the Living Benefit was paid. If we do not receive a written request within this specified period, the offer lapses and will not be re-offered.
- The *Policy* terms and conditions may no longer be available when this benefit is exercised. If so, we will issue a new policy available at the time which we believe provides similar benefits.
- 25.2 The *Policy Owner* can exercise the option provided that:
- the Living Benefit payment was made before the *review date* following the *Insured Person's* 65th birthday; and
 - a TPD Benefit (including TPD Partial Benefit and Super Plus TPD Benefit) has not been paid after the Living Benefit was paid under the *Policy*.
- This option is not available after *you* have exercised it once.
- 25.3 The reinstated Living Benefit and Death Benefit will be on the terms and conditions of the original Living Benefit and Death Benefit, unless the *Policy* terms and conditions are no longer available when the benefit is exercised. If so, we will issue a new policy which provides similar benefits. In all instances:
- a further reinstatement option will not be available;
 - *CPI* increases will not be available; and
 - Future Insurability Benefit and Business Cover Benefit increases will not be available.
- Any exclusions or special conditions applicable under *your* *Policy* will be maintained under the reinstated Living Benefit.
- 25.4 We will pay an amount of 10% of the Living Benefit, up to a maximum \$50,000 for a claim under the reinstated cover if the *specified medical event* claimed:
- is the same as the original *specified medical event*;
 - has occurred as a direct or indirect result of the original *specified medical event*;
 - is a heart related condition and the original *specified medical event* was a heart related condition;

- is a lung related condition and the original *specified medical event* was a lung related condition;
- is a stroke – of specified severity and the original *specified medical event* was a heart related condition;
- is a heart related condition and the original *specified medical event* was a stroke – of specified severity;
- is a loss of independent existence – with a specified level of impairment; or
- is a cancer related condition and the original *specified medical event* was also a cancer related condition.

The *Insured Person* must satisfy the definition of the *specified medical event* again in order to claim on the reinstated cover. We will not pay a claim under the reinstated cover if the *specified medical event* occurred or was diagnosed, or the circumstances or *symptoms* leading to diagnosis were apparent before the Living Benefit was reinstated. The reinstated Living Benefit will be reduced by any amount payable under this section.

We will not pay a claim under the reinstated cover for an Advancement Benefit which is related to the original *specified medical event*. For an Advancement Benefit claim under the reinstated cover which is not related to the original *specified medical event*, we will pay the Advancement Benefit as per [section 14.2](#).

26. Double Living Benefit **S+**

+LI
OPTIONAL

- 26.1 Immediately after the later of the:
- *Insured Person* suffering a *specified medical event* (except for Advancement Benefit conditions); and
 - date we receive claim forms in relation to the *specified medical event*,
- if the *Insured Person* survives for 14 days from the later of the above dates, we will reinstate the Death Benefit for that *Insured Person* by 100% of the Living Benefit we have paid. In addition, any premium payable on the reinstated Death Benefit will be waived for the life of the *Policy*. This will occur without you having to provide any further information about the *Insured Person*.

- 26.2 The following conditions apply to the Double Living Benefit, and the Death Benefit that has been reinstated:
- You cannot reinstate more than the Living Benefit we have paid.
 - You cannot exercise this benefit if a claim for a Terminal Illness Benefit has been paid, or is in progress for the *Insured Person*.
 - The Future Insurability Benefit, Business Cover Benefit and *CPI* increases do not apply to the reinstated Death Benefit.
 - The same *underwriting* assessments, such as premium loadings and exclusions, that we originally applied to the *Insured Person's* Death Benefit will apply to the reinstated Death Benefit.
 - The Death Benefit sum insured will be automatically reinstated once the *Insured Person* is eligible. You must decline the reinstatement in writing within 30 days of the reinstatement if you do not wish to have the Death Benefit reinstated.
 - This benefit is not available after the Death Benefit has been first reinstated under this benefit.
 - If the Double Living Benefit applies, the Living Buy Back Benefit is not available.
 - This benefit ends on the *review date* following the *Insured Person's* 65th birthday.

27. Exclusions

TL TLS +TPD TPD +LI LI
STANDALONE STANDALONE
NB CB

In addition to any other exclusions to the benefits described, we will not pay any benefit if the claim was caused directly or indirectly by an event or condition covered by any exclusion in your *policy schedule* or *membership certificate*.

28. When does your benefit end?

TL TLS +TPD TPD +LI LI
STANDALONE STANDALONE
NB CB

Your benefit under a *Policy* for an *Insured Person* continues until the earliest of:

- the date the *Insured Person* dies;
- the date we pay the entire benefit for the *Insured Person*;
- the *review date* following the date the *Insured Person* reaches the expiry age of the benefit;
- for Term Life and Term Life as Superannuation, the benefit amount for the *Insured Person* is reduced to zero because we have paid a TPD Benefit, Super Plus TPD Benefit, Living Benefit, or Terminal Illness Benefit under the *Policy* or Flexible Linking Plus *Policy*;
- the date we cancel following a written request to cancel the benefit from all *Policy Owners*; and
- the date your *Policy* ends.

29. When does your Policy end?



Your Policy will continue until the earliest of:

- the date the last *Insured Person* dies;
- the date all benefits for the last *Insured Person* end;
- the date we cancel your Policy because you have not paid your premiums or any other amounts which relate to your Policy, following us giving you notice required by law;
- the date we cancel following a written request to cancel from all Policy Owners; and
- for a Policy held through a Platform Super account:
 - the date your cover is cancelled because your account balance is insufficient to meet the insurance premium deduction or any amounts which relate to the Policy; and
 - if the nominated Platform Super account is closed, the date that you ceased to be a member of the Super Fund.

If your Policy is held through a Platform Super account and your Policy is being cancelled due to instruction from the trustee of the superannuation fund as a result of the Protecting your Superannuation Package legislation, the later of:

- the date your account has been inactive¹ for 16 months; and
- the date up to which cover is provided for the premium paid.

If your Policy is held through a Platform Super account or TAL Super and your Policy is being cancelled due to instruction from the trustee of the superannuation fund as a result of the Putting Members' Interests First legislation:

- the date up to which cover is provided for the premium paid.

When your Policy ends, any Policy which is linked through Flexible Linking Plus will also end.

¹ Inactive for this purpose means that there have been no contributions or rollovers received in your super account.

Chapter 3:

Income Products

Income Protection for individuals – overview

Income protection provides a monthly benefit to replace a portion of the income lost when the *Insured Person* is unable to work at their full capacity due to *sickness or injury*.

What types of Policies are available?

Protection Plans offer the following types of income protection Policies:

- Income Protection with the Assured option (Income Protection Assured) – provides a monthly benefit while the *Insured Person* is *totally disabled* or *partially disabled*.
- Income Protection as Superannuation with the Assured option (Income Protection Assured as Superannuation) – Income Protection Assured held through *TAL Super*.
- Income Protection – provides a monthly benefit while the *Insured Person* is *totally disabled* or *partially disabled*.
- Income Protection as Superannuation – Income Protection held through *TAL Super*.
- Income Protection with the Plus option (Income Protection Plus) – a more comprehensive level of income protection cover. In addition to the core benefits offered under an Income Protection Policy, a greater range of built-in support benefits are also available to provide financial assistance during your recovery.

For Income Protection Assured, Income Protection Assured as Superannuation, Income Protection, Income Protection as Superannuation and Income Protection Plus Policies, if the *Insured Person* becomes unemployed (if applicable) or takes paid or unpaid parental or sabbatical leave, or any other leave without pay, cover under the Policy will continue, provided you pay premiums and any other amounts due. While your Policy will continue, the terms of your cover may be impacted if you are unemployed. This includes, but is not limited to, your ability to claim where your Policy is inside *superannuation* or where you have been unemployed for more than 3 years.

For Income Protection Assured inside *superannuation* and Income Protection Assured as Superannuation Policies, the *Insured Person* will need to meet a condition of release. For Income Protection inside *superannuation* and Income Protection as Superannuation Policies, the *Insured Person* will need to meet a condition of release unless there is an associated Income Linking Plus Policy. For more information on the superannuation conditions of release, see [chapter 6, section 12](#).

What are the income protection definitions available?

Protection Plans offer three types of income protection cover (we call these income protection definitions), each offering cover for different purposes. Each income protection definition (*own occupation IP*, *home duties IP* and *general cover IP*¹) offers cover for a different purpose.

To qualify for an income protection benefit under each definition, the *Insured Person* must meet the applicable definition of *total disability*, *severe disability* or *partial disability*, as defined in [chapter 8](#) 'Definitions'.

Benefit type

The benefit type which applies to your Policy will determine the amount we will pay when the *Insured Person* is *totally disabled* or *partially disabled*:

- *Indemnity*
- *Agreed Value*
- *Endorsed Agreed Value*.

Agreed Value and *Endorsed Agreed Value* Income Protection Policies are only available if the Policy is replacing an existing Protection Plans *Agreed Value* or *Endorsed Agreed Value* Income Protection Policy, and the replacement is first approved by us.

Agreed Value and *Endorsed Agreed Value* are not available under Income Protection Assured or Income Protection Assured as Superannuation Policies.

What happens to the Policy while a claim is being paid?

Increasing claims benefit

If you are receiving a benefit payment, the amount of your monthly benefit will be increased on each *review date* by the CPI. For Income Protection Assured and Income Protection Assured as Superannuation Policies, CPI will cease for benefit payments on the *review date* following the *Insured Person's* 61st birthday.

Premiums are waived while we pay you

You do not have to pay premiums, Policy fees and stamp duty, for the period during which you are receiving a Total Disability Benefit, Severe Disability Benefit, Partial Disability Benefit, Crisis Benefit or Specified Injury Benefit payment.

For the avoidance of doubt, the premium waiver is applied pro-rata only for the period you are receiving a benefit.

¹ *General cover IP* is only available if the Policy is replacing an existing Protection Plans Policy with a *General cover IP* definition, and the replacement is first approved by us. *General cover IP* is not available under Income Protection Assured or Income Protection Assured as Superannuation.

Waiting periods

The *waiting period* that applies to your *Policy* will determine when any benefit payments under the *Policy* will commence.

The *waiting period* available to you will depend on the *Policy* you have selected, your income protection definition, the Insured Person's occupation and whether you are replacing an existing Protection Plans *Policy*. Your financial adviser can provide more details on the *waiting periods* available to you.

Waiting period

The *waiting period* is the amount of time from when the *Insured Person* becomes *totally disabled, severely disabled or partially disabled* to the date when your benefits begin to accrue.

Payments are made monthly in arrears after the end of the *waiting period*.

Policy	Waiting period options					
	14 days	30 days	90 days	180 days	360 days	720 days
Income Protection Assured						
Own occupation IP	✗	✓	✓	✓	✗	✓
Home duties IP	✗	✗	✓	✗	✗	✗
Income Protection Assured as Superannuation						
Own occupation IP	✗	✓	✓	✓	✗	✓
Income Protection Plus						
Own occupation IP	✓	✓	✓	✓	✓	✓
Home duties IP	✗	✗	✓	✓	✗	✗
Income Protection						
Own occupation IP	✓	✓	✓	✓	✓	✓
Home duties IP	✗	✗	✓	✓	✓	✓
General cover IP	✗	✗	✓	✓	✓	✓
Income Protection as Superannuation						
Own occupation IP	✓	✓	✓	✓	✓	✓

Benefit period

The *benefit period* that applies to your *Policy* will determine the maximum length of time any benefit payments under the *Policy* can be paid for.

The *benefit period* available to you will depend on the *Policy* you have selected, your income protection definition, the Insured Person's occupation and whether you are replacing an existing Protection Plans *Policy*. Your financial adviser can provide more details on the *benefit periods* available to you.

The *benefit period* is the maximum length of time you will be paid for in the event the *Insured Person* is *totally disabled*, *severely disabled* or *partially disabled*.

Policy	Benefit period options					
	2 years	5 years	To age 55	To age 65	To age 70	To age 80
Income Protection Assured						
Own occupation IP	✓	✓	✗	✓	✗	✗
Home duties IP	✓	✗	✗	✗	✗	✗
Income Protection Assured as Superannuation						
Own occupation IP	✓	✓	✗	✓	✗	✗
Income Protection Plus						
Own occupation IP	✓	✓	✓	✓	✓	✗
Home duties IP	✓	✗	✗	✗	✗	✗
Income Protection						
Own occupation IP	✓	✓	✓	✓	✓	✗
Home duties IP	✓	✗	✗	✗	✗	✗
General cover IP	✓	✓	✗	✓	✗	✓
Income Protection as Superannuation						
Own occupation IP	✓	✓	✓	✓	✓	✗

Employment Status

For Income Protection Assured and Income Protection Assured as Superannuation only.

The employment status recorded on your *Policy* is the employment status you last advised us at your most recent application and is shown in the most recent *policy schedule*, *membership certificate* or *renewal summary*. Your employment status is considered when determining *monthly earnings* and *pre-disability monthly earnings* that apply to your *Policy* at claim time, as well as the premium payable.

Customers who change their employment status, during the life of their *Policy*, may apply to update their details at any time. Customers who confirm their employment status at claim time, may have their cover adjusted based on the cover that we would have accepted if we were notified prior to claim. This may include changes to the *insured monthly benefit*; and applicable offsets. Changes to your employment status will not affect your selected *waiting period*, *benefit period* or other conditions applied to your *Policy*.

Please advise us if your employment status changes. Changes to your employment status or *insured monthly benefit* will not take into consideration any changes to your personal situation, including health or pastimes.

Own Occupation Income Protection

Income Protection Assured and Income Protection Assured as Superannuation with an *own occupation IP* definition provides a monthly benefit if the *Insured Person* becomes disabled because of *sickness or injury*.

Income Protection Assured and Income Protection Assured as Superannuation

The following table is applicable to the Income Protection Assured and Income Protection Assured as Superannuation *Policy* type:

Own occupation IP		
Entry ages	Policies with stepped premium with <i>benefit periods</i> of 2 years, 5 years, to age 65	Age 17–59
Expiry age	Policies with <i>benefit periods</i> of 2 years, 5 years, to age 65	<i>Review date</i> following the Insured Person's 65th birthday.
Benefit type	<i>Indemnity</i>	
Minimum sum insured	\$2,500	
Maximum sum insured (Your occupation category may be subject to different maximum benefit amounts. Please contact us for further information.)	\$30,000	

Income Protection and Income Protection as Superannuation with an *own occupation IP* definition provides a monthly benefit if the *Insured Person* becomes disabled because of *sickness or injury*. Income Protection Plus with an *own occupation IP* definition offers more comprehensive cover by including a number of additional benefits.¹

Income Protection, Income Protection as Superannuation and Income Protection Plus

The following table is applicable to Income Protection, Income Protection as Superannuation and Income Protection Plus *Policy* types:

<i>Own occupation IP</i>		
Entry ages (Based on <i>benefit period</i> selected)	Policies with stepped premium with <i>benefit periods</i> of 2 years, 5 years, to age 65, to age 70:	Age 17–59
	Policies with stepped premium with <i>benefit period</i> to age 55:	Age 17–49
	Policies with 'Level 65' premium:	Age 17–59
	Policies with 'Level 55' premium:	Age 17–49
Expiry age (Based on <i>benefit period</i> selected)	Policies with <i>benefit periods</i> of 2 years, 5 years, to age 65:	<i>Review date</i> following the Insured Person's 65th birthday.
	Policies with <i>benefit period</i> to age 55:	<i>Review date</i> following the Insured Person's 55th birthday.
	Policies with <i>benefit period</i> to age 70:	<i>Review date</i> following the Insured Person's 70th birthday.
Benefit type	<i>Agreed Value, Endorsed Agreed Value, Indemnity</i>	
Minimum sum insured	\$1,000	
Maximum sum insured (Your occupation category may be subject to different maximum benefit amounts. Please contact us for further information.)	\$60,000	

¹ Own Occupation Income Protection, Income Protection as Superannuation and Income Protection Plus Policies are only available for existing customers replacing an existing Own Occupation Income Protection, Income Protection as Superannuation and Income Protection Plus *Policy*, and the replacement is first approved by us. Income Protection, Income Protection as Superannuation and Income Protection Plus Policies are not available for existing Income Protection Assured or Income Protection Assured as Superannuation *Policy* holders.

Included and optional benefits

The *own occupation IP* cover in an Income Protection Assured, Income Protection Assured as Superannuation, Income Protection, Income Protection as Superannuation and Income Protection Plus *Policy* contains a number of included and optional benefits, a summary of these is set out in the following tables. The terms and conditions of each benefit are located in the 'Income product benefit specifics' section on [pages 63 to 85](#).

You can apply for optional benefits. Unless we have stated otherwise, the optional benefits will require an additional cost. If we have accepted the application for an optional benefit for an *Insured Person*, it will be shown on your *policy schedule*, *membership certificate* or *renewal summary*. If we have accepted the application for an optional benefit after the commencement of your *Policy*, we will issue an update to your *policy schedule* or *membership certificate*.

Included benefits	Summary	Income Protection Assured & Income Protection Assured as Superannuation	Income Protection & Income Protection as Superannuation	Income Protection Plus S+	Page
Total Disability Benefit	If the <i>Insured Person</i> is <i>totally disabled</i> , we will pay a monthly benefit after the end of your <i>waiting period</i> .	✓	✓	✓	63
Partial Disability Benefit	If the <i>Insured Person</i> is <i>partially disabled</i> , we will pay a monthly benefit after the end of your <i>waiting period</i> .	✓	✓	✓	66
Elective Surgery Benefit	Pays a monthly benefit if the <i>Insured Person</i> is <i>totally disabled</i> or <i>partially disabled</i> because of a transplant (where they are the donor) or cosmetic surgery.	✓	✓	✓	69
Rehabilitation Expense Benefit	Pays a benefit to help meet certain approved rehabilitation costs which are incurred while the <i>Insured Person</i> is <i>totally disabled</i> .	✓	✓	✓	69
Rehabilitation Program Benefit	Pays a benefit to help with approved costs of a rehabilitation program which are incurred while the <i>Insured Person</i> is <i>totally disabled</i> .	✓	✓	✓	70
Return to Work Benefit S+	Provides a benefit after the Rehabilitation Expense Benefit or Rehabilitation Program Benefit has been paid, and the <i>Insured Person</i> has returned to work on a full-time basis for 3 consecutive months.	✗	✓	✓	70
Recurrent Disability Benefit	Allows the <i>waiting period</i> to be waived if the <i>Insured Person</i> becomes disabled within a certain period of time after we have paid a Total Disability or Partial Disability Benefit due to the same <i>sickness or injury</i> for which the benefit was paid.	✓	✓	✓	70
Death Benefit	Pays a benefit if the <i>Insured Person</i> dies while they are entitled to the payment of a Total Disability, Partial Disability, Crisis, Specified Injury or Nursing Care Benefit.	✗	✓	✓	71

Included benefits	Summary	Income Protection Assured & Income Protection Assured as Superannuation	Income Protection & Income Protection as Superannuation	Income Protection Plus S+	Page
Change of Waiting Period Benefit	Allows you to reduce the <i>waiting period</i> without further health evidence if the <i>Insured Person</i> changes their employment status.	✓	✓	✓	71
Future Insurability Benefit	Allows the <i>Insured Person</i> to increase their <i>insured monthly benefit</i> every 12 months without further health evidence.	✓	✓	✓	72
IP Continuation Option	You may be able to continue cover at the expiry of the <i>Policy</i> if the <i>Insured Person</i> continues to work on a full-time basis. The eligibility criteria include the <i>Insured Person's</i> occupation and working arrangements.	✗	✓	✓	72
Extended Cover Benefit	You can apply to continue your cover on limited terms under the <i>general cover IP</i> definition at the expiry of the <i>Policy</i> .	✗	✓	✓	73
Counselling Benefit S+	Reimbursement of up to \$5,000 for a maximum of 10 counselling sessions following the payment of a Total Disability Benefit. This benefit is paid once for each <i>Insured Person</i> .	✗	✗	✓	74
Nursing Care Benefit S+	Pays a benefit if the <i>Insured Person</i> is <i>confined to bed</i> for more than 3 consecutive days during the <i>waiting period</i> .	✗	✗	✓	75
Specified Injury Benefit S+	Pays a monthly benefit for the <i>payment period</i> if the <i>Insured Person</i> suffers a specified injury, whether or not they are able to return to work. This benefit is not available for <i>Policies</i> with a 360 days or 720 days <i>waiting period</i> .	✗	✗	✓	75
Crisis Benefit S+	Pays a monthly benefit for 6 months if the <i>Insured Person</i> suffers a specified crisis event, whether or not they are able to return to work.	✗	✗	✓	76

Included benefits	Summary	Income Protection Assured & Income Protection Assured as Superannuation	Income Protection & Income Protection as Superannuation	Income Protection Plus S+	Page
Transport within Australia Benefit S+	Pays a benefit to enable the <i>Insured Person</i> to be transported within Australia if they become <i>totally disabled</i> in Australia; and: - are <i>confined to bed</i> more than 100 kilometres from their usual place of residence; or - it is considered medically necessary for the <i>Insured Person</i> to travel to a place more than 100 kilometres from their usual place of residence for reasons directly associated with the <i>sickness or injury</i> causing <i>total disability</i>.	×	×	✓	77
Transport from Overseas Benefit S+	Pays a benefit to help the <i>Insured Person</i> to return to Australia if: - they become <i>totally disabled</i> whilst overseas; - they're <i>totally disabled</i> for more than 30 days; and - they choose to return to Australia while they are <i>totally disabled</i>.	×	×	✓	77
Accommodation Benefit S+	If we have paid the Nursing Care Benefit and the <i>Insured Person</i> is <i>confined to bed</i> more than 100 kilometres away from their usual place of residence, we will pay a benefit to assist with the accommodation cost for an <i>immediate family member</i> who has to stay away from their usual residence to be with the <i>Insured Person</i> .	×	×	✓	77
Family Care Benefit S+	If the Total Disability Benefit is payable and the <i>Insured Person</i> requires the full-time care of an <i>immediate family member</i> , we will pay a monthly benefit to help cover the lost income of the <i>immediate family member</i> if they have to stop work to look after the <i>Insured Person</i> .	×	×	✓	77
Home Care Benefit S+	Pays a monthly benefit to help cover the <i>carer</i> cost if: - the Total Disability Benefit is payable; - the <i>Insured Person</i> is <i>confined to bed</i> at home because of their <i>total disability</i>; and - in the opinion of a <i>doctor</i>, the <i>Insured Person</i> requires the care of a professional home <i>carer</i>.	×	×	✓	78

Included benefits	Summary	Income Protection Assured & Income Protection Assured as Superannuation	Income Protection & Income Protection as Superannuation	Income Protection Plus S+	Page
Respite Care Benefit S+	Pays for the <i>Insured Person</i> to be placed into a respite care facility if the <i>Insured Person</i> is: • <i>totally disabled</i> for at least 24 continuous months; • living in their own home and require an <i>immediate family member</i> as a full-time carer; and • permanently unable to perform, without assistance, any two activities of daily living (as defined in the 'Medical glossary' in chapter 7).	×	×	✓	78
Child Care Benefit S+	Pays a benefit to help with approved additional child care costs which are incurred for an eligible child while the <i>Insured Person</i> is <i>totally disabled</i> .	×	×	✓	78
Waiver of IP Premium S+	If you are paid a Total Disability Benefit, premium amounts payable during the <i>waiting period</i> will be refunded to you.	×	×	✓	78

Optional benefits	Summary	Income Protection Assured & Income Protection Assured as Superannuation	Income Protection & Income Protection as Superannuation	Income Protection Plus S+	Page
Accident Benefit	Pays a benefit if the <i>Insured Person</i> is <i>totally disabled</i> for a specified number of days during the <i>waiting period</i> due to an <i>accidental injury</i> . This benefit is only available for Policies with a 14, 30 or 90 day <i>waiting period</i> .	✓	✓	✓	79
Superannuation Contribution Option	Allows you to cover an additional portion of the <i>Insured Person's monthly earnings</i> to help with superannuation contributions in the event of <i>total disability</i> .	✗	✓	✓	79
Super Plus IP Benefit S+	You can structure your income protection cover with the benefits offered under an Income Protection Plus <i>Policy</i> over two separate Policies with: - the benefits which are consistent with a superannuation condition of release under a <i>Policy</i> held inside <i>superannuation</i>; and - the other benefits under an Income Linking Plus <i>Policy</i> held outside <i>superannuation</i>.	✗	✓	✓	79

You can apply to add the following Policies to an Income Protection Assured *Policy*, Income Protection Assured as Superannuation *Policy*, Income Protection *Policy*, Income Protection as Superannuation *Policy* or Income Protection Plus *Policy*:

- Needlestick Benefit **S+**
- Children's Benefit **S+**

The terms and conditions for the Needlestick Benefit and Children's Benefit Policies are located in the 'Term Life, TPD and Living Insurance benefit specifics' section in **chapter 2, pages 38 to 39**.

Options available if your Policy is approaching expiry¹

Cover under an *own occupation IP* definition may be available up until the *review date* following the *Insured Person's* 75th birthday, on a limited basis if the *Insured Person's* occupation class is AA, A, P or S and they are still working on a full-time basis past the expiry of their Income Protection or Income Protection Plus *Policy*. For more information on the IP Continuation Option, please see **chapter 3, section 12**.

You may also be eligible to apply to continue your cover until the *review date* following the *Insured Person's* 80th birthday, under a *general cover IP* definition and on a limited basis at the expiry of your Income Protection or Income Protection Plus *Policy*. For more information on the Extended Cover Benefit, please see **chapter 3, section 13**.

¹ The IP Continuation Option and Extended Cover Benefit are only available on Income Protection, Income Protection as Superannuation or Income Protection Plus Policies.

Home Duties Income Protection

Income Protection Assured, Income Protection and Income Protection Plus with a *home duties IP* definition provides a monthly benefit if the *Insured Person* becomes *severely disabled* because of *sickness or injury*, and is unable to perform *normal household duties*.¹

Income Protection Assured

Home Duties IP	NS	
Entry ages	Policies with stepped premium:	Age 17–59
Expiry age	Review date following the Insured Person's 65th birthday.	
Benefit type	Indemnity	
Minimum sum insured	\$1,000	
Maximum sum insured	\$5,000	

Income Protection and Income Protection Plus

Income Protection Plus with a home duties IP definition provides more comprehensive cover by including a Crisis Benefit.

Home Duties IP	NS	
Entry ages	Policies with stepped premium:	Age 17–59
	Policies with 'Level 65' premium:	Age 17–59
Expiry age	Review date following the Insured Person's 65th birthday.	
Benefit type	Agreed Value	
Minimum sum insured	\$1,000	
Maximum sum insured	\$5,000	

¹ Home Duties Income Protection and Income Protection Plus Policies are only available for existing customers replacing an existing Home Duties Income Protection and Income Protection Plus Policy, and the replacement is first approved by us. Income Protection and Income Protection Plus Policies are not available for existing Income Protection Assured Policy holders.

Included benefits

The *home duties IP* cover in an Income Protection Assured, Income Protection and Income Protection Plus *Policy* contains a number of included benefits, and a summary of these is set out in the table below. The terms and conditions of each benefit are located in the 'Income product benefit specifics' section on [pages 63 to 85](#).

Included benefits	Summary	Income Protection Assured	Income Protection	Income Protection Plus	Page
Severe Disability Benefit	If the <i>Insured Person</i> is severely disabled, we will pay a monthly benefit after the end of your <i>waiting period</i> .	✓	✓	✓	68
Recurrent Disability Benefit	Allows the <i>waiting period</i> to be waived if the <i>Insured Person</i> becomes disabled within a certain period of time after we have paid a Severe Disability Benefit due to the same <i>sickness or injury</i> for which the benefit was paid.	✓	✓	✓	70
Death Benefit	Pays a benefit if the <i>Insured Person</i> dies while they are entitled to the payment of a Severe Disability or Crisis Benefit.	✗	✓	✓	71
Extended Cover Benefit	You can apply to continue your cover on limited terms under the <i>general cover IP</i> definition at the expiry of the <i>Policy</i> .	✗	✓	✓	73
Crisis Benefit	Pays a monthly benefit for 6 months if the <i>Insured Person</i> suffers a specified crisis event, whether or not they are able to perform <i>normal household duties</i> .	✗	✗	✓	76

You can apply to add a Children's Benefit *Policy* to an Income Protection Assured *Policy*, Income Protection *Policy* or Income Protection Plus *Policy*.

- Children's Benefit

S+

The terms and conditions for the Children's Benefit *Policy* is located in the 'Term Life, TPD and Living Insurance benefit specifics' section in [chapter 2, page 38 and 39](#).

