

# Supplementary Product Disclosure Statement

## Group Life and Group Salary Continuance Insurance

25 April 2015

This Supplementary Product Disclosure Statement (SPDS) is dated 25 April 2015, and supplements the Product Disclosure Statements (PDS) listed below. This SPDS is to be read together with the relevant PDS and any other SPDSs issued for the product.

Product and PDS Name	Date of PDS
Group Life Insurance Product Disclosure Statement	15 November 2010
Group Salary Continuance Product Disclosure Statement	15 November 2010

Terms defined in the PDS have the same meaning in this SPDS.

This SPDS and each product listed above is issued by OnePath Life Limited (**OnePath Life**) ABN 33 009 657 176, AFSL 238341.

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

The purpose of this SPDS is to:

1. Insert a new 'Updated Information' section in the PDS;
2. Update the 'Duty of Disclosure' in the PDS;
3. Insert a new 'Sanctions Regulations' section in the PDS;
4. Update the 'Availability of cover' section in the PDS;
5. Update the 'Automatic Acceptance' section in the PDS; and
6. Update the 'Privacy' section in the PDS. Changes to the Privacy Statement are effective 12 March 2014.

### 1. Insert the following new section titled 'Updated Information' after the section 'Product Disclosure Statement':

#### Updated Information

Updated information will be available free of charge from [onepath.com.au/adviser/group-risk-insurance.aspx](http://onepath.com.au/adviser/group-risk-insurance.aspx)

### 2. Replace the 'Duty of Disclosure' section in the PDS with that below:

#### Duty of Disclosure

Before you (as the policy owner) enter into, or an **eligible person** becomes insured under, a contract of insurance with us, you and the **eligible person** have a duty under the *Insurance Contracts Act 1984* (Cth) to disclose to us every matter that you or the **eligible person** knows or could reasonably be expected to know, is relevant to our decision whether to accept the risk of insurance and, if so, on what terms.

You and an **insured member** have the same duty to disclose those matters to us before you or an **insured member** renew, extend, vary or reinstate a contract of insurance. Your duty, however, does not require disclosure of a matter that:

- diminishes the risk to be undertaken by us;
- is of common knowledge;
- we know, or in the ordinary course of business, ought to know; or
- we have waived.

#### Non-disclosure

If you, an **eligible person** or an **insured member** do not disclose to us every matter that you, an **eligible person** or an **insured member** know or could reasonably be expected to know, that would be relevant to our decision whether to accept the risk of the insurance and if so, on what terms, we may avoid the contract, or avoid cover in respect of an individual **insured member** within three years of entering into it, provided that we would not have entered into that contract or accepted cover for the **insured member** had full disclosure been made.

If your non-disclosure is fraudulent we can avoid the contract, or the cover, at any time.

### Non-disclosure (continued)

Where we are entitled to avoid a contract of insurance or the **insured member's** cover, we may elect not to avoid it but apply either of the following options:

- reduce the sum that you or an **insured member** would have been insured for in accordance with a formula that takes into account the premium that would have been payable if you or the **eligible person or insured member** had disclosed all relevant matters to us; or
- vary the contract in such a way as to place us in a position that we would have been in, had you or the **eligible person or insured member** disclosed all relevant matters or not made a misrepresentation.

Where your contract or an **insured member's** cover is in respect of death cover, we may only apply the first of the two options and we must do so within three years of you entering into the contract or us providing cover to the **insured member**.

### 3. Insert the following new section in the PDS titled 'Sanction Regulations' after the section titled 'More information':

#### Sanction Regulations

We may delay or withhold paying a benefit where the payment of the benefit may breach any laws or regulations in Australia including any sanctions regulations. You must provide all information to OnePath Life which OnePath Life reasonably requires in order to manage its money-laundering, terrorism financing or economic and trade sanctions regulations.

### 4. Update the 'Minimum number of persons to commence a Policy' and 'Minimum annual premium' under the section 'Availability of cover' in the PDS with that below:

<b>Minimum number of persons to commence a Policy</b>	20
<b>Minimum annual premium (excluding stamp duty)</b>	\$15,000

### 5. Delete the first bullet point under the section subtitled 'Automatic Acceptance Level':

- there are at least 75 **insured members** at the **policy start date** and at least 40 **insured members** at each annual **review date**

### and replace with the following bullet point:

- there are at least 20 **insured members** at the **policy start date** and at least 20 **insured members** at each annual **review date** (unless we agree otherwise in writing)

### 6. Following changes to the Australian privacy laws, OnePath Life has replaced its Privacy Statement with that below. Changes to the Privacy Statement are effective 12 March 2014.

#### Privacy

In this section 'we', 'us' and 'our' refers to OnePath Life Limited and other members of the ANZ Group. 'You' and 'your' refers to policy owners and life insureds.

We collect your personal information from you in order to manage and administer our products and services. Without your personal information, we may not be able to process your application or provide you with the products or services you require.

We are committed to ensuring the confidentiality and security of your personal information. Our Privacy Policy details how we manage your personal information and is available on request or may be downloaded from [onepath.com.au/privacy-policy](http://onepath.com.au/privacy-policy)

In order to undertake the management and administration of our products and services, it may be necessary for us to disclose your personal information to certain third parties.

Unless you consent to such disclosure we will not be able to consider the information you have provided.

#### Providing your information to others

The parties to whom we may routinely disclose your personal information include:

- an organisation that assists us and/or ANZ to detect and protect against consumer fraud;
- any related company of ANZ which will use the information for the same purposes as ANZ and will act under ANZ's Privacy Policy;
- organisations performing administration and/or compliance functions in relation to the products and services we provide;
- organisations providing medical or other services for the purpose of the assessment of any insurance claim you make with us (such as reinsurers);
- our solicitors or legal representatives;
- organisations maintaining our information technology systems;
- organisations providing mailing and printing services;
- persons who act on your behalf (such as your agent or financial adviser);
- the policy owner;
- regulatory bodies, government agencies, law enforcement bodies and courts.

### Providing your information to others (continued)

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

Examples of such laws are:

- *The Family Law Act 1975* (Cth) enables certain persons to request information about your interest in a superannuation fund;
- There are disclosure obligations to third parties under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

### Information required by law

ANZ may be required by relevant laws to collect certain information from you. Details of these laws and why they require us to collect this information are contained in our Privacy Policy at [onepath.com.au/privacy-policy](http://onepath.com.au/privacy-policy)

### Life risk – sensitive information

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

### Privacy consent

Where you wish to authorise any other parties to act on your behalf, to receive information and/or undertake transactions please notify us in writing.

If you give us or ANZ personal information about someone else, please show them a copy of this document so that they may understand the manner in which their personal information may be used or disclosed by us or ANZ in connection with your dealings with us or ANZ.

### Privacy Policy

Our Privacy Policy contains information about:

- when we or ANZ may collect information from a third party;
- how you may access and seek correction of the personal information we hold about you; and
- how you can raise concerns that we or ANZ has breached the Privacy Act or an applicable code and how we and/or ANZ will deal with those matters.

You can contact us about your information or any other privacy matter as follows:

In writing:

GPO Box 75  
Sydney NSW 2001  
Email: [privacy@onepath.com.au](mailto:privacy@onepath.com.au)

We may charge you a reasonable fee for this.

If any of your personal information is incorrect or has changed, please let us know by contacting Customer Services on 133 667.

More information can be found in our Privacy Policy [onepath.com.au/privacy-policy](http://onepath.com.au/privacy-policy)

### Privacy law changes from 12 March 2014

From 12 March 2014, we and the ANZ Group must provide you with the following information about overseas recipients of personal information.

### Overseas recipients

We or ANZ may disclose information to recipients (including service providers and related companies) which are (1) located outside Australia and/or (2) not established in or do not carry on business in Australia.

You can find details about the location of these recipients in ANZ's Privacy Policy at [anz.com/privacy](http://anz.com/privacy)

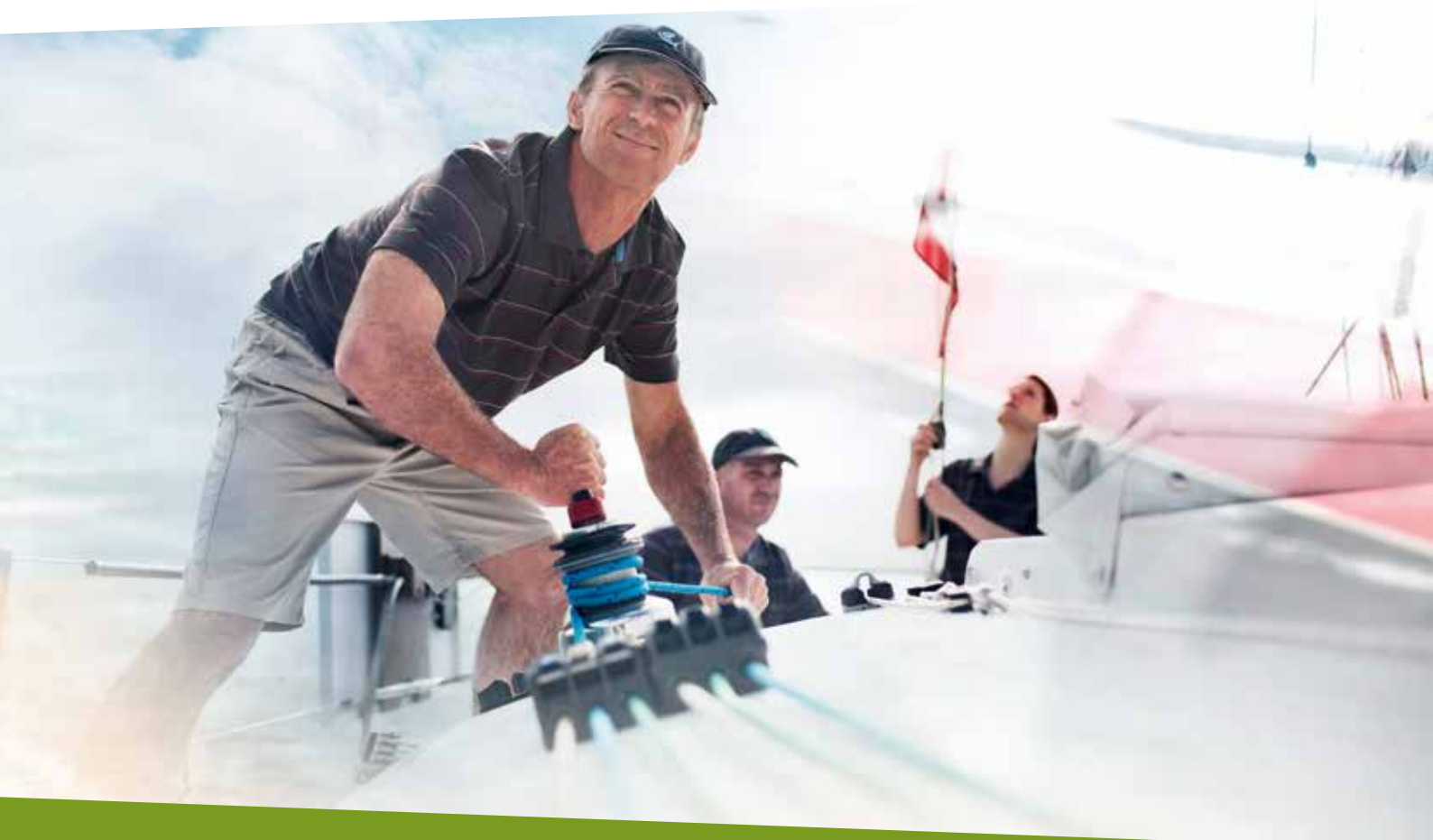
### Group Risk Administration OnePath Life

