



Professionals Life Cover Plus

For Medical Professionals

Product Disclosure Statement and Policy

1 August 2011

About this PDS

This Product Disclosure Statement and Policy (PDS) sets out the features, benefits, risks and exclusions of this product and provides information about the costs of the product.

The information provided is of a general nature and does not take into account your personal needs and financial circumstances. You should consider the appropriateness of the information, having regard to your objectives, financial situation and needs. You should read this PDS and consider whether this product is right for you.

Policy issuer

If your application for cover under this product is accepted, your Policy is issued by OnePath Life Limited (OnePath Life) (ABN 33 009 657 176, AFSL 238341). References to 'OnePath', 'we', 'our' or 'us' refer to OnePath Life.

Our contact details are:

OnePath Life
347 Kent Street
Sydney NSW 2000
Phone 1800 658 679

OnePath Life is a wholly owned subsidiary of Australia and New Zealand Banking Group Limited (ANZ) (ABN 11 005 357 522). ANZ is an authorised deposit taking institution (Bank) under the *Banking Act 1959* (Cth). OnePath Life is owned by ANZ – it is the issuer of the product but it is not a Bank. Except as set out in the issuer's contract terms (including this PDS), this product is not a deposit or other liability of ANZ or its related group companies. None of them stands behind or guarantees the issuer.

What documents make up your Policy?

Your Policy consists of the following documents:

- this PDS and any Supplementary Product Disclosure Statement (SPDS) we may subsequently provide to you
- your Policy Schedule and
- any endorsements or other notices we may give to you in writing.

How to read this PDS

'You' and 'your'

References to 'you' and 'your' refers to the applicant for insurance, i.e. the prospective 'policy owner' and 'principal life insured'.

Policy owner

There can only be one policy owner for each policy.

The policy owner is the owner of the policy and principal life insured, as referred to in the Policy Schedule.

The policy owner is the only person who may extend, vary, cancel or otherwise exercise any rights under the policy.

The policy owner is responsible for paying the premium and is the only person who is entitled to receive any benefits, or nominate beneficiaries to receive any benefits payable under this policy in the event that a life insured suffers an insured event as described in this PDS.

In the event of the policy owner's death, all benefits payable under this policy will be paid to the policy owner's estate or the policy owner's beneficiaries.

Life insured

There can be up to two lives insured under this policy.

A 'life insured' is a person whose life is to be insured or a person who is named in the Policy Schedule as the principal life insured or the second life insured. The second life insured must be the partner of the policy owner.

Wherever appropriate, references to principal life insured and second life insured will be made explicit.

Features

Eligibility to apply

To be eligible to apply for cover, at least one life insured must be either:

- a member of the professional organisation which has entered into arrangements with OnePath Life to distribute this product, or
- a professional who we have invited to apply for this product directly.

Additionally, each life insured must be:

- aged between 18 and 59,
- an Australian or New Zealand citizen or a holder of an Australian Permanent Residency Visa, and
- currently residing in, and receiving this PDS in, Australia.

About Professionals Life Cover Plus

There are two types of cover available under Professionals Life Cover Plus, Simple cover and Underwritten cover. You will need to choose whether to apply for Simple or Underwritten cover.

The application process and the cover provided under Simple and Underwritten cover are not the same.

Also, the policy owner/principal life insured and the second life insured can only apply for the same type of cover.

If you choose to apply for Underwritten cover and we do not accept your application, you are not eligible to apply for Simple cover.

The following table sets out the differences that apply. You should consider these carefully when choosing the cover you wish to apply for.

	Simple cover	Underwritten cover
What is required to apply for cover?	<ul style="list-style-type: none"> No medical examinations or blood tests. Simple declaration of your current good health. Immediate cover upon acceptance. 	<ul style="list-style-type: none"> No medical examinations or blood tests. Answer a few questions about your health, occupation and pastimes, and receive an on the spot assessment. Immediate cover upon acceptance.
Does the Policy cover pre-existing medical conditions?	No, a pre-existing medical condition exclusion applies. Please refer to the Exclusions section of this PDS for details.	Yes, if your application is accepted, you will have cover for pre-existing medical conditions.
What sum insured for the Life Benefit (based on age at application) can I choose?	<p>The minimum sum insured is \$50,000.</p> <p>The maximum sum insured is:</p> <p>18–44 \$1,500,000 45–54 \$1,000,000 55–59 \$500,000</p>	<p>The minimum sum insured is \$50,000.</p> <p>The maximum sum insured is:</p> <p>18–44 \$2,500,000 * 45–54 \$1,250,000 * 55–59 \$500,000 *</p>

* For each life insured, the maximum sum insured available for Underwritten cover will be based on a life insured's:

- gross annual income and;
- other life insurance held at time of application.