General Cover Income Protection

Income Protection with a *general cover IP* definition provides a monthly benefit if the *Insured Person* becomes *severely disabled* because of *sickness or injury*, and is unable to perform the activities of daily living (as defined in the 'Medical glossary' in [chapter 7](#)).¹

General Cover IP			
Entry ages (Based on Insured Person's employment status)	For a monthly benefit greater than \$5,000 (the <i>Insured Person</i> must be <i>gainfully employed</i>):	Policies with stepped premium:	Age 17–59
		Policies with 'Level 65' premium:	Age 17–59
	For a monthly benefit of up to \$5,000:	Policies with stepped premium:	Age 17–69
		Policies with 'Level 65' premium:	Age 17–59
Expiry age (Based on <i>benefit period</i> selected)	Policies with <i>benefit periods</i> of 2 years, 5 years, to age 65:	Review date following the Insured Person's 65th birthday.	
	Policies with <i>benefit period</i> to age 80:	Review date following the Insured Person's 80th birthday.	
Benefit type	Agreed Value, Indemnity		
Minimum sum insured	\$1,000		
Maximum sum insured	\$60,000		

General cover IP is only available in Policies held through an *SMSF* or *Platform Super* if the *Insured Person* is *gainfully employed* at the time you apply for cover.

¹ General cover Income Protection Policies are only available for existing customers replacing an existing General cover Income Protection *Policy*, and the replacement is first approved by us. Income Protection Policies are not available for existing Income Protection Assured *Policy* holders.

Included benefits

The *general cover IP* cover in an Income Protection *Policy* contains a number of included benefits, and a summary of these is set out in the table below. The terms and conditions of each benefit are located in the 'Income product benefit specifics' section on [pages 63 to 85](#).

Included benefits	Summary	Page
Severe Disability Benefit	If the <i>Insured Person</i> is <i>severely disabled</i> , we will pay a monthly benefit after the end of <i>your waiting period</i> .	68
Recurrent Disability Benefit	Allows the <i>waiting period</i> to be waived if the <i>Insured Person</i> becomes disabled within a certain period of time after we have paid a Severe Disability Benefit due to the same <i>sickness or injury</i> for which the benefit was paid.	70
Death Benefit	Pays a benefit if the <i>Insured Person</i> dies while they are entitled to the payment of a Severe Disability or Crisis Benefit.	71
Extended Cover Benefit	You can apply to continue <i>your cover</i> on limited terms under the <i>general cover IP</i> definition at the expiry of the <i>Policy</i> .	73

You can apply to add the following Policies to an Income Protection *Policy*:

- Needlestick Benefit **S+**
- Children's Benefit **S+**

The terms and conditions for the Needlestick Benefit and Children's Benefit Policies are located in the 'Term Life, TPD and Living Insurance benefit specifics' section in [chapter 2, page 38](#) and [39](#).

Income products for business protection – overview

Protection Plans offer comprehensive solutions to help your business remain viable, by protecting your business expenses and business income, in the event of *sickness or injury* to an *Insured Person*.

Protecting your business expenses

If the *Insured Person* is unable to work due to *sickness or injury*, Business Overheads Assured and Business Overheads¹ insurance can assist by providing a monthly benefit for the *allowable business expenses* which are incurred while the *Insured Person* is *totally disabled or partially disabled*.

Protecting your business income

Key Person Income² insurance provides a monthly benefit to help the business remain viable if its owners and/or key income generating staff are unable to work due to *sickness or injury*. The benefit is paid to the business, which can be used to maintain the level of income to the business, assist with ongoing expenses and to fund the replacement and retraining of a staff member.

Waiting and benefit periods

The *waiting period* and *benefit period* that apply to your *Policy* will determine when a claim is payable and the maximum length of time it can be paid.

The *waiting period* is the amount of time from when the *Insured Person* becomes *totally disabled or partially disabled* to the date when your benefits begin to accrue. Payments are made monthly in arrears after the end of the *waiting period*.

The *benefit period* is the maximum length of time you will be paid for in the event the *Insured Person* is *totally disabled or partially disabled*.

The table below outlines the *waiting periods* and *benefit period* available under Business Overheads Assured, Business Overheads and Key Person Income. Your financial adviser can help you determine the suitable *waiting period* for your business needs.

Policy	Waiting period	Benefit period
Business Overheads Assured	30 days	1 Year
Business Overheads	14 days and 30 days	1 Year
Key Person Income	30 days and 90 days	1 Year

What happens to the Policy while a claim is being paid?

Increasing claims benefit

If you are receiving benefits, the monthly benefit will be increased on each *review date* by the *CPI*.

Premiums are waived while we pay you

You do not have to pay premiums, *Policy* fees and stamp duty, for the period during which you are receiving a Total Disability Benefit or Partial Disability Benefit.

For the avoidance of doubt, the premium waiver is applied pro-rata only for the period you are receiving a benefit.

¹ Business Overheads Policies are available for existing customers replacing an existing Business Overheads Policy, where the replacement is first approved by us. Business Overheads Policies are not available for existing Business Overheads Assured Policy holders.

² Key Person Income Policies are only available if the Policy is replacing an existing Key Person Income Policy, and the replacement is first approved by us.

Business Overheads

Business Overheads pays a monthly benefit for the day to day costs of running a business if the *Insured Person* is disabled because of *sickness or injury* and is unable to work at their full capacity in their business.

The *allowable business expenses* that can be covered include rent, utility bills and salaries of non income producing employees. For a full list, please see the definition of *allowable business expenses* in [chapter 8, page 114](#).

Business Overheads Assured

Business Overheads	NS	
Entry ages	Policies with stepped premium:	Age 17–59
Expiry age	Review date following the Insured Person's 65th birthday.	
Minimum sum insured	\$1,000	
Maximum sum insured	\$60,000	

Business Overheads

Business Overheads	NS	
Entry ages	Policies with stepped premium:	Age 17–59
	Policies with 'Level 65' premium:	Age 17–59
Expiry age	Review date following the Insured Person's 65th birthday.	
Minimum sum insured	\$1,000	
Maximum sum insured	\$60,000	

Included benefits	Summary	Business Overheads Assured	Business Overheads	Page
Total Disability Benefit	If the <i>Insured Person</i> is <i>totally disabled</i> , we will pay a monthly benefit after the end of <i>your waiting period</i> .	✓	✓	63
Partial Disability Benefit	If the <i>Insured Person</i> is <i>partially disabled</i> , we will pay a monthly benefit after the end of <i>your waiting period</i> .	✓	✓	66
Elective Surgery Benefit	Pays a monthly benefit if the <i>Insured Person</i> is <i>totally disabled</i> or <i>partially disabled</i> because of a transplant (where they are the donor) or cosmetic surgery.	✓	✓	69
Recurrent Disability Benefit	Allows the <i>waiting period</i> to be waived if the <i>Insured Person</i> becomes disabled again within a certain period of time after we have paid a Total Disability or Partial Disability Benefit due to the same <i>sickness</i> or <i>injury</i> for which the benefit was paid.	✓	✓	70
Death Benefit	Pays a benefit if the <i>Insured Person</i> dies while they are entitled to the payment of a Total Disability or Partial Disability Benefit.	✗	✓	71

You can apply to add the following Policies to a Business Overheads Assured or Business Overheads Policy:

- Needlestick Benefit **S+**
- Children's Benefit **S+**

The terms and conditions for the Needlestick Benefit and Children's Benefit Policies are located in the 'Term Life, TPD and Living Insurance benefit specifics' section in **chapter 2, pages 38 to 39**.

Key Person Income

Key Person Income pays a monthly benefit if the *Insured Person* is disabled because of *sickness or injury* and is unable to work at their full capacity in the *key person business*.

Key Person Income	NS	
Entry ages	Policies with stepped premium:	Age 17–59
	Policies with 'Level 65' premium:	Age 17–59
Expiry age	Review date following the Insured Person's 65th birthday.	
Benefit type (Based on employment status)	If the <i>Insured Person</i> is a key person business owner:	Indemnity
	If the <i>Insured Person</i> is a key person employee:	Endorsed Agreed Value, Indemnity
Minimum sum insured	\$1,000	
Maximum sum insured	\$60,000	

Included benefits

Key Person Income cover contains a number of included benefits, and a summary of these is set out in the table below. The terms and conditions of each benefit are located in the 'Income product benefit specifics' section on [pages 63 to 85](#).

Included benefits	Summary	Page
Total Disability Benefit	If the <i>Insured Person</i> is <i>totally disabled</i> , we will pay a monthly benefit after the end of <i>your waiting period</i> .	63
Partial Disability Benefit	If the <i>Insured Person</i> is <i>partially disabled</i> , we will pay a monthly benefit after the end of <i>your waiting period</i> .	66
Elective Surgery Benefit	Pays a monthly benefit if the <i>Insured Person</i> is <i>totally disabled</i> or <i>partially disabled</i> because of a transplant (where they are the donor) or cosmetic surgery.	69
Recurrent Disability Benefit	Allows the <i>waiting period</i> to be waived if the <i>Insured Person</i> becomes disabled again within a certain period of time after we have paid a Total Disability or Partial Disability Benefit due to the same <i>sickness or injury</i> for which the benefit was paid.	70
Death Benefit	Pays a benefit if the <i>Insured Person</i> dies while they are entitled to the payment of a Total Disability or Partial Disability Benefit.	71

Income Product benefit specifics

Please take the time to read the details about the benefits *your Policy* provides. This section will provide you with the terms and conditions of each benefit in *your Policy* and is an important part of this PDS.

Please speak to *your* financial adviser or contact *us* if you would like any of these details explained to you. Please note, additional terms and conditions apply to Reserve Benefits which are outlined in [chapter 4](#).

Please use the coloured icons below to assist you in understanding which benefits are available on *your* cover.

IP GEN	Income Protection with the <i>general cover</i> IP definition	IPP OWN	Income Protection Plus with the <i>own occupation</i> IP definition
IP OWN	Income Protection with the <i>own occupation</i> IP definition	IPP HOME	Income Protection Plus with the <i>home duties</i> IP definition
IP HOME	Income Protection with the <i>home duties</i> IP definition	IPS OWN	Income Protection as Superannuation with the <i>own occupation</i> IP definition
IPA OWN	Income Protection Assured with the <i>own occupation</i> IP definition	BOH	Business Overheads
IPA HOME	Income Protection Assured with the <i>home duties</i> IP definition	BOHA	Business Overheads Assured
IPSA OWN	Income Protection Assured as Superannuation with the <i>own occupation</i> IP definition	KPI	Key Person Income

1. Total Disability Benefit



1.1 When we will pay

If the *Insured Person* is *totally disabled* while covered under the *Policy*, we will pay a monthly benefit after the end of *your waiting period*.

1.2 What we will pay

a. Income Protection Assured and Income Protection Assured as Superannuation

The monthly Total Disability Benefit is the lesser of:

- the insured monthly benefit; and
- a percentage of the *pre-disability monthly earnings*, where the percentage is:
 - 70% of the first \$330,000 of annualised *pre-disability monthly earnings*;
 - 50% of the next \$240,000 of annualised *pre-disability monthly earnings*; and
 - 20% of the remainder of annualised *pre-disability monthly earnings*.

The maximum monthly benefit is \$40,000.

If, for 12 months or more immediately before suffering *total disability*, the *Insured Person* was unemployed for reasons other than *total disability* or took paid or unpaid parental or sabbatical leave, or any other leave without pay, they will only be considered *totally disabled* if, solely because of *sickness or injury*, they are:

- unable to perform the *important income producing duties* of any occupation for which they are reasonably suited by education, training or experience;
- not working;
- undergoing any suitable rehabilitation program recommended by a *suitably trained doctor*; and
- under the *regular care of a doctor*.

From the *review date* following the *Insured Person's* 61st birthday, the monthly Total Disability Benefit is reduced. The benefit payable will be shown in *your renewal summary*. For more information, please refer to [chapter 3, section 31.6](#).

b. Income Protection, Income Protection as Superannuation and Income Protection Plus

The benefit paid will depend on whether you have an *Agreed Value*, *Endorsed Agreed Value*, or *Indemnity Policy*:

Monthly benefit

If you have an *Agreed Value* or *Endorsed Agreed Value Policy*, the monthly Total Disability Benefit is the *insured monthly benefit*.

For an *Agreed Value* or *Endorsed Agreed Value Policy* held inside *superannuation* that is not linked to an *Income Linking Plus Policy*, the amount of the Total Disability Benefit may be reduced at the time of claim so that it does not exceed the maximum permitted under superannuation law. For more information on the amount payable from Policies held inside *superannuation*, please see [chapter 3, section 31](#).

The calculation below applies if you have an *Indemnity Policy*.

If you have an *Agreed Value Policy*, and you overstated the *monthly earnings* of the *Insured Person* at application (or at the time when you applied for an increase to your monthly benefit), the following calculation also applies to your *Policy*. The monthly Total Disability Benefit is calculated as follows.

The monthly Total Disability Benefit is the lesser of:

- the *insured monthly benefit*; and
- 75% of *pre-disability monthly earnings*.

If the *insured monthly benefit* with us at the time of application is greater than \$30,000, and the annualised *pre-disability monthly earnings* are greater than \$480,000, the monthly Total Disability Benefit is the lesser of:

- the *insured monthly benefit*; and
- a percentage of the *pre-disability monthly earnings*, where the percentage is:
 - 75% of the first \$320,000 of annualised *pre-disability monthly earnings*;
 - 50% of the next \$240,000 of annualised *pre-disability monthly earnings*; and
 - 20% of the remainder of annualised *pre-disability monthly earnings*.

If the Superannuation Contribution Option applies to the *Policy*, we will use the greater of the *income ratio* and 75% of *monthly earnings*.

If the *insured monthly benefit* with us at the time of application is greater than \$30,000 we will use the lesser of:

- the *income ratio*; and
- a percentage of *pre-disability monthly earnings*, where the percentage is:
 - 80% of the first \$320,000 of annualised *pre-disability monthly earnings*;
 - 55% of the next \$190,000 of annualised *pre-disability monthly earnings*; and
 - 20% of the remainder of annualised *pre-disability monthly earnings*.

If, for 12 months or more immediately before suffering *total disability*, the *Insured Person*:

- was unemployed for reasons other than *total disability*; or
- took paid or unpaid parental or sabbatical leave, or any other leave without pay,

they will only be considered *totally disabled* if, solely because of *sickness* or *injury*, they are:

- unable to perform any occupation for which they are reasonably suited by education, training or experience;
- not working; and
- under the *regular care of a doctor*.

For Policies with a 'to age 70' *benefit period* where the *Insured Person* becomes *totally disabled* after their 65th birthday, the monthly Total Disability Benefit will be calculated on an *indemnity* basis.

c. Business Overheads Assured and Business Overheads

The amount of this benefit is the lesser of the *insured monthly benefit*, and the *allowable business expenses* actually incurred in the month the *Insured Person* is *totally disabled*.

d. Key Person Income

The benefit paid will depend on whether you have an *Endorsed Agreed Value* or *Indemnity Policy*.

Benefit type	Monthly benefit
<i>Endorsed Agreed Value</i>	The monthly Total Disability Benefit is the <i>insured monthly benefit</i> .
<i>Indemnity</i>	The amount of the Total Disability Benefit is the lesser of: - the <i>insured monthly benefit</i>; and - the <i>pre-disability monthly business income</i>. The calculation of <i>pre-disability monthly business income</i> is applied differently depending on whether the <i>Insured Person</i> is a <i>key person business owner</i> or <i>key person employee</i>. If the <i>Insured Person</i> is a <i>key person business owner</i>, the <i>pre-disability monthly business income</i> is calculated based on: A x B = C where: A = a percentage being the lesser of: - the <i>Insured Person's</i> ownership percentage of the <i>key person business</i> as at the <i>date of disability</i>; - the average percentage of <i>gross profit</i> attributed to the <i>Insured Person</i> in the 12 months immediately preceding the commencement of <i>total disability</i> or <i>partial disability</i>; and 50%. B = an amount which is the average monthly <i>gross profit</i> of the <i>key person business</i> for the 12 months immediately preceding the commencement of <i>total disability</i> or <i>partial disability</i>. This amount is increased by the <i>CPI</i> each <i>review date</i> since the <i>date of disability</i>. C = <i>pre-disability monthly business income</i>. If the <i>Insured Person</i> is a <i>key person employee</i>, the <i>pre-disability monthly business income</i> is calculated based on the <i>Insured Person's</i> average monthly earnings in the 12 months immediately preceding the commencement of <i>total disability</i> or <i>partial disability</i> multiplied by the <i>key person factor</i> (this is the percentage of <i>monthly earnings</i> we agree to replace at the time of claim, and is shown in the <i>policy schedule</i>).

1.3 How we will pay

The benefit accrues from the first day of *total disability* after the *waiting period* and is payable monthly in arrears.

If the *Insured Person* is *totally disabled* for less than the complete month after the *waiting period*, the amount of the benefit will be reduced on a pro-rata basis based on a 30 day month.

The benefit will continue to accrue until the earliest of:

- the end of the *Insured Person's total disability*;
- the time when the aggregate of the period for which a Total Disability Benefit was payable to you and any period for which a Partial Disability Benefit was payable to you is equal to the *benefit period*; and
- your Policy* ends.

For Business Overheads Assured, Business Overheads and Key Person Income, if at the end of the *benefit period* the *Insured Person* remains *totally disabled* and the total amount paid is less than 12 times the Total Disability Benefit, payments will continue until the earliest of the:

- payment of 12 times the Total Disability Benefit;
- expiry of a further 12 months;
- cessation of the *total disability*; and
- date the *Policy* ends.

1.4 Advanced partial payment

For Income Protection Assured, Income Protection, Income Protection Assured as Superannuation, Income Protection as Superannuation and Income Protection Plus Policies, we may make an advanced partial payment for *your* first monthly benefit. The advanced partial payment is payable a fortnight after the *waiting period* ends, and is payable in arrears. The amount of the advanced partial payment is calculated on a pro-rata basis based on a 30 day month.

If we have made an advanced partial payment on *your Policy*, the remainder of *your* monthly benefit will be payable at the end of the month. The amount payable will be *your* Total Disability Benefit, less the amount of the advanced partial payment.

1.5 Medical Professionals

The terms of this [section 1.5](#) apply if the *Insured Person* is a medical professional who performs exposure prone procedures as the main and important part of their *usual occupation*.

If the *Insured Person* is diagnosed with HIV – occupationally acquired or Hepatitis B or C – occupationally acquired and, as a consequence of the diagnosis, they:

- are restricted as a regulatory requirement from performing exposure prone procedures; or
- experience a reduction in income due to loss of patients,

we will regard them as having satisfied the occupational duties component of the *total disability* definition due to *sickness* as follows. If the *Insured Person* is:

- not working, we will regard them as being unable to perform one or more of the *important income producing duties* of their *usual occupation*; and
- for Income Protection, Income Protection as Superannuation, Income Protection Plus, Business Overheads and Key Person Income Policies only, not working for more than 10 hours per week in their *usual occupation* and not working in another occupation, we will regard them as being unable to perform the *important income producing duties* of their *usual occupation* for more than 10 hours per week.

The other requirements of the *total disability* definition set out in [chapter 8](#) must be satisfied for the *Insured Person* to be deemed *totally disabled*.

Other exclusions apply, for more information please refer to the definitions of HIV – occupationally acquired or Hepatitis B or C – occupationally acquired in [chapter 7](#) 'Medical glossary'.

1.6 Limitations

The amount of this benefit is reduced by any limitations on benefits (see [chapter 3, sections 31 to 34](#)).

2. Partial Disability Benefit



2.1 If the *Insured Person* is *partially disabled* while covered under the *Policy*, we will pay a monthly Partial Disability Benefit after the end of your *waiting period*.

2.2 What we will pay

a. Income Protection Assured and Income Protection Assured as Superannuation

We will pay you a monthly Partial Disability Benefit, calculated as follows:

$$\frac{(A - B) \times C}{A}$$

A = Pre-disability monthly earnings

B = Post-disability monthly earnings

C = the monthly Total Disability Benefit

From the *review date* following the *Insured Person's* 61st birthday, the monthly Partial Disability Benefit is reduced. The benefit payable will be shown in your *renewal summary*. For more information, please refer to [chapter 3, section 31.6](#).

If, for 12 months or more immediately before suffering *partial disability*, the *Insured Person* was unemployed or took paid or unpaid parental or sabbatical leave, or any other leave without pay, they will only be considered *partially disabled* if, solely because of *sickness* or *injury*, they are:

- able to perform the *important income producing duties* of any occupation for which they are reasonably suited by education, training or experience, but unable to perform all of them; or
- able to perform all of the *important income producing duties* of any occupation for which they are reasonably suited by education, training or experience, but is only able to do so in a reduced capacity; and
- the *monthly earnings* of the *Insured Person* are less than the amount of their *pre-disability monthly earnings*; and
- the *Insured Person* is not able to perform the duties of any occupation for which they are reasonably suited by education, training or experience for more than 75% of their regular hours worked prior to the *date of disability*, but not working more than 40 hours per week; and
- the *Insured Person* is under the *regular care of a doctor*; and
- the *Insured Person* is undergoing any suitable rehabilitation program recommended by their *doctor*.

b. Income Protection, Income Protection as Superannuation and Income Protection Plus

We will pay you a monthly Partial Disability Benefit, calculated as follows:

$$\frac{(A - B) \times C}{A}$$

A = Pre-disability monthly earnings

B = Post-disability monthly earnings

C = the monthly Total Disability Benefit

For an *Agreed Value* or *Endorsed Agreed Value Policy* held inside *superannuation*, which is not linked to an *Income Linking Plus Policy*, the amount of the Partial Disability Benefit may be reduced at the time of claim so that it does not exceed the maximum permitted under superannuation law. For more information on the amounts payable for Policies held inside *superannuation*, please see [chapter 3, section 31](#).

For Policies with a 'to age 70' *benefit period* where the *Insured Person* becomes *partially disabled* after their 65th birthday, the Partial Disability Benefit will be calculated on an *indemnity* basis.

c. Business Overheads Assured and Business Overheads

The amount of this benefit is the lesser of the *insured monthly benefit* and the *allowable business expenses* actually incurred in the month the *Insured Person* is suffering *partial disability*.

The amount earned by the *Insured Person* from personal exertion will be determined by us on the basis of the contribution of the *Insured Person* to the *business income* of the business.

d. Key Person Income

We will pay you a monthly Partial Disability Benefit, calculated as follows:

$$\frac{(A - B) \times C}{A}$$

A = the lesser of:

- the number of hours worked by the *Insured Person* in the *key person business* prior to becoming *totally disabled* or *partially disabled*, based on the average number of hours worked in the three months immediately preceding the commencement of the *waiting period*; and
- 40 hours

B = the hours worked by the *Insured Person* in the *key person business* after becoming *partially disabled*.

C = the monthly Total Disability Benefit

2.3 How we will pay

The benefit accrues from the first day of *partial disability* after the *waiting period* and is payable monthly in arrears.

If the *Insured Person* is *partially disabled* in a month for less than the complete month, the amount of the benefit will be reduced on a pro-rata basis based on a 30 day month. They will still need to meet the *waiting period*.

The benefit will continue to accrue until the earliest of:

- the end of the *Insured Person's partial disability*;
- the time when the aggregate of the period for which a Partial Disability Benefit was payable to you and any period for which a Total Disability Benefit was payable to you is equal to the *benefit period*; and
- the date your *Policy* ends.

2.4 Medical Professionals

The terms of this [section 2.4](#) apply if the *Insured Person* is a medical professional who performs exposure prone procedures as the main and important part of their *usual occupation*.

If the *Insured Person* is diagnosed with HIV – occupationally acquired or Hepatitis B or C – occupationally acquired and, as a consequence of the diagnosis, they:

- are restricted as a regulatory requirement from performing exposure prone procedures; or
- experience a reduction in income due to loss of patients,

while working more than 10 hours per week in their *usual occupation* or working in another occupation, we will regard them as:

- working and able to perform one or more of the *important income producing duties* of their *usual occupation* but unable to perform all of them; and
- having satisfied the occupational duties component of the *partial disability* definition due to *sickness*.

The other requirements of the *partial disability* definition set out in [chapter 8](#) must be satisfied for the *Insured Person* to be deemed *partially disabled*.

Other exclusions apply, for more information please refer to the definitions of HIV occupationally acquired or Hepatitis B or C – occupationally acquired in [chapter 7](#) 'Medical glossary'.

2.5 Limitations

The amount of this benefit is reduced by any limitations on benefits (see [chapter 3, sections 31 to 34](#)).

3. Severe Disability Benefit



3.1 When we will pay

If the *Insured Person* is severely disabled while covered under the *Policy*, we will pay you a monthly Severe Disability Benefit after the end of the *waiting period*.

There are two definitions of severe disability:

- *home duties IP* **NS**; and
- *general cover IP*.

The definition of *severe disability* which applies to the *Insured Person* will be shown on the *policy schedule*.

3.2 What we will pay

Definition	Benefit Payable
Home duties IP NS	The monthly Severe Disability Benefit is the <i>insured monthly benefit</i> .
General cover IP (The benefit is only available under a <i>Policy</i> held inside <i>Platform Super</i> or <i>SMSF</i> if the <i>Insured Person</i> is <i>gainfully employed</i> at the time you apply for cover).	Agreed Value The monthly Severe Disability Benefit is the <i>insured monthly benefit</i> . For an <i>Agreed Value Policy</i> held inside <i>superannuation</i> that is not linked to an <i>Income Linking Plus Policy</i> , the amount of the Severe Disability Benefit may be reduced at the time of claim so that it does not exceed the maximum permitted under <i>superannuation law</i> . For more information on the amount payable from <i>Policies</i> held inside <i>superannuation</i> , please see chapter 3, section 31 .
	Indemnity The monthly Severe Disability Benefit is the lesser of: • the <i>insured monthly benefit</i>; and • 75% of <i>pre-disability monthly earnings</i>. If the <i>insured monthly benefit with us</i> at the time of application is greater than \$30,000, and the annualised <i>pre-disability monthly earnings</i> are greater than \$480,000, the insured monthly Severe Disability Benefit amount is the lesser of: • the <i>insured monthly benefit</i>; and • a percentage of the <i>pre-disability monthly earnings</i>, where the percentage is: – 75% of the first \$320,000 of annualised <i>pre-disability monthly earnings</i>; – 50% of the next \$240,000 of annualised <i>pre-disability monthly earnings</i>; and – 20% of the remainder of annualised <i>pre-disability monthly earnings</i>.

3.3 How we will pay

The benefit accrues from the first day of *severe disability* after the *waiting period* and is payable monthly in arrears.

The benefit will continue to accrue until the earliest of the:

- date the *Insured Person* is no longer *severely disabled*;
- end of *your benefit period*; and
- date *your Policy* ends.

3.4 Limitations

The amount of this benefit is reduced by any limitations on benefits (see [chapter 3, section 31](#)).

4. Elective Surgery Benefit



4.1 When we will pay

We will regard the *Insured Person* as being *totally disabled* or *partially disabled*, as applicable, if:

- the *Insured Person* undergoes surgery by a *doctor* while covered under the *Policy* to:
 - transplant part of their body to another person; or
 - improve their appearance or to prevent their disfigurement; and
- as a consequence of the surgery, the *Insured Person* would be *totally disabled* or *partially disabled*.

4.2 How we will pay

The *waiting period* will commence from the day on which the *Insured Person* undergoes surgery.

The benefit accrues from the first day of *total disability* or *partial disability* as a result of the elective surgery after the *waiting period* and is payable monthly in arrears.

The benefit will continue to accrue until the earliest of the following:

- the *Insured Person* is well enough to return to work and earn their regular income;
- the end of the *benefit period*; and
- your Policy* ends.

4.3 Exclusions

This benefit will not apply to surgery that takes place within 6 months after the later of:

- the *commencement date*;
- the date we increase the *insured monthly benefit* (other than a *CPI* increase); and
- the date this *Policy* was last reinstated.

The above exclusion does not apply to the *Policy* if it replaces another similar income protection policy offering a benefit comparable to the Elective Surgery Benefit, issued by another insurer or another policy issued by us, and all of the following apply:

- we were specifically told about the intended replacement of the other policy and we agreed to issue this *Policy* on the basis that it replaced the other policy;
- the *insured monthly benefit* being issued by us is the same as, or less than, the existing cover being replaced¹;
- the other policy and equivalent sum insured were continuously in force for at least 6 months immediately prior to the issue of this *Policy*;
- the other policy was cancelled immediately after the issue of this *Policy*; and
- no claim is pending or payable under the other policy.

5. Rehabilitation Expense Benefit



5.1 We will pay you a Rehabilitation Expense Benefit, in addition to any other benefit under this *Policy*, if:

- the *Insured Person* has suffered *total disability* for a continuous period at least as long as the *waiting period*; and
- you or the *Insured Person* incur the cost of rehabilitation equipment or other capital expenses during the course of rehabilitation or engaging (or attempting to engage) in an occupation, which the *Insured Person's doctor* has certified as being necessary to facilitate a person's return to, and ongoing participation in sustainable work.

To ensure expenses do not contravene current health insurance laws, the costs for any expense must be approved by us before they are incurred or this benefit will not be payable for that expense. We recommend you contact us before you incur any costs for any expenses.

Examples of eligible expenses may include the cost of a wheelchair, artificial limbs, re-education expenses and home or workplace modifications.

