

# Target Market Determination (TMD)

This TMD is issued by TAL Life Insurance Services Limited (TLISL) ABN 31 003 149 157

**Product:** This TMD applies to:

- **Protection Plans Living Insurance, including a Living Benefit linked to Protection Plans Term Life and Term Life as Superannuation policies, and**
- **Protection Plans Reserve Living Benefit.**

**Effective date:** 1 August 2022

## Target market class of consumers

### Product description and key attributes

The key product attributes of this product are:

- the product provides cover if the insured person suffers a specified medical event or a specified severe medical event,
- the policy is only available outside superannuation,
- there is a maximum of five policy owners, who would jointly own the policy,
- policy owners can choose to pay premiums by stepped or level premiums for the life of the cover,
- the product provides a lump sum benefit to cover for the costs (such as those outlined under 'Needs, objectives and financial situation' below) incurred if the insured person suffers a specified medical event or a specified severe medical event, and
- policy owners can choose between three types of cover identified in the table below.

### Key eligibility requirements

The key eligibility requirements to acquire this product are:

- a Protection Plans Reserve Living Benefit must be linked to a Protection Plans Term Life or Term Life as Superannuation policy,
- the insured person must be aged 15 – 59 at the time of at the commencement of the cover or aged 15 – 75 for any replacement or reinstatement (or aged 15 – 70 for any replacement or reinstatement of Reserve Living Benefit):
  - for insured persons aged 15 – 59, policies may be taken with stepped premiums for the life of the cover
  - for insured persons aged 15 – 59, policies may take with level premiums until age 65, with stepped premiums thereafter for the life of the cover,
  - for insured persons aged 15 – 49, policies may be taken with level premiums until age 55, with stepped premiums thereafter for the life of the cover,
- the insured person must be an Australian citizen, a permanent resident of Australia or the holder of an eligible spouse/partner or work visa, and
- the insured person must not be working in an ineligible occupation (for occupation eligibility please speak to a financial adviser or contact TLISL through its customer contact centre).

If the product is being acquired via reinstatement or replacement, the insured person will be eligible for the product if they satisfied the above requirements when cover first commenced.

### Benefits and definitions

The product's key benefits are outlined in the table below:

Type of cover	Description	Cover Amounts Available
<b>Living Benefit</b>	Pays a lump-sum benefit if (in broad terms) an insured person meets the definition of any of the 21 specified medical events or severe medical events outlined in the PDS.	<ul style="list-style-type: none"> <li>• Minimum cover when applying for cover is \$25,000</li> <li>• Maximum cover when first applying for cover is \$2 million</li> </ul>
<b>Living Benefit Plus</b>	Pays a lump-sum benefit if (in broad terms) an insured person meets the definition of any of the 53 medical events or severe medical events outlined in the PDS (including those covered under the Living Benefit) and multiple claims can be made for Angioplasty – single or double vessel.	<ul style="list-style-type: none"> <li>• Minimum cover when applying for cover is \$25,000 per month</li> <li>• Maximum cover when first applying for cover is \$2 million</li> </ul>
<b>Reserve Living Benefit</b>	Pays a lump sum benefit if (in broad terms) an insured person meets the definition of any of the 5 specified severe medical events outlined in the PDS.	<ul style="list-style-type: none"> <li>• Minimum cover when applying for cover is \$2 million</li> <li>• Maximum cover when first applying for cover is \$10 million</li> </ul>

### Exclusions

Exclusions apply if a specified medical event or severe medical events giving rise to the claim is caused by intentional self-inflicted injury or attempted suicide. Additional exclusions apply to the Protection Plans Reserve Living Benefit if the severe medical event giving rise to the claims is caused by alcohol abuse or attributed to alcohol abuse, alcohol dependence, or drug use. A three-month exclusion applies for certain severe medical events.

Exclusions may apply depending on individual circumstances, which will be notified in writing.

Only medical events or severe medical events that occur after policy commencement are covered by the policy.

Refer to the Protection Plans PDS for full terms and conditions, including exclusions and limitations.