The Policy Schedule and Annual Policy Summary will show whether a life insured has Simple cover or Underwritten cover.

Can I change the amount insured?

The amount of cover is guaranteed never to decrease unless you choose to decrease it, or we reduce the sum insured in accordance with our legal rights as set out in the 'Non-disclosure' and 'Misrepresentations' sections of this PDS.

OnePath Life may from time to time offer you an increase on your cover and may also increase the maximum amount of cover offered to you.

If you apply for an increase to the amount insured for a life insured and the life insured has Simple cover, a further pre-existing medical condition exclusion applies to that increased portion of cover for a life insured for the five year period immediately preceding our acceptance of that increase.

Cover amounts

The following table shows the cover amounts available for the benefits under this policy. See the Benefits section below for details of these benefits.

Benefit	Simple cover	Underwritten cover
Life Benefit	The minimum sum insured is \$50,000. The maximum sum insured is: 18–44 \$1,500,000 45–54 \$1,000,000 55–59 \$500,000	The minimum sum insured is \$50,000. The maximum sum insured is: 18–44 \$2,500,000 * 45–54 \$1,250,000 * 55–59 \$500,000 *
Accidental Death Benefit	50% of the Life Benefit selected	
Assistance Benefit	\$15,000	
Needlestick Benefit	\$50,000	
Optional Major Illness and Injury Benefit	50% of the Life Benefit selected	

* For each life insured, the maximum sum insured available for Underwritten cover will be based on a life insured's:

- gross annual income and;
- other life insurance held at time of application.

We may limit the total cover amount we pay under the policies a life insured has with us (as described in the 'Benefit limitations' section of this PDS).

Benefits

Life Benefit

The Life Benefit provides a lump sum for a valid claim if a life insured dies. If a life insured is diagnosed as being terminally ill, the full Life Benefit will be paid to you in advance.

The Policy Schedule will show the Life Benefit sum insured.

Accidental Death Benefit

The Accidental Death Benefit pays a lump sum in addition to the Life Benefit for a valid claim if a life insured dies as a result of an accident.

The Accidental Death Benefit sum insured is 50% of the life insured's Life Benefit as shown on the Policy Schedule.

The Accidental Death Benefit is payable from the policy acceptance date.

For example, for a 35 year old life insured who has Simple cover and has selected a \$1,000,000 Life Benefit, a total of \$1,500,000 (\$1,000,000 Life Benefit and \$500,000 Accidental Death Benefit) would be payable for a valid claim if the life insured dies from an accident.

Assistance Benefit

The Assistance Benefit provides a payment of \$15,000 on the death of a life insured.

It is paid within five business days of our receipt of a life insured's full Australian death certificate or other evidence satisfactory to us stating the cause of that life insured's death.

The Assistance Benefit payable under this policy in the event of the policy owner's death is paid to the primary beneficiary. If there is no primary beneficiary then the benefit will be paid to the policy owner's estate.

The Assistance Benefit payable in respect of the second life insured will be paid to the policy owner.

Payment of this benefit is not an admission of our liability to pay the Life Benefit in respect of a life insured.

Needlestick Benefit

If the principal life insured becomes infected with an occupationally acquired Blood Borne Virus (BBV), we will pay a lump sum benefit of \$50,000.

Major Illness and Injury Benefit (Optional)

The Major Illness and Injury Benefit is an optional benefit at an extra cost which provides a single lump sum payment to you for a valid claim where a life insured suffers one or more of the following specified conditions:

- cancer^{*†}
- chronic kidney failure
- coronary artery by-pass surgery^{*†}
- heart attack^{*†}
- multiple sclerosis[†]
- paralysis
- severe burns
- stroke.^{*†}

* These specified conditions are subject to a qualifying period of 90 days for the benefit to be payable. Please refer to 'Qualifying period for the Major Illness and Injury Benefit'.

† These specified conditions must be diagnosed and certified by a specialist medical practitioner.

The Policy Schedule will show if a life insured has cover for the Major Illness and Injury Benefit and if so, the amount of cover under the policy for this benefit, which is 50% of the Life Benefit selected for the life insured.