Phone 1800 648 921  
Email [group.risk@onepath.com.au](mailto:group.risk@onepath.com.au)

### Address

GPO Box 4129, Sydney NSW 2001  
242 Pitt Street, Sydney NSW 2000

OnePath Life Limited (OnePath Life)  
ABN 33 009 657 176 AFSL 238341



# Group Life Insurance

Product Disclosure Statement

15 November 2010

# About OnePath

## Helping you shape and protect your future

OnePath is one of Australia's leading providers of wealth, insurance and advice solutions. We have been helping Australians grow and protect their wealth for over 130 years, previously as Mercantile Mutual and more recently as ING Australia.

Now as a wholly owned subsidiary of Australia and New Zealand Banking Group Limited (ANZ), OnePath operates as ANZ's Australian specialist wealth management and protection business.

ANZ is a leading global and local bank with operations in more than 32 countries including Australia, New Zealand, Asia, the Pacific, the Middle East, Europe and America. ANZ provides products and services to more than 5.7 million retail customers worldwide and employs over 39,000 people.

OnePath has a comprehensive range of wealth and insurance products available through intermediaries, financial advisers or direct to customers making it easier for you to find the solution that best suits your needs.

At OnePath we value and appreciate our customers, our staff and the communities we operate in. We are committed to acting with the highest standards and to meeting our corporate responsibilities. We also encourage and support staff involvement in volunteering and charitable activities supporting the wider community.

OnePath actively participates in forums looking at regulatory and industry change. We also regularly review and conduct research to ensure we are attuned to changing customer and market needs.

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## Important information

Issuer: OnePath Life Limited (OnePath Life) ABN 33 009 657 176 AFSL 238341

Australia and New Zealand Banking Group Limited (ANZ) ABN 11 005 357 522 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 the 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.

The issue of this Product Disclosure Statement (PDS) is authorised solely by OnePath Life. No other person (whether or not related to OnePath Life) is responsible for the information contained in this PDS.

The invitation to purchase a Group Life Insurance Policy is only made to persons receiving this PDS in Australia. It is not made, directly or indirectly, to persons in any other country.

# Introduction

## Product Disclosure Statement

This Product Disclosure Statement (PDS), which is issued by OnePath Life, describes the main features and benefits of OnePath Life's Group Life Insurance. The information in this PDS will help you to decide whether this product is suitable to you, as well as assist you in comparing products available from other life insurers that you may be considering.

The information provided is of a general nature and does not take into account your personal needs and financial circumstances. It is not advice and you should consider obtaining independent advice before making any financial decisions. You should consider the appropriateness of any advice, having regard to your objectives, financial situation and needs.

The **Policy** contains the full terms and conditions of Group Life Insurance. A copy of the **Policy** document is available free of charge from onepath.com.au or by calling 1800 648 921. Should there be an inconsistency between the information contained in this PDS and the **Policy**, the terms of the **Policy** will prevail.

The amount of any benefits payable, how benefits are payable and whether or not optional benefits are included, are determined on a plan by plan basis and set out in the **Quotation Summary** which will be generated for you if you request a quotation.

The information in this PDS, including taxation information, is based on the continuance of present laws and our interpretation of those laws.

The information in this PDS may change from time to time. We will issue a supplementary or replacement PDS if there is a material change to or omission from the information in this PDS. You can request a paper copy of any updated information free of charge from onepath.com.au or by calling 1800 648 921.

## How to read this PDS

Throughout this PDS, the following words will have the meanings set out in the table below:

References to	To be read as
<b>we, our, us, OnePath Life</b>	OnePath Life Limited.
<b>you, your</b>	The applicant(s) for Group Life Insurance, i.e. the policy owner, generally an employer or trustee of a complying superannuation fund.
<b>insured member</b>	The person whose life is to be insured under the <b>Policy</b> . This can be either an employee or <b>contractor</b> of an employer, a partner of a partnership or a member of a complying superannuation fund. All references to <b>insured member</b> assume the <b>Policy</b> is in force and cover in respect of that <b>insured member</b> continues under the <b>Policy</b> .
<b>PDS</b>	This Group Life Insurance Product Disclosure Statement

## Interpretation

Some expressions and words throughout this PDS, and the Group Life Proposal Form, have a special meaning. These words and expressions are shown in **bold** type and are defined in the Dictionary on page 22 of this PDS.

Headings appear in this PDS as an aid to interpretation of the relevant section or provision.

## Policy Terms

This PDS does not constitute a legally binding contract of insurance with OnePath Life. A contract is formed when:

- we accept your application for Group Life Insurance and issue a **Policy Schedule** to you (the **Policy Schedule** confirms your cover and contains important details of your insurance)
- we issue an 'On-risk' letter in accordance with the requirements imposed by the *Corporations Act 2001* (Cth) and
- you have paid the premium.

The specific benefits that apply to your plan are outlined in the **Policy Schedule**.

## Group Life Insurance to be held in superannuation

OnePath Life's Group Life Insurance can be owned through superannuation. It is important to note however that superannuation law limits the circumstances when superannuation funds can pay benefits. This may mean that if the **Policy** is to be owned by a superannuation fund trustee, any **insured benefit** that we pay to the superannuation fund trustee can only be released by the superannuation fund trustee if it can be paid under superannuation law. If you are a superannuation fund trustee and wish to hold the **Policy** for superannuation fund members, we recommend that you seek independent expert advice as to whether **insured benefits** under the **Policy** will be able to be paid from the fund.



# What is Group Life Insurance?

## At a glance

Group Life Insurance can be a great way to add value to employees' remuneration packages or offer competitive insurance through a superannuation fund. OnePath Life's Group Life Insurance provides a lump sum benefit in the event of death, **terminal illness** or **total and permanent disablement (TPD)** for a group of people with a united commonality, usually employees of an employer or members of a complying superannuation fund. The flexible nature of OnePath Life's Group Life Insurance allows you to tailor insurance cover for your group by choosing the most appropriate benefit design.

The built-in benefits, features and options are summarised in the table below. Further information on each item can be found on the pages listed.

Benefit/Feature	Brief description	Available in superannuation?	Refer to page
<b>Built-in benefits</b>			
<b>Death Cover</b>	If an <b>insured member</b> dies, we will pay you a lump sum benefit.	Yes	8
<b>Terminal Illness Cover</b>	If an <b>insured member</b> is diagnosed as having a <b>terminal illness</b> , we will pay you a lump sum benefit.	Yes	8
<b>TPD Cover</b>	If the <b>insured member</b> becomes <b>TPD</b> and meets the conditions of the relevant part of the <b>TPD</b> definition, we will pay you a lump sum benefit.	Yes	8
<b>Built-in features</b>			
<b>Transfer Terms</b>	We may agree to takeover the cover provided by your previous insurer and provide equivalent benefits on certain terms.	Yes	5
<b>Worldwide cover</b>	Where an <b>insured member</b> is covered, the cover provided will be anywhere and any time.	Yes	10
<b>Cover during paid and unpaid leave</b>	We provide cover for a maximum period of two years if the <b>insured member</b> is on paid or unpaid leave.	Yes	10
<b>Cover during overseas employment</b>	We automatically cover <b>insured members</b> working overseas for up to five years.	Yes	10
<b>Extended Cover</b>	We will provide cover for up to a maximum of 60 days if an <b>insured member</b> ceases to satisfy the <b>eligibility criteria</b> .	Yes	10
<b>Death Cover Continuation Option</b>	If an <b>insured member's</b> Death Cover ends because they are no longer <b>gainfully employed</b> , they may be able to apply to us for an individual policy providing Death Cover without medical underwriting.	Yes	10
<b>Limited Cover</b>	While we consider an <b>insured member's</b> application, we will provide cover for death and <b>TPD</b> that occurs as a result of an <b>accident</b> for up to 90 days.	Yes	11
<b>Discounts</b>	A discount will apply if the annual premium is paid within 30 days of the annual due date or if you purchase OnePath Life's Group Salary Continuance Insurance simultaneously with the <b>Policy</b> .	Yes	11
<b>Guaranteed continuing cover</b>	The <b>Policy</b> will continue each year upon payment of the premium, regardless of changes to the number of <b>insured members</b> or changes to their health or circumstances.	Yes	18
<b>Future Insurability</b>	If selected, the <b>insured member</b> may apply to increase their <b>insured benefit</b> without having to supply medical evidence once in any 12 month period (subject to a maximum of three events) when a <b>specific life event</b> occurs.	Yes	12
<b>Options available at extra cost</b>			