### Class of consumers

This product is designed for policy owners who need a lump-sum benefit of between \$25,000 and \$2 million (under Living Benefit or Living Benefit Plus) or between \$2 million and \$10 million (with Reserve Living Benefit) if the insured person suffers a specified medical event or a specified severe medical event.

### Needs, objectives and financial situation

This product provides insurance to cover the following costs and expenses as a result of a specified medical event or severe medical event for:

- personal financial costs (e.g., expenses, transportation and accommodation costs) or personal capital requirements (e.g., to allow a full or partial reduction of mortgage and other debt and an amount to meet a family's ongoing income needs), or
- business costs where the insured person is a key person in the business or business capital requirements when the insured person is a business owner.

The policy owner has financial capacity to pay premiums from time to time in accordance with the chosen sum insured, chosen premium structure, policy fees and government charges; and to be able to continue to pay premiums for the chosen policy term if premiums increase over time.

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This product is not designed for policy owners and insured persons:

- if, when first taking out cover:
  - the insured person is aged 60 or over, or
  - the insured person is not working in an ineligible occupation, or
  - the insured person is not an Australian citizen, a permanent resident of Australia or holder of an eligible spouse/partner or work visa.
- whose main reason for cover is for a pre-existing condition of the insured person, or
- who need cover for less than \$25,000, or
- who need cover for more than \$10 million, or
- who need cover for an insured person aged 14 or under, or
- where there is a need for more than five policy owners, or
- who need cover for death, terminal illness, TPD or income protection, or business expenses insurance, or
- who need health insurance, or
- who need cover inside superannuation.

### Alignment to target market

This product is likely to be consistent with the likely objectives, financial situation and needs of the class of consumers in the target market. This is based on an assessment of the key terms, features and attributes of the product and a determination that these are consistent with the identified class of consumers.

## Distribution conditions and restrictions

### Distribution channels

This product is designed to be sold via the following means:

- by financial advisers, who hold or operate under an Australian Financial Services Licence, or
- by TLISL.

### Distribution conditions and restrictions

This product should only be distributed under the following circumstances:

- the policy owner and the insured person meet the relevant eligibility criteria for the product, and
- distribution to consumers is provided by TLISL through its customer contact centre or a financial adviser who is appropriately authorised, trained and qualified to provide financial advice about life insurance products in the following circumstances:
  - the consumer falls within the target market for this product,
  - and either:
    - the consumer previously held this product, or
    - this product is being acquired to replace a product that the consumer holds which had been issued by TLISL.

Although the product may be advertised or compared on third party comparison websites, consumers may only make an application for the product to the issuer through a financial adviser or TLISL as described above.

### Appropriateness of distribution conditions and restrictions

We have assessed that the distribution conditions and restrictions will make it likely that consumers who acquire the product are in the target market. We consider that the distribution conditions and restrictions are appropriate and will facilitate distribution be directed towards the class of consumer for whom the product has been designed.

### TMD reviews

We will review this TMD in accordance with the below:

<b>Periodic reviews</b>	At least every three years from the effective date.
<b>Review triggers</b>	<p>The specific review triggers (that reasonably suggest the TMD is no longer appropriate) that may result in an earlier review of the TMD are:</p> <ul style="list-style-type: none"> <li>• significant changes in metrics. These include complaints, sales, policy cancellations, lapses, claims, and loss ratios,</li> <li>• a material change to the design or distribution of the product, including an alteration in acceptance criteria or underwriting criteria,</li> <li>• identified systemic issues across the product lifecycle,</li> <li>• change in relevant law,</li> <li>• occurrence of a significant dealing, and</li> <li>• distribution conditions found to be inadequate.</li> </ul>

### Distribution information

We will collect the following information from our distributors directly or indirectly in relation to this TMD.

<b>Complaints</b>	Distributors will report all complaints in relation to the product(s) covered by this TMD on a 6-monthly basis to TLISL, with distributors reporting complaint volumes within 10 business days of the end of each reporting period. This will include written details of the complaints.
<b>Significant dealings</b>	Distributors will report if they become aware of a significant dealing in relation to this TMD that is inconsistent with the TMD within 10 business days.