For a claim to be paid for the Major Illness and Injury Benefit, the diagnosis and certification of the specified condition must be made by a medical practitioner or specialist medical practitioner agreed to by us.

Upon payment of the Major Illness and Injury Benefit for a life insured, cover in respect of the life insured for this benefit will end.

Partial payments

We will pay a partial payment of the greater of 10% of the Major Illness and Injury Benefit or \$10,000, for a valid claim if a life insured is diagnosed with any one of the following conditions by a specialist medical practitioner after the policy commencement date:

- carcinoma in situ^{*^}
- melanoma^{*}
- angioplasty^{*}
- severe endometriosis^{*}
- adult insulin dependent diabetes mellitus^{*}
- burns to a limited extent.

* Partial payments of the optional Major Illness and Injury Benefit have a qualifying period of 90 days for this benefit to be payable. Please refer to 'Qualifying period for the Major Illness and Injury Benefit'.

^ Refers to carcinoma in situ of the breast, cervix uteri, corpus uteri, fallopian tube, ovary, penis, perineum, prostate, testicle, vagina and vulva only. Please refer to 'Glossary' section of this PDS for more details.

Qualifying period for the Major Illness and Injury Benefit

There is no Major Illness and Injury Benefit cover and no benefit will be payable if the specified condition(s) marked with an asterisk (*) first occur, or are first diagnosed, or the symptoms leading to the condition(s) first become reasonably apparent during the first 90 days after:

- the date from which the Major Illness and Injury Benefit cover commences
- the date of the most recent reinstatement of the Major Illness and Injury Benefit cover, or
- the date of an increase in the amount of the Major Illness and Injury Benefit cover (in respect of the increased portion of cover only).

Auto conversion for the Major Illness and Injury Benefit

From the policy anniversary date after a life insured turns age 70, the Major Illness and Injury Benefit is subject to a life insured suffering from an event causing a loss of independent existence rather than from a specified condition.

Benefit reductions

The Life Benefit amount insured for a life insured will be reduced by any amount paid for that life insured's Major Illness and Injury Benefit claim, and the amount of premium payable for that life insured will then also reduce accordingly.

Likewise, any partial payment of the Major Illness and Injury Benefit will reduce the Major Illness and Injury Benefit and the amount of premium payable for a life insured will then also reduce accordingly.

Indexation

At each policy anniversary date, the sum insured for the Life Benefit and Accidental Death Benefit, and the cover amount

for the Major Illness and Injury Benefit (if applicable) as shown in the Policy Schedule, will automatically increase by either the indexation factor or 5%, whichever is the greater.

As the sum insured and cover amounts increase, the premium will also increase. If you do not want the indexation increase, you must notify us within 30 days of the increase occurring.

We will cease to offer indexation when a life insured reaches the maximum sum insured applicable to that life insured at age of application.

The Assistance Benefit and Needlestick Benefit will not be subject to indexation.

Benefit payments

All benefits are paid to you, your beneficiaries or your estate. Benefits are payable under the terms and conditions of the policy. A life insured must also satisfy our claim requirements.

Benefit limitations

We may limit the total cover amount we pay under all policies you have with us in two ways:

1. If you have more than one Professionals Life Cover Plus policy, we may limit the total of all cover amounts payable to the maximum sum insured for each life insured's age at application and cover application type (as shown in the 'Cover amounts' section of this PDS).

and

2. Where a life insured is covered under more than one policy issued by us, we may also limit the cover amounts payable under this policy so that the total of that life insured's lump sum cover amounts payable does not exceed \$3 million excluding any amounts payable for the Accidental Death Benefit under any Professionals Life Cover Plus policies.

If we limit cover in accordance with this section, we will refund premiums in respect of the reduced portion of cover on a pro rata basis.

General information

About the premium

We calculate your premium at the policy acceptance date and at each policy anniversary. The premium payable for the first year of your Policy will be shown on your Policy Schedule.

Premiums can be paid monthly or annually by direct debit from a credit card or bank account. You need to pay your premiums when due to keep your Policy in force.

You may be entitled to earn Qantas Frequent Flyer points on the premiums you pay for this policy. Please visit our website at onepath.com.au/qff-terms-conditions for details.

This policy does not have a savings, investment, cash or surrender value. The premiums for this policy are paid into our No. 1 Statutory Fund.