5.2 We will reimburse the actual rehabilitation expenses incurred by you or the *Insured Person* up to a maximum amount, determined in accordance with your type of cover as set out below:

- for Income Protection Assured and Income Protection, up to a maximum of 6 times the monthly Total Disability Benefit; or
- for Income Protection Plus, up to a maximum of 12 times the monthly Total Disability Benefit.

5.3 We will not pay you this benefit for expenses that are reimbursable from any other source.

5.4 We will not pay for any expense to the extent such payment is prohibited by law. Under current health insurance laws, we cannot pay for rehabilitation expenses which:

- are incurred as part of treatment by a medical practitioner and a Medicare benefit or a pharmaceutical benefit is payable for any part of the service provided;
- are incurred as part of treatment provided in, or associated with, a hospital;
- would amount to carrying on a health insurance business in contravention of the *Private Health Insurance Act 2007* (Cth); or
- would be considered to be treatment that is intended to manage or prevent a disease, injury or condition.

5.5 For any Policies held inside *superannuation*, any benefit approved under the Rehabilitation Expense Benefit must be paid directly to the service provider and cannot be reimbursed directly to you, or the *Insured Person*.

¹ Where the *insured monthly benefit* being issued under this *Policy* exceeds that of the other policy, the above exclusion will continue to apply to the *insured monthly benefit* that is in excess of the sum insured of the other policy.

6. Rehabilitation Program Benefit



- 6.1 We will pay you a Rehabilitation Program Benefit, in addition to any other benefit under this *Policy*, if:
- the *Insured Person* has suffered a *total disability* for a continuous period at least as long as the *waiting period*; and
 - you or the *Insured Person* incur the cost of a rehabilitation program during the course of rehabilitation or engaging (or attempting to engage) in an occupation, which the *Insured Person's doctor* has certified as being necessary to facilitate a person's return to, and ongoing participation in sustainable work.
- To ensure expenses do not contravene current health insurance laws, the costs for any expense must be approved by us before they are incurred or this benefit will not be payable for that expense. We recommend you contact us before you incur any costs for any expenses.
- 6.2 We will reimburse the actual rehabilitation program costs incurred by you or the *Insured Person* up to a maximum amount, determined in accordance with your type of cover as set out below:
- for Income Protection Assured and Income Protection, up to a maximum of 6 times the monthly Total Disability Benefit; or
 - for Income Protection Plus, up to a maximum of 12 times the monthly Total Disability Benefit.
- 6.3 The *Insured Person* must take part in the rehabilitation program to rehabilitate themselves because of the *total disability* you are claiming and not for any other reason.
- 6.4 We will not pay you this benefit for expenses that are reimbursable from any other source.
- 6.5 We will not pay for any expense to the extent such payment is prohibited by law. Under current health insurance laws, we cannot pay for rehabilitation programs which:
- are provided by a medical practitioner, and a Medicare benefit or a pharmaceutical benefit is payable for any part of the service provided;
 - are provided in, or associated with, a hospital;
 - would amount to carrying on a health insurance business in contravention of the *Private Health Insurance Act 2007* (Cth); or
 - would be considered to be treatment that is intended to manage or prevent a disease, *injury* or condition.
- 6.6 For any Policies held inside *superannuation*, any benefit approved under the Rehabilitation Program Benefit must be paid directly to the service provider and cannot be reimbursed directly to you, or the *Insured Person*.

7. Return to Work Benefit **S+**



- 7.1 We will pay the Return to Work Benefit if we have paid the Rehabilitation Program Benefit or Rehabilitation Expense Benefit and the *Insured Person* becomes *gainfully employed*, on a full-time basis.
- We will pay the equivalent of:
- one times the *insured monthly benefit* if the *Insured Person* becomes *gainfully employed*, on a full-time basis for a minimum of 30 hours per week or more for three consecutive months; and
 - a further two times the *insured monthly benefit* if the *Insured Person* becomes *gainfully employed*, on a full-time basis for 30 hours per week or more for six consecutive months.
- 7.2 The Return to Work Benefit is paid in arrears and starts to accrue from the time when the *Insured Person* has been *gainfully employed* for a minimum of three consecutive months.
- 7.3 We will stop paying the Return to Work Benefit on the earlier of:
- the end of the *Policy*;
 - the *Insured Person* no longer being *gainfully employed*, on a full-time basis for at least 30 hours per week; and
 - three times the *insured monthly benefit* being paid for any one *sickness* or *injury* under the Return to Work Benefit.

8. Recurrent Disability Benefit



If the *Insured Person* suffers from the same or related *sickness* or *injury* that has previously resulted in a successful claim, we may not require the *Insured Person* to meet the *waiting period* again.

8.1 Benefit periods of 1, 2 or 5 years

For *benefit periods* of 2 or 5 years (or 1 year for Business Overheads Assured, Business Overheads and Key Person Income), a new *waiting period* will not apply if, within 6 months after a Total Disability Benefit, Partial Disability Benefit or Severe Disability Benefit ceases to be payable, the *Insured Person* suffers *total disability*, *partial disability* or *severe disability* from the same or a related *sickness* or *injury*. The successive periods during which benefits were payable are added together to determine when the *benefit period* has expired.

For *benefit periods* of 1, 2 and 5 years, a new *waiting period* and a new *benefit period* will apply if:

- at least 6 months after a Total Disability Benefit, a Partial Disability Benefit or Severe Disability Benefit ceases to be payable, the *Insured Person* suffers *total disability*, *partial disability* or *severe disability* from the same or a related *sickness* or *injury*; and

- either:
 - the *benefit period* for the previous period of *total disability, partial disability or severe disability* had not ended; or
 - the *Insured Person* had returned to and performed the full duties of their *usual occupation* for their *usual monthly earnings* for at least 6 consecutive months after a Total Disability Benefit, Partial Disability Benefit or Severe Disability Benefit ceased to be payable.

Otherwise, no benefit is payable.

8.2 Benefit periods to age 55, to age 65, to age 70 or to age 80

For a *benefit period* to age 55, to age 65, to age 70, or to age 80, the *waiting period* will not apply if, within 12 months after a Total Disability Benefit, Partial Disability Benefit or a Severe Disability Benefit ceases to be payable, the *Insured Person* suffers *total disability, partial disability or severe disability* from the same or a related *sickness or injury*.

For *benefit periods* to age 55, to age 65, to age 70, or to age 80 a new *waiting period* will apply if at least 12 months after a Total Disability Benefit, a Partial Disability Benefit or a Severe Disability Benefit ceases to be payable, the *Insured Person* suffers *total disability, partial disability or severe disability* from the same or a related *sickness or injury*.

9. Death Benefit



If the *Insured Person* dies while we are paying you a Total Disability Benefit, Partial Disability Benefit, Severe Disability Benefit, Crisis Benefit, Specified Injury Benefit or Nursing Care Benefit, a benefit equal to 6 times your monthly Total Disability Benefit or Severe Disability Benefit will be paid to either your estate (if you are both the *Insured Person* and the sole *Policy Owner*), or otherwise to the *Policy Owner*.

The Death Benefit will be reduced by any amount which has been paid in advance under a Crisis Benefit and/or Specified Injury Benefit and which relates to a period of time occurring after death of the *Insured Person*.

10. Change of Waiting Period Benefit



- 10.1 You can shorten the *waiting period* for the *Insured Person* if the *Insured Person* changes their employment status. You can do this without having to provide any evidence of the *Insured Person's* health.

As shown in the table below, a *waiting period* in the first column can be reduced to the corresponding reduced *waiting period* in the second column.

Existing waiting period of:	Reduced to a waiting period of:
720 days	90, 180 or 360 ¹ days
360 days	90 or 180 days
180 days	90 days
90 days	30 days

¹ 360 day *waiting period* is not available for Income Protection Assured or Income Protection Assured as Superannuation Policies.

Your premium will increase to reflect the shorter *waiting period*.

We consider that an *Insured Person* has changed their employment status if:

- they cease working for one employer and commence working for another unrelated employer; or
- they cease being employed and commence being self-employed.

- 10.2 You can only shorten the *waiting period* without having to provide evidence of the *Insured Person's* health if:

- the *Insured Person* is not *totally disabled* or *partially disabled* at the time (either during the *waiting period* or while a benefit is payable), and is not eligible to claim any benefit under the *Policy*;
- the *Insured Person* was accepted for cover under this *Policy* without any loadings;
- you request the change in writing within 30 days of the *Insured Person* joining the new employer or the change in employment status occurring;
- the *Insured Person* provides us with written proof that the change of employment status has occurred;
- the *Insured Person* is not eligible, and will not become eligible, for income protection cover with the new employer through an insurance *Policy*, superannuation or pension plan, and has no other income protection in force; and

- where a 720 day *waiting period* applies, you provide us with proof that the *Insured Person* was covered by an employer related income protection policy with a benefit period of one year or more while employed by the previous employer.

10.3 If the *Insured Person* suffers a *sickness* or *injury* prior to you exercising this benefit, any claim in relation to that *sickness* or *injury* will be assessed against the *waiting period* that applied at the time the *Insured Person* first suffered that *sickness* or *injury*.

11. Future Insurability Benefit



11.1 You can apply to increase the *insured monthly benefit* by up to 15% once in every 12 months if the *Insured Person's* *monthly earnings* have increased without needing to provide medical evidence.

The *income ratio* which applies to your *insured monthly benefit* after the increase must not be greater than the *income ratio* at the commencement of your *Policy*, or since the most recent increase in the monthly benefit that you have applied for under the *Policy*.

11.2 You may only apply for an increase in writing within 30 days of the *review date* and we will require financial evidence to support the increase in the *insured monthly benefit*.

Your premium will increase to reflect any increase in the *insured monthly benefit*. The increase in your *insured monthly benefit* does not apply until we have confirmed it in writing.

11.3 For Income Protection Assured and Income Protection Assured as Superannuation:

The *insured monthly benefit* after the increase must not be greater than an amount which is equal to the sum of:

- 70% of \$330,000 of annualised *monthly earnings*;
- 50% of the next \$240,000 of annualised *monthly earnings*; and
- 20% of the remainder of annualised *monthly earnings*.

For Income Protection, Income Protection as Superannuation and Income Protection Plus:

The *insured monthly benefit* after the increase must not be greater than an amount which is equal to the sum of:

- 75% of \$320,000 of annualised *monthly earnings*;
- 50% of the next \$240,000 of annualised *monthly earnings*; and
- 20% of the remainder of annualised *monthly earnings*.

If the Superannuation Contribution Option is selected, the *insured monthly benefit* after the increase must not be greater than an amount which is equal to the sum of:

- 80% of the first \$320,000 of annualised *monthly earnings*;
- 55% of the next \$190,000 of annualised *monthly earnings*; and
- 20% of the remainder of annualised *monthly earnings*.

The total increase over the life of the *Policy* cannot exceed the *insured monthly benefit* at the commencement of this *Policy* (including any increases in the *insured monthly benefit* which we have underwritten and accepted).

The maximum benefit limits for Income Protection Assured, Income Protection, Income Protection Assured as Superannuation, Income Protection as Superannuation and Income Protection Plus Policies applies to the total amount of the *insured monthly benefit* after the increase under Future Insurability Benefit.

11.4 You cannot apply for a Future Insurability Benefit increase for an *Insured Person* under this insurance cover:

- after the *review date* immediately following the *Insured Person's* 55th birthday;
- if you have had an increase under this benefit within the previous 12 months;
- if any person has made, or is eligible to make, a claim in relation to the *Insured Person* for any benefit under any insurance cover issued by us; or
- if we accepted the *Insured Person* with a loading.

Any exclusions which apply to the *Insured Person's* Income Protection Assured, Income Protection, Income Protection Assured as Superannuation, Income Protection as Superannuation and Income Protection Plus *Policy* will also apply to an increase in the *insured monthly benefit*.

12. IP Continuation Option



We may allow an Income Protection, Income Protection as Superannuation or Income Protection Plus *Policy* to continue under an *own occupation IP* definition past the expiry of the *Policy*, up until the *review date* following the *Insured Person's* 75th birthday, on a limited basis if the *Insured Person* is still working on a full-time basis, and their occupation class is AA, A, P or S as shown in the *policy schedule* or *membership certificate*. Please contact us or your financial adviser if you want to know which occupation class will apply for the *Insured Person* before applying for this *Policy*.

The offer to continue the *Policy* may be issued at the expiry of the *Policy* (i.e. the *review date* following the *Insured Person's* 55th, 65th or 70th birthday, as applicable).

- 12.1 This option will only apply if:
- we have made the offer of continuation in respect of the *Insured Person*;
 - the *Insured Person* provides a declaration within 30 days of each *review date* that they:
 - are actively working on a full-time basis;
 - are not planning to cease work in the next 12 months; and
 - have not made a claim, are not eligible to make a claim, and are not on claim for any benefit under any insurance cover issued by us;
 - we have accepted an application for this option for the *Insured Person*; and
 - premiums continue to be paid for this *Policy*.
- 12.2 From the *review date* following the *Insured Person's* 55th, 65th or 70th birthday (as applicable) the *Policy* will only pay the following benefits if this option applies:
- Total Disability Benefit; and
 - Specified Injury Benefit.¹
- 12.3 The following conditions apply to cover provided under the IP Continuation Option:
- The *waiting period* for the IP Continuation Option is restricted to 90 days, the *benefit period* is 2 years, and the maximum *insured monthly benefit* is \$20,000;
 - The contract will be issued on an *indemnity* basis, and *pre-disability monthly earnings* will be taken as the *Insured Person's monthly earnings* in the 12 month period immediately preceding the commencement of *total disability*;
 - The *Insured Person* will be required to sign a declaration in accordance with [section 12.1](#) within 30 days of every *review date* following the *Insured Person's* 55th, 65th or 70th birthday (as applicable), and must make their declaration every year;
 - The *benefit period* may extend beyond the *review date* (other than the *review date* following the *Insured Person's* 75th birthday) if the *Insured Person* is on claim, however the *Policy* will end following the completion of the *benefit period*;
 - The IP Continuation Option is not guaranteed to be offered or re-offered, and may be withdrawn at any time; and
 - The *Policy* will continue until the earliest of:
 - the *review date* that the *Insured Person* fails to meet the conditions of the annual declaration in accordance with [section 12.1](#); or
 - the *review date* following the *Insured Person's* 75th birthday.

13. Extended Cover Benefit



If you are not receiving a benefit, or not entitled to make a claim at the expiry of your Income Protection or Income Protection Plus *Policy*, you can apply to continue your cover under a *general cover IP* definition without medical underwriting.

We must receive your application to extend your cover 30 days prior to the *review date* following the *Insured Person's* 55th, 65th or 70th birthday (as applicable).

For Policies held within *Platform Super* or an *SMSF*, the *Insured Person* must be *gainfully employed* at the time of applying for this benefit.

- 13.1 From the *review date* following the *Insured Person's* 55th, 65th or 70th birthday (as applicable), the *Policy* will only pay the following benefits:
- Severe Disability Benefit (*general cover IP* definition); or
 - Death Benefit.
- 13.2 The following conditions apply to cover provided under the Extended Cover Benefit:
- *CPI* increases will not apply;
 - the *benefit period* is limited to 2 years;
 - the amount payable will be the lesser of the *insured monthly benefit* showing in the *policy schedule* and \$5,000; and
 - the *Policy* will end on the earlier of the:
 - death of the *Insured Person*;
 - *review date* following the *Insured Person's* 80th birthday; and
 - time when the aggregate of the *benefit period* for which a Severe Disability Benefit was payable to you is equal to the *benefit period*.

The *waiting period* options available at application for extended cover are outlined in the table below:

IP or IPP <i>waiting period</i> at <i>Policy</i> end date	Available <i>waiting period</i>
14 days	90, 360 or 720 days
30 days	90, 360 or 720 days
90 days	90, 360 or 720 days
180 days	90, 360 or 720 days
360 days	360 or 720 days
720 days	720 days

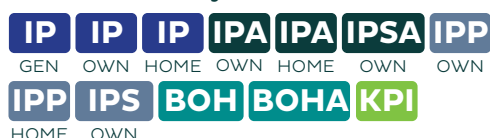
¹ Specified Injury Benefit is not available for a *Policy* held inside *superannuation* unless Income Linking Plus has been selected.

14. Loyalty Benefit



- 14.1 The Loyalty Benefit will apply when the *Policy* has been in force for three years from the *commencement date*. The Loyalty Benefit amount will be listed on the most recent *renewal summary*.
- 14.2 We will pay an extra \$50,000 should the *Insured Person* die while the *Policy* is in force.
- 14.3 The Loyalty Benefit is only paid once per *Insured Person* across any Income Protection, Income Protection as Superannuation, Income Protection Plus, Business Overheads or Key Person Income.

15. Premium Holiday



- 15.1 If *your Policy* has been in force and premiums paid for at least 6 months, we will allow *you* to suspend *your Policy* once in any 12 month period for a maximum of 12 months in total over the duration of the *Policy*. *You* can stop the Premium Holiday at any time within the relevant period.
- 15.2 **Income Protection Assured, Income Protection, Income Protection Assured as Superannuation, Income Protection as Superannuation, Income Protection Plus, Business Overheads Assured and Business Overheads**
- For Policies held outside *superannuation*, this benefit only applies if the *Policy Owner* is also an *Insured Person*.
- Application for this benefit is subject to *you* submitting an application for Premium Holiday confirming that during the relevant period the *Insured Person* is experiencing financial hardship due to:
- being unemployed;
 - being on sabbatical, maternity, paternity or long term leave from work; or
 - the *Insured Person's* household income for the last three months reducing by 30% or more (as compared to the household income over the preceding three month period).

15.3 Key Person Income

- Application for this benefit is subject to *you* submitting an application for a Premium Holiday confirming that the *Insured Person* is absent from the *key person business* and is on sabbatical, maternity, paternity or long term leave, during the relevant period.

- 15.4 The following conditions apply to the Premium Holiday:

- During the period *your Policy* is on Premium Holiday, *you* will not have to pay premiums. However, *you* will not be eligible to claim for any *sickness, injury*, death or any other event that happens during this period. A *sickness or injury* is taken to have happened when:
 - a *doctor* first gave the *Insured Person* advice, care or treatment or recommended that the *Insured Person* seek advice, care or treatment for the *sickness or injury*; or
 - the *Insured Person* first had any *symptom* of the *sickness or injury* for which a reasonable person in the same circumstances would have sought advice, care or treatment from a *doctor*.
- Acceptance of *your* application for a Premium Holiday will mean that *your* entire *Policy* and any linked Income Linking Plus *Policy* will be suspended.

16. Counselling Benefit S+



- 16.1 If we pay a Total Disability Benefit, we will pay *you* the Counselling Benefit. The Counselling Benefit provides the cost of up to 10 counselling sessions for *you*, the *Insured Person* or an *immediate family member*.
- 16.2 We will reimburse the cost of the counselling sessions, up to a maximum of \$5,000.
- The Counselling Benefit will only be paid once per *Insured Person* across all Policies issued by *us* in respect of that *Insured Person*.
- 16.3 The following conditions must be met for the Counselling Benefit to be paid:
- to ensure there is no breach of current health insurance laws, the counselling session must be provided by an accredited counsellor approved by *us*;
 - we will only reimburse amounts incurred by *you*;
 - the Counselling Benefit must be claimed within 12 months of receiving the benefit; and
 - *you* must be able to provide a copy of the invoice showing a breakdown of the services provided and the amount paid, and/or a receipt showing the amount paid.
- 16.4 We will not pay for any expense to the extent that such payment is prohibited by health insurance law. Under current health insurance laws, we cannot pay for counselling sessions which:
- are provided by a medical practitioner and a Medicare benefit or pharmaceutical benefit is payable for any part of the service provided;
 - are provided in, or associated with, a hospital;
 - would amount to carrying on a health insurance business in contravention of the *Private Health Insurance Act 2007* (Cth); or
 - would be considered to be treatment that is intended to manage or prevent a disease, *injury* or condition.

17. Nursing Care Benefit **S+**



OWN

- 17.1 If the *Insured Person* is confined to bed for more than 3 consecutive days during the *waiting period*, we will pay you a Nursing Care Benefit equal to 1/30th of the monthly Total Disability Benefit for each consecutive day of confinement.
- 17.2 We will stop paying the Nursing Care Benefit on the earliest of the following events:
- when the *Insured Person* is no longer confined to bed;
 - at the end of the *waiting period*;
 - after 90 days; and
 - when your *Policy* ends.

17.3 If confinement to bed recurs

If, following a period when the *Insured Person* was confined to bed, and within 6 months (for benefit periods of 2 and 5 years), or within 12 months (for benefit periods to age 55, to age 65 and to age 70), the *Insured Person* again becomes confined to bed from the same or a related sickness or injury, the Nursing Care Benefit becomes immediately payable. The successive periods of being confined to bed are added together to determine the duration of any Nursing Care Benefit that we will pay you.

18. Specified Injury Benefit **S+**



OWN

- 18.1 If the *Insured Person* suffers any of the injuries set out in **section 18.5** while covered under this *Policy*, we will pay you a benefit equal to the monthly Total Disability Benefit for the *payment period* from the date the specified injury occurred, even if the *Insured Person* is able to return to work during that period. We may choose to pay some or all of this benefit as a lump sum.
- If the *Insured Person* suffers more than one specified injury at the same time, we will only pay you a benefit for the injury with the longer *payment period*.
- 18.2 We will not pay a Specified Injury Benefit if your *waiting period* is 360 days or 720 days.
- 18.3 We stop paying you a Specified Injury Benefit on the earliest of the following events:
- we have paid you a Specified Injury Benefit for the *payment period*;
 - your *benefit period* ends; and
 - your *Policy* ends.
- 18.4 If, at the end of the *payment period*, the *Insured Person* is suffering total disability or partial disability as a result of the specified injury, and the *payment period* was:
- equal to or longer than the *waiting period*, you will be entitled to receive a Total Disability Benefit or Partial Disability Benefit (if eligible).

- less than the *waiting period*, the *waiting period* will be reduced by the *payment period*. You will be entitled to receive a Total Disability Benefit or Partial Disability Benefit (if eligible) once the balance of the remaining *waiting period* has been served after the end of the *payment period*.

The period of payment of the Specified Injury Benefit is included in determining whether the *benefit period* for Total Disability Benefit or Partial Disability Benefit has expired.

18.5 Specified Injuries

The specified injuries listed in the following table are covered under the Specified Injury Benefit.

For these injuries	Payment period (months)
Total and permanent loss of use of:	
Both feet or both hands or sight of both eyes	24
Any combination of a hand, a foot, sight in one eye	24
One leg above the knee joint or one arm above the elbow	18
One hand or foot or sight in one eye	12
Thumb and index finger of same hand	6
Fracture¹ of:	
Spine resulting in paraplegia or quadriplegia	60
A thigh	3
The pelvis	3
The skull (except bones of face or nose)	2
An upper arm	2
A shoulder bone	2
The jaw	2
A leg (below the knee and above the ankle)	2
A kneecap	2
An ankle	2
A wrist	1
A forearm (above wrist)	1
A collarbone	1

¹ Fracture must require a pin, traction, a plaster cast or other immobilising structure for these injuries, except in the case of pelvis or skull where this treatment is not practical.

19. Crisis Benefit **S+**

19.1 If the *Insured Person* suffers for the first time any of the 'crisis events' listed below while covered under this *Policy*, we will pay you a benefit equal to the monthly Total Disability Benefit or Severe Disability Benefit for 6 months from the date the crisis event occurred. We may choose to pay some or all of this benefit as a lump sum.

The 'crisis events' are:

- Acquired brain injury – of specified severity
- Angioplasty – triple vessel
- Aortic surgery – excluding less invasive surgeries
- Aplastic anaemia – of specified severity
- Brain or spinal cord tumour (benign) – resulting in significant permanent impairment or requiring radical treatment
- Burns (severe) – that meet specific surface area or treatment criteria
- Cancer – excluding specified early stage cancers
- Cardiac arrest – occurs out of hospital and of specified severity
- Cardiomyopathy – resulting in significant permanent impairment
- Coma – with specified criteria
- Coronary artery bypass surgery – excluding less invasive procedures
- Dementia including Alzheimer's disease – permanent and irreversible and of specified severity
- Diabetes (severe) – of specified severity
- Encephalitis – resulting in significant impairment
- Heart attack – of specified severity
- Heart valve replacement or repair
- Intensive care – requiring continuous mechanical ventilation for 10 days
- HIV – medically acquired
- HIV – occupationally acquired
- Idiopathic pulmonary arterial hypertension – resulting in significant permanent impairment
- Kidney failure – requiring permanent dialysis or transplantation
- Liver failure (severe) – of specified severity
- Loss of hearing (both ears) – permanent, irreversible and of specified severity
- Loss of independent existence – with a specified level of impairment
- Loss of sight (both eyes) – of specified severity
- Loss of speech – complete and irrecoverable
- Loss of use of limbs – complete and irrecoverable
- Lung disease – requiring permanent oxygen therapy
- Meningitis (bacterial) – resulting in permanent impairment
- Meningococcal septicaemia – resulting in permanent impairment
- Motor neurone disease
- Multiple sclerosis
- Muscular dystrophy
- Open heart surgery
- Organ transplant (major) – from another donor
- Paralysis
- Parkinson's disease – resulting in permanent symptoms
- Pneumonectomy – removal of a complete lung
- Rheumatoid arthritis (severe) – of specified severity
- Stroke – of specified severity.

19.2 We will stop paying you a Crisis Benefit on the earliest of the following events:

- we have paid you a Crisis Benefit for 6 months; and
- your *Policy* ends.

If, at the end of the 6 month period, the *Insured Person* is suffering *total disability*, *partial disability* or *severe disability* as a result of the crisis event you will be eligible to receive a Total Disability Benefit, Partial Disability Benefit or Severe Disability Benefit (as appropriate).

The period of payment of the Crisis Benefit is included in determining whether the *benefit period* for Total Disability Benefit, Partial Disability Benefit or Severe Disability Benefit has expired.

19.3 Exclusions

We will not pay a Crisis Benefit if the condition first becomes apparent, or the surgery first occurs, within 90 days after the later of the:

- *commencement date*;
- date we increase the *insured monthly benefit* (other than a *CPI* increase) but only in respect of the increase; and
- date this *Policy* was last reinstated.

The above exclusion does not apply to the *Policy* if it replaces another similar income protection policy offering a benefit comparable to the Crisis Benefit, issued by another insurer, or another policy issued by us, and all of the following apply:

- we were specifically told about the intended replacement of the other policy and we agreed to issue this *Policy* on the basis that it replaced the other policy;
- the *insured monthly benefit* being issued by us is the same as, or less than, the existing cover being replaced¹;
- the other policy and equivalent sum insured were continuously in force for at least 90 days immediately prior to the issue of this *Policy*;
- the other policy was cancelled immediately after the issue of this *Policy*; and
- no claim is pending or payable under the other policy.

We will not pay a Crisis Benefit if your *waiting period* is 360 days or 720 days.

¹ Where the *insured monthly benefit* being issued under this *Policy* exceeds that of the other policy, the exclusion will continue to apply to the *insured monthly benefit* that is in excess of the sum insured of the other policy.

19.4 Crisis events

Crisis events means the *Insured Person* has for the first time one of the listed 'crisis events' in **section 19.1** above. Each of the listed events are defined in the 'Medical glossary' in **chapter 7**. We will pay this benefit if you satisfy the full definition of the appropriate condition and a *suitably trained doctor* provides the medical evidence to support the claim.

20. Transport within Australia Benefit **S+**

20.1 We will pay you a Transport within Australia Benefit, in addition to any other benefits under this *Policy*, if the *Insured Person*:

- becomes *totally disabled* in Australia; and
- is *confined to bed* more than 100 kilometres from their usual place of residence or it is considered medically necessary for the *Insured Person* to travel to a place more than 100 kilometres from their usual place of residence for reasons directly associated with the *sickness or injury* causing *total disability*.

20.2 We will pay a benefit equal to the lesser of:

- reimbursement of the actual, reasonable costs incurred by the *Insured Person*; and
- 2 times the monthly Total Disability Benefit.

20.3 Exclusions

We will not pay you this benefit for expenses that are reimbursable from any other source.

We will pay this benefit once for any particular *sickness or injury*.

21. Transport from Overseas Benefit **S+**

21.1 We will pay you a Transport from Overseas Benefit, in addition to any other benefits under this *Policy*, if the *Insured Person*:

- becomes *totally disabled* while out of Australia;
- is *totally disabled* for more than 30 days; and
- chooses to return to Australia while *totally disabled*.

21.2 We will pay a benefit equal to the lesser of:

- reimbursement of the actual costs incurred by the *Insured Person*;
- a single standard economy airfare to Australia by the most direct and available route; and
- 3 times the monthly Total Disability Benefit.

21.3 Exclusions

We will not pay you this benefit for expenses that are reimbursable from any other source.

We will pay this benefit once for any particular *sickness or injury*.