Benefit/Feature	Brief description	Available in superannuation?	Refer to page
<b>TPD Cover Continuation option</b>	If an <b>insured member's</b> TPD Cover ends because they are no longer <b>gainfully employed</b> , they may apply to us for an individual policy providing TPD Cover without medical underwriting.	Yes	13
<b>Non-standard TPD definitions</b>	An 'own occupation' <b>TPD</b> definition is available.	No	13
	A 'homemaker' <b>TPD</b> definition is available.	Yes	13

## Availability of cover

The below table sets out the limits and choices that apply to OnePath Life's Group Life Insurance:

<b>Minimum benefit entry age</b>	15 years of age
<b>Maximum benefit entry age</b>	64 years of age
<b>Minimum number of persons to commence a Group Life Policy</b>	75
<b>Minimum annual premium (including stamp duty)</b>	\$30,000
<b>Maximum benefit level</b>	Death Cover – unlimited TPD Cover – \$5 million
<b>Maximum benefit expiry age</b>	70
<b>Duration of cover</b>	Age-based terms: to age 65, to age 67 and to age 70
<b>Premium payment frequency</b>	Yearly, half yearly, quarterly or monthly.

## Who is eligible for cover?

Only an **eligible person** can become an **insured member** under the **Policy**.

An **eligible person** is a person who is a member of a complying superannuation fund, a partner of a partnership or an employee or **contractor** of an employer and:

- is aged less than the **maximum benefit entry age** on the day he or she is first eligible for cover or the date that he or she applies for cover
- is an **Australian resident** or holder of a **visa**
- resides in Australia (unless the person is overseas as allowed under the **Policy**, see page 10 of this PDS)
- is working in an occupation that we do not class as an **excluded occupation** and
- satisfies the eligibility rules chosen by you and agreed by us.

## How is cover provided?

An **eligible person** can become an **insured member** and be covered for Group Life Insurance by one of three ways:

- automatic acceptance
- operation of our transfer terms
- applying to us in writing.

## Automatic acceptance

### Automatic Acceptance Level

When you establish your plan, we may agree to provide an **Automatic Acceptance Level (AAL)**. An **AAL** is the maximum amount of cover available without **eligible persons** needing to give us any evidence of good health. The amount of any **AAL** we agree to provide depends on a number of factors and will only be provided where all of the following conditions are met:

- there are at least 75 **insured members** at the **policy start date** and at least 40 **insured members** at each annual **review date**
- you provide an **At Work Certificate** where one is required (if you are a trustee of a superannuation fund, you must provide an **At Work Certificate** for each participating employer under your superannuation fund)
- we are your sole insurer for this type of insurance
- at least 75% of all **eligible persons** (unless we agree otherwise in writing) shall become **insured members** at the **policy start date**.

### Cover under automatic acceptance

An **eligible person** may be automatically accepted for the applicable type of cover under the **Policy** up to the **AAL**, without needing to give us any evidence of good health providing all of the following conditions are met:

- the **AAL** shown in the **Policy Schedule** is for an amount other than nil
- there are clearly defined and objective eligibility rules that do not allow an individual to choose to become an **insured member** on a discretionary basis, i.e. as a result of the person's individual choice
- the **eligible person** is **at work** with you or a participating employer on the **policy start date** and the day he or she first satisfies the **eligibility criteria** as confirmed by an **At Work Certificate**
- the **eligible person** satisfies any other terms that apply to your plan
- the **eligible person** must not be entitled to payment of an insurance benefit for **total and permanent disablement**, **terminal illness** or be in a waiting period for such a benefit and
- the **eligible person** must not have previously been accepted for cover under your plan by automatic acceptance.

### Automatic acceptance and eligible persons not at work

An **eligible person** who is not **at work** as a result of an illness or injury on the **policy start date** or on the day the **eligibility criteria** was first met, shall become an **insured member** covered for **New Events Cover** only.

When the **insured member** returns to the pre-disability duties (working the same hours and in the same capacity without limitation) he or she performed when she or he was last **at work**, the **insured member's New Events Cover** will cease

and the **insured member** will be covered on the same basis as an **insured member** who was **at work** on the relevant day.

### Variations in the AAL

If the number of **insured members** falls below 75% (unless we agree otherwise in writing) of persons eligible for cover based on the **eligibility criteria**, we may remove the **AAL**, after consultation with you. Where this occurs, the cover we provide for existing **insured members** as at the date the **AAL** is removed will not be impacted.

When an **AAL** increases, the higher **AAL** may apply to all existing **insured members** irrespective of whether they have been declined, excluded or loaded for cover above the previous lower **AAL**. Any loading, limitation or exclusion that previously applied to the lower **AAL** will only apply above the new higher **AAL**. We will advise you in writing if we agree to do this.

### Transfer terms

Transfer terms may be available if you had similar insurance cover with another insurer before choosing to transfer the insurance to us. Transfer terms will only apply to those persons who were members of your previous plan as at the date immediately prior to the **transfer date**.

All transferring members will be covered for an **insured benefit** on underwriting terms no less favourable than those provided by the previous insurer, including **forward underwriting limits**, premium loadings, restrictions, exclusions and any limitations imposed in respect of an individual **insured member** providing all of the following conditions are met:

- the following information is provided to us no later than 90 days after the **transfer date**, unless we agree otherwise in writing:
  - all information we need about the operation and terms of the previous policy are provided to us in writing including, but not limited to, individual names, level and type of **insured benefits** and the applicable underwriting acceptance terms and
  - an **At Work Certificate** from you certifying the names of all transferring members who were not **at work** due to an illness or injury on the **transfer date**.
- premiums are paid for all transferring members we are to cover
- cover is provided in accordance with our **Quotation Summary** including, but not limited to, our respective **maximum benefit levels** for death and **total and permanent disablement**.

### Transferring of Death Cover

We will provide Death Cover for all transferring members insured under the previous policy who are **eligible persons** from the **transfer date**.

## Transferring of TPD Cover

TPD Cover will be provided from the **transfer date** for all transferring members insured under the previous policy who are **eligible persons** and who were **at work** on the last **normal business day** immediately before the **transfer date**.

For any transferring member insured under the previous policy who was not **at work** on the last **normal business day** immediately before the **transfer date** for reasons other than illness or injury, we will take over the same TPD Cover sum insured provided by the previous insurer provided that:

- on the day before the first day of the relevant absence, the **eligible person** was **at work** and
- during the period where the transferring member was not **at work**, he or she was not disabled due to an illness or injury prior to the **transfer date**.

Transferring members insured under the previous policy that were not **at work** due to illness or injury on the last **normal business day** immediately before the **transfer date** will be provided with **New Events Cover** from the **transfer date**.

When the transferring member returns to the pre-disability duties (working the same hours and in the same capacity without limitation) they performed when they were last **at work**, the **insured member** will be covered on the same basis as an **insured member** who was **at work** on the last **normal business day** immediately before the **transfer date**.

The transferring member must not:

- have received a lump sum benefit for total and permanent disablement from the previous insurer or
- otherwise be entitled to a benefit under the previous insurer's policy.

## Transfer terms and AALs

When a plan is transferred to us and we apply a higher **AAL**, the higher **AAL** may apply to all members of the plan including those who were declined cover above the previous insurer's **AAL**, or who had loadings or exclusions applied to their cover above the previous insurer's **AAL**. Any loading or exclusions that previously applied in respect of an **insured member** will only apply above the new higher **AAL**. We will advise you in writing if we agree to do this.

## Applications

An **eligible person** or **insured member** will be required to submit an application in writing for Group Life Insurance if:

- automatic acceptance terms do not apply to your plan
- they are not eligible for automatic acceptance
- they require cover that is not **New Events Cover**
- they require cover in excess of the **AAL**
- they require an increase in their **insured benefit** (if an increase is not automatically provided (see page 11 of this PDS))
- transfer terms do not apply or
- their cover stops under the **Policy** for any reason.

If an **insured member's** cover is determined by reference to a formula whereby an increase or decrease in an **insured member's Superannuation Account Balance**, due to **Portability Legislation**, would result in an increase in the cover provided under the **Policy**, an application will be required for any increase in the **insured benefit** that occurs as a result of the change in the **Superannuation Account Balance**.

A copy of the standard Group Risk Personal Statement can be found at [onepath.com.au](http://onepath.com.au). Once completed, it should be submitted to:

### Group Risk Insurance Administration

OnePath Life  
GPO Box 4129  
Sydney NSW 2001  
**Fax** 02 9234 8072  
**Email** [group.risk@onepath.com.au](mailto:group.risk@onepath.com.au)

## Will other information be required?

Our standard underwriting requirements are outlined in our 'Underwriting Guide', which can be downloaded from [onepath.com.au](http://onepath.com.au) or obtained by calling Group Risk Insurance Administration on 1800 648 921.

In some circumstances, we will require information from the **insured member** in addition to the Group Risk Personal Statement. Where this is the case, we shall advise the **insured member**. We may also request additional medical, personal, or financial information on a case by case basis.

## How much cover is available?

An application can only be made for cover up to the **maximum benefit level**. At no time can an **insured member's** TPD Cover exceed their Death Cover.

If we accept an application, we will notify you of the **insured member's** new cover details. Premiums will be charged from the effective date of any cover we approve.

Limited Cover may be provided whilst the application is being assessed. Limited Cover is described on page 11 of this PDS.

## When does cover start?

Cover for **insured members** accepted under automatic acceptance will start on the later of the **policy start date** or the date the **eligible person** first meets the **eligibility criteria**.