Premium rates

We calculate the premium by reference to a table of premium rates for the cover(s) selected. A table of premium rates is available on request or we can prepare a premium quotation for you by calling 1800 658 679.

In setting the premium we take into consideration:

- each life insured's age – generally the older a life insured, the higher the premium is;
- each life insured's smoker status – smokers pay a higher premium than non-smokers;
- each life insured's gender – premiums vary according to a life insured's gender and their stage in life;
- whether you choose the optional Major Illness and Injury Benefit – if you choose the optional benefit your premium will be higher; and
- the costs of setting up and administering the policy, a policy fee and any stamp duty and other government charges that may apply.

If you select Underwritten cover, we may also take into account any applicable medical loadings.

We may increase the premium rates at any time, but only after giving you 30 days notice of the change and only with effect from the policy anniversary date after the change. Premium rates cannot increase for an individual policy within a defined risk group unless all premium rates for all policies in that defined risk group are increased.

Discount for combined cover

If you take out cover for yourself as the principal life insured and also for a second life insured, the following discounts will apply to the premium in respect of the second life insured:

- if you pay monthly a discount of \$5 off the monthly premium,
- if you pay annually a discount of \$40 off the annual premium.

Discount for paying premiums annually

If you pay your premium annually a discount will apply. The discount will be included in the calculation of your annual premium amount as shown in your premium quotation.

Exclusions

The following pre-existing medical condition exclusion applies to Simple cover only.

We will not pay a claim arising directly or indirectly from a 'pre-existing medical condition'.

A pre-existing medical condition is an injury, illness, condition or related symptom that, in the five years immediately preceding the policy acceptance date:

- a life insured (or a reasonable person in their position) was aware of or should have been aware of; or
- for which a life insured had, or was intending to have, a medical consultation; or
- for which a reasonable person in the circumstances of a life insured would have had a medical consultation.

The following exclusions apply to both Simple and Underwritten cover.

We will not pay a claim arising directly or indirectly from:

- Suicide by a life insured within 13 months of the policy acceptance date or cover increase date (with respect to the increased portion of cover only).
- A life insured visiting a country for which the Australian Department of Foreign Affairs and Trade (DFAT) has issued a 'Do Not Travel' warning advice that is in force during the time a life insured stays in that country.
- War (whether formally declared or not), hostilities, civil commotion or insurrection.
- Your intentional act or omission.

We will not pay the Needlestick Benefit if a cure for the BBV is found. 'Cure' means any Australian Government approved treatment which renders the BBV inactive and non-infectious.

We will also not pay a claim for either the Life Benefit, Accidental Death Benefit, Assistance Benefit or optional Major Illness and Injury Benefit for a life insured if the claim arises directly or indirectly from a life insured contracting Human Immunodeficiency Virus (HIV) or AIDS.

Policy start and end

Cover under the policy begins on the policy acceptance date.

The policy will end when the earliest of the following events occur:

- the policy anniversary date after the policy owner turns 75 (unless the policy is assigned as set out below)
- upon the death of the policy owner and payment of all benefits in relation to the principal life insured (unless the policy is assigned as set out below)
- the date we cancel the policy, in accordance with our legal rights, including in circumstances where we do not receive the premium when due
- cancellation of the policy by the policy owner.

Where the policy provides cover for a second life insured, then:

- if the principal life insured (policy owner) dies,
- or
- on the policy anniversary date after the policy owner turns 75,

the policy owner (or, in the event of their death, the policy owner's estate) may assign the policy to the second life insured.

As from the assignment date, the second life insured will become the named policy owner and the principal life insured under the policy. This information will be specified in writing, and all covers and benefits relating to the second life insured will then continue.

Policy assignment will not be possible on the death of both life insureds and cover will end in the event of the death of both life insureds.

When does cover for a life insured end?

Cover for all benefits for a life insured will end on the policy anniversary date after that life insured's 75th birthday.

Area of cover

Cover applies 24 hours a day, 365 days a year, anywhere in the world, subject to the terms and conditions of this policy.

Cooling-off period and cancellation

You may cancel the policy at any time.

If the policy is cancelled or avoided during the 21 day cooling-off period, we will return any premiums paid, provided no claim has been made. After the cooling-off period, we will not refund any monthly premiums if the policy is cancelled.

We will pay a pro rata refund where premiums are paid annually and you cancel the policy before the next annual payment is due.