22. Accommodation Benefit **S+**

22.1 We will pay you an Accommodation Benefit if:

- the Nursing Care Benefit is also payable;
- the *Insured Person* is *confined to bed* more than 100 kilometres away from their usual residence; and
- an *immediate family member* has to stay away from their usual residence to be with the *Insured Person*.

22.2 We will pay a benefit equal to reimbursement of accommodation costs incurred in order for the *immediate family member* to be with the *Insured Person* of up to \$200 per day, for a maximum of 30 days in any 12 month period.

22.3 We will not pay you this benefit for expenses that are reimbursable from any other source.

23. Family Care Benefit **S+**

23.1 We will pay you a monthly Family Care Benefit if:

- a Total Disability Benefit is payable in respect of the *Insured Person*;
- as a result of the *total disability*, the *Insured Person* requires full-time care from an *immediate family member*; and
- as a result, the *immediate family member* has had to cease *gainful employment*.

23.2 We will pay a monthly benefit which is the lesser of:

- the monthly Total Disability Benefit; and
- \$2,000.

If the benefit is payable during a month for less than the complete month, the amount of the benefit will be reduced on a pro-rata basis based on a 30 day month.

23.3 The benefit accrues from the first day of *total disability* after the *waiting period* and is payable monthly in arrears.

The benefit will continue to accrue until the earliest of:

- the end of the *Insured Person's total disability*;
- we have paid you a Family Care Benefit for 6 months;
- your *Policy* ends;
- the *Insured Person* ceases to require full-time care from the *immediate family member*; and
- the *immediate family member* recommences *gainful employment*.

24. Home Care Benefit S+

- 24.1 We will pay you a monthly Home Care Benefit if:
- a Total Disability Benefit is payable in respect of the *Insured Person*;
 - as a result of the *total disability*, the *Insured Person* is *confined to bed* at home; and
 - in the opinion of a *doctor*, the *Insured Person* requires the care of a paid professional home carer.

- 24.2 We will pay you a monthly benefit which is the lesser of:

- the monthly Total Disability Benefit; and
- \$4,500.

If the benefit is payable in a month for less than the complete month, the amount of the benefit will be reduced on a pro-rata basis based on a 30 day month.

- 24.3 The benefit accrues from the first day of *total disability* after the *waiting period* and is payable monthly in arrears.

The benefit will continue to accrue until the earliest of:

- the end of the *Insured Person's total disability*;
- we have paid you a Home Care Benefit for 6 months;
- your *Policy* ends; and
- the *Insured Person* ceases to require the care of a paid professional home carer.

24.4 Exclusions

We will not pay you the Home Care Benefit if the paid professional home carer is you, an *immediate family member*, or business partner of you or the *Insured Person*.

25. Respite Care Benefit S+

- 25.1 We will pay you a Respite Care Benefit if:
- the *Insured Person* has been paid a Total Disability Benefit for a continuous period of at least 24 months;
 - the *Insured Person* is living in their own home, and requiring an *immediate family member* as a full-time carer; and
 - the *Insured Person* has a permanent and irreversible inability to perform, without assistance, any two of the activities of daily living (as defined in the 'Medical glossary' in **chapter 7**).
- 25.2 We will pay the cost of respite care for a maximum of 2 weeks each year of claim after the first 24 months, if the respite care is provided outside the home in a registered respite care facility. The costs must be approved by us before the expenditure occurs.

The lump sum benefit is equal to reimbursement of the actual costs incurred, up to the lesser of:

- 2 times the monthly Total Disability Benefit; and
- \$5,000 per year.

25.3 Exclusions

The benefit will not become payable for expenses that are reimbursable from any other source.

26. Child Care Benefit S+

- 26.1 If the *Insured Person* is *totally disabled*, and requires additional childcare assistance solely as a result of their *total disability*, we will reimburse you the additional child care fees which cannot be recovered from another source.

- 26.2 This benefit is payable for a maximum of 6 months over the life of the *Policy*.

The amount we will reimburse per month is the lesser of:

- 5% of the Total Disability Benefit;
- \$500 per month; and
- the actual additional child care cost incurred, less amounts reimbursed from other sources.

- 26.3 The following conditions apply to the Child Care Benefit:

- Each child must be under the age of 14 at the time when child care costs are incurred, unless the child has special needs which require additional assistance.
- The additional child care must be provided by a licensed external child care provider.
- The additional child care arrangement must be approved by us before the costs are incurred, and evidence satisfactory to us of the additional child care costs incurred must be provided to us each month.

27. Waiver of IP Premium S+

If the *Insured Person* receives a Total Disability Benefit, the premiums paid on the *Policy* during the *waiting period* will be reimbursed to you.

You must recommence payment of premiums at the earliest of:

- the date the *Insured Person* stops being *totally disabled*;
- the end of the *benefit period*; and
- the *review date* following the *Insured Person's*:
 - 65th birthday for 2 year, 5 year or to age 65 *benefit period*; or
 - 70th birthday for to age 70 *benefit period*.

This benefit is not available if the *waiting period* is 180, 360 or 720 days.

28. Accident Benefit

IP

OPTIONAL
WITH OWN

IPA

OPTIONAL
WITH OWN

IPSA

OPTIONAL
WITH OWN

IPS

OPTIONAL
WITH OWN

IPP

OPTIONAL
WITH OWN

28.1 This benefit will only apply if it appears on the *policy schedule* or *membership certificate* for the *Insured Person*, and is only available with a 14, 30 or 90 day *waiting period*.

28.2 We will pay you an Accident Benefit if, as a result of an *accidental injury*, the *Insured Person* is *totally disabled* for:

- more than 3 consecutive days during the *waiting period* for Policies with a 14 day or 30 day *waiting period*; or
- more than 30 consecutive days during the *waiting period* for Policies with a 90 day *waiting period*.
- This benefit will be paid for the shorter of the *waiting period* and the period of *total disability*.

28.3 We will pay an amount that is 1/30th of the *Insured Person's* monthly Total Disability Benefit for each day that the *Insured Person* is *totally disabled* during the *waiting period*.

28.4 The benefit accrues from the date the *Insured Person* first seeks medical advice for the *injury* and has been certified as being *totally disabled*. The benefit is payable monthly in arrears. The benefit will continue to accrue until the earliest of:

- the end of the *waiting period*;
- the end of the *Insured Person's total disability*; and
- *review date* following the *Insured Person's* 65th birthday.

28.5 Exclusions

We will not pay this benefit if the *Insured Person* is eligible for the Specified Injury Benefit, Crisis Benefit or Nursing Care Benefit under this *Policy*.

29. Superannuation Contribution Option

IP

OPTIONAL
WITH OWN

IPS

OPTIONAL
WITH OWN

IPP

OPTIONAL
WITH OWN

29.1 To help with superannuation contributions, this option allows you to have a monthly insured amount that is higher than is usually available under an Income Protection, Income Protection as Superannuation or Income Protection Plus *Policy*.

If the Total Disability Benefit is payable, the additional amount of your *insured monthly benefit* due to the Superannuation Contribution Option can be paid into a nominated superannuation fund.

29.2 Generally the *insured monthly benefit* can be up to 75% of the *Insured Person's monthly earnings*, however with this option you can insure up to 80% of the *Insured Person's monthly earnings*.

The *insured monthly benefit* as a percentage of *monthly earnings* is calculated at the time of application and is referred to as the *income ratio*. The *income ratio* will be shown on your *policy schedule* or *membership certificate*.

29.3 The Superannuation Contribution Option is subject to the following conditions:

- the Total Disability Benefit, inclusive of any superannuation contribution amount, is payable to you; and
- by applying for this option, the *Insured Person* agrees to pay the additional benefit amount into their superannuation fund.

30. Super Plus IP Benefit **S+**

IPP

WITH INCOME
LINKING PLUS

30.1 Income Linking Plus allows the *Insured Person* to access benefits offered under an Income Protection Plus *Policy* over two separate Policies, inside and outside *superannuation*.

The Super Plus IP Benefit is any benefit offered under Income Protection Plus which is not consistent with a superannuation condition of release, and is held under an Income Linking Plus *Policy* outside *superannuation*. This may include any portion of the Total Disability Benefit or Partial Disability Benefit payable under the *Policy*, which is not consistent with a superannuation condition of release. This is explained in [section 31.2\(c\)](#) 'For all Policies held inside *superannuation*' in this chapter.

The Super Plus IP Benefit is paid to the *Policy Owner* of the Income Linking Plus *Policy*.

For more information on how Income Linking Plus can be used to structure your income protection, please see the 'Linked Policies inside and outside superannuation' section under 'Policy Structures' on [page 12](#).

30.2 Variation of benefits

Any variation to the Super Plus IP Benefit will apply to both the linked Income Protection *Policy*, and the Super Plus IP Benefit under the Income Linking Plus *Policy*.

If the Income Linking Plus *Policy* ends, the linked Income Protection *Policy* will also end.

All other terms and conditions pertaining to the payment of Income Protection Plus benefits apply to the Super Plus IP Benefit.

31. Income Protection Assured, Income Protection, Income Protection Assured as Superannuation, Income Protection as Superannuation and Income Protection Plus Limitations



This section applies to all benefits held under an Income Protection Assured, Income Protection, Income Protection Assured as Superannuation, Income Protection as Superannuation and Income Protection Plus *Policy*.

31.1 For all benefits under an Income Protection Assured, Income Protection, Income Protection Assured as Superannuation, Income Protection as Superannuation and Income Protection Plus *Policy*:

- no benefit will be payable for a particular *sickness or injury* after the *benefit period* has expired;
- all benefits cease to be payable when the *Policy* ends; and
- if *total disability, partial disability or severe disability* is caused by more than one *sickness or injury*, we will only pay benefits in respect of one *sickness or injury* at any one time.

We will not pay the following benefits at the same time:

- Total Disability Benefit and Specified Injury Benefit;
- Partial Disability Benefit and Specified Injury Benefit;
- Total Disability Benefit and Crisis Benefit;
- Severe Disability Benefit and Crisis Benefit;
- Partial Disability Benefit and Crisis Benefit;
- Nursing Care Benefit and Crisis Benefit;
- Nursing Care Benefit and Specified Injury Benefit;
- Specified Injury Benefit and Crisis Benefit;
- Family Care Benefit and Home Care Benefit;
- Accident Benefit and Specified Injury Benefit;
- Accident Benefit and Crisis Benefit;
- Accident Benefit and Nursing Care Benefit; or
- Partial Disability Benefit and Return to Work Benefit.

If you are entitled to claim for both the Crisis Benefit and the Specified Injury Benefit as a result of the same event, we will only pay you for one of the benefits, being the benefit with the longest *payment period*.

For an Income Protection Assured or Income Protection *Policy* held inside *superannuation* and an Income Protection Assured as Superannuation or Income Protection as Superannuation *Policy*, benefits are only payable if they are consistent with a superannuation condition of release under superannuation law. If Income Linking Plus is

selected, any benefit (or portion of a benefit) which does not meet a superannuation condition of release will be paid to the *Policy Owner* of the Income Linking Plus *Policy* through the Super Plus IP Benefit. For more information on the superannuation conditions of release, please see [chapter 6, section 12](#).

31.2 Total Disability Benefit and Partial Disability Benefit Offsets

The amount of the monthly Total Disability Benefit or Partial Disability Benefit may be reduced or recovered in respect of the *Insured Person* if any amounts are paid by the sources referred to below. These offsets are applied differently depending on the occupational category the *Insured Person* is in and where *Policies* are held inside *superannuation*. This will be shown on your *policy schedule* or *membership certificate*.

The amount of the Total Disability Benefit or Partial Disability Benefit may also be reduced or recovered in respect of the *Insured Person* for any offsets or limitations to your benefits which we have included in your *policy schedule* or *membership certificate*.

a. For Income Protection Assured and Income Protection Assured as Superannuation:

The amount of the monthly Total Disability Benefit or Partial Disability Benefit may be reduced or recovered in respect of the *Insured Person* if any amounts are paid by the following sources:

- regular payments from an insurance policy in an existing superannuation fund or another existing insurance policy (including regular payments which are converted to a lump sum), made in respect of *sickness or injury*, but only if that policy was not disclosed to us before we issued this *Policy* or agreed to any increase in cover under this *Policy*;
- workers or motor accident compensation or payments under common law relating to the *sickness or injury*;
- payments from the *Insured Person's* employer, partnership or business while being paid an insured benefit;
- *unaffected business income*; and
- sick leave payments made to the *Insured Person* while being paid an insured benefit.

We may agree to include some or all of any *unaffected business income* when determining the *insured monthly benefit* or when calculating *pre-disability monthly earnings* and *post-disability monthly earnings*. This will be noted as a special condition to your *Policy*.

The reduction in benefit will be such that the reduced benefit that we pay, when combined with the income from the above sources (including the reduced *monthly earnings* for *partial disability*), does not exceed the following:

- 70% of *pre-disability monthly earnings*; or
- 100% of *pre-disability monthly earnings* for *partial disability*.

The amount should not exceed a percentage of the *pre-disability monthly earnings*, where the percentage is:

- 70% of the first \$330,000 of annualised *pre-disability monthly earnings*;
- 50% of the next \$240,000 of annualised *pre-disability monthly earnings*; and
- 20% of the remainder of annualised *pre-disability monthly earnings*.

If the *Insured Person* receives any amount as outlined in this section, that includes an amount for loss of income resulting from their *sickness or injury* for any period we have paid, the *Insured Person* must, on demand by us, repay either the benefits we have paid them or the amount they have been awarded for loss of income, whichever is lower. We can also choose to reduce any amounts we pay in the future to cover such overpayments.

b. For Income Protection, Income Protection as Superannuation and Income Protection Plus

i. For all *Endorsed Agreed Value* and *Agreed Value* Policies:

Occupation class	Offsets
AA, A, P and S	The amount of the monthly Total Disability Benefit or Partial Disability Benefit may be reduced or recovered in respect of the <i>Insured Person</i> if any amounts are paid by regular payments from an insurance policy in an existing superannuation fund or from another existing insurance policy (including regular payments which are converted to a lump sum), made in respect of <i>sickness or injury</i> , but only if that policy was not disclosed to us before we issued this <i>Policy</i> or agreed to any increase in cover under this <i>Policy</i> .
BB, B and C	The amount of the monthly Total Disability Benefit or Partial Disability Benefit may be reduced or recovered in respect of the <i>Insured Person</i> if any amounts are paid by the following sources: • workers or motor accident compensation or payments under common law relating to <i>sickness or injury</i>; or • regular payments from an insurance policy in an existing superannuation fund or another existing insurance policy (including regular payments which are converted to a lump sum), made in respect of <i>sickness or injury</i>, but only if that policy was not disclosed to us before we issued this <i>Policy</i> or agreed to any increase in cover under this <i>Policy</i>.

ii. For all *Indemnity* Policies:

Occupation class	Offsets
AA, P and S	The amount of the monthly Total Disability Benefit or Partial Disability Benefit may be reduced or recovered in respect of the <i>Insured Person</i> if any amounts are paid by regular payments from an insurance policy in an existing superannuation fund or from another existing insurance policy (including regular payments which are converted to a lump sum), made in respect of <i>sickness or injury</i> , but only if that policy was not disclosed to us before we issued this <i>Policy</i> or agreed to any increase in cover under this <i>Policy</i> .
A	The amount of the monthly Total Disability Benefit or Partial Disability Benefit may be reduced or recovered in respect of the <i>Insured Person</i> if any amounts are paid by the following sources: • workers or motor accident compensation or payments under common law relating to <i>sickness or injury</i>; or • regular payments from an insurance policy in an existing superannuation fund or another existing insurance policy (including regular payments which are converted to a lump sum), made in respect of <i>sickness or injury</i>, but only if that policy was not disclosed to us before we issued this <i>Policy</i> or agreed to any increase in cover under this <i>Policy</i>.
BB, B, C and E	The amount of the monthly Total Disability Benefit or Partial Disability Benefit may be reduced or recovered in respect of the <i>Insured Person</i> if any amounts are paid by the following sources: • workers or motor accident compensation or payments under common law relating to <i>sickness or injury</i>; or • regular payments from an insurance policy in an existing superannuation fund or another existing insurance policy (including regular payments which are converted to a lump sum), made in respect of <i>sickness or injury</i>, but only if that policy was not disclosed to us before we issued this <i>Policy</i> or agreed to any increase in cover under this <i>Policy</i>; or • the <i>Insured Person's</i> employer, partnership or business.

The reduction in benefit will be such that the reduced benefit that we pay, when combined with the income from the above sources (including the reduced *monthly earnings* for *partial disability*), does not exceed the following:

- 75%¹ of *pre-disability monthly earnings*; or
- 100% for *partial disability*.

If the *insured monthly benefit* with us at the time of application was greater than \$30,000, and the annualised *pre-disability monthly earnings* are greater than \$480,000, the amount should not exceed a percentage of the *pre-disability monthly earnings*, where the percentage is:

- 75%¹ of the first \$320,000 of annualised *pre-disability monthly earnings*;
- 50%¹ of the next \$240,000 of annualised *pre-disability monthly earnings*; and
- 20% of the remainder of annualised *pre-disability monthly earnings*.

If the *insured monthly benefit* with us at the time of application was greater than \$30,000, the amount should not exceed a percentage of the *pre-disability monthly earnings*, where the percentage is:

- 80% of the first \$320,000 of annualised *pre-disability monthly earnings*;
- 55% of the next \$190,000 of annualised *pre-disability monthly earnings*; and
- 20% of the remainder of annualised *pre-disability monthly earnings*.

If the *Insured Person* receives any amount as outlined in this section, that includes an amount for loss of income resulting from their *sickness* or *injury* for any period we have paid, the *Insured Person* must, on demand by us, repay either the benefits we have paid them or the amount they have been awarded for loss of income, whichever is lower. We can also choose to reduce any amounts we pay in the future to cover such overpayments.

c. For all Policies held inside *superannuation*

The benefit we will pay, when combined with the income from other sources, must not exceed the *Insured Person's* highest average *monthly earnings* in any consecutive 12 month period in the 36 months immediately preceding the commencement of *total disability* or *partial disability*, increased by *CPI* each review date since that date.

For this purpose, income from other sources includes, but is not limited to, the following:

- workers or motor accident compensation or payments under common law relating to the *sickness* or *injury*;
- payments from the *Insured Person's* employer, partnership or business while being paid an insured benefit; and
- sick leave payments made to the *Insured Person* while being paid an insured benefit.

If Income Linking Plus is selected, the portion of the benefit which does not meet the condition above will be paid to the *Policy Owner* of the Income Linking Plus *Policy* through the Super Plus IP Benefit.

d. What we do not offset

We will not offset the following amounts:

- payments made as compensation for pain and suffering or the loss of use of part of the body;
- Total and Permanent Disablement, Living/Trauma or Terminal Illness payments;
- payments made in respect of the *sickness* or *injury* from business expense insurance Policies; or
- an entitlement to paid sick leave².

31.3 Severe Disability Offsets

The amount of the monthly Severe Disability Benefit may be reduced or recovered in respect of the *Insured Person* if any amounts are paid by the following sources:

- workers or motor accident compensation or payments under common law relating to *sickness* or *injury*;
- regular payments from an insurance policy in an existing superannuation fund, or another existing insurance policy (including regular payments which are converted to a lump sum), made in respect of *sickness* or *injury*, but only if that policy was not disclosed to us before we issued this *Policy* or agreed to any increase in cover under this *Policy*;
- the *Insured Person's* employer, partnership or business; or
- sick leave payments made to the *Insured Person*.

The reduced benefit that we pay, when combined with the income from the above sources, must not exceed 75% of *pre-disability monthly earnings*.

If the *insured monthly benefit* with us at the time of application was greater than \$30,000, and the annualised *pre-disability monthly earnings* are greater than \$480,000, the amount should not exceed a percentage of the *pre-disability monthly earnings*, where the percentage is:

- 75% of the first \$320,000 of annualised *pre-disability monthly earnings*;
- 50% of the next \$240,000 of annualised *pre-disability monthly earnings*; and
- 20% of the remainder of annualised *pre-disability monthly earnings*.

If the *Insured Person* receives any amount as outlined in this section, that includes an amount for loss of income resulting from their *sickness* or *injury* for any period we have paid, or will pay, the *Insured Person* must, on demand by us, repay either the benefits we have paid them or the amount they have been awarded for loss of income, whichever is lower. We can also choose to reduce any amounts we pay in the future to cover such overpayments.

¹ Where the Superannuation Contribution Option is selected, the amount will not exceed the greater of the *income ratio* and 75%.

² For Policies held inside *superannuation*, sick leave payments made to the *Insured Person* are included in the total amount we will pay when combined with income from other sources in 31.2(c).

The amount of the Severe Disability Benefit may be reduced or recovered in respect of the *Insured Person* for any offsets or limitations to your benefits which we have included in your *policy schedule*.

31.4 For Policies held inside *superannuation*

The Severe Disability Benefit that we will pay, when combined with the income from other sources, must not exceed the Insured Person's highest average *monthly earnings* in any consecutive 12 month period in the 36 months immediately preceding the commencement of *severe disability*.

31.5 Lump sums and non-monthly payments

Any of the amounts referred to in this section which are paid as a lump sum will be converted to an equivalent monthly amount by dividing the lump sum by 60. Any regular amounts that are paid other than monthly will be converted to equivalent monthly amounts.

31.6 Total Disability Benefit and Partial Disability Benefit reduction

From the *review date* following the Insured Person's 61st birthday, the monthly Total Disability Benefit and Partial Disability Benefit is reduced for Income Protection Assured and Income Protection Assured as Superannuation Policies.

The benefit payable will be shown in your *renewal summary* and is based on the following calculation:

<i>Review date following the below birthday</i>	<i>Percentage of your Age 60 benefit payable</i>
60	100%
61	80%
62	60%
63	40%
64	20%

32. Business Overheads and Business Overheads Assured Limitations

BOH BOHA

32.1 General

No benefit will be payable for a particular *sickness* or *injury* after the *benefit period* has expired. However, we may be able to continue paying the Total Disability Benefit under certain circumstances past the *benefit period* expiry. These circumstances are outlined in [chapter 3, section 1.3](#).

All benefits cease to be payable when the *Policy* ends.

If *total disability* or *partial disability* is caused by more than one *sickness* or *injury*, we will only pay benefits in respect of one *sickness* or *injury* at any one time.

32.2 Total Disability Benefit and Partial Disability Benefit Offsets

The amount of the Total Disability Benefit or Partial Disability Benefit will be reduced by any amounts paid or payable to you or the *Insured Person* under other business expenses insurance policies.

The amount of the Total Disability Benefit or Partial Disability Benefit may be reduced or recovered in respect of the *Insured Person* for any offsets or limitations to your benefits which we have included in your *policy schedule*.

33. Key Person Income Limitations

KPI

33.1 General

No benefit will be payable if the *Insured Person*:

- has not been generating income for the *key person business*; and/or
- has been on unpaid leave (including maternity and paternity leave if it is unpaid), for more than 3 months immediately preceding the commencement of the *waiting period*.

No benefit will be payable for a particular *sickness* or *injury* after the *benefit period* has expired. However, we may be able to continue paying the Total Disability Benefit under certain circumstances past the *benefit period* expiry. These circumstances are outlined in [chapter 3, section 1.3](#).

All benefits cease to be payable when the *Policy* ends.

If *total disability* or *partial disability* is caused by more than one *sickness* or *injury*, we will only pay benefits in respect of one *sickness* or *injury* at any one time.

33.2 Total Disability Benefit and Partial Disability Benefit Offsets

The amount of the Total Disability Benefit or Partial Disability Benefit may be reduced or recovered in respect of the *Insured Person* if any amounts are paid by the sources referred to below. These offsets are applied differently depending on whether the *Insured Person* is a *key person business owner* or *key person employee* on the *Policy*.

<i>Insured Person</i>	Offsets
Key person business owner	The amount of the Total Disability Benefit or Partial Disability Benefit will be reduced or recovered if any amounts are paid by regular payments to the <i>Policy Owner</i> or <i>Insured Person</i> , in respect of the <i>Insured Person</i> , from another existing insurance policy for <i>sickness or injury</i> (including regular payments which are converted to a lump sum), but only if that policy was not disclosed to us before we issued this <i>Policy</i> or agreed to any increase in cover under this <i>Policy</i> .
Key person employee	The amount of the Total Disability Benefit or Partial Disability Benefit will be reduced or recovered if any amounts are paid by regular payments to the <i>Policy Owner</i> , in respect of the <i>Insured Person</i> , from another existing insurance policy for <i>sickness or injury</i> (including regular payments which are converted to a lump sum), but only if that policy was not disclosed to us before we issued this <i>Policy</i> or agreed to any increase in cover under this <i>Policy</i> .

The amount of the Total Disability Benefit or Partial Disability Benefit may be reduced or recovered in respect of the *Insured Person* for any offsets or limitations to *your* benefits which we have included in *your policy schedule*.

34. Exclusions



In addition to any other exclusions to the benefits described, we will not pay you a benefit:

- if the *sickness or injury* giving rise to the claim is caused by:
 - an act of war (whether declared or not). This exclusion does not apply to the Death Benefit where the *Insured Person* dies on war service;
 - intentional self-inflicted injury (whether sane or insane);
 - attempted suicide (whether sane or insane);
 - normal and uncomplicated pregnancy and childbirth; or
- for any other specific exclusions which we have included in the *policy schedule* or *membership certificate*.

35. When does your Policy end?



Your Policy continues until the earliest of:

- the date we cancel *your Policy* because you have not paid *your* premiums or any other amounts which relate to *your Policy*, following us giving you notice required by law;
- the date the *Insured Person* dies;
- the date we receive *your* written notice to end *your Policy*;
- the *review date* following the *Insured Person's* birthday dependent on the *benefit period* shown in the table below:

<i>Benefit period</i>	<i>Expiry age</i>
To age 55	55
1 year	65
2 years, 5 years, to age 65	65
To age 70	70
To age 80	80

- for Key Person Income:
 - the date the *Insured Person* who is a *key person employee* permanently leaves the employment of the *key person business*;
 - the date the *Insured Person* who is a *key person business owner* ceases to retain a share in the ownership of the *key person business*;

- the date the *key person business* ceases to operate in the same industry which was disclosed to *us* prior to *our* acceptance of risk.

This does not apply if *we* were notified of the change in the operation of the *key person business* in writing and *we* have provided written confirmation of *our* continued acceptance of risk; and

- the date an *insolvency event* happens to the *key person business*;
- for the IP Continuation Option:
 - the *review date* that the *Insured Person* fails to meet the conditions of the annual declaration; or
 - the *review date* following the Insured Person's 75th birthday;
- for the Extended Cover Benefit:
 - the *review date* following the Insured Person's 80th birthday; and
- for a *Policy* held through a *Platform Super* account:
 - the date *your* cover is cancelled because *your* account balance is insufficient to meet the insurance premium deduction or any amounts which relate to the *Policy*; and
 - if the nominated *Platform Super* account is closed, the date that *you* ceased to be a member of the *Super Fund*.

If *your Policy* is held through a *Platform Super* account and *your Policy* is being cancelled due to instruction from the trustee of the superannuation fund as a result of the Protecting your Superannuation Package legislation, the later of:

- the date *your* account has been inactive¹ for 16 months; and
- the date up to which cover is provided for the premium paid.

If *your Policy* is held through a *Platform Super* account or *TAL Super* and *your Policy* is being cancelled due to instruction from the trustee of the superannuation fund as a result of the Putting Members' Interests First legislation:

- the date up to which cover is provided for the premium paid.

No benefit will be payable once a *Policy* has ended.

When *your Policy* ends, any Income Linking Plus *Policy* which is linked to it will also end.

¹ Inactive for this purpose means that there have been no contributions or rollovers received in *your* super account.

Chapter 4: Protection Plans Reserve

Protection Plans Reserve (Reserve) Policies are only available for existing customers replacing an existing Reserve Policy, where the replacement is first approved by us.

This section contains a summary of the increased benefits available under Reserve, as well as some of the additional terms and conditions that apply. A complete description of the features, benefits, terms and conditions of Reserve are set out in the reference document titled Protection Plans Reserve Reference Document, dated 6 November 2025. For ease of navigation, the page numbers in the right hand column of the tables in this chapter directly refer to the applicable section of the reference document. To obtain a copy of the Protection Plans Reserve Reference Document free of charge, call us on 1300 553 764 Monday to Friday or visit tal.com.au/protection-plans.

The Protection Plans Reserve cover will only apply if we provide you with a Protection Plans Reserve Policy and this cover is set out on your policy schedule, membership certificate or renewal summary.

Please note that 'Protection Plans Reserve' is an insurance product and not an investment product. Therefore, the mention of 'Reserve' in its title does not refer to or imply that it holds the types of financial reserves established to fulfil legislative and regulatory requirements for investment products.

Reserve TPD Benefit

The Reserve TPD Benefit allows you to apply for a benefit in excess of the TPD Benefit maximum of \$5 million, up to a maximum of \$15 million (including all policies held by us and any other insurer). The Reserve TPD Benefit must be linked to a Death Benefit within a Term Life (or Term Life as Superannuation) Policy.