Cover for **insured members** accepted under transfer terms commences on the **transfer date**.

Cover obtained on individual application will start from the date we accept the application.

## When does cover end?

An **insured member's** cover will end and our liability to pay **insured benefits** under the **Policy** will cease automatically, on the earlier of:

- the date the **Policy** ends
- the date we receive written notification from the **insured member** to cancel the cover
- the date the **insured member** who is not an **Australian resident** is no longer permanently in Australia, or not eligible to work in Australia (whether that is because they no longer hold a **visa** or for any other reason)
- the date the **insured member** attains the **benefit expiry age**
- the date we cancel and/or avoid the **Policy**, or cover in respect of an **insured member**, in accordance with our legal rights
- the date we cancel and/or avoid the **Policy**, or cover in respect of an **insured member**, because you have not paid the premium when due
- the date the **insured member** commences **active service** with the armed forces of any country (except where the **insured member** is a member of the Australian Defence Force Reserves, in which case, cover for all benefits will cease only when the Reservist becomes the subject of a call out order under the *Defence Act 1903* (Cth))
- the date the **insured member** dies
- the date a **TPD Benefit** is paid in respect of the **insured member** under the **Policy**
- the date the **insured member** is paid a **Terminal Illness Benefit** which is equal to the **insured member's Death Benefit**
- the date the **insured member** permanently retires from employment (applies to TPD Cover only; Death Cover may continue)
- in relation to an **insured member** who ceases to meet the **eligibility criteria** on the earlier of:
  - the date the **insured member** reaches the **benefit expiry age**
  - 60 days after the date the **insured member** ceases to meet the **eligibility criteria**
  - the date the **insured member** commences employment with a new employer or commences work as a **contractor**
  - the date we issue a retail policy of insurance to the **insured member** pursuant to the continuation option.
- from the date the **insured member** is on leave for longer than we have agreed to provide cover for
- from the date the **insured member** is employed overseas for longer than we have agreed to provide cover for
- the date the **Policy** is terminated, except to the extent discussed in the following.

If the **Policy** terminates and the **insured member** is not **at work** due to illness or injury, the **insured member** will continue to have TPD Cover under the **Policy** until the earlier of:

- the date the **insured member** returns to the pre-disability duties (working the same hours and in the same capacity without limitation) they performed when they were last **at work**, free from any limitation due to illness or injury and they are not entitled to receive income support benefits (including government income support benefits) of any kind
- the date we make a determination in respect of the **insured member's TPD** claim
- the date the **insured member** attains the **benefit expiry age**
- the date a **TPD Benefit** is paid in respect of the **insured member**
- the date the **insured member** dies.

## Duration of the Policy

The **Policy** starts on the **policy start date** and generally, will continue for as long as the premium is paid on time and the terms of the **Policy** are observed, until the earlier of:

- the policy expiry date outlined in the **Policy Schedule**
- the date you terminate the **Policy** by giving us at least 30 days written notice
- the date we terminate the **Policy** by giving you at least 30 days written notice after your failure to pay the premium on the due date
- the date we terminate the **Policy** in accordance with our legal rights.

As this is a group policy that covers multiple lives, the **Policy** may remain in force even after an individual **insured member's** cover has stopped.

## Varying the Policy

If we agree with you to vary the terms of the **Policy**, we shall do so in writing.

## Changing your cover

You may apply to us in writing to change the benefits that apply to your plan or make any other changes at any time. Any insurance already in place will be unaffected by such an application. If you apply to make such a change, and we approve your application, we will provide confirmation by issuing a new **Policy Schedule**. We will also issue a new **Policy Schedule** at the expiry of the **premium rate guarantee period**.

# What are the built-in benefits of Group Life Insurance?

## Death Cover

If the **insured member** dies while the **Policy** is in force in respect of them, we will pay you the **Death Benefit**.

### The amount of the Death Benefit

The **Death Benefit** is the amount for which cover is in force at the date of death under the **Policy** in respect of an **insured member** as set out in the **Policy Schedule**, or the **insured member's Decision Note**.

If you are not a trustee of a complying superannuation fund and you have taken out the **Policy** in order to meet the minimum death insurance requirements of your nominated 'default fund' under the **Choice of Fund legislation**, the **Choice of Fund legislation** stipulates that employers are unable to receive any benefit from such insurance if it is to meet that requirement. As such, you must pass on any benefits from the **Policy** to the **insured member's** estate or beneficiary(ies). If you do not pass on these benefits, you may be in breach of your Superannuation Guarantee obligations and a Superannuation Guarantee shortfall may arise.

## Terminal Illness Cover

If the **insured member** is diagnosed as having a **terminal illness** while the **Policy** is in force in respect of them, we will pay you the **Terminal Illness Benefit**.

### The amount of the Terminal Illness Benefit

The Terminal Illness Benefit is the lesser of the **Death Benefit** outlined in the **Policy Schedule**, the amount specified in the **insured member's Decision Note**, or \$2.5 million, as at the date a **terminal illness** is diagnosed.

Where the Terminal Illness Benefit is less than the **Death Benefit**, the **Death Benefit** otherwise payable in respect of the **insured member** will be reduced by the amount of the Terminal Illness Benefit paid. Reduced premiums in line with the reduced level of cover will apply.

## TPD Cover

We will pay you the **TPD Benefit** if the **insured member** becomes **TPD** and meets the conditions of the relevant part of the **TPD** definition that applies while the **Policy** is in force in respect of them.

### The amount of the TPD Benefit

The **TPD Benefit** is the amount for which cover is in force under the **Policy** in respect of an **insured member** as set out in the **Policy Schedule**, or the **insured member's Decision Note** on the **event date**.

### Which part of the TPD definition applies?

Each part of the **TPD** definition is made up of several elements. We will pay you the **TPD Benefit** if the **insured member** meets the requirements of all of the elements of the applicable part of the **TPD** definition.

Part 1 of the **TPD** definition is only available to an **insured member** who, immediately prior to the **event date**, has worked for at least six consecutive months and was **gainfully employed** for an average of at least 15 hours per week on a permanent basis (including an eligible **contractor**). If, immediately prior to the **event date**, the **insured member** has worked for less than six consecutive months since their cover commenced, part 1 of the **TPD** definition is only available if the **insured member** has worked for an average of at least 15 hours per week since their cover commenced.

Where an **insured member** does not meet the requirements set out above, we will only pay you a **TPD Benefit** if an **insured member** satisfies either part 2, 3, 4 or 5 of the **TPD** definition. Part 1 of the **TPD** definition does not apply.

If a specific membership category is not eligible for all parts of the **TPD** definition, it is shown in the **Policy Schedule**.

### TPD benefits for insured members aged 67 years

An **insured member** aged 67 years and over as at the **event date** is ineligible to claim under part 1 of the **TPD** definition.



### Date of disablement

To determine if an **insured member** meets the conditions of the relevant part of the **TPD** definition, we will assess an **insured member** who claims under part 1 of the **TPD** definition after the **insured member** ceases work for six consecutive months. The date of disablement for all other parts of the **TPD** definition is the date that all of the elements of the definition of **TPD** are satisfied.

We will determine if an **insured member** is **totally and permanently disabled** on the date of disablement upon receipt of:

- all the evidence we require to determine if, in our opinion, the **insured member** is **totally and permanently disabled**
- confirmation that the **insured member** was **gainfully employed** (if required), to enable us to determine which part of the **TPD** definition applies.

### Tapering of TPD Benefits

If your plan has **formula based cover** or **fixed dollar cover** that does not automatically reduce the TPD Cover that applies in respect of an **insured member** each year to reach nil at the **benefit expiry age** we will override this **formula based cover** or the **fixed dollar cover** amount as set out below.

Unless we agree otherwise, an **insured member's TPD Benefit** will decrease by:

- 10% per annum from the **insured member's** 61st birthday, if the **benefit expiry age** is 70
- 20% per annum from the **insured member's** 63rd birthday, if the **benefit expiry age** is 67 or
- 20% per annum from the **insured member's** 61st birthday, if the **benefit expiry age** is 65.

Where the **benefit expiry age** is an age other than age 65, age 67 or age 70, the amount by which the TPD Cover reduces will be contained in the **Policy Schedule**.

### Example: Where benefit expiry age is 70

TPD sum insured	Age	Tapered TPD Benefit	Reduction factor
\$500,000	Up to 60	\$500,000	0%
	61	\$450,000	10%
	62	\$400,000	20%
	63	\$350,000	30%
	64	\$300,000	40%
	65	\$250,000	50%
	66	\$200,000	60%
	67	\$150,000	70%
	68	\$100,000	80%
	69	\$50,000	90%
70	\$0	100%	

### Example: Where benefit expiry age is 67

TPD sum insured	Age	Tapered TPD Benefit	Reduction factor
\$500,000	Up to 62	\$500,000	0%
	63	\$400,000	20%
	64	\$300,000	40%
	65	\$200,000	60%
	66	\$100,000	80%
	67	\$0	100%

# What are the built-in features of Group Life Insurance?

## Worldwide cover

The cover provided by the **Policy** provides worldwide insurance cover 24 hours a day. There are however some restrictions on **insured member's** working overseas and taking leave, as set out below.

## Cover during paid and unpaid leave

Provided the premiums continue to be paid, an **insured member** is automatically covered under the **Policy** for 24 months whilst on paid or unpaid leave including **parental leave**, subject to the following conditions:

- the **insured member's** employer must approve the period of unpaid or paid leave, prior to the date the **insured member** commences leave and
- the **insured member's** employer must hold appropriate leave records in respect of that **insured member**, which include:
  - the date the paid or unpaid leave is to commence and
  - the date the **insured member** is expected to return to work.

These records must be provided to us upon request.

The identity and number of **insured members** on unpaid or paid leave must be provided to us when requested and annually with the **member information**.