You can cancel the policy within 21 days of receiving the Policy Schedule by contacting us on 1800 658 679.

Nominating a beneficiary

Generally, benefits payable under the policy in the event of the life insured's death are paid to the policy owner or to the policy owner's estate.

As a policy owner, you can nominate up to five beneficiaries (including the primary beneficiary) to receive the Life Benefit and Accidental Death Benefit.

The primary beneficiary will also receive the Assistance Benefit payable in the event of your death.

If you do not nominate a beneficiary, your Life Benefit, Accidental Death Benefit and Assistance Benefit will be paid to your estate. Similarly, your estate will receive any benefits allocated to a beneficiary in the event that they die before you, or the nomination is otherwise invalid.

You cannot nominate beneficiaries to receive benefits in respect of the second life insured. Any Life Benefit, Accidental Death Benefit and Assistance Benefit payable in respect of the second life insured will be paid to the policy owner.

You cannot nominate yourself as a beneficiary and any nominations will be cancelled if the ownership of the policy is transferred to the second life insured.

If you wish to obtain a Nomination of Beneficiary Form, please contact Customer Services on 1800 658 679.

Insurance risks

The insurance risks you should be aware of include:

- the type of insurance cover you select may not provide the appropriate cover for your needs
- the amount of insurance cover you select may not be sufficient to cover your needs, and
- if we do not receive the premiums when due, we may cancel the policy in accordance with our legal rights and may not assess any claim that arises from an event which occurs after the cancellation date.

Duty of disclosure

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

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of life insurance.

Your duty however does not require disclosure of matter:

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

Non-disclosure

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

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

Misrepresentations

If your application for cover includes any misrepresentations and the insurer would not have entered into the contract on any terms if the misrepresentation had not been made, the insurer may avoid the contract within three years of entering into it. If your misrepresentation is fraudulent, the insurer may avoid the contract at any time.

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

Claims

If a claim needs to be made, please call our Customer Services team on 1800 658 679 and we will advise you, or your estate, of all the necessary requirements and send the appropriate forms.

The cover under the policy will be as specified in the Policy Schedule or Annual Policy Summary which was current at the time of the event. All amounts payable will be paid to you, your beneficiaries or your estate in Australian currency.

If we are required to pay any tax, duty or government charge or levy relating to any amount payable under this policy, we may reduce the amount we pay by the amount of that tax, duty or government charge or levy.

Taxation

Generally, benefits received should not be included in your assessable income, nor should the premiums paid be deductible to you.

Please note that the taxation information in this PDS is based upon our interpretation of and the continuation of legislation in place as at the date this PDS is prepared. The information is of a general nature and does not constitute taxation advice. You should seek professional taxation advice specific to your individual circumstances.

Complaint resolution

Please contact the Customer Services team on 1800 658 679 if you are dissatisfied with any matter relating to your Policy or the manner in which a claim is handled.

If you are dissatisfied with our response, you can contact the Financial Ombudsman Service, an independent body whose services are available to you at no cost, by calling 1300 780 808, emailing info@fos.org.au, or writing to GPO Box 3, Melbourne, Victoria 3001.

Privacy Statement

In this section, 'you' and 'your' refers to the policy owner and second life insured. 'We', 'us' and 'our' refers to OnePath Life and other members of the ANZ Group.

We are committed to ensuring the confidentiality, security and privacy of your personal information.

We collect your personal information to provide you with the products and services you request. Without your personal information, we may not be able to process your application or provide you with the products or services you require.

In order to manage and administer the products and services requested by you, we may need to disclose your personal information to certain third parties, including:

- other members within the ANZ Group, to the extent necessary to service our relationship with you and carry on business as a group
- organisations performing administration or compliance functions in relation to the products and services
- organisations maintaining our information technology systems
- authorised financial institutions
- organisations providing services such as mailing, printing or data verification, or
- a person who acts on your behalf (such as your financial adviser or your agent).

For life risk products we collect health information with your consent. Your health information will only be disclosed to service providers, reinsurers or organisations providing medical or other services for the purpose of underwriting, assessing the application or assessing any claim.

We may also disclose your personal information in circumstances where we are required to do so by law.

We may send you information about our financial products and services from time to time. You may elect not to receive such information at any time by contacting Customer Services on 1800 658 679.