The table below illustrates the different TPD definitions that apply at the relevant TPD Benefit amounts.

The amount of the TPD Benefit and the TPD definition available to you will depend on your personal circumstances and the purpose of your cover. Your financial adviser can provide more information on the Protection Plans and Reserve cover available to you.

TPD Benefit sum insured	TPD Benefit available in	TPD definitions available
\$10 million to \$15 million	Reserve	General cover TPD
\$5 million to \$10 million	Reserve	- Any occupation TPD; or - General cover TPD
Up to \$5 million	Protection Plans	- Own occupation TPD; or - Any occupation TPD; or - General cover TPD

The table below outlines some of the additional terms and conditions that apply for the portion of *your* TPD Benefit sum insured which is held under the Reserve TPD Benefit.

Reserve summary		Reference document
When the Reserve TPD Benefit changes	Maximum benefit from the <i>review date</i> following the Insured Person's 65th birthday is \$3 million across all Policies held by <i>us</i> in relation to the <i>Insured Person</i>. The TPD Benefit sum insured in excess of \$1 million will be considered cover under Reserve. Reserve TPD Continuation Benefit The Reserve TPD Benefit may continue under an <i>any occupation TPD</i> definition after age 65, depending on the Insured Person's annual <i>earnings</i> at that time. Where required, an additional <i>general cover TPD</i> benefit may also be applied for. If the <i>Insured Person</i> does not meet the requirements of the TPD Continuation Benefit, all cover converts to the <i>general cover TPD</i> definition.	Page 9
Additional exclusions for the Reserve TPD Benefit	• alcohol abuse; • alcohol dependence; • drug use; • mental illness; and • fatigue syndromes.	Page 9
Optional benefits not available for the Reserve TPD Benefit	The following optional benefits are not available with the Reserve TPD Benefit: • TPD Buy Back; • Double TPD Benefit; and • Waiver of Life Premium Benefit.	Page 5

Reserve Living Benefit

The Reserve Living Benefit allows *you* to apply for a Living Benefit in excess of \$2 million, up to a maximum of \$10 million (including all Policies held by *us* and any other insurer). The Reserve Living Benefit must be linked to a Death Benefit within a Term Life Policy.

The table below explains the level of cover available under Protection Plans and Reserve. The amount of the Living Benefit available to *you* will depend on *your* personal circumstances and the purpose of *your* cover. *Your* financial adviser can provide more information on the Protection Plans and Reserve cover available to *you*.

Living Benefit sum insured	Living Benefit is available under
\$2 million to \$10 million	Reserve
Up to \$2 million	Protection Plans

The table below outlines some of the additional terms and conditions that apply to the portion of *your* Living Benefit sum insured which is held under the Reserve Living Benefit.

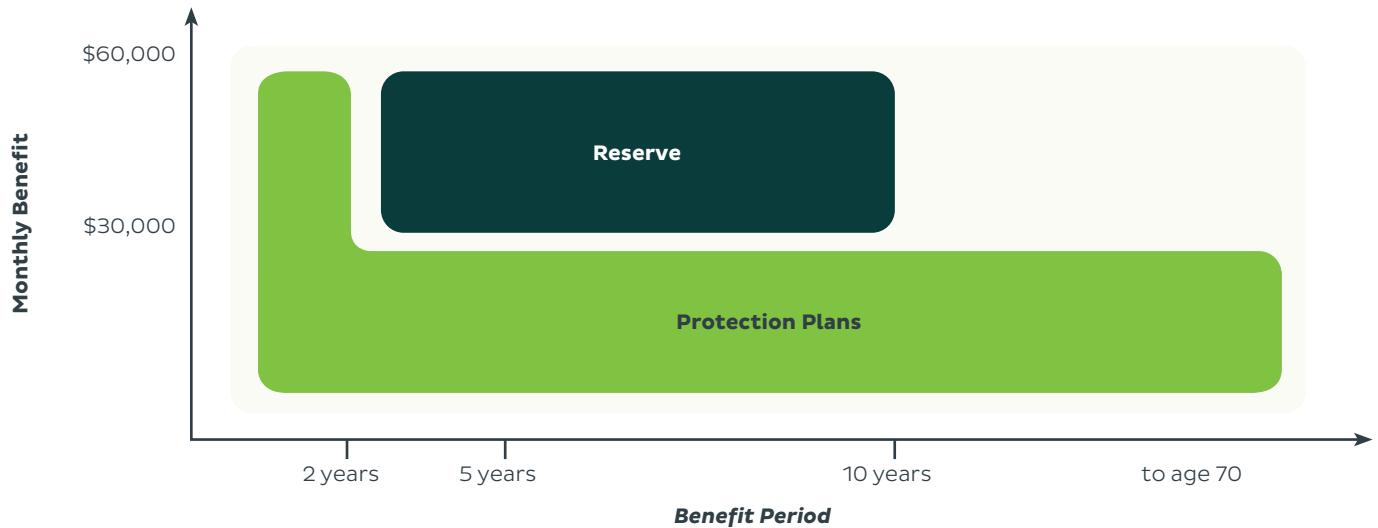
The Reserve Living Benefit covers only the *specified medical events* set out below.

Reserve summary		Reference document
Expiry age	The <i>review date</i> following the Insured Person's 70th birthday.	Page 6
Specified medical events	• Cancer (severe) with specified requirements – Reserve definition¹ • Stroke (severe) with specified impairment – Reserve definition¹ • Paralysis • Heart attack (severe) with specified requirements – Reserve definition¹ • Loss of independent existence – with a specified level of impairment	Page 10
Additional exclusions for the Reserve Living Benefit	• alcohol abuse; • alcohol dependence; and • drug use.	Page 11
Included and optional benefits not available for the Reserve Living Benefit	The following included and optional benefits are not available with the Reserve Living Benefit: • Living Buy Back Benefit; • Living Benefit Plus; • Double Living Benefit; and • Living Reinstatement Benefit.	Page 6

¹ Definitions for these *specified medical events* differ between the Reserve Living Benefit and the Protection Plans Living Benefit. Please see the 'Medical Glossary for Reserve Living Benefit' in the Reserve Reference Document for these definitions.

Reserve Income Protection

Reserve Income Protection (or Income Protection as Superannuation) allows you to apply for Income Protection with an *insured monthly benefit* between \$30,000 and \$60,000 per month with a *benefit period* of either 5 or 10 years.



The table below outlines some of the additional terms and conditions that apply for the Reserve Income Protection.

Reserve summary		Reference document
Benefit period for amounts between \$30,000 and \$60,000 per month	Either a 5 or 10 year <i>benefit period</i> which both expire on the <i>review date</i> following the Insured Person's 65th birthday.	Page 12
Type of insured monthly benefit available	<i>Indemnity</i> or <i>Endorsed Agreed Value</i> ¹ for the first \$40,000 of the <i>insured monthly benefit</i> . <i>Indemnity</i> for any additional <i>insured monthly benefit</i> above \$40,000.	
Additional exclusions for Reserve Income Protection	• alcohol abuse; • alcohol dependence; • drug use; • mental illness; and • fatigue syndromes. These exclusions apply to the <i>insured monthly benefit</i> amounts exceeding \$40,000 and only after you have received the <i>insured monthly benefit</i> for 24 months.	Page 12
Additional limitations for Reserve Income Protection	Legislated compensation schemes or Workers Compensation or payments made under common law relating to <i>sickness</i> or <i>injury</i> .	Page 12

¹ *Endorsed Agreed Value* is only available if the *Policy* is replacing an existing Protection Plans *Endorsed Agreed Value* Income Protection *Policy* and the cancel and replace is being performed to facilitate a change of ownership or correct an administrative error affecting the existing *Policy*.

Chapter 5: Making a claim and our right to investigate

Making a claim

Claims should be made as soon as practical after an insured event, so we can assess *your* claim as promptly as possible.

Any accident giving rise to a potential claim relating to occupationally acquired HIV must be supported by a negative HIV Antibody test taken after the accident. There are also screening time frames for an accident relating to occupationally acquired Hepatitis B or C which are outlined in the 'Hepatitis B or C – occupationally acquired' definition in [chapter 7](#).

If you wish to make a claim, please contact *our* Customer Service team on 1300 553 764 Monday to Friday.

Our consultants will arrange for *you* to receive any information or forms you need.

Claim requirements

We will need all the evidence we reasonably regard as necessary to be able to pay the claim. *You* are responsible for providing all evidence to support *your* claim at *your* expense.

To make a claim under the *Policy* we generally must receive:

- *our* fully completed claim form;
- proof of *your* age, if not already provided;
- proof of probate and a death certificate for death claims; and
- any other evidence we reasonably require to establish the validity of the claim, such as medical and/or financial evidence. This may require evidence or reports from treating *doctors*, and certified translations into English if overseas, provided at *your* expense. We may also require the *Insured Person* to undergo medical examinations or tests by a *doctor* of *our* choosing. We will pay the reasonable costs of these. Financial evidence may include proof of pre-disability and post-disability monthly earnings, as well as income tax returns, accountants' statements or other proof acceptable to *us*.

Our rights to investigate

At any time, if we have reasonable grounds to suspect that *you* did not answer *our* questions honestly, accurately, and completely to the best of *your* knowledge when *you* applied, extended, made changes to existing insurance or reinstated insurance, we may require authority from *you* or the *Insured Person* to investigate the information given to *us*. The evidence required will depend on the circumstances and may include health information, such as access to medical records, Medicare and the Pharmaceutical Benefits Scheme, financial information, or any other proof necessary to establish whether or not *you* took reasonable care not to make a misrepresentation.

If *you* or the *Insured Person* does not provide the authority, *your* entitlement to the benefit may not be established. We will tell *you* if this applies to *you* and give *you* or the *Insured Person* reasonable opportunity to provide the authority.

Please note that we rely on the information that *you* provide during an application, claim and through any investigation to assess a potential failure to take reasonable care not to make a misrepresentation to *us*.

If either *you* or any *Insured Person* has acted fraudulently, we may cancel the *Policy* or any of its benefits and not pay any benefits.

Your Policy, claims and applicable laws

Your Policy is subject to the applicable laws of Australia including the *Insurance Contracts Act 1984* (Cth). For example, under section 54 of the *Insurance Contracts Act 1984* (Cth), if the effect of *your Policy* is that we may refuse to pay *your* claim or reduce *your* benefit due to some act or omission by *you* or someone else that occurs after *your Policy* commences, we may:

- refuse to pay *your* claim, but only to the extent that such act or omission could reasonably be regarded as having caused or contributed to the loss which gives rise to *your* claim; or
- reduce the amount of *your* benefit, but only by an amount that fairly represents the extent to which *our* interests are prejudiced by the act or omission.

There may be circumstances where the act or omission was necessary to protect a person or property, or it was not reasonably possible to avoid the act or omission. In those circumstances we may not refuse to pay the claim, only because of that act or omission.

Uses of personal information

We may request certain information from the *Insured Person* during the assessment of a claim, or any time we make an investigation. If this information is not provided, we may not be able to accept or continue the claim.

In addition, if *you* make a claim under the *Policy*, or we have initiated an investigation, *you* agree that we can collect further personal information about the *Insured Person*. This includes health information which, for the purposes of assessing the claim or investigation, may be necessary to disclose to third parties, such as medical practitioners. *You* and the *Insured Person* agree that the necessary collections and disclosures of personal information will be a condition of making a claim.

Payment of claims

For Income Protection Assured, Income Protection, Income Protection Assured as Superannuation, Income Protection as Superannuation, Income Protection Plus, Income Linking Plus, Business Overheads Assured, Business Overheads or Key Person Income Policies, we will start payment of any benefit (including any amounts that have accrued), after we have accepted liability to pay the claim. We will pay benefits to *you* monthly in arrears. All payments are made in Australian currency. Should we accept liability to pay a claim, this is not a representation by us that we will continue to accept liability for so long as the *Insured Person* is not working or working in a reduced capacity. We may cease payment of the benefit at any time where we are of the opinion that the *Insured Person* is not *totally disabled*, *partially disabled* or *severely disabled* as required by this *Policy*.

Nominating a beneficiary

Policies held outside superannuation

If *you* are the only *Policy Owner* and the *Insured Person*, *you* are able to nominate up to five *beneficiaries* to receive a Death Benefit under a Term Life Policy, subject to the following rules:

- a nominated *beneficiary* can be a natural person, corporation or trust;
- if a nominated *beneficiary* dies or the corporation or trust ceases to exist before a claim is made under the *Policy* and no change in nomination has been made, then any money otherwise payable to that *beneficiary* will be paid to *your* estate;
- if ownership of the *Policy* is assigned or transferred to another person or entity, then any previous nomination becomes invalid; and
- *you* can change *your* nomination at any time before the Death Benefit becomes payable by sending us written notice of the change.

We are obliged to comply with any nomination made so please review *your* nomination regularly, especially if there has been a change in *your* circumstances.

Where there is more than one *Policy Owner* and the *Insured Person* dies, the Death Benefit is paid equally between the surviving *Policy Owners*. If there are no surviving *Policy Owners*, the benefit will be paid to the estate of the last surviving *Policy Owner*.

Policies paid for and held inside superannuation

There are specific rules about people that can be nominated as *beneficiaries* within Policies paid for and held inside *superannuation*.

For more information on *beneficiary* nominations for Term Life as Superannuation, see the TAL Super PDS.

For Policies paid through an *SMSF* or *Platform Super* account, the benefit will be paid to the corresponding *SMSF* or *Platform Super* trustees.

Chapter 6: Other important information

1. Cooling off period

When you receive your insurance documents, please read them carefully.

If you are not completely satisfied you may cancel your insurance. You have until the latest of:

- 30 days from the commencement date; and
- 25 days after you receive your insurance documents.

If you would like to cancel your insurance within this cooling off period, please contact us.

When we receive your advice to cancel under the cooling off provisions, we will cancel the insurance from the commencement date and refund any payments you have made (less any tax that may apply to your premium). You cannot exercise your rights under the cooling off period if you have already made a claim under the Policy.

Policies held through TAL Super

In addition to the information above, for Policies held through TAL Super if your payment includes amounts which superannuation laws do not permit you to take as cash, you will need to transfer these amounts to another superannuation or rollover fund. You must advise us, within one month, of the name and details of the superannuation or rollover fund that you want your monies to be transferred to. If we do not receive these details within one month after you tell us you want to cancel your insurance you will lose your right to cancel the insurance during the cooling off period.

2. Premiums and charges

For each Policy that you have, the premium and any other charges are the cost of your insurance cover. We calculate your premium when your insurance begins and at each review date. We will notify you of your premium in writing before each review date. We also recalculate your premium if you request any changes to your insurance (e.g. an increase in a benefit).

The premium depends on a number of variables, including, but not limited to, the premium option chosen, the type of insurance you have, any optional benefits, the amount of insurance you have for each benefit, the age, gender, smoking status, health, occupation and pursuits of each Insured Person, the frequency at which you choose to pay your premium and any loading specified in your policy schedule or membership certificate.

Calculating your premium

To calculate your premium, we add together the premium for each benefit for each Insured Person covered in a Policy and then add the policy fee. For each Income Protection Assured or Income Protection Assured as Superannuation Policy, the minimum premium is \$23 if paying monthly, \$69 if paying quarterly, \$138 if paying half-yearly, or \$250 if paying annually, for each Insured Person plus the policy fee and stamp duty.

For all other Policies the minimum premium is \$14 if paying monthly, \$42 if paying quarterly, \$84 if paying half-yearly, or \$150 if paying annually, for each Insured Person plus the policy fee and stamp duty.

You can pay premiums monthly, quarterly, half-yearly or annually. Where premiums are not paid annually, your premium will be increased by 9%.

If you add an Insured Person to your Policy or increase an existing benefit for an Insured Person between review dates and you are paying annually, half-yearly or quarterly, the additional premium that you have to pay for that Insured Person will be the additional premium, multiplied by the number of months from the date this benefit or increase started to the next payment date, divided by the number of months in the payment period.

Example (for illustrative purposes only)

You add an Insured Person to your Policy three months before the next review date. The additional annual premium is \$400. The additional premium you have to pay following that change is:

$$\frac{400 \times 3}{12} = \$100.00$$

If you add an Insured Person to your Policy or increase an existing benefit for an Insured Person between review dates and you are paying monthly, your monthly premiums will increase from the next monthly premium that is payable after the benefit or increase started.

Paying your premium

You can choose the payment method that suits you. You can pay monthly, quarterly, half-yearly or yearly in advance by MasterCard, Visa, automatic debit from your bank account, or by any other method that we may make available. If you choose to pay by automatic debit from your bank account, then please take note of the conditions set out in the 'Direct Debit Request Service Agreement' in [chapter 6, section 4](#). If you are paying yearly in advance, you may also pay by cheque.

Paying via Platform

You can also choose to pay via your Platform Investment or Platform Super cash account. For more information regarding Platform Investment or Platform Super, please refer to [chapter 6, section 10](#) or your relevant Platform Investment or Platform Super offer document.

Paying by rollover

For Term Life as Superannuation, Income Protection Assured as Superannuation and Income Protection as Superannuation Policies, we will accept partial rollovers as a payment method for premiums paid yearly in advance. A partial rollover is a partial transfer of superannuation, from one complying superannuation fund to another. Some superannuation funds are prevented from making rollovers to pay for insurance cover through superannuation – you should check whether your superannuation fund is able to pay a rollover.

Partial rollovers will be accepted only if the rollover amount exactly matches the amount required for the Policy.

When you fund a Term Life as Superannuation, Income Protection Assured as Superannuation or Income Protection as Superannuation annual premium by partial rollover from a taxed complying superannuation fund, the superannuation fund applies a 15% tax rebate benefit to reduce your premium. This means you will only need to rollover 85% of your total annual premium. The benefit applies to Policies held in *TAL Super* where the annual premium for the *Policy* is paid via rollover.

Before requesting a partial rollover, please check with the superannuation fund provider:

- that the balance of the superannuation account is sufficient to pay for the premiums, as well as to continue to meet any minimum balance requirements of the superannuation account;
- if they will accept our rollover authority form, as a superannuation fund provider may have additional requirements, such as proof of identification, or require the member to complete their own form;
- about any exit or withdrawal fees which may apply to the partial rollover; and
- if they will allow more than one partial rollover per year, in the case that premiums are paid with a partial rollover for more than one *Policy*. Some superannuation funds have restrictions, such as only allowing one partial rollover each year.

What if you don't pay?

If your premiums or other amounts are overdue, you will be notified in writing. The time to pay this amount will be specified in the notice provided to you. If we don't receive your payment within that time, we may cancel your *Policy*, provided we have given you notice required by law. You may apply to reinstate your cover within a certain period of time, but reinstatement of cover is at our discretion and cannot be guaranteed. Any application for the reinstatement of cover may be subject to underwriting. We may accept your application, vary your benefits, charge additional premium or not let you reinstate the cover. The terms of any such cover will be provided prior to reinstatement, and may differ from the terms of your current cover.

Policy fee

A policy fee may apply for each standalone *Policy*, including Term Life, Term Life as Superannuation, Standalone TPD, Standalone Living Insurance, Income Protection Assured, Income Protection, Income Protection Assured as Superannuation, Income Protection as Superannuation, Income Protection Plus, Business Overheads Assured, Business Overheads and Key Person Income. No additional policy fee is payable where a benefit (for example, a TPD and/or a Living Benefit) is added as an additional benefit to a Term Life or Term Life as Superannuation *Policy*.

At 1 October 2025, the policy fee is \$116.40 per year, \$63.41 per half-year, \$31.71 per quarter, or \$10.57 per month. The policy fee increases each year according to the CPI, and is updated on 1 October.

Stamp duty

Stamp duty, licence fees or similar charges that are payable in respect of your *Policy* must be paid in addition to your premium and the policy fee (where applicable). The rate of stamp duty, and the basis on which it is payable, varies for each state of Australia and can be changed without notice. We will recalculate the amount of stamp duty payable whenever your premium is recalculated. It will also vary if the rate of stamp duty, or the basis of calculating or charging stamp duty, on the *Policy* is altered.

Adviser Remuneration

We may pay commission, administration fees and other benefits to financial advisers and dealer groups. We pay these amounts out of the premium we receive from you, they are not an additional charge to you.

In addition to any payment for selling your *Policy*, we may make payments to financial services dealer groups based on commercial arrangements.

Your financial adviser will provide details of the benefits they will receive if we issue you with insurance in the Financial Services Guide and/or Statement of Advice that they will give to you.

The *Insurer* maintains an Alternative Forms of Remuneration Register (Register) in accordance with the Financial Services Council (FSC) and Financial Planning Association Industry Code of Practice on Alternative Forms of Remuneration in the Wealth Management Industry. The Register outlines the alternative forms of remuneration which are paid and received from givers and receivers of such remuneration. If you would like to view the Register, please contact us on 1300 553 764.

3. Other bits and pieces

Who's responsible for Protection Plans?

The **Insurer** is TAL Life Limited ABN 70 050 109 450 AFSL Number 237848 (TAL Life). TAL Life is part of the TAL Dai-ichi Life Australia Pty Limited ABN 97 150 070 483 group of companies.

The **issuer** of this PDS and the life insurance products described in it is the **Insurer**. The **Insurer** is responsible for this PDS and the *policy schedule* that set out the terms and conditions of the life insurance products and the payments made under those documents.

This PDS is issued by TAL Life. *You* should read this PDS in conjunction with the TAL Super Product Disclosure Statement (PDS) which contains detailed information on options and conditions.

You can take out a Protection Plans *Policy* through a superannuation fund if the **Insurer** has a current arrangement with the trustee of the superannuation fund.

Communication

We will send notices to the last address that *you* gave *us* and it is agreed that this will be valid notice to *you*. We say that *you* receive a notice on the date that *you* would have received it in the ordinary course of the mail. If *you* move, *you* need to tell *us* *your* new address.

From April 2025, we will be transitioning some policyholders from communications being issued via post to being delivered digitally through a self-service website. For more information about online communications, please contact *our* Customer Service team on 1300 553 764 Monday to Friday.

Changing your Policy

We may *underwrite* any application for a variation to *your Policy* (including changes to any of the benefits or options, or addition of benefits or options). If we accept the application, we will send *you* written notice of the change.

If *you* add an *Insured Person* to *your Policy* or remove an *Insured Person* from *your Policy*, we will send *you* written notice of the change and the change will only be effective on provision of such written notice.

We will show the date that any change starts. Any notice we send *you* forms part of the *policy schedule* or *membership certificate* and the change will only be effective on provision of such written notice.

If *you* would like to increase, decrease or cancel the amount or types of cover *you* have, we recommend that *you* contact *your* financial adviser. Alternatively, *you* can call *us* on 1300 553 764 Monday to Friday. *You* can also access more information about increasing, decreasing or cancelling *your* cover by visiting tal.com.au/protection-plans.

Changes to this PDS

The information in this PDS may change from time to time. When such change is materially adverse, we will issue a supplementary or replacement PDS. Any other changes to the information in this PDS will be available to *you* at any time on tal.com.au/protection-plans. *You* can ask for a paper copy of such information free of charge by contacting *us*.

Governing Law

This *Policy* is governed by the laws of New South Wales.

Currency

All dollar amounts are referred to in Australian currency. All claims will be paid in Australian dollars.

No financial advice

The information in this PDS does not take account of *your* financial situation, objectives or needs. Before acting on any information in this PDS, *you* should consider whether it is appropriate to *your* financial situation, objectives or needs.

Availability

The PDS is available only to persons receiving this PDS in Australia.

Where we put your money

All insurance Policies issued by the **Insurer** are included in the TAL Life's Statutory Fund No. 1. We pay *your* benefits from this fund. The money in the fund is regulated under the *Life Insurance Act 1995*. The **Insurer** maintains reserves and capital in accordance with accounting and regulatory requirements.

No cash value

None of the products in Protection Plans allow *you* to share in any profit or surplus and *your Policy* does not have a surrender or cash value. If *you* cancel *your* insurance at any time except within the cooling off period, *you* will not be entitled to any payment.

What happens if we make a mistake?

We work hard to ensure *you* receive accurate information and that *your Policy* and any claim *you* make will be administered correctly. However, from time to time we do make and identify errors. If this happens, we will try to make things right. If *you* think that we have made an error, please tell *us* right away so that we can investigate and take action.

4. Direct Debit Request Service Agreement

This section does not apply to a *Policy* held through a *Platform Investment* or *Platform Super* account.

This agreement sets out the terms on which you have authorised the *Insurer* (Direct Entry User ID No. 669010 or Direct Entry User ID No. 002631)¹ under your Direct Debit Request to arrange for amounts that become payable in respect of your *Protection Plans Policy*, to be made by deduction from your account at your financial institution (nominated account) using the direct debits payments system (also known as the Bulk Electronic Clearing System). The direct debits will be made at the rate and frequency specified in the most recent *policy schedule*, *membership certificate* or *renewal summary* or the latest notice that we have provided to you (whichever is later).

- We agree to be bound by this agreement when we receive your Direct Debit Request complete with the particulars we need to draw down an amount under it. Please ensure that you keep a copy of this agreement as it sets out certain rights you have against us and certain obligations you have to us in giving us your Direct Debit Request.
- You will need to:
 - complete a new Direct Debit Request for any other product you purchase from us, or if you move from one of our products to another; and
 - ask us to discontinue any Direct Debit Request that is in force if you cancel a product (debits may continue to be made to your nominated account until you do so).
- Your Direct Debit Request authorises us to arrange for payment to us for the amounts, and at the times, required by the terms of your *Policy* and your instructions to us in relation to it. It also enables any changes in those amounts, and payment times, to occur automatically – you will not need to complete a new form.
- You can:
 - cancel, vary, defer or suspend the Direct Debit Request; or
 - stop or suspend an individual debit from taking place under it,
 by calling us on 1300 553 764 Monday to Friday (in some cases, we will need your written confirmation). You need to allow us 6 working days before the next drawing date to process your request, or the debit may still be made. (You may also be able to stop an individual debit by contacting your own financial institution. You may be liable for financial institution charges if you do this – your financial institution should have information on these).
- If a due date for a debit falls on a weekend or public holiday, the debit will be processed on the next business day. Please check with your financial institution if you are uncertain about when a debit will be processed to your nominated account.
- You must ensure that you have sufficient cleared funds available in the nominated account by the due date to permit the payments under the Direct Debit Request. Please check with us if you are uncertain about when debits will be processed to your nominated account.
- If a drawing is unsuccessful, we will not draw again until the next scheduled drawing date. If your drawing is to pay for insurance benefits, we will re-draw the missed payment as well as the current payment. Drawings will be suspended after three unsuccessful attempts. Your financial institution may charge you fees and interest for unsuccessful debits.
- You may pay us otherwise than by direct debit if the direct debit fails as follows:
 - online by visiting tal.com.au/payment to pay by credit card or debit card.²
 - by contacting us on 1300 553 764 to arrange a payment by credit or debit card.²
- You should check your account: prior to the direct debit being applied to see if there are sufficient funds and after the direct debit is made to see that it has been correctly applied.
- Please contact our Customer Relations Consultants on 1300 553 764 if you have any questions about your Direct Debit Request, such as concerns about a debit that we make under it. We investigate and deal with in good faith any dispute relating to an alleged incorrect or wrongful debit within 3 business days of receiving such a query, claim or complaint. This may include us and our bank reviewing our respective records. If necessary we will contact your financial institution to review its records. We will advise you as soon as practicable (generally within 5–10 days) depending on the nature and extent of the dispute, and the measures taken to resolve it. You may also dispute an amount we draw under your Direct Debit Request by contacting your financial institution.
- We can vary this Service Agreement at any time after giving you at least 14 days notice of the changes.
- We will keep information about your financial institution account details and records confidential, except:
 - to the extent necessary to resolve any claim you might make relating to a debit which you claim has been made incorrectly or is a wrongful debit (which includes the provision or disclosure of such information to Westpac Banking Corporation ABN 33 007 457 141, the sponsor of our use of the direct debits payment system);
 - if you consent to disclosure of such information; or
 - we are required to disclose such information by law.
- Direct debiting through the direct debit payments system is not available on all accounts provided by financial institutions. Please ensure that your financial institution allows direct debits on your nominated account before completing your Direct Debit Request. Also, before you complete your Direct Debit Request, it is your responsibility to check your nominated account details against a recent statement from your financial institution to ensure the details on your Direct Debit Request are completed correctly.

¹ Direct Entry User ID No. 669010 for Term Life as Superannuation, Income Protection as Superannuation and Income Protection Assured as Superannuation and Direct Entry User ID No. 002631 for all other products.

² EFTPOS cards without a Visa or MasterCard number are not accepted. American Express is not accepted.

- If you wish to notify us about anything relating to your Direct Debit Request Service Agreement, you can contact us in writing:
 - by mail: GPO Box 5467, Sydney NSW 2001
 - by email: PPIinsurance@tal.com.au

We will notify you by sending a notice to the address we have on file for your Policy. Any notice will be deemed to have been received on the second banking day after sending.