## Cover during overseas employment

Provided the premiums continue to be paid, cover for **Australian residents** continues automatically while they are seconded overseas for up to five years, as long as any details regarding the location of such **insured members** is provided to us upon request, and annually with the **member information**. We reserve the right to impose conditions on the cover, and review cover, at the end of the **premium rate guarantee period**. If we impose such terms we will do so in writing.

If cover is required for an **insured member** beyond five years, an application in writing is required prior to the expiration of the five years.

You must retain records in relation to **insured members** working overseas and provide these to us upon request.

## Cover for non-Australian residents

Non-**Australian residents** are eligible for cover whilst they reside in Australia if they are eligible to work in Australia and hold a **visa**. All cover will cease upon the non-**Australian resident's** departure from Australia unless the overseas trip is for three months or less.

## Extended Cover

Cover continues under the **Policy** for a maximum of 60 days after the date an **insured member** ceases to meet the **eligibility criteria** provided the **insured member** had not received, or is entitled to receive, a benefit under the **Policy**, nor was in a waiting period for such a benefit.

Extended Cover will cease on the earlier of:

- the date the **insured member** reaches the **benefit expiry age**
- 60 days after the date the **insured member** ceases to meet the **eligibility criteria**
- the date cover for the **insured member** commences under a retail policy of insurance issued by us under the Continuation Option and
- the date the **insured member** commences new employment or commences work as a **contractor**.

## Death Cover Continuation Option

The option to continue the Death Cover provided by the **Policy**, under an individual policy, is available as a built-in feature of the **Policy**. It enables an **insured member** to continue the same level of Death Cover under an individual policy issued by OnePath Life.

To obtain an individual policy, we will not require medical evidence, but to exercise the Death Cover Continuation Option the person must:

- be 60 years of age or less
- apply in writing by completing an application for the individual policy within 60 days of the date he or she ceased to be an eligible person as a result of ceasing **gainful employment** with you (if the **Policy** is held outside of superannuation) or with a participating employer (if the **Policy** is held inside of superannuation)
- be an **Australian resident** or holder of a **visa** and not residing outside Australia
- provide any information we consider relevant which does not relate to medical information
- acknowledge that any restrictions, limitations or loadings that apply to the **insured member's** cover under the **Policy** will apply to the new policy and
- not be eligible to receive, or have been paid, benefits under the **Policy** or any other policy issued by an insurer providing similar benefits (including any previous policy that the **Policy** replaced under transfer terms).



If the **Policy** is terminated or is transferred including as a result of a successor fund transfer where you are a trustee of a complying superannuation fund, a continuation option will not be available to any **insured member**.

If we provide a continuation option, cover under the individual policy commences in accordance with the terms of that individual policy. The premium rate under the individual policy, if issued, may be more than under the **Policy**. The individual policy issued will be OnePath Life's OneCare policy with no options added. If the OneCare policy is no longer available, the policy issued will be the individual policy available at that time that we deem provides the same or similar benefits.

### Limited Cover

Whilst an application for cover is being assessed by us, we will provide Death Cover and/ or TPD Cover (if applied for and a feature of your plan) for events arising as the result of an **accident** (Limited Cover), at no extra cost.

Limited Cover starts from the date an application for cover is received by us and it will end upon the earlier of:

- the date we notify you or the **insured member** that we accept or reject the application for cover
- 90 days after the date Limited Cover starts
- when the **insured member** withdraws or cancels their application
- cover otherwise ceasing in respect of that **insured member** under this **Policy** (refer to page 7 of this PDS).

### The amount of Limited Cover

The benefit we will pay you will be the lesser of:

- the benefit amount applied for in the application for cover
- the difference between the level of increased cover applied for and the current level of cover
- the **maximum benefit level**.

### Forward Underwriting Limits

If increases in **insured benefits** are not accepted under automatic acceptance or transfer terms, we may agree with you to accept increases up to a **forward underwriting limit**. We will notify you when it applies.

We will only agree to a **forward underwriting limit** in respect of an **insured member** when we have provided our written acceptance of the **insured member's** application for cover or increased cover.

We may impose lower **forward underwriting limits** at our discretion.

### Automatic increases to the insured benefit

An **insured member** who became covered as a result of automatic acceptance terms may have their **insured benefit** increase in line with changes in their salary provided they are **at work** on either the **review date** or another date during a 12 month period which is specified in the **Policy Schedule**.

The **insured member** will not need to apply to us in writing if the increase in the **insured benefit** is up to the lesser of:

- the **AAL**
- 25% of the **insured member's insured benefit**, as applied immediately before the increase.

Unless we agree otherwise, we will require the **insured member** to be underwritten for that part of the **insured benefit** that is in excess of the above limitations.

### Discounts

#### Early payment discount

A premium discount will apply if the annual premium is paid within 30 days of the annual due date. All details will be outlined in the **Policy Schedule**.

#### Combined plan discount

If you install a OnePath Life Group Salary Continuance Policy with the same **policy start date** and annual **review date** as this plan, we will reduce the premium by 2.5%. This discount will only continue to apply while the annual **review date** of the OnePath Life Group Salary Continuance policy remains the same as the annual **review date** chosen for the **Policy**, and both policies remain in force.

# What optional features are available?

## At a glance

You may select optional benefits to apply to your plan, some at an extra cost. Cover for optional benefits can apply in respect of an **insured member**, or a category of **insured members**. Any optional benefits that apply to your plan will be shown in the **Policy Schedule**. The optional benefits available are set out below.

## Future Insurability

There is no extra cost for this feature to apply. However, you will be required to pay any additional premiums for the higher **insured benefits** which will apply when an **insured member** increases his or her cover as a result of a **specific life event**.

Future Insurability allows an **insured member** to apply for additional Death Cover only or Death and TPD Cover once in any 12 month period without supplying medical evidence if a **specific life event** occurs, on up to three separate occasions. A **specific life event** is marriage (or upon the subsistence of an **interdependent relationship** for two years or more), birth or adoption of a child, taking out a new mortgage of, or increasing an existing mortgage by, at least \$100,000.

To apply for increases under Future Insurability, the **insured member** needs to complete the Future Insurability Increase Application Form and return it to us within any other information we may require (which is usually proof that the **specific life event** occurred and when). The application needs to be made within 90 days of the **specific life event** occurring. The form is available at [onepath.com.au](http://onepath.com.au)

The proof we require upon the occurrence of a **specific life event** is set out in the table below:

Specific life event (occurring after the commencement of the insured member's cover)	Evidence to be provided by the insured member
The <b>insured member's</b> marriage (or upon the subsistence of an <b>interdependent relationship</b> for two years or more).	A completed Future Insurability Increase Application Form and: <ul style="list-style-type: none"> <li>for marriage – a copy of the <b>insured member's</b> marriage certificate in respect of a marriage recognised under the <i>Marriage Act 1961</i> (Cth)</li> <li>for an <b>interdependent relationship</b> – documentary evidence establishing the subsistence of that relationship for at least two years.</li> </ul>
A dependent child of the <b>insured member</b> starts secondary school.	A completed Future Insurability Increase Application Form and a copy of a letter of admission from the secondary school the dependent child will be attending.
The <b>insured member</b> or their spouse gives birth to or adopts a child.	A completed Future Insurability Increase Application Form and a copy of the birth certificate or adoption papers.
The <b>insured member</b> takes out or increases a mortgage on their principal place of residence with an accredited mortgage provider* (excludes re-draw and refinancing).	A completed Future Insurability Increase Application Form and written confirmation from the <b>insured member's</b> accredited mortgage provider(s) of: <ul style="list-style-type: none"> <li>the amount and effective date of the mortgage, where the <b>insured member</b> takes out a new mortgage</li> <li>the amount of the mortgage immediately preceding the increase, the effective date of the increase and the current level of the increased mortgage, where the <b>insured member</b> increases their mortgage, whether with an existing or different mortgage provider.</li> </ul>

\* Accredited mortgage provider means an Authorised Deposit-taking Institution (as defined in the *Banking Act 1959*) or other reputable financial services business, program or trustee which provides mortgage loans as part of its ordinary business activities and is accredited with the Mortgage Industry Association of Australasia.

Within the first six months of an increase to an **insured benefit**, the increased amount is only payable if the **insured member's** death or **total and permanent disablement** results from an **accident**.

Future Insurability increases are not available:

- if the **insured member** has made a claim, or is entitled to make a claim, in relation to their cover under the **Policy** or any life insurance policy whether it is issued by us or any other insurer
- if the **insured member** is aged over 55 years at the date of the specified event
- if we have refused to provide the **insured member** any additional cover or
- in the event of marriage, if the **insured member** has previously applied for an increase under Future Insurability because of marriage.

### Increase to Insured Benefits

The **insured benefit** may be increased by one unit of cover if cover is **unit based cover** or 25% of the **insured member's** cover (as at the date the **insured member** applies for additional cover under this option) if the **insured member's** cover is **fixed dollar cover** or **formula based cover**. However, the increase cannot exceed \$250,000 or cause the **insured member's insured benefit** to exceed the **maximum benefit level**. The increase in cover shall include any loadings or exclusions applicable to the **insured member's** cover.

### TPD Cover Continuation Option

You may select a TPD Cover Continuation Option to apply to your plan at an extra cost. Where the TPD Cover Continuation Option applies it will be shown in the **Policy Schedule**.

For an **insured member** to exercise the continuation option for TPD Cover, the **insured member** must satisfy the criteria which apply to the Death Cover Continuation Option (see pages 10 and 11 of this PDS), be engaged in an occupation which is acceptable as an insurable occupation and working the minimum number of hours required under the individual policy.

### Non-standard TPD definitions

When you choose to cover **insured members** for TPD Cover, you can tailor the TPD Cover and opt for a non-standard **TPD** definition to apply to your plan, for an extra cost. Where a non-standard **TPD** definition applies to your plan, it will be shown in the **Policy Schedule**. The standard **TPD** definition is as set out in the Dictionary on page 22 of this PDS.