You may access the personal information OnePath holds about you, subject to permitted exceptions and subject to OnePath still holding that information, by contacting OnePath at:

Privacy Officer – OnePath

GPO Box 75

Sydney NSW 2001

Phone (02) 9234 8111

Fax (02) 9234 8095

Email privacy@onepath.com.au

If any of your personal information is incorrect or has changed, please let OnePath know by contacting Customer Services.

More information can be found in OnePath's Privacy Policy which can be obtained from its website at onepath.com.au

Alternative Form of Remuneration Register

OnePath Life maintains an Alternative Form of Remuneration Register (Register) in accordance with the Financial Services Council (FSC) 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. The Register is publicly available and can be accessed by contacting OnePath Life. This insurance product does not pay or receive any alternative remuneration.

How to obtain up to date information

The information in this PDS may change from time to time. Updated information will be available free of charge from onepath.com.au/important-information or call 1800 658 679 for a paper copy. We will issue a supplementary or replacement PDS if there is a materially adverse change to or omission from information in this PDS.

Glossary

adult insulin dependent diabetes mellitus: Means the diagnosis of insulin dependent diabetes mellitus after age 30 by an appropriate consultant physician.

angioplasty: Means the undergoing of angioplasty (with or without an insertion of a stent or laser therapy) that is considered necessary on the basis of angiographic evidence to correct a narrowing or blockage of one or more coronary arteries.

beneficiary / beneficiaries: Is the person(s) you nominate (including the primary beneficiary) to receive the Life Benefit.

A beneficiary cannot be your estate, must be a natural person and cannot be the policy owner.

burns to a limited extent: Means tissue injury caused by thermal, electrical or chemical agents causing third degree burns to:

- at least 9%, but less than 20%, of the body surface area as measured by the 'Rule of Nines' or the Lund and Browder Body Surface Chart
- the whole of one hand or 50% of the surface area of both hands combined, requiring surgical debridement and/or grafting
- the whole of one foot or 50% of the surface areas of both feet combined, requiring surgical debridement and/or grafting or,
- 50% of the face, requiring surgical debridement and/or grafting.

cancer: The presence of one or more malignant tumours including leukaemia, lymphomas and Hodgkin's disease characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue.

The following cancers are not covered:

- melanomas of less than 1.5mm maximum Breslow thickness and which are also less than Clark Level 3 depth of invasion as determined by histological examination
- all hyperkeratoses or basal cell carcinomas of the skin
- all squamous cell carcinomas of the skin unless there has been spread to other organs
- Kaposi's sarcoma and other tumours associated with an HIV infection, AIDS or AIDS related complex
- low level prostatic cancers which are:
 - histologically described as TNM Classification T1a or T1b or lesser classification
 - characterised by a Gleason score less than 7, and
 - appropriate and necessary 'major interventionist treatment' has not been performed specifically to arrest the spread of malignancy.

'Major interventionist treatment' includes removal of the entire prostate, radiotherapy, chemotherapy, hormone therapy or any other similar interventionist treatment.

- chronic lymphocytic leukaemia less than Rai Stage 1, and

- tumours showing the malignant changes of carcinoma in situ* (including cervical dysplasia CIN-1, CIN-2, and CIN-3), or which are histologically described as pre-malignant or which are classified as FIGO Stage 0, or which have a TNM classification of Tis. 'FIGO' refers to the staging method of the International Federation of Gynaecology and Obstetrics.

* Carcinoma in situ is covered in the following circumstances where the procedures are performed specifically to arrest the spread of malignancy and are considered the appropriate and necessary treatment:

- carcinoma in situ of the breast if it results directly in the removal of the entire breast
- carcinoma in situ of the testicle if it results directly in the removal of the testicle
- carcinoma in situ of the prostate if it results directly in the removal of the prostate or where characterised by a Gleason score of 7 or greater.

Carcinoma in situ: Means a life insured is confirmed by biopsy to have localised pre-invasive or low level cancer in one or more of the following sites:

- breast including, but not limited to, pre cancer of the milk ducts or lobules
- cervix uteri
- corpus uteri
- fallopian tube
- ovary
- penis
- perineum
- prostate
- testicle
- vagina
- vulva.