5. Protection of your privacy

The way in which we collect, use and disclose your personal information and sensitive information ('personal information') is explained in our Privacy Policy. Our Privacy Policy is available on our website at tal.com.au/privacy-policy or free of charge on request.

If you have any questions about the way in which we collect, use, secure and disclose your information please contact us using the details below:

- 1300 553 764, Monday to Friday
- GPO Box 5380, Sydney NSW 2001

Our Privacy Policy contains details about the following:

- the kinds of personal information that we collect and hold;
- how we collect and hold personal information;
- the purposes for which we collect, hold, use and disclose personal information;
- how our customers may access personal information about them which is held by us and how they can correct that information; and
- how we deal with any complaints that our customers may have regarding privacy issues.

Your personal information will be collected to enable us to provide or arrange for the provision of our insurance products and services. We may request further personal information in the future, for example, if you want to make a claim and we need to collect health or financial information. If you do not supply the required information, we may not be able to provide the requested product or service or pay the claim.

In processing and administering your insurance benefits and other product held by you, we may disclose your personal information to superannuation fund trustees, and to other parties such as organisations to whom we outsource our mailing and information technology, government regulatory bodies and other related bodies corporate. We may also disclose your personal information (including health information) to other bodies such as reinsurers, your financial adviser, health professionals, investigators, lawyers and external complaints resolution bodies.

In administering your benefits, your personal information may be disclosed to service providers in another country. In these circumstances we have robust operational processes to protect the information including due diligence, vendor management and a formal contract requiring adherence to Australian privacy laws. Details about the countries to which we disclose information are available in our Privacy Policy.

Generally, we do not use or disclose any customer information for any purpose other than providing our products and services unless:

- our customer consents to the use or disclosure of the customer information;
- the use or disclosure is required or authorised under an Australian law or court/tribunal order;
- the purpose is related to improving our products and services and seeking customer input such as market research; or
- the use or disclosure of the information is reasonably necessary for one or more enforcement related activities conducted by, or on behalf of, an enforcement body e.g. the police.

From time to time we or our related bodies corporate and business partners may wish to contact you (where we have your valid consent) to provide you with information about other products and services in which you may be interested. These consents shall remain in effect in accordance with relevant law or unless and until you notify us that you don't want to receive any marketing communications from us.

We rely on the accuracy of the information you provide. If you think that we hold information about you that is incorrect, incomplete or out of date, please let us know using the communication methods above.

Under the current privacy law, you are generally entitled to access the personal information we hold about you. To access that information, simply make a request in writing. This process enables us to confirm your identity for security reasons and to protect your personal information from being sought by a person other than yourself.

There are some limited exemptions where we would be unable to provide the personal information that we hold about you in response to your request. These circumstances include, but are not limited to, where we reasonably believe the following:

- giving access would pose a serious threat to the life, health or safety of any individual, or to public health or public safety;
- giving access would have an unreasonable impact on the privacy of other individuals;
- the request for access is frivolous or vexatious;
- the information relates to existing or anticipated legal proceedings between you and us and the information would not be accessible by the process of discovery in these proceedings;
- giving access would reveal our intentions in relation to negotiations with you in such a way as to prejudice those negotiations;
- the information should be provided directly by us to your doctor or healthcare professional;
- giving access would be unlawful; or
- giving access would reveal evaluative information generated by us in connection with a commercially sensitive decision making process.

If, for any reason we decline *your* request to access and/or update *your* information, we will provide *you* with details of the reasons and where appropriate, a list of the documents that are not being provided directly to *you*. In some circumstances it may be appropriate to provide *you* with access to information that *you've* requested via an intermediary, such as providing medical information to a treating GP rather than directly to *you*. If this is the case, we will let *you* know.

Additional information about privacy rights and how to make a privacy related complaint can be found at the website of the Privacy Commissioner www.oaic.gov.au including sensible steps that *you* can take to protect *your* information when dealing with organisations and when using modern technology.

Where *you* have provided information about another individual (including a nominated *beneficiary*), *you* must make them aware that their personal information has been provided to *us*.

Security and storage of personal information

We understand the importance of ensuring that the personal information *you* entrust to *us* is safe and secure. We take steps to protect the personal information we hold about *you* from unauthorised access, unauthorised disclosure, loss, misuse or interference by implementing a range of electronic, physical and technological safeguards.

We have processes in place to identify, manage and remediate privacy and data breaches in accordance with our obligations under the Notifiable Data Breaches scheme.

Please also refer to our Privacy Policy on our website at www.tal.com.au for further information.

Anti-Money Laundering and Counter Terrorism Financing

We are required to satisfy various regulatory and compliance obligations, including the *Anti-Money Laundering and Counter Terrorism Financing Act 2006* (Cth).

We may, from time to time, require additional information from *you*, which *you* must provide. We may also be required to disclose information about *you* to a regulator or law enforcement body.

6. Feedback and complaints

If *you* have a complaint about *our* services or *your* privacy *you* should direct *your* complaint depending on the product *you* hold:

Complaints about Protection Plans structured outside superannuation or SMSF

If *you* wish to make a complaint about Protection Plans *you* can contact *us* on:

- 1300 209 088
- customerservice@tal.com.au
- www.tal.com.au
- Internal Dispute Resolution
GPO Box 5380, Sydney NSW 2001

We will attempt to resolve *your* complaint within 30 days of the date it is received. If we are unable to resolve *your* complaint within that period, we will inform *you* of the reasons for the delay and let *you* know when we expect to provide a response to *your* complaint.

Complaints about Protection Plans structured through superannuation

You should address *your* complaints to the trustee of *your* superannuation fund. The trustee will provide *you* with the details of its complaint-handling arrangements.

If *your* Policy is structured through TAL Super, please refer to the 'How to make a complaint' section of the TLAS, IPAS and IPAAS through TAL Super PDS.

Australian Financial Complaints Authority (AFCA)

If an issue has not been resolved to *your* satisfaction within 30 days of lodging *your* initial complaint, *you* can lodge a complaint with AFCA. AFCA provides fair and independent financial services complaint resolution that is free to consumers.

- 1800 931 678
- info@afca.org.au
- www.afca.org.au
- GPO Box 3, Melbourne VIC 3001

Time limits may apply to complaints to AFCA. *You* may wish to consult the AFCA website or contact AFCA directly to find out if there is a time limit on lodging a complaint with AFCA.

7. Sanctions laws

In limited cases, Australian and overseas laws prohibit ("sanction") payments to or from certain persons, and dealings in certain assets (including insurance policies). Where any law requires *us*, we will not provide cover under, accept premium for, or make a claim or other payment under the Policy, if any Policy Owner, Insured Person or nominated beneficiary:

- is listed on the Australian Department of Foreign Affairs and Trade or other applicable Australian or overseas sanctions list, or where dealing with such person or asset is otherwise unlawful;
- live in a sanctioned country; or
- requests payment to an account of a bank listed on any Australian or relevant overseas sanctions list or if such bank is located in a sanctioned country. We are not liable to provide cover, accept premium, or make a claim or other payment if that would expose *us* to any prohibited sanction under any applicable law.

8. Duty of utmost good faith

We (as the *Insurer*) and you (as *Policy Owner*) have a duty of utmost good faith under this contract, which means that both of us must act with honesty and fairness when dealing with each other in relation to *your Policy*. Under the *Insurance Contracts Act 1984* (Cth), neither of us may rely on a term of *your Policy*, if such reliance would be to fail to act with utmost good faith.

9. Understanding tax

Goods and Services Tax (GST)

Under current legislation, GST is not levied on life insurance premiums and policy fees.

Tax and other charges deducted from benefits

We will deduct from any benefit paid under *your Policy*, any tax, duties or levies we are required by law to deduct.

We may require you to pay tax and other charges

We may require you to pay any taxes, levies or duties which relate to *your Policy*. If the level of tax, duties or levies is varied or if additional tax, duties or levies are imposed, we may require you to pay this additional amount. We may cancel *your Policy* if you do not pay this amount.

Taxation treatment of your Policy (except Policies held inside superannuation)

The taxation information described in the table below is a general statement only, and is based on tax laws present at 1 April 2025 and our interpretation of those laws. Your individual situation may differ and you should seek independent professional tax advice.

Type of cover	Premium Impact		Benefit Impact
Term Life, TPD, Living Insurance, Needlestick Benefit and Children's Benefit	For individuals		
	Premiums are not tax deductible.		Generally, any benefits will not be treated as assessable income for tax purposes. However, there may be capital gains tax implications in certain circumstances. ¹ We recommend you seek individual tax advice.
	For business		
	The deductibility of premiums will depend on the specific circumstances of each <i>Policy</i> . For example, if you take out a Term Life <i>Policy</i> and the objective of the <i>Policy</i> is to cover the loss of business revenue associated with the loss of a key employee, the premiums paid by the business may be an allowable tax deduction. There may be fringe benefits tax implications in respect of premiums, where benefits are derived by employees or their dependants.		The assessability of the benefit will depend on the specific circumstances of the <i>Policy</i> . For example, if you take out a Term Life <i>Policy</i> and the objective is to cover the loss of business revenue associated with the loss of a key employee, the benefit may be treated as assessable income. There may also be tax implications if a death benefit termination payment is made by the business to dependants or non-dependants of the deceased.
Income Protection (excluding general cover IP and home duties IP) ² , Business Overheads and Key Person Income	That part of the premium attributable to the income benefit is generally deductible for tax purposes.		Income benefits you receive are generally assessable for tax purposes.
	To the extent the income protection <i>Policy</i> provides for benefits of a capital nature (non-income replacement benefits) that part of the premium may not be deductible and that part of the benefits may not be assessable.		

1 Such as when we pay a Death Benefit and the *Policy Owner* is not the original owner of the *Policy* and has acquired the *Policy* for consideration, or where we pay a Living Insurance or TPD Benefit and the *Policy Owner* is not the *Insured Person* or a relative (as defined for tax purposes).

2 If you have general cover IP and the *Insured Person* is not gainfully employed, or home duties IP we recommend you seek individual tax advice.

10. Structuring insurance through superannuation

You can choose to structure your Protection Plans Policy through a complying superannuation fund. This means the trustee of the superannuation fund becomes the *Policy Owner* and you become a member of the fund.

When benefits are paid, they will be received by the trustee who will then distribute them in accordance with the governing rules of the superannuation fund and superannuation law.

Check with the trustee of your superannuation fund to see whether they can pay TAL Life your insurance premiums from your member account. This would be the case for most self-managed superannuation funds.

If you are not a member of a complying superannuation fund, or you are a member of a fund which cannot pay us insurance premiums from your member account, you can still take out Protection Plans through *superannuation* by becoming a member of TAL Super (see TAL Super PDS). This applies to Life Insurance, TPD Insurance and Income Protection.

If you structure your Protection Plans Policy through *superannuation* the taxation impacts may differ from holding insurance outside of *superannuation*. For example, some benefits will not apply where insurance is held through *superannuation* (as set out in this PDS). However, in some circumstances purchasing insurance through *superannuation* may be more advantageous.

When Income Protection is structured through *superannuation*:

- a claim may not be payable if you were not 'gainfully employed' (as set out in SIS) immediately before your disability started; and
- if you're not 'gainfully employed' (as set out in SIS), you may be eligible to apply to have your Policy suspended for up to 12 months under the Premium Holiday terms and conditions.

If you are concerned or have any questions about structuring Income Protection through *superannuation*, you should speak to your financial adviser.

The following information is provided to assist you in understanding your options. It is general information only and is not intended to be a comprehensive statement of the laws applying to superannuation. You should talk to a financial adviser about your personal circumstances.

10.1 Contributions to a superannuation fund

Contributions can only be made to a superannuation fund in accordance with superannuation law. Superannuation law stipulates the way in which employer, personal, spousal and child contributions can be made, as well as work requirements and age limits in relation to the acceptance of superannuation contributions for members.

10.2 Payment of the death benefit

Superannuation law specifies that a death benefit can only be paid to the following:

- member's spouse (married or de facto, including same sex couples);
- child of the member of any age (including adopted child, stepchild and ex-nuptial child);
- the member's legal representative;
- any person who was financially dependent on the member at the time of death; and
- any person with whom the member had an interdependency relationship.

If the trustee cannot locate any of the persons after conducting reasonable searches, the death benefit may be paid to an individual non-dependent such as a parent or sibling.

10.3 Superannuation and family law

Provisions in the Family Law Act enable parties who are married to require superannuation fund trustees to carry out certain actions in relation to superannuation entitlements. Members should note that their spouse or de facto will be able to request the trustee disclose information about the member's benefit entitlements ('Request for Information').

The trustee is prohibited by law from informing members that such a request was made. The trustee will not pass any information about your present whereabouts to the person making the Request for Information.

10.4 Risk of holding insurance through superannuation

There are risks you should consider before deciding to hold insurance through *superannuation*, including:

- except for Income Protection benefits, a benefit paid from a Policy structured through *superannuation* is a superannuation benefit for tax purposes and it may be subject to more tax than would otherwise apply if the benefit was paid from the same insurance held outside of *superannuation*;
- limits apply to the amount you can contribute to superannuation each year. Any contributions you make to a superannuation fund in order to pay premiums will reduce the amount you may be able to contribute to other superannuation accounts you hold for retirement savings purposes;
- where you choose to pay premiums by rollover from another superannuation fund, your retirement savings will be reduced so that you may have less available to you on retirement than otherwise may have been the case. You should ensure that the cost of premiums do not inappropriately erode your retirement savings; and
- taxation or superannuation laws may change in the future, altering the suitability of holding insurance through *superannuation*.

10.5 Structuring insurance through TAL Super

If you're structuring Protection Plans through TAL Super, you should also read the TAL Super PDS together with this PDS. It contains specific information about structuring Protection Plans through TAL Super.

11. Understanding Platform Investment and Platform Super

Your Platform Investment or Platform Super cash account

You and your financial adviser, or the nominated *Platform Investment account holder* and their financial adviser, are responsible for ensuring that sufficient cleared funds are available in the *Platform Investment* or *Platform Super* cash account to cover the insurance premiums and other charges (collectively called premiums in this section), while maintaining the *Platform Investment* or *Platform Super* cash account balance above the minimum required level.

There may be a facility available within the relevant *Platform Investment* or *Platform Super* account where investments are sold to generate sufficient cash to fund certain payments (including, for example, insurance premiums). This may be referred to as a “drawdown strategy”. For information in relation to a drawdown strategy which may be used if there are insufficient cleared funds in the relevant *Platform Investment* or *Platform Super* cash account to fund insurance premiums as they fall due, refer to your *Platform Investment* or *Platform Super* offer document.

Please note if the total value of the *Platform Investment* or *Platform Super* account is insufficient to cover your premiums, your cover may be cancelled.

Fees and charges for Platform Investment and Platform Super

For Policies paid through a *Platform Investment* or *Platform Super* account, the *administrator* may receive payments from the *Insurer*. These payments are made by the *Insurer* at no additional cost to you.

Platform Super

When you apply for a *Policy*, and elect to pay your premiums via your *Platform Super* account, you must already be a member, or applying to be a member, of the relevant *Platform Super* superannuation fund.

All benefits that become payable for Policies paid from a *Platform Super* account are paid to the trustee of the relevant *Platform Super* superannuation fund. The trustee will then determine who to pay the benefits to. For more information regarding membership of *Platform Super* and the release of benefits under Policies paid via a *Platform Super* account, refer to the *Platform Super* offer document.

Taxation treatment of Policies paid via a Platform Super account

Information on the following can be found in the *Platform Super* offer document:

- tax on contributions;
- tax on earnings; and
- tax on your benefits.

Payments you receive under income protection cover are normal assessable income. The trustee of the relevant *Platform Super* superannuation fund will make these payments to you (if applicable) and will deduct the relevant PAYG tax.

12. Conditions applying to payment of benefits under superannuation law

Superannuation law applies to all benefits paid under a *superannuation Policy*, and may restrict payment. This means the trustee of a superannuation fund can only provide insurance benefits to a member if the benefit for the insured event is consistent with a condition of release for superannuation law purposes.

Benefits from Policies must be releasable from *superannuation* under one of the following conditions of release:

- temporary incapacity;
- permanent incapacity;
- terminal medical condition; or
- death.

Temporary incapacity

Under superannuation law, temporary incapacity, in relation to a member who has ceased to be gainfully employed (including a member who has ceased temporarily to receive any gain or reward under a continuing arrangement for the member to be gainfully employed), means ill-health (whether physical or mental) that caused the member to cease to be gainfully employed but does not constitute permanent incapacity. Therefore, if the member has ceased gainful employment prior to the *sickness* or *injury* that gave rise to the claim, benefits will not be payable from a *superannuation Policy* under the temporary incapacity condition of release, but may be payable under an alternative condition of release, subject to trustee consent.

If the temporary incapacity condition of release is met, benefits from an Income Protection Assured or Income Protection *Policy* held inside *superannuation*, including an Income Protection Assured as Superannuation or Income Protection as Superannuation *Policy*, may only be paid as a non-commutable income stream for the duration of the temporary incapacity.

Benefits from an Income Protection Assured or Income Protection *Policy* held inside *superannuation*, including an Income Protection Assured as Superannuation or Income Protection as Superannuation *Policy*, together with all earned income and replacement of earned income, cannot exceed income prior to temporary incapacity.

Permanent incapacity

A member is deemed to be suffering from permanent incapacity if the trustee is reasonably satisfied that the member's ill-health (whether physical or mental) makes it unlikely that the member will engage in gainful employment for which the member is reasonably qualified by education, training or experience.

Terminal medical condition

A terminal medical condition exists at a particular time if two medical practitioners certify that the member is suffering from a *sickness*, or has incurred an *injury*, that is likely to result in death no more than 24 months from the date of the certification (the certification period). At least one of the medical practitioners must be a specialist in the area of the *sickness* or *injury*.

13. Pre-existing conditions

Please be aware of the following which might limit *your* cover or reduce *your* benefit amount:

- Where we refer to 'injury', *you* are only covered for a bodily injury which is sustained by the *Insured Person* after the later of:
 - the *commencement date*;
 - for an increase in the sum insured for any benefit, the date we increase the benefit (other than a *CPI* or Loyalty Benefit increase); and
 - the date *your Policy* was last reinstated, but before *your Policy* ends.

A bodily injury which was sustained prior to the *commencement date* or last reinstatement of *your Policy*, that *you* or the *Insured Person* fully disclosed to *us* and we agreed to cover is considered an injury for the purposes of this definition.

- Where we refer to 'sickness', *you* are only covered for a sickness or disease which first becomes apparent after the later of:
 - the *commencement date*;
 - for an increase in the sum insured for any benefit, the date we increase the benefit (other than a *CPI* or Loyalty Benefit increase); and
 - the date *your Policy* was last reinstated, but before *your Policy* ends.

For the avoidance of doubt, a sickness or disease is taken to have first become apparent when:

- a *doctor* first gave the *Insured Person* advice, care or treatment or recommended that the *Insured Person* seek advice, care or treatment for the sickness or disease; or
- the *Insured Person* was aware of and a reasonable person in the circumstances would be expected to have been aware of the sickness or disease.

A sickness or disease which first became apparent before the *commencement date*, increase in sum insured but only in respect of that increase, or last reinstatement of the *Policy* that *you* or the *Insured Person* fully disclosed to *us* and we agreed to cover is considered a sickness for the purposes of this definition.

Chapter 7:

Medical glossary

If your Policy has a medical definition which specifies an obsolete method of diagnosis or treatment that is no longer used in mainstream medical practice in Australia we will assess your claim, including whether it meets the required degree of severity defined in your Policy, using a current method of diagnosis or treatment approved for use in Australia.

For more information on The Code, please visit tal.com.au/code-of-practice.

Activities of daily living

The activities of daily living are:

Bathing	The ability to shower or bathe
Dressing	The ability to put on and take off clothing
Toileting	The ability to use the toilet, including getting on or off
Mobility	The ability to get in and out of bed and a chair
Continence	The ability to control bladder and bowel function
Feeding	The ability to get food from a plate into the mouth

Acquired brain injury – of specified severity

Acquired brain injury resulting in neurological deficit that causes either:

- a** *significant functional impairment* confirmed by a *suitably trained doctor*, who will generally be a consultant neurologist; or
- b** a permanent and irreversible inability of the *Insured Person*, to perform, without the physical assistance of an adult, any one of the activities of daily living (as defined in this chapter).

Acquired brain injury – resulting in permanent impairment

Acquired brain injury, as confirmed by a *suitably trained doctor*, who will generally be a consultant neurologist, which results in neurological deficit causing at least a 25% permanent impairment of whole person function according to the 5th edition of the American Medical Association publication entitled 'Guides to the Evaluation of Permanent Impairment', or an equivalent guide to impairment as approved by us.

Angioplasty – single or double vessel

Undergoing either angioplasty, cardiac keyhole surgery or stent insertion on one or two coronary arteries, as considered necessary by a *suitably trained doctor*, who will generally be a cardiologist, to treat coronary artery disease.

Angiographic evidence is required to confirm the need for this procedure.

Angioplasty – triple vessel

Undergoing for the first time either angioplasty, cardiac keyhole surgery or stent insertion on 3 or more coronary arteries within a single procedure, or in two procedures no more than two months apart, as considered necessary by a *suitably trained doctor*, who will generally be a cardiologist to treat coronary artery disease.

Angiographic evidence is required to confirm the need for this procedure.

Aortic surgery – excluding less invasive surgeries

Surgery performed to correct any narrowing, dissection or aneurysm of the thoracic or abdominal aorta, but not its branches. This does not include angioplasty, intra-arterial procedures and other non-surgical procedures.

Aortic surgery – intra-arterial procedure

Intra-arterial procedure performed to correct a structural abnormality of the thoracic or abdominal aorta, but not its branches. This treatment must be deemed the most appropriate treatment and medically necessary by an appropriate medical specialist and supported by our medical advisers.

Aplastic anaemia – of specified severity

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

- a** permanent reliance on blood transfusions;
- b** bone marrow transplantation; or
- c** immunosuppressive agents.

Brain or spinal cord tumour (benign) – resulting in significant permanent impairment or requiring radical treatment

Benign tumour in the central nervous system (the brain or spinal cord) which produces neurological deficit resulting in:

- a** *significant functional impairment*; or
- b** radical treatment which includes radiotherapy (e.g. gamma knife stereotactic radiosurgery), laser therapy, ultrasonic aspiration, or any other major invasive neurosurgical techniques necessary for the therapeutic management of the tumour.

The presence of the underlying tumour must be confirmed by a registered medical practitioner specialising in the field relevant to the condition and by imaging studies such as a CT or MRI scan.

The following are excluded:

- cysts, granulomas and cerebral abscesses;
- malformations in, or of, the arteries or veins of the brain;
- haematomas;
- tumours in the pituitary gland; and
- acoustic neuroma and other cranial nerve tumours.

Burns (severe) – that meet specific surface area or treatment criteria

Tissue *injury* caused by third degree or full thickness burns to:

- a** at least 20% of the body surface area as measured by the 'Rule of Nines' or the Lund & Browder Body Surface Chart (or equivalent classification); or
- b** at least 50% of both hands, requiring surgical debridement and/or grafting; or
- c** at least 50% of both feet, requiring surgical debridement and/or grafting; or
- d** the face, requiring surgical debridement and/or grafting; or

The undergoing of treatment for tissue *injury* caused by burns by:

- a** mechanical ventilation required continuously for three days for inhalation burns; or
- b** skin grafting to greater than 20% Total Body Surface Area (TBSA) as measured by the 'Rule of Nines' or the Lund & Browder Body Surface Chart (or equivalent classification) due to full thickness or deep dermal burns; or
- c** escharotomy, fasciotomy or surgical amputation of *limb* or at least a whole finger.

Cancer – excluding specified early stage cancers

A malignant cancer pathologically confirmed and characterised by the uncontrolled spread of malignant cells and the invasion of normal tissue beyond the basement membrane. Also included are lymphomas, leukaemia and malignancies of the bone marrow.

The following are specifically excluded:

- a** all tumours which are histologically classified as:
 - having borderline malignancy or low malignant potential;
 - premalignant or showing the malignant changes of 'carcinoma in situ' (classified as 'Tis' according to the TNM staging method);
 - high grade dysplasia – including cervical dysplasia described as low grade squamous intraepithelial lesion (LSIL) or high grade squamous intraepithelial lesion (HSIL); and
 - papillary microcarcinoma of the thyroid.
- b** 'Carcinoma in situ' of the breast unless it results directly in:
 - the removal of the entire breast. This procedure must be performed specifically to arrest the spread of malignancy and be considered the appropriate and necessary treatment; or
 - breast conserving surgery and adjuvant therapy (such as radiotherapy).

The surgery and treatment must be undertaken specifically to arrest the spread of malignancy, and be considered the appropriate and necessary treatment as confirmed by a *suitably trained doctor*.

- c** all skin cancers except:
 - melanomas classified as T2a or greater based on the TNM staging classification system, or with evidence of ulceration; and
 - non-melanoma skin cancers that have spread to the bone, lymph node, or another distant organ;
- d** chronic lymphocytic leukaemia (less than Rai stage 1);
- e** prostatic tumours which are histologically described as TNM classification T1 (including T1a, T1b and T1c) with a Gleason score of 5 or less, or are of another equivalent or lesser classification. Prostate cancer is covered if it results directly in total prostatectomy. This procedure must be performed specifically to arrest the spread of malignancy and be considered the appropriate and necessary treatment;
- f** essential thrombocythemia and polycythemia vera, unless there are uncontrolled symptoms associated with these myeloproliferative neoplasms which requires cytoreductive therapy, or chemotherapy or other treatment interventions;
- g** a *confirmed diagnosis* of pseudomyxoma peritonei unless it requires debulking surgery or other treatment interventions.

Carcinoma in situ of specified organs

The *Insured Person* is confirmed by biopsy to have localised cancer characterised by a focal autonomous new growth of carcinomatous cells, which has not yet resulted in the invasion of normal tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane.

Carcinoma in situ of the following sites are covered:

- a** Cervix-uteri (the tumour must be classified as Tis according to the TNM staging method or high grade squamous intraepithelial lesion [HSIL]);
- b** Corpus-uteri (the tumour must be classified as Tis according to the TNM staging method);
- c** Fallopian tube (the tumour must be limited to the tubal mucosa and classified as Tis according to the TNM staging method);
- d** Ovary (the tumour must be classified as Tis according to the TNM staging method);
- e** Vagina (the tumour must be classified as Tis according to the TNM staging method);
- f** Vulva (the tumour must be classified as Tis according to the TNM staging method); or
- g** Breast (the tumour must be classified as Tis according to the TNM staging method).

Carcinoma in situ of the penis or testicle

The *Insured Person* is confirmed by biopsy to have localised cancer characterised by a focal autonomous new growth of carcinomatous cells, which has not yet resulted in the invasion of normal tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane.

Carcinoma in situ of the following sites are covered:

- penis (the tumour must be classified as Tis according to the TNM staging method);
- testicle (the tumour must be classified as Tis according to the TNM staging method).

Cardiac arrest – occurs out of hospital and of specified severity

Cardiac arrest occurring out of hospital not associated with any medical procedure and documented by an ECG or ECG rhythm strip showing cardiac asystole, ventricular fibrillation or ventricular tachycardia. If an ECG is not available, we will consider other evidence acceptable to us that confirms an out of hospital cardiac arrest event has occurred. Such evidence may include but is not limited to Automated External Defibrillator (AED) data, and ambulance and hospital medical reports confirming cardiac arrest.

Cardiomyopathy – resulting in significant permanent impairment

Impaired ventricular function of variable aetiology resulting in significant permanent physical impairment to the degree of at least Class 3 of the New York Heart Association (or equivalent) classification of cardiac impairment.

Coma – with specified criteria

A state of unconsciousness with no reaction to external stimuli, resulting in a Glasgow Coma Scale of 6 or less, persisting continuously and requiring the use of a life support system for a period of at least 3 consecutive days.

Coronary artery bypass surgery – excluding less invasive procedures

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

Dementia including Alzheimer's disease – permanent and irreversible and of specified severity

Means the *confirmed diagnosis* of dementia including Alzheimer's disease by a *suitably trained doctor*, who will generally be a consultant neurologist or geriatrician. The diagnosis must confirm permanent and irreversible failure of the brain function with cognitive impairment. A Mini-Mental State Examination score of 24 or less out of 30, or evidence from another neuro-psychometric test that indicates cognitive impairment of at least the same severity, is required.

Diabetes (severe) – of specified severity

Severe diabetes mellitus, either insulin or non-insulin dependent, as certified by a *suitably trained doctor*, who will generally be a consultant endocrinologist. This must result in at least two of the following criteria:

- a severe diabetic retinopathy resulting in visual acuity whether aided or unaided of 6/36 or less in both eyes;
- b severe diabetic neuropathy causing motor and/or autonomic impairment;
- c diabetic gangrene leading to surgical intervention;
- d severe diabetic nephropathy causing chronic irreversible renal impairment (as measured by a corrected creatinine clearance below the laboratory's measured normal range); or
- e persistent sensory neuropathy.