The table below provides a summary of the non-standard **TPD** definitions available. For full details of the terms and conditions of each element, please refer to the Dictionary on page 22 of this PDS.

Element	As a result of an illness or injury, the insured member:
Own occupation	<ul style="list-style-type: none"><li>• has been absent from, and unable to, work in their own occupation for six months, and</li><li>• is determined by us at the end of that six months and certified by at least two <b>medical practitioners</b> to be unlikely to be able to perform their own occupation ever again.</li></ul>
Unlikely ever again to be able to do <b>normal domestic duties</b>	<ul style="list-style-type: none"><li>• has been unable to perform <b>normal domestic duties</b>, leave their <b>home</b> unaided or do any occupation for six months, and requires the ongoing care of a <b>medical practitioner</b>, and</li><li>• is determined by us at the end of that six months and certified by at least two <b>medical practitioners</b>, to be unlikely to be able to ever perform <b>normal domestic duties</b> or any occupation for which they are reasonably suited by education, training or experience.</li></ul>

# What are the risks and limitations?

## Benefit reductions

If, during the period of Extended Cover (see pages 10 of this PDS), an **insured member**:

- becomes covered by another life insurance policy providing similar benefits and
- dies, suffers **terminal illness** or becomes **totally and permanently disabled** and meets the conditions of the relevant part of the **TPD** definition,

we may reduce, or refuse to pay, any **insured benefit** payable under the **Policy** by the amount payable by the subsequent policy.

If an **insured member's** sum insured is determined by a benefit formula that includes a **Superannuation Account Balance** component and the **insured member** transfers all or part of their superannuation benefit to another fund, the **insured member's** sum insured will be reduced by the amount of **Superannuation Account Balance** that was transferred out from the superannuation fund. This reduction in benefit will not apply if the **insured member** has been accepted for cover as explained on page 6.

If we issue this **Policy**, or a cover under this **Policy**, on the condition that it replaces insurance issued by another insurer and the insurance being replaced is not cancelled, the amount of any **insured benefits** paid under this **Policy** will be reduced by any benefits payable under the insurance policy that was intended to be replaced.

In addition, the **Policy** may contain certain exclusions or limitations. We will not pay any benefits under the **Policy** for anything we have specifically excluded as shown in the **Policy Schedule**.

## Repayment of benefits

If, for any reason, it is determined that a benefit paid was not actually payable under the terms of the **Policy**, all or the part of the benefit that was not payable must be repaid to us.

## Pre-existing conditions

To the extent an **insured member's** TPD Cover was accepted under automatic acceptance or transfer terms (as described on pages 5 and 6), cover for **pre-existing conditions** is excluded if a similar benefit can be claimed under another insurance policy.

## Insurance risks

There are a number of insurance risks you should be aware of:

- if the premium is not received by us within 30 days of the due date, we may cancel or terminate your **Policy** after we give you 30 days written notice and we may charge interest on any amount due. We may not accept an **insured member's** claim that arises after the due date

- the maximum amount of the insurance cover you select for your plan may not be sufficient to provide adequate insurance cover for an **insured member** in the event of their illness or injury
- we are not bound to accept your proposal
- if you or an **insured member** do not comply with the Duty of Disclosure (see page 18 of this PDS) or makes a relevant misrepresentation, we may avoid the contract, or avoid cover in respect of an individual **insured member**.

## Change in risk profile

If any aspect of the membership profile (number, gender, age, occupation) changes by more than 25% from that existing at the **policy start date**, or the last **review date**, we may:

- stop accepting new **insured members**
- increase the premium rate (including during the **premium rate guarantee period**)
- vary the automatic acceptance terms
- vary or remove the **AAL**.

If the number of **insured members** covered under the **Policy** falls below 75% of **eligible persons** (or as otherwise agreed to by us in writing), we may remove the **AAL** as described on page 5 of this PDS.

## War

In the event of **war** in Australia, New Zealand or the **insured member's** country of residence, we may at our discretion:

- increase premium rates, including during the **premium rate guarantee period** (please refer to page 15 of this PDS for more information on the rate guarantee period)
- exclude benefit payments if the event giving rise to the claim is caused directly or indirectly, wholly or partially, from such **war** and
- exclude benefit payments if an **insured member** dies on **war service**.

## Future Insurability

If the **insured member's insured benefit** has increased due to a **specific life event**, for the first six months following the increase, we will only pay the increased portion of the **insured benefit** if the **insured member's** death or **total and permanent disablement** results from an **accident**.

# What are the costs?

## Payment of premiums

If we agree to accept your Proposal, the **Policy** commences when the first premium due has been paid or we accept a deposit premium from you).

We calculate the premium using the **premium rate schedule** set out in the **Quotation Summary**. We will calculate the premiums which apply to your **Policy** based on the **member information** we are initially provided. Thereafter, we will calculate the annual premium based on **member information** you must provide us at each annual **review date**.

We can change the premium rates:

- at the expiration of the **premium rate guarantee period** or if expired, any time after the **review date**
- during the **premium rate guarantee period** in limited circumstances (see below)
- at any time, in the event of **war**, or an act of **war**, in Australia, New Zealand or an **insured member's** country of residence
- by written notice to you, at any time if any aspect of the membership profile of **insured members** (including number, gender, age, occupation and country of residence) changes by more than 25% from that existing at the **policy start date**, or the date on which we last reviewed the premium rates or
- if there is a change in any government charge, licence fee, tax or any other impost that is directly attributable to the **Policy**.

We may also apply loadings to individual **insured members** based on our assessment of individual risks. Where we apply a loading, it will be applied to the base rate table(s) or unit rate we advised you. It may be varied by any other factor (e.g. occupation) that is used to calculate the premium payable in respect of an individual **insured member**. Where we do this, we will notify you.

Irrespective of the premium payment frequency, we calculate the premium at the plan's annual **review date**. We then advise you of the amount of the annual premium. Where the **Policy** has been in force for longer than one year, we also calculate an adjustment premium to cover changes in membership and benefit levels that occurred over the previous period. To keep the **Policy** in force, you must pay the premium by the due date. If it is not paid, we may cancel the **Policy**, and cover will cease for all **insured members**, after we give you 30 days written notice.

If you have paid too much, we will apply the overpayment to the next premium due. If you have not paid enough, we will notify you of the additional premium owed (the adjustment premium).

Adjustments are also calculated if the **Policy** ends, so that any overpayment of premium is refunded or any adjustment premium is payable, as the case may be.

A range of factors are taken into account when the premium is calculated for your plan. The premium will be affected by significant factors such as the:

- sum insured – the larger the sum insured the larger the premium
- age spread of **insured members** – the premium generally increases with age
- gender spread of **insured members**
- occupation of **insured members** – generally, occupations with hazardous duties or higher occupational risk have higher premium rates
- grouping of policies, refer to 'Discounts' on page 11 for further information
- the claims history of your plan and
- applicable commission levels agreed between you and an intermediary.

The premium rates will be indicated in the **Quotation Summary**.

## Guarantee of premium rates

The premium rates will be guaranteed from the **policy start date** to the end of the **premium rate guarantee period** (this will be indicated in the **Quotation Summary**), unless any aspect of the membership profile (number, sex, age, occupation) changes by more than 25% from that existing at the **policy start date**, or the date on which we last reviewed the premium rates.

If we agree to any change in the method of calculating benefits or the **eligibility criteria**, we may change the **premium rate guarantee period** and/or premium rates.

## Minimum annual premium

The minimum annual premium is outlined on page 4 and in the **Quotation Summary**. If the premium we calculate is less than this minimum, you must pay the minimum annual premium. If you do not pay the minimum annual premium, we may cancel or terminate the **Policy** by giving you at least 30 days written notice.

## Taxes and expenses

### Policies held in superannuation

The taxation implication of insurance benefits and premiums under non-superannuation and superannuation policies will differ depending on individual circumstances. You should consider all potential taxation consequences that may apply to the premiums and benefit payments under a Group Life Insurance **Policy**.

Your specific circumstances are not taken into account in providing this information. It is important that you seek professional and independent taxation advice specific to your circumstances regarding the taxation implications of purchasing a non-superannuation or superannuation Group Life Insurance **Policy**.

### Stamp duty

Stamp duty is included in the premium rates.

### Other expenses

In addition to the premium, you are required to pay any:

- federal, state or territory taxes and charges (other than stamp duty)
- expenses we incur in administering any function required of us by a federal, state or territory government under any legislation in relation to the **Policy**.

We reserve the right to recoup these charges through the premium you pay for the **Policy**, and increase the premium to cover any increase in these charges.

### Goods and Services Tax (GST) implications

There is no GST charged on the premium payable for your cover.

### Interest

We may charge you interest on any amount due to us which is outstanding for more than 30 days. Interest will be calculated based on the five year Bond Yield plus 3% as at the date the premium initially became due, as published in the *Australian Financial Review*. If this rate is no longer published, we will determine a similar replacement rate.

### Misstatement of age

If an **insured member's** age is misstated, we may adjust the premium or the benefit based on their correct age.

# What do you need to know about making a claim?

## Notification of a claim

In the event of a claim, you, the **insured member** or the **insured member's** representative should notify us on the earlier of:

- within 30 days of any event that may give rise to a claim
- 30 days after the expiration of the six month qualifying period outlined in the **TPD** definition in the Dictionary on page 22 of this PDS
- as soon as reasonably possible.

If we do not receive notice within the time specified, we may reduce or refuse to pay the benefit to the extent our assessment of the claim is prejudiced.

## How to make a claim

We will generally send you, the **insured member**, or in the case of a deceased **insured member**, their legal personal representative, claim forms within seven days of receiving notice of a claim. A claim form provides us with the information we require so that we can validate a claim for **insured benefits**.

We generally ask for medical information and evidence to enable a claim for a **TPD Benefit** or **Terminal Illness Benefit** to be assessed.

During the course of a **TPD** claim, the **insured member** may be required to be interviewed, attend vocational assessments and rehabilitation, and provide us with all information required in order to determine their eligibility for benefits.