The pre-invasive or low level cancer must have a grading of at least CIN-3, TNM classification of Tis or FIGO Stage 0.

chronic kidney failure: End stage renal disease which requires permanent dialysis or renal transplantation.

coronary artery by-pass surgery: The undergoing of coronary artery by-pass surgery that is considered necessary to treat coronary artery disease causing inadequate myocardial blood supply. Surgery does not include intra-angioplasty, arterial procedures or non-surgical techniques.

heart attack: Death of a portion of heart muscle arising from inadequate blood supply to the relevant area. The basis for diagnosis shall be supported by the following clinical features being present and consistent with myocardial infarction (and not due to medical intervention):

- new electrocardiographic (ECG) changes, and
- diagnostic elevation of cardiac enzyme CK-MB or Troponin I greater than 2.0 µg/L or Troponin T greater than 0.6µg/L.

If the above is inconclusive, then we will consider a claim based on conclusive evidence that a life insured has been diagnosed as having suffered a myocardial infarction, resulting in either one of the following:

- new pathological Q waves, or
- a permanent left ventricular ejection fraction of 50% or less, measured three or more months after the event.

immediate family member:

- a life insured's partner
- a life insured's son, daughter, father, mother, father-in-law or mother-in-law, brother or sister.

indexation factor: The indexation factor is determined each year based on the percentage increase in the Consumer Price Index (CPI) (the weighted average of eight capital cities combined), as published by the Australian Bureau of Statistics (or its successor) for the 12 month period ending on 31 December each year. If the CPI reduces over the relevant period, the indexation factor will be zero. Any subsequent increases in the CPI will first be offset against previous reductions in the CPI when we determine the next indexation factor. If the CPI is not published, we will calculate the indexation factor from another retail price index which, in our actuary's opinion, is the closest to it.

Life insured: A person whose life is to be insured or a person who is named in the Policy Schedule as the principal life insured or the second life insured.

loss of independent existence: Means a life insured is totally and permanently unable to perform at least two of the five activities of daily living without the assistance of another adult person. Activities of daily living are:

- bathing and/or showering
- dressing and undressing
- eating and drinking
- using a toilet to maintain personal hygiene, or
- getting in and out of bed, a chair or wheelchair, or moving from place to place by walking, wheelchair or with the assistance of a walking aid.

medical consultation: Any activity undertaken for the detection, treatment or management of an illness, injury, medical condition or related symptom, including but not limited to the application of prescribed drugs or therapy (whether conventional or alternative).

medical practitioner: A registered and qualified medical practitioner in Australia or in another country, as approved by us, who is not a life insured or a life insured's business partner or another immediate family member of a life insured.

melanoma: Means the presence of one or more malignant melanomas. The melanoma can be less than 1.5mm maximum Breslow thickness and also less than Clark Level 3 depth of invasion, as determined by histological examination. The malignancy must be characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue.

multiple sclerosis: The unequivocal diagnosis of multiple sclerosis made by a medical practitioner who is a consultant neurologist on the basis of confirmatory neurological investigation. There must be more than one episode of confirmed neurological deficit.

occupationally acquired Blood Borne Virus (BBV):

Means infection with Human Immunodeficiency Virus (HIV), Hepatitis B virus, Hepatitis C virus, or Hepatitis D virus, where the virus was acquired as a result of an accident occurring during the course of the life insured's normal occupation and sero-conversion of the infection occurred within six months of the accident. The accident must be:

- reported to the relevant authority or employer within seven days, and
- reported to us within thirty days with a supporting negative test for the BBV taken after the accident.

We must have open access to all blood samples and be able to have them independently tested.

Occupationally acquired Blood Borne Virus does not include any infections acquired as a result of sexual activity, recreational intravenous drug use and deliberate self-infliction.

natural person: a person who is an actual human being, not a legal person such as a company or trust.

paralysis: The total and permanent loss of use or function, through accident or disease of:

- Both sides of the body (Diplegia). Diplegia facialis is excluded.
- One side of the body (Hemiplegia).
- Both arms or both legs resulting from injury to the spinal cord and/or to the brain (Paraplegia).
- Both arms and both legs (Quadriplegia).

partner: A spouse, de-facto spouse or person living in a bona fide domestic living arrangement, irrespective of their gender, where either or both provide the other with financial support, domestic support and personal care.

policy: The contract between you, the policy owner, and OnePath.

policy acceptance date: The date we accept the application from the policy owner and when cover starts, as set out in the Policy Schedule.

policy anniversary date: The anniversary date of the policy acceptance date.

policy owner: The owner of the policy and principal life insured, as referred to in the Policy Schedule.