Diabetes (Type 1 insulin dependent) – of specified severity

Means a diagnosis of Type 1 insulin dependent diabetes mellitus, as certified by a *suitably trained doctor*, who will generally be a consultant endocrinologist, and resulting in at least two of the following criteria:

- a urinary protein excretion of more than 300mg per day;
- b diabetic retinopathy with a minimum severity of at least exudates and/or dot-blot haemorrhages; or
- c persistent sensory neuropathy.

Encephalitis – resulting in significant impairment

Severe inflammatory disease of the brain resulting in neurological deficit that causes either:

- a *significant functional impairment*, as confirmed by a *suitably trained doctor*, who will generally be a consultant neurologist; or
- b an inability to perform at least one of the activities of daily living (as defined in this chapter).

Heart attack – of specified severity

Death of heart muscle caused by inadequate blood supply, evidenced by typical rise and/or fall of cardiac biomarker blood tests with at least one of the following:

- a Acute cardiac symptoms consistent with a heart attack;
- b New serial electrocardiograph changes associated with heart attack; or
- c Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.

If the above tests are inconclusive or superseded by technological advances, we will consider other appropriate and medically recognised tests in support of a diagnosis of a heart attack.

The following are specifically excluded:

- other acute coronary syndromes, including but not limited to angina pectoris;
- takotsubo cardiomyopathy; and
- any elective percutaneous procedure for coronary artery disease, which is the sole cause of a rise in cardiac biomarkers.

Heart valve replacement or repair

Any surgery performed to repair or replace a cardiac valve as a consequence of a heart valve defect.

Hepatitis B or C – occupationally acquired

Occupationally acquired hepatitis B or hepatitis C where the virus was acquired due to an *accident* occurring while the *Insured Person* was engaging in their *usual occupation* as a medical professional and proof of sero-conversion from:

- a** Hepatitis B surface antigen negative to hepatitis B surface antigen positive; or
- b** Hepatitis C antibody negative to hepatitis C antibody positive, being demonstrated by testing within six months of the *accident*.

Hepatitis B or hepatitis C acquired in any other manner is excluded.

Exclusions:

- The *Insured Person* will be deemed not to have Hepatitis B – occupationally acquired if any cure is found for hepatitis B; or
- The *Insured Person* will be deemed not to have Hepatitis C – occupationally acquired if the *Insured Person* achieves a Sustained Virologic Response (SVR) six months after the cessation of anti-viral therapy for Hepatitis C infection. A SVR is defined as the lack of detectable Hepatitis C virus RNA at least six months following completion of antiviral therapy for Hepatitis C.
- The *Insured Person* will be deemed not to have Hepatitis B or C – occupationally acquired if after infection, the *Insured Person* had elected not to take a medical treatment that is available prior to the making of a claim.

HIV – medically acquired

Infection with the Human Immunodeficiency Virus (HIV) that on the balance of probabilities arose from one of the following medical procedures performed in Australia by a registered health professional:

- a** blood or blood product transfusion;
- b** organ transplant to the *Insured Person*;
- c** assisted reproductive techniques; or
- d** medical/dental procedure or operation.

The *Insured Person* will be deemed not to have HIV-medically acquired if:

- the *Insured Person* has not followed the advice of a *suitably trained doctor* or elected not to take a medical treatment that is available for the management of confirmed or suspected HIV infection; or
- any cure is found for AIDS or the effects of HIV.

A statement from the appropriate Statutory Health Authority must be provided, showing documented proof of the incident and confirming that the infection is medically acquired.

HIV – occupationally acquired

Infection with the Human Immunodeficiency Virus (HIV) where the virus was acquired due to an *accident* occurring while the *Insured Person* was engaging in their *usual occupation*. Sero-conversion of the HIV infection must occur within 6 months of the *accident*.

HIV infection acquired by any other means including sexual activity or non-prescribed intravenous drug use is excluded.

Any *accident* giving rise to a potential claim must be supported by a negative HIV Antibody test taken after the *accident*.

The *Insured Person* will be deemed not to have HIV – occupationally acquired if:

- the *Insured Person* has not followed the advice of a *suitably trained doctor* or elected not to take a medical treatment that is available for the management of confirmed or suspected HIV infection; or
- any cure is found for AIDS or the effects of HIV.

Idiopathic pulmonary arterial hypertension – resulting in significant permanent impairment

Idiopathic pulmonary arterial 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 as confirmed by a *suitably trained doctor*, who will generally be a cardiologist.

Intensive care – requiring continuous mechanical ventilation for 10 days

Sickness or injury that has for the first time resulted in the *Insured Person* requiring continuous mechanical ventilation by means of tracheal intubation for 10 consecutive days (24 hours per day) in an authorised intensive care unit of an acute care hospital.

Intensive care as a result of drug or alcohol abuse is excluded.

Kidney failure – requiring permanent dialysis or transplantation

End stage renal failure presenting as chronic irreversible failure of both kidneys to function as a result of which permanent regular renal dialysis is instituted or renal transplantation undergone.

Liver failure (severe) – of specified severity

End stage liver failure characterised by:

- a** permanent jaundice; and
- b** ascites or encephalopathy.

Loss of hearing (both ears) – permanent, irreversible and of specified severity

Loss of hearing means irreversible loss of hearing, as a result of *sickness or injury*, in both ears, that:

- has permanent hearing loss of greater than 90 decibels at all frequencies from 500 hertz to 3,000 hertz, even with amplification, or
- has loss of hearing requiring the *Insured Person* to have undergone cochlear implantation.

The diagnosis must be confirmed by results from a specialist audiological assessment (including electrophysiological testing when required).

Loss of hearing (one ear) – permanent, irreversible and of specified severity

Loss of hearing means irreversible loss of hearing, as a result of *sickness or injury*, in one ear, that:

- has permanent hearing loss of greater than 90 decibels at all frequencies from 500 hertz to 3,000 hertz, even with amplification, or
- has loss of hearing requiring the *Insured Person* to have undergone cochlear implantation.

The diagnosis must be confirmed by results from a specialist audiological assessment (including electrophysiological testing when required).

Loss of independent existence – with a specified level of impairment

As a result of *sickness or injury*, the *Insured Person*:

- a** has a permanent and irreversible inability to perform, without assistance, any two of the activities of daily living (as defined in this chapter); or
- b** suffers *significant cognitive impairment*, which must be established and the diagnosis reaffirmed after a continuous period of at least 6 months of such impairment.

Loss of sight (both eyes) – of specified severity

Loss of sight (both eyes) means the permanent loss of sight:

- a** as a result of *sickness or injury*; and
- b** certified by a *suitably trained doctor*; and
- c** either:
 - i. after the correction of suitable lenses, the visual acuity on the Snellen scale is 6/60 or less in both eyes; or
 - ii. whether or not there has been a correction of lenses, the field of vision is constricted to 20 degrees or less of arc around the central fixation in both eyes (equivalent to 1/100 test object).

Loss of sight (single eye) – of specified severity

Loss of sight (single eye) means the permanent loss of sight:

- a** as a result of *sickness or injury*; and
- b** certified by a *suitably trained doctor*; and
- c** either:
 - i. after the correction of suitable lenses, the visual acuity on the Snellen scale is 6/60 or less in one eye; or
 - ii. whether or not there has been a correction of lenses, the field of vision is constricted to 20 degrees or less of arc around the central fixation in the affected eye (equivalent to 1/100 test object).

Loss of speech – complete and irrecoverable

Loss of speech means the total and irrecoverable loss of the ability to produce intelligible speech, because of permanent damage to the larynx or its nerve supply or to the speech centres of the brain, due to *sickness or injury*.

Loss of use of limbs – complete and irrecoverable

The complete and irrecoverable loss of use of both hands or both feet, or one hand and one foot, as a result of *sickness or injury*.

Loss of use of single limb – complete and irrecoverable

The complete and irrecoverable loss of use of one hand or one foot as a result of *sickness or injury*.

Lung disease – requiring permanent oxygen therapy

Chronic lung disease requiring permanent supplementary oxygen. The requirement for supplementary oxygen will be an arterial blood oxygen partial pressure of 55 mmHg or less, while breathing room air.

Melanoma (early stage) – of specified severity

The presence of one or more malignant melanomas which are not ulcerated and are described as TNM classification T1 (including T1a, T1b) and, confirmed histologically by biopsy.

The malignancy must be characterised by the uncontrollable growth and spread of malignant cells and the invasion of normal tissue beyond the basement membrane. All melanomas that are histologically classified as Tis according to the TNM staging method ("melanoma in situ") are excluded.

Meningitis (bacterial) – resulting in permanent impairment

Means a *confirmed diagnosis* of bacterial meningitis which is characterised by severe inflammation of the meninges of the brain. The diagnosis must be confirmed by a *suitably trained doctor*, who will generally be a consultant neurologist, and result in:

- a** *significant functional impairment*; or
- b** a permanent and irreversible inability to perform, without assistance, any one of the activities of daily living (as defined in this chapter).

Meningococcal septicaemia – resulting in permanent impairment

Means a *confirmed diagnosis* of meningococcal septicaemia which is characterised by blood poisoning caused by the same bacteria that can cause Meningitis. The diagnosis must be confirmed by a *suitably trained doctor*, who will generally be a consultant neurologist, and result in:

- a *significant functional impairment*; or
- b a permanent and irreversible inability to perform, without assistance, any one of the activities of daily living (as defined in this chapter).

Motor neurone disease

Means a *confirmed diagnosis* of a Motor Neurone Disease characterised by degeneration of motor neurones in the brain and spinal cord. The diagnosis must be made by a *suitably trained doctor* who will generally be a consultant neurologist.

Multiple sclerosis

Means a *confirmed diagnosis* of multiple sclerosis which is a disease characterised by demyelination in the brain and/or spinal cord resulting in a neurological deficit. The diagnosis must be made by a *suitably trained doctor* who will generally be a consultant neurologist. There must be at least one episode of a confirmed neurological deficit to satisfy this definition.

Muscular dystrophy

Means a *confirmed diagnosis* of muscular dystrophy which is an inherited disease characterised by progressive damage and weakening of muscles over time. The diagnosis must be made by a *suitably trained doctor* who will generally be a consultant neurologist.

Open heart surgery

Open chest surgery for the surgical treatment of a cardiac defect, cardiac aneurysm or cardiac tumour.

Organ transplant (major) – from another donor

The medically necessary:

- a human to human transplant from a donor to the *Insured Person* (or *Insured Child* or *dependent child* if applicable); or
- b placement of the *Insured Person* (or *Insured Child* or *dependent child*) on a waiting list, to undergo organ transplant from a human donor,

for one or more of the following: a heart, lung, kidney, liver, pancreas or bone marrow.

A waiting list means the *Insured Person* (or *Insured Child* or *dependent child*) has been placed on an official Australian acute care hospital waiting list, approved by us.

Osteoporosis (severe, before age 50) – with specified fractures

Means a *confirmed diagnosis* of osteoporosis prior to the age of 50 where the bone mineral density has a T-score of less than -2.5 (i.e. 2.5 standard deviations below the adult mean for bone density) measured in at least two sites by dual-energy x-ray densitometry (DEXA) or quantitative CT scanning. The *Insured Person* must also suffer at least two separate vertebral body fractures or a fracture of the neck of femur due to osteoporosis.

Paralysis

The total and permanent loss of use through *sickness* or *injury* of:

- a both legs (paraplegia);
- b both arms and legs (quadriplegia);
- c one side of the body (hemiplegia); or
- d both sides of the body (diplegia).

Parkinson's disease – resulting in permanent symptoms

Means a *confirmed diagnosis* of degenerative idiopathic Parkinson's disease caused by degeneration of the nigrostriatal system and resulting in characteristic clinical signs and symptoms. The diagnosis must be confirmed by a *suitably trained doctor* who will generally be a consultant neurologist.

All other types of Parkinsonism are excluded (for example, secondary to medication).

Pneumonectomy – removal of a complete lung

The undergoing of surgery to remove an entire lung. This treatment must be deemed the most appropriate treatment and medically necessary by a *suitably trained doctor*.

Prostate cancer – early stage

A tumour located within the prostate gland and histologically described as TNM classification T1 (including T1a, T1b and T1c) with a Gleason score of 5 or less.

Prostate cancer – with major treatment

Low level prostatic tumours:

- which are histologically described as TNM classification T1 (including T1a, T1b and T1c) or lesser classification;
- with a Gleason score of 5 or less; and
- where appropriate and necessary major treatment (includes radiotherapy, chemotherapy, hormone therapy or any other similar interventionist treatment) has been performed specifically to arrest the spread of malignancy.

Rheumatoid arthritis (severe) – of specified severity

The diagnosis of severe rheumatoid arthritis by a rheumatologist, as evidenced by either of the following criteria.

- The diagnosis must be supported and evidenced by all of the following criteria:
 - a** at least a 6 week history of severe rheumatoid arthritis which involves 3 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, or any joint of the wrist, elbow, knee or ankle; and
 - b** simultaneous bilateral and symmetrical joint soft tissue swelling or fluid (not bony overgrowth alone); and
 - c** typical rheumatoid joint deformity; and
 - d** at least 2 of the following criteria:
 - i. morning stiffness;
 - ii. rheumatoid nodules;
 - iii. erosions seen on x-ray imaging; or
 - iv. the presence of either a positive rheumatoid factor or the serological markers consistent with the diagnosis of severe rheumatoid arthritis.

OR

- The diagnosis must be supported and evidenced by all of the following criteria:
 - a** diagnosis of Rheumatoid Arthritis as specified by the American College of Rheumatology and European League Against Rheumatism: 2010 Rheumatoid Arthritis Classification Criteria; and
 - b** symptoms and signs of persistent inflammation (arthralgia, swelling, tenderness) in at least 20 joints or 4 large joints (ankles, knees, hips, elbows, shoulders); and
 - c** the *Insured Person* has failed at least 6 months of intensive treatment with two conventional disease-modifying antirheumatic drugs (DMARDs). This excludes corticosteroids and non-steroidal anti-inflammatories; and
 - d** the disease must be progressive and non-responsive to all conventional therapy.

Conventional therapy includes those medications available through the Australian Pharmaceutical Benefits Scheme excluding those on the 'specialised drugs' list for Rheumatoid Arthritis.

Degenerative osteoarthritis and all other arthritides are excluded.

Stroke – of specified severity

Any cerebrovascular accident (CVA) or incident resulting in neurological deficit. The stroke must:

- a** be confirmed by a *suitably trained doctor*, this will generally be a consultant neurologist; and
- b** be evidenced by neuro-imaging (e.g. CT, MRI or similar scanning technique).

The following are specifically excluded:

- cerebral events with reversible neurological deficits, including but not limited to transient ischemic attack;
- cerebral symptoms due to migraine;
- cerebral injury resulting from head trauma or hypoxia; and
- neurovascular disease or incident affecting the eye, optic nerve or vestibular functions.

Systemic lupus erythematosus (SLE) with lupus nephritis – of specified severity

The *confirmed diagnosis* of SLE according to the latest 'American College of Rheumatology revised criteria for the classification of SLE'.

In addition to the diagnosis of SLE, lupus nephritis must be confirmed by renal changes as measured by a renal biopsy that is grade three or more of the World Health Organisation classification of lupus nephritis and be associated with persisting proteinuria (more than 2+).

Chapter 8: Definitions

Each defined term is indicated by the use of *italics* throughout the PDS. Those italicised terms are subject to the definitional meanings set out in this **chapter 8** ('this chapter'). Within this chapter, the corresponding defined term/s are indicated in **bold**, and given the meaning that is supplied by the wording which subsequently follows up until the start of the next defined term/s indicated in **bold**.

Accident and **accidental** means death, *total and permanent disability, sickness, or injury* as a result of a single event that results in a *bodily injury* sustained as a result of an external traumatic occurrence that is unexpected. This does not include an event that results from *sickness*.

Administrator means the administrator of your *Platform Investment* or *Platform Super* account. Refer to your *Platform Investment* or *Platform Super* offer document for details of the administrator.

Agreed Value means that the amount of the Total Disability Benefit (which is relevant to calculating the benefit payable in the event of *total disability* and/or *partial disability*) or Severe Disability Benefit, being the *insured monthly benefit* amount stated in the most recent *policy schedule, membership certificate or renewal summary*, will not reduce when the *Insured Person* is disabled because their *monthly earnings* have reduced since taking out the insurance, provided income details were correctly disclosed at that time.

Allowable business expenses means the following items of expenditure provided they are incurred in the normal conduct and operation of the *Insured Person's business*:

- Accountants' and auditors' fees;
- Advertising costs;
- Business insurance premiums;
- Cleaning, electricity, gas, heating, laundry, telephone (including mobile phone) and water;
- Leasing costs of equipment and vehicles;
- *Mortgage* interest payments;
- Property rates and taxes;
- Rent;
- Salaries of non income producing employees including related costs such as payroll tax and *superannuation*;
- Subscriptions to professional bodies and publications;
- Other fixed expenses normally incurred in the conduct of the *Insured Person's business* and which were identified in the application for this *Policy* and agreed to by *us*; and
- Any net costs associated with employing a locum after the *Insured Person* became *totally disabled* to perform the work normally performed by them. Net costs are treated as the total expenses incurred with hiring the locum less the revenue generated by the locum.

Allowable business expenses do not include:

- The cost of books, equipment, fittings, goods, implements or products used in the *Insured Person's business*;
- Depreciation of equipment and vehicles;
- Salary and salary-related costs of the *Insured Person*;
- Repayment of *mortgage* or loan principal;
- Salaries and related costs of income producing employees;
- Salaries and related costs paid to any of the *Insured*

Person's relatives, unless the relative has been a full-time employee of the *Insured Person's business* for at least 6 months prior to the commencement of *total disability*;

- Any share of the business expenses which are not normally attributable to the *Insured Person*; and
- Expenses of a private or domestic nature.

Any occupation TPD is a definition of *total and permanent disability*.

Beneficiary means a person to whom a Death Benefit, Funeral Advancement Benefit, Financial Planning Benefit or Counselling Benefit, or part of any of these benefits is paid at *your direction* or in accordance with superannuation law as relevant.

Benefit period means the maximum period of time measured from the end of the *waiting period* for which a benefit entitlement in respect of any one *sickness or injury* may continue to accrue (subject to recurrent disability). *Your benefit period* is shown in *your policy schedule or membership certificate*.

Business income means:

- For Business Overheads Assured and Business Overheads Policies, the gross income of the business before expenses and tax.
- For Key Person Income Policies, the portion of the *gross profit* of the *key person business* attributable to the *Insured Person*. Business income does not include any income which is not directly attributable to the *Insured Person* such as interest payments, sale of an asset and government subsidies.

Carer means:

- the primary caregiver who provides assistance with communication, mobility or self-care for more than 20 hours per week to a disabled or aged person, for more than 6 consecutive months, and is in receipt of an Australian Government Carer's Allowance; or
- the person financially responsible for providing assistance with communication, mobility or self-care for more than 20 hours per week to a disabled or aged person, for more than 6 consecutive months.

Commencement date means the '*Policy Risk Commencement Date*' shown on *your policy schedule or membership certificate*.

Confined to bed means *totally disabled* and required by a *doctor* to stay in bed under the full-time care of a registered nurse. The nurse cannot be *you* or a *spouse*, parent, child, sibling or business partner of *you* or the *Insured Person*.

Confirmed diagnosis based on appropriate clinical symptoms and signs, investigations and following exclusion of other potential diagnoses.

Congenital condition means a condition present at birth as a result of either hereditary or environmental influences.

CPI means the percentage increase in the Consumer Price Index ('weighted average of eight capital cities combined') as published by the Australian Bureau of Statistics or its successor over the 12 month period ending 31 March each year. The CPI will apply for the subsequent year commencing 1 October. If the CPI is not published, or is considered by us to be inappropriate, the percentage increase shall be calculated by reference to such other index of inflation as, in our opinion, most nearly replaces it. If the CPI is negative, we will consider it to be zero.

Date of disablement means:

- for *own occupation TPD* and *any occupation TPD*, 3 months after ceasing work due to *sickness or injury*;
- for *home duties TPD*, 3 months after ceasing home duties due to *sickness or injury*; and
- for *general cover TPD*, the date the *Insured Person* meets the *general cover TPD* definition.

Date of disability is the date *total disability* or *partial disability* commenced.

Dependent child means a natural child of the *Insured Person*, or a child for whom the *Insured Person* is a *legal guardian*.

Doctor means a person who:

- is a registered medical practitioner in Australia or New Zealand (or is a medical practitioner of another country with qualifications acceptable to us); and
- is not:
 - you or the *Insured Person*; or
 - a *spouse*, parent, child, sibling or business partner of you or the *Insured Person*.

Earnings means the income earned by the *Insured Person's* own personal exertion before tax, but after deduction of any expenses incurred in earning that income.

Employee means you are paid for time worked and are required to perform the prescribed duties and work hours of your position set by an employer. You cannot be *self-employed*, an employee of your own company, a partner in a partnership or a trustee of a trust, or an employee of any *immediate family member*. As an employee you have no ownership interest in the business or practice by whom you are employed, directly or indirectly (except as a shareholder in a publicly listed company).

Endorsed Agreed Value means that the amount of the Total Disability Benefit (which is relevant to calculating the benefit payable in the event of *total disability* and/or *partial disability*) or Severe Disability Benefit will be subject to a guaranteed amount, being the *insured monthly benefit* amount stated in the most recent *policy schedule*, *membership certificate* or *renewal summary*.

Fracture means the disruption in the continuity of the bone, with or without displacement, demonstrated by radiographic or scanning technique.

Gainful employment and **gainfully employed** means:

- For employees, a person is working for salary, wages, or commission.
- For self-employed, a person is working in a business or professional practice and as a result of their personal exertion is generating an income from the business or professional practice.

General cover IP is a definition of Income Protection and the Extended Cover benefit available with Income Protection and Income Protection Plus.

General cover TPD is a definition of *total and permanent disability*.

Gross profit is the *key person business* revenue minus its costs of goods sold, before deducting expenses and tax. Gross profit does not include any profit gained from the sale of assets, government subsidies or interest.

Home duties IP is a definition of Income Protection Assured, Income Protection and Income Protection Plus.

Home duties TPD is a definition of *total and permanent disability*.

Immediate family member means a *spouse*, parent, child or sibling.

Important income producing duties means:

- For Income Protection Assured, Income Protection, Income Protection Assured as Superannuation, Income Protection as Superannuation, Income Protection Plus, Business Overheads Assured and Business Overheads, those duties which could reasonably be considered primarily essential to producing the *Insured Person's* monthly income.
- For Key Person Income, those duties which could reasonably be considered primarily essential to producing the *business income*.

Income ratio means the *insured monthly benefit* as a percentage of *monthly earnings*. It is calculated at the time of application.

Indemnity means:

- For Income Protection Assured, Income Protection, Income Protection Assured as Superannuation, Income Protection as Superannuation and Income Protection Plus:
 - The amount of the Total Disability Benefit (which is relevant to calculating the benefit payable in the event of *total disability* and/or *partial disability*) or Severe Disability Benefit, being the *insured monthly benefit* amount stated in the most recent *policy schedule*, *membership certificate* or *renewal summary*, may be reduced if the *Insured Person's monthly earnings* have reduced since your insurance commenced.
- For Key Person Income:
 - The Total Disability Benefit (which is relevant to calculating the benefit payable in the event of *total disability* and *partial disability*) is the lesser of the *insured monthly benefit* and the *pre-disability monthly business income*.

Injury means a bodily injury which is sustained by the *Insured Person* after the later of:

- the *commencement date*;
- for an increase in the sum insured for any benefit, the date we increase the benefit (other than a *CPI* or *Loyalty Benefit* increase); and
- the date *your Policy* was last reinstated, but before *your Policy* ends.

A bodily injury which was sustained prior to the *commencement date* or last reinstatement of *your Policy*, that you or the *Insured Person* fully disclosed to us and we agreed to cover is considered an injury for the purposes of this definition.

Insolvency event means any of the following events:

- The *key person business*:
 - has ceased trading;
 - is insolvent;
 - goes into liquidation or provisional liquidation;
 - has a receiver or other controller appointed to it or to any of its assets;
 - is wound up;
 - is dissolved; or
 - is deregistered as a business, company or trust.

OR

- Any lawful step is taken by a mortgagee to take possession of assets of the *key person business*.

Insured Child means the child to be insured for the Children's Benefit. The name of each *Insured Child* is set out in the *policy schedule*, under the heading *Insured Child*.

Insured monthly benefit means the amount shown in the most recent *policy schedule*, *membership certificate* or *renewal summary*.

Insured Person means the person whose life is insured, or the life to be insured. The name of each *Insured Person* is set out in the *policy schedule* or *membership certificate* under the heading, *Insured Person*.

Insured Person's business means the business, profession or occupation of the *Insured Person*.

Insurer means TAL Life Limited ABN 70 050 109 450 AFSL 237848 (TAL Life).

Interdependency relationship means a close personal relationship between two people who live together, where one or both of them provide for the financial and domestic support and personal care of the other. An interdependency relationship may still exist if there is a close personal relationship but the other requirements are not satisfied because of some physical, intellectual or psychiatric disability.

Key person means the *key person business owner* and/or the *key person employee*, who is the *Insured Person* under the *Policy*.

Key person business means the *Policy Owner* of a *Key Person Income Policy*.

Key person business owner means a person who is a shareholder, unitholder or partner of the *key person business* who works to generate income for the *key person business*, where the loss of that person would result in significant loss of profits during the continuation of business operations subsequent to the loss.

Key person employee means a person who is an employee of the *key person business* with specific skills or knowledge, where the loss of that person would result in significant loss of profits during the continuation of business operations subsequent to the loss.

Key person factor means the percentage of *monthly earnings* we agree to replace at the time of claim and is shown in the most recent *policy schedule*.

Legal guardian is a person who has been given the legal power to make important decisions on behalf of another person, such as where that person should live, or what care and services that person should have.

Limb means an arm or leg, including the whole hand or the whole foot.

Membership certificate means the most recent document that we issue to you, which sets out the details of the insurance we provide you under Term Life as Superannuation, Income Protection Assured as Superannuation or Income Protection as Superannuation.

Monthly earnings means:

- a For Income Protection Assured and Income Protection Assured as Superannuation:
 - if the *Insured Person's* employment status is *employee*:
 - The normal monthly value of the remuneration package paid to the *Insured Person* by their employer, including salary, fees, commissions, regular overtime and bonus payments and packaged fringe benefits. Remuneration package does not include income which is not derived from the *Insured Person's* personal exertion or activities, such as interest or dividend payments.
- Monthly earnings does not include compulsory employer superannuation contributions but can include personal, voluntary superannuation contributions.
- if the *Insured Person's* employment status is *self-employed*:
 - the normal monthly income earned by the *Insured Person's business*, practice or partnership due to the *Insured Person's* personal exertion or activities, less
 - the *Insured Person's* share of the expenses of the business, practice or partnership that were necessarily incurred in producing the normal monthly income.

Monthly earnings can include personal, voluntary superannuation contributions.

Monthly earnings are calculated as the amount before the deduction of income tax.

If the *Insured Person* is *partially disabled*, *post-disability monthly earnings* will be estimated based on what you could be reasonably expected to earn for performing your *usual occupation* having regard to your *sickness or injury*. This estimate will be based on advice from a *suitability trained doctor* and/or a *fitness for duties assessment* performed by a suitably trained professional.

- b** For Income Protection, Income Protection as Superannuation and Income Protection Plus:
- if the *Insured Person* is not self-employed, the normal monthly value of the remuneration package paid to the *Insured Person* by their employer, including salary, superannuation contributions, fees, commissions, regular overtime and bonus payments and packaged fringe benefits. Remuneration package does not include income which is not derived from the *Insured Person's* personal exertion or activities, such as interest or dividend payments; or
 - if the *Insured Person* is self-employed:
 - the normal monthly income earned by the *Insured Person's* business, practice or partnership due to the *Insured Person's* personal exertion or activities, less
 - the *Insured Person's* share of the expenses of the business, practice or partnership that were necessarily incurred in producing the normal monthly income.

Monthly earnings are calculated as the amount before the deduction of income tax.

- c** For Key Person Income: normal monthly value of the remuneration package paid to the *Insured Person* by the *key person business*, including salary, superannuation contributions, fees, commissions, regular overtime and bonus payments and packaged fringe benefits.

Monthly earnings are calculated as the amount before the deduction of income tax.

Mortgage means a loan secured by a first mortgage over the *Insured Person's* principal place of residence. The mortgage must be with an authorised deposit-taking institution (ADI), or any other mortgage provider that we agree to.