## Payment of the claim

For us to pay a claim the **insured member** must provide a properly executed claim form and proof, in a form which is subject to our verification, of all of the following:

- proof that you and the **insured member** met all our requirements upon acceptance (or acceptance of an increase to the **insured benefit**) under automatic acceptance or our transfer terms
- entitlement to claim the applicable **insured benefit**
- the **insured member's** age.

Payment of the claim is conditional upon you or the **insured member** establishing entitlement by:

- providing an original or certified death certificate (if applicable), birth certificate (or other proof of birth to our satisfaction) and all other documents we require
- providing medical reports from treating **medical practitioners**
- providing financial documentation (including, without limitation, tax returns, Notices of Assessment, Group Certificates and the like)
- when reasonably required by us (and at our expense), being examined by a **medical practitioner** we nominate who must confirm the condition
- undergoing an employability assessment
- being interviewed by us
- providing all the relevant information we request and
- providing pathology, blood tests, x-ray or other appropriate evidence.

Where an **insured member** dies outside of Australia, we may require proof of the **insured member's** death to take the form of an original death certificate or copy of the death certificate that is certified by the Australian Embassy in the country of the **insured member's** death. If such proof is not produced, we may, in our sole discretion, refuse to pay a **Death Benefit**.

## Overseas claims assessment

We may require an **insured member** claiming a **Terminal Illness** or **TPD Benefit** to return to Australia, at the **insured member's** own expense, for claim assessment and where the **insured member** refuses to do so, we may refuse to pay a benefit.

## Reimbursement of claim costs

Any costs incurred outside Australia in connection with a claim in respect of an **insured member** who was overseas must be paid by you or the **insured member**. We may agree to reimburse these costs at our discretion.

## More information

If you want to know more about making a claim for a Group Life Insurance benefit:

- contact Group Risk Insurance Claims on 1800 648 921
- visit the OnePath website at [onepath.com.au](http://onepath.com.au)



# What else do you need to know about Group Life Insurance?

## Guaranteed continuing cover

You may continue the **Policy** each year upon payment of the premium, regardless of changes to the health or pastimes of **insured members** in your plan. Events that result in the **Policy** ending can be found on pages 7 and 15 of this PDS.

## Administration

We will maintain records and establish administrative systems to enable the **Policy** to be administered efficiently. After each **review date**, we will calculate the premiums due for the year beginning at that **review date** and will give you a listing of **insured members** and **insured benefits** provided.

To enable us to properly administer the **Policy**, you must notify us of the entry and exit of individual **insured members** throughout the year.

## Profit sharing

Where your plan is very large, we may offer you the option of self-experience profit sharing when you establish your plan.

If self-experience profit share applies, we determine the experience of your **Policy** (after the deduction of expenses such as commission) at the annual **review date**. If the experience is positive, we declare a profit share, based on the agreed profit share percentage that will be credited towards the following year's premium for your plan. We may choose to pay any profit share by way of cheque, at our sole discretion.

## Non-profit

The **Policy** does not acquire a surrender value or participate in any other profit sharing arrangements.

## Duty of Disclosure

Before you (as the policy owner) or an **eligible person** enters into a contract of insurance with us, you and/or the **eligible person** have a duty under the *Insurance Contracts Act 1984* (Cth) to disclose to us every matter that you and/or the **eligible person** knows or could reasonably be expected to know, is relevant to our decision whether to accept the risk of insurance and, if so, on what terms.

You and an **insured member** have the same duty to disclose those matters to us before you or an **insured member** renew, extend, vary or reinstate a contract of insurance. Your duty, however, does not require disclosure of a matter that:

- diminishes the risk to be undertaken by us
- is of common knowledge
- we know, or in the ordinary course of business, ought to know or
- we have waived.

If you, an **eligible person** or an **insured member** do not disclose to us every matter that you know or could reasonably be expected to know, that would be relevant to our decision whether to accept the risk of the insurance and if so, on what terms, we may avoid the contract, or cover in respect of an individual **insured member**, within three years of entering into it, provided we would not have entered that contract or accepted cover for an **insured member** on any terms had full disclosure been made. 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.

If your, or an **insured member's**, non-disclosure is fraudulent, we may avoid the contract, or cover in respect of an **insured member**, at any time.

The Duty of Disclosure continues to apply until formal notification of assessment and acceptance of cover, or of any change in cover is accepted by us and confirmation is issued in writing.

## Changes to member and other information

You must notify us of any changes to **insured members'** information that may affect their membership in the plan.

## Governing law

The **Policy** is governed by the law that applies in the state or territory of Australia in which the **Policy** is registered.

## Currency

All payments to or from us are to be made in Australian dollars.

## Statutory fund

The **Policy** is issued from the statutory fund stated in the **Policy Schedule**. The statutory fund from which the **Policy** is issued will depend on whether it is ordinary or superannuation business.

The Proposal Form will allow us to obtain the information we need to determine the statutory fund from which we will issue the **Policy**. Neither you nor the **insured members** have any rights of ownership of the assets of that fund. The **Policy** does not participate in any surplus arising in any of our statutory funds.



## Cooling-off period

You may cancel your **Policy** within 14 days of the earlier of:

- the date you receive the **Policy**, including the **Policy Schedule**
- the date you receive an 'On-risk' letter confirming our acceptance of your application
- the end of the fifth day after we issue the **Policy**.

You may cancel the **Policy** during the cooling-off period by giving us notice in writing and returning the **Policy**, including the **Policy Schedule**. If you do this, we will terminate the **Policy** and will refund any money paid (except any amounts of taxation which we are unable to recover). However, you cannot exercise your right to cancel the **Policy** or get a refund at any time after an **insured member** has made a claim for benefits under the **Policy**.

## Customer concerns

If you, or an **insured member**, have any concerns or a complaint about the **Policy**, please refer them to us. Customer concerns should be directed to:

### Complaints Resolution Officer

OnePath Life  
GPO Box 5306  
Sydney NSW 2001  
**Phone** 1800 627 625  
**Fax** 02 9234 8967

If concerns are not resolved to your satisfaction, a complaint may be lodged with the appropriate industry body.

The organisation to which your complaint should be referred depends on whether your plan is held inside or outside of superannuation.

## Policy owners and members of employer plans

If the **Policy** is held outside of superannuation, you and **insured members** may contact the Financial Ombudsman Service Limited (FOS). FOS is independent and industry sponsored and has been set up to advise and assist customers. If unresolved at Case Manager level the Panel of FOS can make a determination that is binding on us.

Concerns to FOS can be directed to:

### The Manager Financial Ombudsman Service

GPO Box 3  
Melbourne VIC 3001  
**Toll-free** 1300 78 08 08  
**Fax** 03 9613 6399  
**Email** info@fos.org.au  
**Website** www.fos.org.au

## Members of superannuation plans

If a member of a superannuation plan has an enquiry or complaint about the operation or management of their plan, they may contact the Superannuation Complaints Tribunal (SCT).

Concerns can be directed to:

### Superannuation Complaints Tribunal

Locked Bag 3060  
GPO Melbourne Vic 3001

**Phone** 1300 780 808  
**Fax** 03 8635 5588

The SCT is an independent body established by the Federal Government that can assist with the resolution of certain types of complaints within superannuation funds and life insurance companies.

The fund's Complaints Resolution Officer must be contacted before calling the SCT.

## Privacy

In this section '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. 'You' and 'your' refers to policy owners and life insureds.

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
- a person who acts on your behalf (such as your financial adviser or your agent)
- the policy owner (where you are a life insured who is not the policy owner).

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 133 667.

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](mailto: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](http://onepath.com.au)

# How do you establish a Policy?

## Applying for the Policy

### Step 1 – Obtaining a quotation

To establish a **Policy** you need to first obtain a quotation for Group Life Insurance. If you wish to request a quotation, please contact us.

If you (or an intermediary acting on your behalf) have already provided us with information about your prospective plan, a **Quotation Summary** may be attached to this PDS. A **Quotation Summary** is guaranteed for 90 days unless we agree to change this period.

It is important that you read and understand the information provided in this PDS before making an application to us to issue you a Group Life **Policy**.

### Step 2 – Accepting a quotation

Should you choose to accept our offer, you must notify us in writing before the end of the quotation guarantee period. You can do this by completing the form supplied to you with the **Quotation Summary** and returning it to us properly completed, along with the premium due.

In order for us to establish the **Policy**, the following information is required from you:

- a completed Group Life Proposal Form signed by you
- an **At Work Certificate** signed by you (or if you are a trustee of a superannuation fund, signed by each participating employer under your superannuation fund) in respect of each person to be covered
- a final list of persons to be covered under the **Policy** and the **member information** which includes details of all proposed **insured members** who have been seconded overseas by their employer to work. To assist you in providing the **member information**, we may give you a specific form or agree with you a basis to provide the **member information** electronically
- 'transfer terms' information, if relevant (refer to page 5 for information on transfer terms) and
- the first annual premium or deposit premium we advise you is payable.

The documentation and premium is to be provided to:

#### **Group Risk Insurance Administration**

OnePath Australia  
GPO Box 4129  
Sydney NSW 2001

**Email** group.risk@onepath.com.au

Once all our requirements are met we shall also provide you with the **Policy** and the **Policy Schedule**.

## More information

If you want to know more about obtaining a quotation for Group Life Insurance our dedicated Group Risk Development Managers can assist. For help:

- contact Group Risk Insurance Administration on 1800 648 921
- visit the OnePath website at onepath.com.au

# Dictionary

Unless described here, terms described in the Policy Schedule have the meaning shown in the Policy Schedule. Terms highlighted throughout this PDS are defined here.