Policy Schedule: Means the document entitled 'Policy Schedule' issued by OnePath Life confirming the details of cover for each life insured under the policy.

primary beneficiary: Is the person you nominate to receive the Life Benefit along with any other beneficiaries.

This person is the only beneficiary that will be eligible to receive the Assistance Benefit.

Principal life insured: The principal life insured as referred to in the Policy Schedule who is also the policy owner.

reasonably apparent: A reasonable person in the circumstances could be expected to have been aware of the symptoms.

Second life insured: The second life insured as referred to in the Policy Schedule. The second life insured can only be a partner of the policy owner.

severe burns: Tissue injury caused by thermal, electrical or chemical agents causing third degree burns to:

- 20% or more of the body surface area as measured by the Rule of Nines or the Lund and Browder Body Surface Chart
- the whole of both hands, requiring surgical debridement and/or grafting
- the whole of both feet, requiring surgical debridement and/or grafting
- the whole of the skin of the genitalia, requiring surgical debridement and/or grafting, or
- the whole of the face, requiring surgical debridement and/or grafting.

severe endometriosis: Means the presence of endometrial tissue (normal lining of the uterus) outside the uterus, usually in the pelvic cavity. Severe endometriosis is a partial or complete obliteration of the cul-de-sac (Pouch of Douglas) by endometriotic adhesions, and/or the presence of endometriomas (cysts containing endometriotic material), and/or the presence of deep endometriotic deposits involving the pelvic side wall, cul-de-sac and broad ligaments, or involving the wall of the bladder, ureter and bowel.

specialist medical practitioner: An appropriate specialist physician who is medically qualified and registered and approved by us. The specialist medical practitioner cannot be a life insured, business partner or another immediate family member of that life insured.

specified conditions: The following specified conditions covered under the Major Illness and Injury Benefit:

- cancer
- chronic kidney failure
- coronary artery by-pass surgery
- heart attack

- multiple sclerosis
- paralysis
- severe burns
- stroke.

stroke: A cerebrovascular accident or event producing a neurological deficit lasting more than 24 hours.

There must be clear evidence:

- of the onset of objective neurological deficit
- on a CT, MRI or similar scan that a stroke has occurred, and
- of infarction of brain tissue, intracranial or subarachnoid haemorrhage or embolisation from an extracranial source.

Transient ischaemic attacks, cerebral events due to reversible neurological deficits, migraine, hypoxia or trauma, and vascular disease affecting the eye, optic nerve or vestibular functions are excluded.

terminal illness/terminally ill: An illness that, in the opinion of an appropriate specialist medical practitioner approved by us, is likely to lead to the death of a life insured within 12 months from the date that the opinion is provided to us.

You or your: refers to the applicant for insurance i.e. the prospective policy owner and principal life insured.

Direct Debit Servicing Agreement

Our commitment to you

We will:

- arrange for funds to be debited from your account as authorised in the Direct Debit Request
- give you at least 14 days' notice in writing before changing the terms of the debiting arrangements, unless the changes are made at your request, and
- keep information relating to your Direct Debit Request private and confidential.

If the date on which we usually debit your account falls on a weekend or public holiday, your account will be debited on the next working day.

Your commitment to us

It is your responsibility to:

- ensure your nominated account can accept direct debits and that all account holders on the nominated account agree to the debiting arrangements
- ensure that the account details that you have provided are correct by checking them against a recent account statement
- advise us if the nominated account is transferred or closed, or the account details have changed
- ensure there are sufficient funds available in the nominated account to meet each direct debit, and
- check with your financial institution before completing the Direct Debit Request, in the event that you have any queries about how to complete the Direct Debit Request.

If there are insufficient funds in your account, you may be charged a fee by your financial institution. We will not charge a fee.

Your rights

You may defer, alter or cancel the debiting arrangements you hold with us at any time by providing notice to us.

Such notice should be received at least 14 days before the next debit is due.

When you consider that a debit has been initiated incorrectly, you should contact OnePath Life directly on 1800 658 679. We will then investigate your query.

If we find that your account has been incorrectly debited, we will arrange for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.

If we find your account has not been incorrectly debited, we will provide you with reasons and any evidence for this finding. If we cannot resolve this matter, you can still refer it to your financial institution, which may lodge a claim on your behalf.

Customer Services

Phone 1800 658 679

Email customers.di@onepath.com.au

Address

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Sydney NSW 2000

OnePath Life Limited (OnePath Life)

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