Normal household duties means the household duties normally performed by a person who remains at home and is not working in a regular occupation including part-time and/or voluntary work, for income. Normal household duties include:

- Cooking and preparing meals – meaning the ability to prepare meals using basic ingredients and kitchen appliances;
- Cleaning the house – meaning the ability to carry out the basic internal household chores using various tools such as a mop or vacuum cleaner;
- Washing and drying clothes – meaning the ability to maintain the household's laundry by using the washing machine and being able to hang clothes on a washing line or clothes airer;
- Shopping for groceries – meaning the ability to physically purchase general household grocery items with the use of either a shopping basket or trolley;
- Looking after children – (if the *Insured Person* does this as part of their everyday activities at home) meaning the ability to care for and supervise children up to the age of 12 years old, including, the preparation of meals, bathing, dressing and getting the child to and from school by car or walking.

For the avoidance of doubt, an *Insured Person* will not be considered to be unable to carry out all normal household duties if the *Insured Person* is able to perform any one or more of the listed normal household duties.

Our means the *Insurer*.

Own occupation means the occupation that the *Insured Person* was engaged in immediately prior to the event giving rise to the claim.

If the *Insured Person* was unemployed immediately prior to the event given rise to the claim, *own occupation* refers to the occupation they were engaged in the last time they were *gainfully employed* prior to the event giving rise to the claim.

Own occupation IP is a definition of Income Protection Assured, Income Protection, Income Protection Assured as Superannuation, Income Protection as Superannuation and Income Protection Plus.

Own occupation TPD is a definition of *total and permanent disability*.

Partial and permanent disablement and **partially and permanently disabled** means the loss of use of one limb or sight in one eye due to *sickness* or *injury*.

Partial disability and **partially disabled** means:

- a** For Income Protection Assured or Income Protection Assured as Superannuation Policies with a 30 day, 90 day or 180 day waiting period:
- Due to *sickness* or *injury* the *Insured Person*:
 - is able to perform one or more of the *important income producing duties* of their *usual occupation*, but is unable to perform all of them; or
 - is able to perform all of the *important income producing duties* of their *usual occupation*, but is only able to do so in a reduced capacity; and
 - the *monthly earnings* of the *Insured Person* are less than the amount of their *pre-disability monthly earnings*; and
 - the *Insured Person* is not able to perform the duties of their *usual occupation* for more than 75% of their regular hours worked prior to the *date of disability*, but not working more than 40 hours per week; and
 - the *Insured Person* is under the *regular care of a doctor*; and
 - the *Insured Person* is undergoing any suitable rehabilitation program recommended by their *doctor*.

The above definition applies for the first 2 years of a claim being paid, after which, the *Insured Person* will need to demonstrate that they are, because of *sickness* or *injury*:

- able to perform the *important income producing duties* of any occupation for which they are reasonably suited by education, training or experience, but unable to perform all of them; or
- able to perform all of the *important income producing duties* of any occupation for which they are reasonably suited by education, training or experience, but is only able to do so in a reduced capacity; and
- the *monthly earnings* of the *Insured Person* are less than the amount of their *pre-disability monthly earnings*; and
- the *Insured Person* is not able to perform the duties of any occupation for which they are reasonably suited by education, training or experience for more than 75% of their regular hours worked prior to the *date of disability*, but not working more than 40 hours per week; and
- the *Insured Person* is under the *regular care of a doctor*; and
- the *Insured Person* is undergoing any suitable rehabilitation program recommended by their *doctor*.

- b** For Income Protection Assured or Income Protection Assured as Superannuation Policies with a 720 day waiting period:
- the *Insured Person* will need to demonstrate that they are, because of *sickness or injury*:
 - able to perform the *important income producing duties* of any occupation for which they are reasonably suited by education, training or experience, but unable to perform all of them; or
 - able to perform all of the *important income producing duties* of any occupation for which they are reasonably suited by education, training or experience, but is only able to do so in a reduced capacity; and
 - the *monthly earnings* of the *Insured Person* are less than the amount of their *pre-disability monthly earnings*; and
 - the *Insured Person* is not able to perform the duties of any occupation for which they are reasonably suited by education, training or experience for more than 75% of their regular hours worked prior to the *date of disability*, but not working more than 40 hours per week; and
 - the *Insured Person* is under the *regular care of a doctor*; and
 - the *Insured Person* is undergoing any suitable rehabilitation program recommended by their *doctor*.
- c** For Income Protection, Income Protection as Superannuation and Income Protection Plus
- Due to *sickness or injury* the *Insured Person*:
 - while working and able to perform one or more of the *important income producing duties* of their *usual occupation*, is unable to perform all of them;
 - while working and able to perform all of the *important income producing duties* of their *usual occupation*, is only able to do so in a reduced capacity; or
 - is working in another occupation; and
 - the *monthly earnings* of the *Insured Person* are less than the amount of their *pre-disability monthly earnings*; and
 - the *Insured Person* is under the *regular care of a doctor*.
- d** For Business Overheads Assured and Business Overheads
- Due to *sickness or injury* the *Insured Person*:
 - while working and able to perform one or more of the *important income producing duties* of their *usual occupation*, is unable to perform all of them;
 - while working and able to perform all of the *important income producing duties* of their *usual occupation*, is only able to do so in a reduced capacity; or
 - is working in another occupation; and
 - the *Insured Person* is suffering a loss in *business income*; and
 - the *Insured Person* is under the *regular care of a doctor*.

e For Key Person Income

- Due to *sickness or injury* the *Insured Person* is:
 - while working and able to perform one or more of the *important income producing duties* of their *usual occupation* in the *key person business*, is unable to perform all of them; or
 - while working and able to perform all of the *important income producing duties* of their *usual occupation* in the *key person business*, is only able to do so in a reduced capacity; and
- the *Insured Person* is working for a lower number of hours than the average number of hours worked in the three months immediately preceding the commencement of the *waiting period*; and
- the *Insured Person* is under the *regular care of a doctor*.

Payment period means the period of time set out in the table in [chapter 3, section 18.5](#) that is used to determine the amount you will be paid after suffering a specified *injury* under the Specified Injury Benefit.

Platform Investment means an investment platform in respect of which the *Insurer* has a current arrangement with the *administrator* to provide insurance benefits for the investors through the platform.

Platform Investment account holder means the owner of the *Platform Investment* account from which insurance premiums are being debited. This includes the Cash Managed Account (CMA), either included on the portfolio or by itself.

Platform Super means a superannuation platform in respect of which the *Insurer* has a current arrangement with the trustee of the underlying superannuation fund to provide insurance benefits for the members of the relevant superannuation fund through the platform. *TAL Super* is excluded from this definition.

Policy means:

- for Policies held inside *superannuation*, the cover as provided under the contract of insurance between us and the trustee of the superannuation fund; and
- for all other cover, the contract of insurance with us.

Policy Owner means the person (or entity) shown as the *Policy Owner* in the *policy schedule* or *membership certificate*. For Policies held inside *superannuation*, the *Policy Owner* is the trustee of the superannuation fund.

Policy schedule means the most recent document that we issue to you which sets out the details of the insurance we provide you, and forms part of your contract with the *Insurer*.

Post-disability monthly earnings means the *Insured person's monthly earnings* after becoming *partially disabled*.

Pre-disability monthly business income means:

a Key person employee

If the *Insured Person* is a *key person employee* and the monthly benefit type shown in the *policy schedule* is *Indemnity*, the *key person factor* multiplied by the *key person employee's average monthly earnings* in the 12 months immediately preceding the commencement of *total disability* or *partial disability*, increased by the *CPI* each *review date* since the *date of disability*.

b Key person business owner

The pre-disability monthly business income is calculated as follows:

$$A \times B = C$$

A = a percentage being the lesser of the following:

- The *Insured Person's* ownership percentage of the *key person business* as at the *date of disability*;
- The average percentage of *gross profit* attributed to the *Insured Person* in the 12 months immediately preceding the commencement of *total disability* or *partial disability*; and
- 50%.

B = an amount which is the average monthly *gross profit* of the *key person business* for the 12 months immediately preceding the commencement of *total disability* or *partial disability*. This amount is increased by the *CPI* each *review date* since the *date of disability*.

C = *pre-disability monthly business income*.

Pre-disability monthly earnings means:

a For Income Protection Assured and Income Protection Assured as Superannuation:

- If the *Insured Person* is an *employee* and not experiencing *variable income*, the higher of:
 - the *Insured Person's* average *monthly earnings* in the 12 months immediately preceding the commencement of *total disability* or *partial disability*; or
 - the *Insured Person's* average *monthly earnings* during the previous tax year preceding the commencement of *total disability* or *partial disability*.
- If the *Insured Person* is *self-employed*, or an *employee* who experiences *variable income*, the higher of:
 - the *Insured Person's* average *monthly earnings* in the 12 months immediately preceding the commencement of *total disability* or *partial disability*; or
 - the *Insured Person's* average *monthly earnings* during the previous tax year preceding the commencement of *total disability* or *partial disability*; or
 - the *Insured Person's* average *monthly earnings* during the 36 months preceding the commencement of *total disability* or *partial disability*.
- If the *Insured Person* is unemployed or on maternity, paternity or sabbatical leave for less than 12 months and was not experiencing *variable income*:
 - the *Insured Person's* average *monthly earnings* in the 12 months immediately preceding the period of unemployment, maternity, paternity or sabbatical leave.

- If the *Insured Person* is unemployed or on maternity, paternity or sabbatical leave for less than 12 months and was experiencing *variable income*:
 - the *Insured Person's* average annual income based on a period of time appropriate for the occupation of the *Insured Person*, but not more than 36 months, prior to ceasing work.
- If the *Insured Person* is unemployed or on maternity, paternity or sabbatical leave for more than 12 months but less than 36 months:
 - the *Insured Person's* average annual income based on a period of time appropriate for the occupation of the *Insured Person*, but not more than 36 months.
- If the *Insured Person* is unemployed or on maternity, paternity or sabbatical leave for more than 36 months:
 - the *Insured Person's* average *monthly earnings* in the 12 months immediately preceding the commencement of *total disability* or *partial disability*.

b For Income Protection and Income Protection Plus:

- if the monthly benefit type shown in the *policy schedule* or *membership certificate* is *Indemnity*, the *Insured Person's* highest average *monthly earnings* in any consecutive 12 month period in the 36 months immediately preceding the commencement of *total disability* or *partial disability*, increased by the *CPI* each *review date* since that date; or
- if the monthly benefit type shown in the *policy schedule* or *membership certificate* is *Endorsed Agreed Value* or *Agreed Value*, the *Insured Person's* highest average *monthly earnings* in any consecutive 12 month period between the date 2 years prior to the commencement date and the date that the *waiting period* commences, increased by the *CPI* each *review date* since that date.

For Policies with a 'to age 70' *benefit period*, and where the *Insured Person* becomes *totally disabled* or *partially disabled* after the *review date* following their 65th birthday:

- the *Insured Person's* highest average *monthly earnings* in any consecutive 12 month period in the 36 months immediately preceding the commencement of *total disability* or *partial disability*, increased by the *CPI* each *review date* since that date.
- c For the IP Continuation Option:**
- the *Insured Person's* *monthly earnings* in the 12 month period immediately preceding the commencement of *total disability* or *partial disability*.

Regular care of a doctor means the *Insured Person*:

- has sought advice, care, and treatment from a *doctor* in relation to the *sickness* or *injury* that *you* are claiming for and is continuing to do so at such times as is reasonable in the circumstances; and
- is following the advice, care and treatment of the *doctor*.

Renewal summary means the annual renewal notice sent to the *Policy Owner* or *Insured Person*.

Review date means the anniversary of *your Policy commencement date*, or if *you* have placed *your Policy* in a group of Policies (ie a portfolio) with a different review date, the review date of the portfolio.

Self-employed means working for payment or reward (other than as an *employee*) in a business or an enterprise over which you have power or control either because you are the owner, or you are a partner in the partnership that owns it.

Severe disability and **severely disabled** means:

a for home duties IP

The *Insured Person* is, because of *sickness* or *injury*, unable to perform the *normal household duties* and is under the *regular care of a doctor*.

b for general cover IP

The *Insured Person*, because of *sickness* or *injury*, is under the *regular care of a doctor*; and

- is unable to perform, without assistance, any two of the activities of daily living (as defined in the 'Medical glossary'), or
- is suffering from *significant cognitive impairment*.

Sickness means a sickness or disease which first becomes apparent after the later of:

- the *commencement date*
- for an increase in the sum insured for any benefit, the date we increase the benefit (other than a *CPI* or Loyalty Benefit increase), and
- the date your *Policy* was last reinstated, but before your *Policy* ends.

For the avoidance of doubt, a sickness or disease is taken to have first become apparent when:

- a *doctor* first gave the *Insured Person* advice, care or treatment or recommended that the *Insured Person* seek advice, care or treatment for the sickness or disease, or
- the *Insured Person* was aware of and a reasonable person in the circumstances would be expected to have been aware of the sickness or disease.

A sickness or disease which first became apparent before the *commencement date*, increase in sum insured but only in respect of that increase, or last reinstatement of the *Policy* that you or the *Insured Person* fully disclosed to us and we agreed to cover is considered a sickness for the purposes of this definition.

Significant cognitive impairment means a deterioration or loss of intellectual capacity that results in a requirement for a full-time permanent caregiver.

Significant functional impairment means a permanent impairment of at least 25% of whole person function as defined in the most current edition of the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', or an equivalent guide to impairment approved by us.

SIS refers to the *Superannuation Industry (Supervision) Act 1993* and/or the *Superannuation Industry (Supervision) Regulations 1994*, as applicable.

SMSF means a self-managed superannuation fund as defined by section 17A of the *Superannuation Industry (Supervision) Act 1993* (Cth). With limited exceptions, self-managed superannuation funds have no more than six members, all of which are trustees or directors of the trustee company.

Specified children's event(s) means death and any of the *sickness, injuries* or *surgeries* covered under the Children's Benefit or Child Support Benefit. With the exception of death, each of the *specified children's events* is defined in [chapter 7](#) 'Medical glossary' or in this chapter.

A specified children's event does not include:

- any *sickness, injury* or *surgery*; or
- death as a result of a *sickness, injury* or *surgery*,

which is, or is related to, a pre-existing condition that existed prior to, or at the time of, application or, for increases in the sum insured, at the time of the application to increase cover.

Pre-existing condition is taken to mean any *injury, sickness* or *symptom* that:

- you, the *Insured Person*, the *dependent child* or the *Insured Child* were aware of, or a reasonable person should have been aware of;
- you, the *Insured Person*, the *dependent child* or the *Insured Child* should have sought advice or treatment (whether conventional or alternative), from a medical practitioner or other health professional for (in circumstances where a reasonable person would have sought advice or treatment); or
- you, the *Insured Person*, the *dependent child* or the *Insured Child* had a medical consultation for or were prescribed medication or therapy for.

Specified medical event(s) is a *sickness, injury* or *surgery* for which a Living Benefit, Living Benefit Plus and Advancement Benefit are payable as listed in the 'Specified medical events (full payment)' and 'Specified medical events (partial payment)' tables on [pages 24 to 26](#).

Spouse means:

- the *Insured Person's* husband or wife via marriage; or
- the *Insured Person's* de facto partner or any other person with whom the *Insured Person* is in a relationship (provided that this relationship is registered under a state or territory law); or
- another person who, although not legally married to the *Insured Person*, lives with the *Insured Person* on a genuine domestic basis in a relationship as a couple.

Suitably trained doctor is a *doctor* or specialist that has the appropriate training, qualifications and experience to provide an opinion, diagnosis and treatment.

Super Fund means a superannuation fund for which the *Insurer* has a current arrangement with the trustee of the superannuation fund to provide insurance benefits for the members of the relevant superannuation fund. This definition includes *TAL Super* and *Platform Super*.

Superannuation means a self-managed super fund (*SMSF*) or a *Super Fund*.

Symptom means a departure from normal function or feeling which is noticed by the *Insured Person*, indicating the potential presence of *sickness* or abnormality. A symptom is taken to have existed when first noticed by the *Insured Person*.

TAL Super is a plan within the Retail Division in the Mercer Super Trust (ABN 19 905 422 981) and is sponsored by TAL Services Limited (ACN 076 105 130).

Terminal illness means:

If the *Policy* is held inside *superannuation*:

- two registered medical practitioners have certified, jointly or separately, that the *Insured Person* has a *sickness or injury*, that in spite of any reasonable medical treatment, is likely to result in their death within a period (the certification period) that ends no more than 24 months after the date of the certification;
- at least one of the registered medical practitioners is the treating registered specialist medical practitioner; and
- for each of the certificates, the certification period has not ended.

This must be evidenced by a medical report from the treating registered specialist medical practitioner and, where required by *us*, confirmed by a registered medical practitioner of *our* choice.

If the *Policy* is held outside *superannuation*:

- the treating registered specialist medical practitioner has determined that:
 - the *Insured Person* has a *sickness or injury* that in spite of any reasonable medical treatment, is likely to result in the death of the *Insured Person*; and
 - the death is likely to occur within a period that ends no more than 24 months after the date of the determination.

This must be evidenced by a medical report from the treating registered specialist medical practitioner and, where required by *us*, confirmed by a registered medical practitioner of *our* choice.

Total and temporary disablement and totally and temporarily disabled means:

- the *Insured Person* has suffered a *sickness or injury*; and
- the *Insured Person* is unable to work because of that *sickness or injury* in any occupation for which the *Insured Person* is reasonably suited by education, training or experience. If the *Insured Person's* TPD Benefit is defined as *home duties TPD*, the *Insured Person* is deemed to be unable to work if the *Insured Person* is prevented from carrying out all *normal household duties*.

Total disability and totally disabled means:

- a For Income Protection Assured or Income Protection Assured as Superannuation Policies with a 30 day, 90 day or 180 day *waiting period* and Business Overheads Assured Policies:
 - the *Insured Person* is, because of *sickness or injury*:
 - unable to perform one or more of the *important income producing duties* of their *usual occupation*;
 - is undergoing any suitable rehabilitation program recommended by a *suitably trained doctor*; and
 - not working; and
 - under the *regular care of a doctor*.

The above definition applies for the first 2 years of a claim being paid, after which, the *Insured Person* will need to demonstrate that they are, because of *sickness or injury*:

- unable to perform the *important income producing duties* of any occupation for which they are reasonably suited by education, training or experience; and
- not working; and
- is undergoing any suitable rehabilitation program recommended by a *suitably trained doctor*; and
- under the *regular care of a doctor*.

b For Income Protection Assured or Income Protection Assured as Superannuation Policies with a 720 day *waiting period*:

- the *Insured Person* will need to demonstrate that they are, because of *sickness or injury*:
 - unable to perform the *important income producing duties* of any occupation for which they are reasonably suited by education, training or experience;
 - not working;
 - is undergoing any suitable rehabilitation program recommended by a *suitably trained doctor*; and
 - under the *regular care of a doctor*.

c For Income Protection, Income Protection as Superannuation, Income Protection Plus or Business Overheads Policies:

- the *Insured Person* is, because of *sickness or injury*:
 - unable to perform one or more of the *important income producing duties* of their *usual occupation*;
 - not working; and
 - under the *regular care of a doctor*; or
- the *Insured Person* is, because of *sickness or injury*:
 - not working for more than 10 hours per week in their *usual occupation*, and not working in any other occupation;
 - unable to perform the *important income producing duties* of their *usual occupation* for more than 10 hours per week; and
 - under the *regular care of a doctor*; or
- the *Insured Person* is continuously *partially disabled* after the end of the *waiting period*, and the *post disability monthly earnings* while *partially disabled* are less than or equal to 20% of *pre-disability monthly earnings*.

The above definition applies to occupation categories (as shown in the *policy schedule* or *membership certificate*) AA, A, P, S, BB, B or C during the life of a claim and only applies to occupation category E for the first 2 years of a claim, after which, the *Insured Person* will need to demonstrate that they are, because of *sickness or injury*:

- unable to perform any occupation for which they are reasonably suited by education, training or experience;
- not working; and
- under the *regular care of a doctor*.

d For Key Person Income:

- The *Insured Person* is, because of *sickness or injury*:
 - unable to perform one or more of the *important income producing duties* of their *usual occupation* in the *key person business*;
 - not working; and
 - under the *regular care of a doctor*, or
- The *Insured Person* is, because of *sickness or injury*:
 - not working for more than 10 hours per week in their *usual occupation* in the *key person business*;
 - not performing any *important income producing duties*;
 - unable to work for more than 10 hours per week in their *usual occupation*;
 - not working in any other occupation; and
 - under the *regular care of a doctor*.

Total and permanent disability and totally and permanently disabled means:**a For own occupation TPD (TPD Benefit (Own)) appears on your policy schedule):**

Unlikely to do *your own occupation* ever again

- *sickness or injury* which has prevented the *Insured Person* from working in their *own occupation* for at least 3 consecutive months;
- the 3 month period has ended before the *review date* following the *Insured Person's* 65th birthday; and
- the *sickness or injury* makes it unlikely that the *Insured Person* will ever again be able to work in their *own occupation*.

The *Insured Person* will also be considered to be totally and permanently disabled if the *Insured Person* meets the *general cover TPD* definition of total and permanent disability.

b For any occupation TPD (TPD Benefit (Any)) appears on your policy schedule):

If the *Policy* is held outside *superannuation*:

Unlikely to do a suited occupation ever again
OR

Able to do a suited occupation but total remuneration for any occupation is less than 25% of the *Insured Person's earnings* in their last 12 months of work

- *sickness or injury* which has prevented the *Insured Person* from working in their *own occupation* for at least 3 consecutive months; and
- the 3 month period has ended before the *review date* following the *Insured Person's* 65th birthday; and either:
 - the *sickness or injury* makes it unlikely that the *Insured Person* will ever again be able to work in any occupation for which they are reasonably qualified because of education, training or experience; or
 - if the *Insured Person* is able to work in any occupation for which they are reasonably qualified because of

education, training or experience but the total remuneration for this occupation is less than 25% of the *Insured Person's earnings* in their last 12 months of work.

The *Insured Person* will also be considered to be totally and permanently disabled if the *Insured Person* meets the *general cover TPD* definition of total and permanent disability.

If the *Policy* is held inside *superannuation*:

Unlikely to do suited occupation ever again

- *sickness or injury* which has prevented the *Insured Person* from working in their *own occupation* for at least 3 consecutive months; and
- the 3 month period has ended before the *review date* following the *Insured Person's* 65th birthday; and
- the *sickness or injury* makes it unlikely that the *Insured Person* will ever again be able to work in any occupation for which they are reasonably qualified because of education, training or experience.

The *Insured Person* will also be considered to be totally and permanently disabled if the *Insured Person* meets the *general cover TPD* definition of total and permanent disability.

c For home duties TPD (TPD Benefit (Home Duties)) appears on your policy schedule):

If the *Policy* is held outside *superannuation*:

Unlikely to be able to carry out all *normal household duties* ever again

- *sickness or injury* which has prevented the *Insured Person* from carrying out all *normal household duties* for at least 3 consecutive months;
- the 3 month period has ended before the *review date* following the *Insured Person's* 65th birthday; and
- the *sickness or injury* makes it unlikely that the *Insured Person* will ever again be able to carry out all *normal household duties*.

The *Insured Person* will also be considered to be totally and permanently disabled if the *Insured Person* meets the *general cover TPD* definition of total and permanent disability.

If the *Policy* is held inside *superannuation*:

Unlikely to be able to carry out all *normal household duties* and unlikely to do a suited occupation ever again

- *sickness or injury* which has prevented the *Insured Person* from carrying out all *normal household duties* for at least 3 consecutive months;
- the 3 month period has ended before the *review date* following the *Insured Person's* 65th birthday; and
- the *sickness or injury* makes it unlikely that the *Insured Person* will ever again:
 - be able to carry out all *normal household duties*; and
 - be able to work in any occupation for which they are reasonably qualified because of education, training or experience.

The *Insured Person* will also be considered to be totally and permanently disabled if the *Insured Person* meets the *general cover TPD* definition of total and permanent disability.

d For *general cover TPD (TPD Benefit (General))* appears on your policy schedule):

If the *Policy* is held outside *superannuation*:

Loss of *limbs* and/or sight
OR
Unable to look after yourself ever again
OR
Permanent loss of intellectual capacity

- the *Insured Person* has suffered either:
 - total and permanent loss of use of two *limbs*; loss of use of one *limb* and loss of sight in one eye; or loss of sight; or
 - a Loss of independent existence (as defined in the 'Medical glossary').

If the *Policy* is held inside *superannuation*:

Loss of *limbs* and/or sight and unlikely to do a suited occupation ever again
OR
Unable to look after yourself ever again and unlikely to do a suited occupation ever again
OR
Permanent loss of intellectual capacity and unlikely to do a suited occupation ever again

- the *Insured Person* has suffered:
 - total and permanent loss of use of two *limbs*; loss of use of one *limb* and loss of sight in one eye; or loss of sight; or
 - the *Insured Person* has suffered a Loss of independent existence (as defined in the 'Medical glossary'); and
- the *sickness* or *injury* makes it unlikely that the *Insured Person* will ever again be able to work in any occupation for which they are reasonably qualified because of education, training or experience.

Unaffected business income means the *Insured Person's* share of the net income (revenue less expenses) which the *Insured Person* receives or is entitled to receive from the *Insured Person's* current or former business activities, including related business entities, that can be maintained irrespective of the *Insured Person's* disability. Unless agreed to by us as part of your original application, this income will be offset against any claim for *total disability* or *partial disability*. This includes changes in such income as a result of changes in the business when assessed post disability.

Underwrite or **underwriting** means our assessment of the *Insured Person's* health and other factors, which could include occupation and pastimes, depending on the cover applied for. Underwriting allows us to decide whether to accept the application and what the cost of cover will be for each individual.

Us means the *Insurer*.

Usual occupation means the occupation in which the *Insured Person* was last engaged before suffering a *specified medical event* or becoming *totally disabled* or *partially disabled*.

Variable income means the *Insured Person's* annual income experiences a 20% or greater variance in annual income over any 12-month period in the previous 36 months period immediately preceding the commencement of *total disability* or *partial disability*. This can also include periods of unemployment and/or periods where no income is received. If your annual income has reduced due to the condition you are claiming for, we may also consider you to be experiencing variable income.

Waiting period means the minimum period of time which must elapse before any benefit entitlement under an Income Protection Assured, Income Protection, Income Protection Assured as Superannuation, Income Protection as Superannuation, Income Protection Plus, Business Overheads Assured, Business Overheads or Key Person Income may accrue. Your waiting period is shown in the *policy schedule* or *membership certificate*.

For Income Protection Assured and Income Protection Assured as Superannuation Policies with occupation categories AA, A, P or S:

- The *Insured Person* must be *totally disabled* for at least one day and continuously *totally disabled* or *partially disabled* for the waiting period to be eligible for a Total or Partial Disability Benefit.

The waiting period will end if the *Insured Person* ceases to be *totally disabled* or *partially disabled* at any time during the waiting period.

If the *Insured Person* becomes *totally disabled* or *partially disabled* again, the waiting period will start from the beginning.

For Income Protection Assured and Income Protection Assured as Superannuation Policies with occupation categories BB, B, C or E:

- The *Insured Person* must be *totally disabled* for at least 14 days of the first 19 days and continuously *totally disabled* or *partially disabled* for the waiting period to be eligible for a Total or Partial Disability Benefit.

The waiting period will end if the *Insured Person* ceases to be *totally disabled* or *partially disabled* at any time during the waiting period.

If the *Insured Person* becomes *totally disabled* or *partially disabled* again, the waiting period will start from the beginning. The waiting period is also reset if the *Insured Person* returns to work more than 5 consecutive days during the 19 day eligibility period.

For Income Protection, Income Protection as Superannuation, Income Protection Plus, Business Overheads Assured, Business Overheads or Key Person Income Policies with occupation categories AA, A, P, S, BB, B, or C:

- The *Insured Person* must be continuously *totally disabled* or *partially disabled* throughout the entire waiting period.

The waiting period will end if the *Insured Person* ceases to be *totally disabled* or *partially disabled* at any time during the waiting period.

If the *Insured Person* becomes *totally disabled* or *partially disabled* again, the waiting period will start from the beginning.

For Income Protection, Income Protection as Superannuation, Income Protection Plus, Business Overheads Assured, Business Overheads, or Key Person Income Policies with occupation category E:

- Total Disability Benefit: the *Insured Person* must be continuously *totally disabled* throughout the entire waiting period.
- Partial Disability Benefit: the *Insured Person* must be *totally disabled* for at least 14 of the first 19 days of the waiting period and *totally disabled* or *partially disabled* for the balance of the waiting period.

For the Severe Disability Benefit, the *Insured Person* must be *severely disabled* throughout the entire waiting period.

The waiting period will end if the *Insured Person* ceases to be *severely disabled* at any time during the waiting period.

If the *Insured Person* becomes *severely disabled* again, the waiting period will start from the beginning.

We means the *Insurer*.

You and **your** means the *Insured Person* for Policies through a *Super Fund*, and for all other Policies means the *Policy Owner*.

The Target Market Determination (TMD) for the product is available at tal.com.au/protection-plans-docs.
This Reference Document was prepared on 6 November 2025.