## Key terms

**Accident** means a fortuitous, external event which was unexpected and unintended causing death or injury.

### Exclusions – events that are not accidents

The following situations are not accidents, and any claims arising from these situations are excluded where:

- one of the contributing causes of injury or death was any of the following conditions:
  - illness
  - disease
  - allergy
  - any gradual onset of a physical or mental infirmity.
- the injury or death, which was unintended and unexpected, was the result of an intentional act or omission.
- the **insured member** was injured or died as a result of an activity in respect of which they assumed the risk or courted disaster, irrespective of whether he or she intended injury or death.

**Active service** refers to an **insured member's** occupation as part of a military force (including without limitation the defence force, the army, the navy, the air force or the like). Reserve duty is excluded.

**Activity/Activities of daily living** are:

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

**At work** means the **insured member** is:

- actively performing all the duties of his or her usual occupation
- working his or her usual hours free from any limitation due to illness or injury and
- not in receipt of and/or entitled to claim income support benefits from any source including workers' compensation benefits, statutory motor accident benefits or disability income benefits (including government income support benefits).

An **insured member** who does not meet these requirements is correspondingly described as not at work.

**At Work Certificate** means the form in which you certify those **eligible persons** who were **at work** and not **at work** on the requisite date.

**Australian resident** means an Australian citizen or a New Zealand citizen living in Australia on a permanent basis.

**Automatic Acceptance Level** and **AAL** means the automatic acceptance level shown in the **Policy Schedule**.

**Benefit expiry age** means the age at which cover ceases as set out in the **Policy Schedule**.

**Choice of Fund legislation** means the legislation as outlined in the *Superannuation Legislation Amendment (Choice of Superannuation Funds) Act 2005* (Cth) or any other present or future law of the Commonwealth of Australia or any state or territory which we may determine to be relevant law for the purposes of the **Policy**.

**Cognitive loss** means we have determined a total and permanent deterioration or loss of intellectual capacity that has required the **insured member** to be under continuous care and supervision by another adult person for at least six consecutive months and, at the end of that six month period, they are likely to require ongoing continuous care and supervision by another adult person, provided at least two **medical practitioners** have certified that to be the case.

**Contractor** means a person is performing all the normal duties of his or her work and is working on a contracted basis and is under a fixed term contract of not less than one year.

**Death Benefit** is the amount applying to the **insured member** by reference to the **Policy Schedule** or the **Decision Note** as at the **insured member's** date of death.

**Decision Note** means the document we issue in respect of an **insured member** when that **insured member's** application for cover, an increase in cover, or variation in cover has been accepted by us, setting out details of the following:

- the type and level of **insured benefits** provided for that **insured member**
- the date the cover starts or an increase in cover starts and
- any special conditions applying.

**Eligibility criteria** means the rules for eligibility as set out in the section titled 'Who is eligible for cover?' on page 4 of this PDS and the **Policy Schedule**.

**Eligible person** means a person who meets the **eligibility criteria**.

**Event date** means, in relation to an **insured member**:

- (i) who claims a **TPD Benefit** under Part 1 of the **TPD** definition – the first day of the six consecutive month period (or any lesser period agreed by us) that the **insured member** is totally and continuously unable to engage in any occupation, business, profession or employment that results in a claim for **total and permanent disablement** by the **insured member** or
- (ii) who claims a **TPD Benefit** under Part 2 of the **TPD** definition – the date on which the **insured member** suffers a permanent impairment of at least 25% of whole person function as described in the American Medical Association's publication *Guides to the Evaluation of Permanent Impairment*, 4th edition, or an equivalent guide to impairment approved by us, that results in the **insured member's total and permanent disablement** or
- (iii) who claims a **TPD Benefit** under Part 3 of the **TPD** definition – the date on which the **insured member** suffers a **loss of independent existence** or
- (iv) who claims a **TPD Benefit** under Part 4 of the **TPD** definition – the date the **insured member** suffers the loss of the use of two limbs (where 'limb' is defined as the whole hand or the whole foot), the sight in both eyes, or the sight in one eye and the use of one limb or
- (v) who claims a **TPD Benefit** under Part 5 of the **TPD** definition – the date on which the **insured member** suffers a total and permanent deterioration or loss of intellectual capacity that results in the **insured member's total and permanent disablement**.

**Excluded occupation** is an occupation for which cover is not available under the **Policy**. A list of excluded occupations can be downloaded from [onepath.com.au](http://onepath.com.au) or can be obtained by calling Group Risk Administration on 1800 648 921.

**Fixed Dollar Cover** means that the amount of the benefit for Death Cover and/or Total and Permanent Disablement Cover that you, the **insured member**, or the **insured member's** employer (if applicable), has requested and we have agreed to provide that is fixed at a specific amount.

**Formula based cover** means the amount of the benefit for Death Cover and/or TPD Cover which has been determined via the application of a formula for cover chosen by you (if the **Policy** is held outside of superannuation) or by the participating employer (if the **Policy** is held inside of superannuation) and agreed to by us. Formula based cover is determined by reference to an **insured member's salary**.

**Forward underwriting limit** means the amount up to which we will accept future increases in the **insured member's insured benefits**, without further application.

**Full-time** means a person is performing all the normal duties of his or her occupation and is working at least 30 hours per week.

**Gainfully employed/gainful employment** means employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment.

**Home** means the **insured member's** principal place of residence.

**Insured benefit** means any benefit provided under the **Policy** as the context requires including, the **TPD Benefit**, the Terminal Illness Benefit and/or the **Death Benefit**, as varied by any **Decision Note** that we issued in respect of an individual **insured member**.

**Insured member** refers to a person who is covered by the **Policy** and is either an employee of an employer, partner of a partnership where the **Policy** is employer-owned, or a member of a complying superannuation fund where the **Policy** is owned by the trustee of the complying superannuation fund. All references to **insured member** assume the **Policy** is in force and cover in respect of that **insured member** under the **Policy** continues.

**Interdependent relationship** means a close personal relationship between two people who live together, where one or both provides for the financial and domestic support, and care of the other.

**Loss of independent existence** means a condition whereby we have determined the **insured member** is totally and irreversibly unable to perform at least two of the five **activities of daily living** without the assistance of another adult person.

**Maximum benefit entry age** means the maximum benefit entry age as shown in the **Policy Schedule**.

**Maximum benefit level** means the maximum benefit level as shown in the **Policy Schedule**.

**Medical practitioner** means a registered and qualified medical practitioner in Australia, or another country as approved by us, who is not the **insured member** or you and not related to the relevant **insured member**.

**Member information** means all information in respect of an **eligible person** which we advise you we require which can include, but is not limited to the following:

- name
- date of birth
- gender
- occupation
- state, territory and country of residence including details of persons who have been seconded overseas by their employer for work
- employee/member status (i.e. whether the person is on unpaid or paid leave)
- date the person first satisfied the **eligibility criteria** and, if required, an **At Work Certificate**
- date the person joined the company
- sum insured (in Australian dollars) and formula for cover.

**New Events Cover** means an **insured member** will not be covered for any **pre-existing condition**. The **insured member** will only be covered for an illness which became apparent to the **insured member**, or any injury which occurred to the **insured member**, on or after the date that cover commenced, recommenced or increased (as applicable).

**Normal business day** means any day which is not a weekend or a public holiday on which businesses normally operate.

**Normal domestic duties** mean the tasks performed by an **insured member** whose sole occupation is to maintain their family **home**. These tasks are unassisted:

- cleaning of the **home**
- cooking of meals for their family
- doing their family's laundry
- shopping for their family's food and
- taking care of dependent children (where applicable).

Normal domestic duties do not include duties performed outside the **insured member's home** for salary, reward or profit.

**Parental leave** includes maternity leave, paternity leave and/or adoption leave.

**Policy** means the policy of Group Life Insurance issued by OnePath Life to you and includes the proposal, each application for cover and associated documentation from an **insured member** or **eligible person**, the **Policy Schedule**, the **Decision Note**, any notices issued or received by us under the **Policy** and any written variation of the **Policy**. The **Policy** does not form part of this PDS. The **Policy** constitutes the legal agreement between the parties.

**Policy Schedule** means the document we send you which sets out the details of your **Policy**, including any special conditions, amendments or endorsements. A new **Policy Schedule** will be issued at any time there is a change in your **Policy** such as a variation of benefits. The new **Policy Schedule** will apply from the effective date shown on the **Policy Schedule**.

**Policy start date** means the policy start date shown in the **Policy Schedule**.

**Portability Legislation** means the legislation as outlined in the Superannuation Industry (Supervision) Amendment Regulations 2003 (no. 5, 251) or any present or future law of the Commonwealth of Australia or any state or territory which we may determine to be relevant law for the purpose of the **Policy**.

**Pre-existing condition** means an injury that first occurred, or an illness which first became apparent to the **insured member**, or any directly or indirectly related condition, before the date cover in respect of that **insured member** commenced, recommenced or increased.

**Premium rate guarantee period** means the premium rate guarantee period shown in the **Policy Schedule**.

**Premium rate schedule** means the premium rate table shown in the **Policy Schedule**.

**Quotation Summary** means the Group Life quotation we issue to you. It contains the **premium rate schedule** and the terms on which we will offer cover to your prospective plan.

**Review date** means an annual date agreed to between you and us as shown in the **Policy Schedule**.

**Specific life event** means:

- the **insured member's** marriage or involvement in an **interdependent relationship** for two or more years
- the date on which a dependent child of the **insured member** starts secondary school
- the date on which the **insured member** or the **insured member's** spouse gives birth to or adopts a child or
- the date on which the **insured member** takes out or increases a mortgage on their principal place of residence with an accredited mortgage provider (excludes re-draw and refinancing).

**Superannuation Account Balance** means the dollar value of the accumulation fund maintained by you in respect of an **insured member** under this plan.

**Terminal illness/terminally ill** means an illness or injury that in the opinion of at least two **medical practitioners** (one whom we may elect and require to be a specialist physician) is likely to lead to the death of the **insured member** within 12 months from the date of diagnosis.

**TPD/total and permanent disablement/total and permanent disability or totally and permanently disabled**

means as defined below:

Part 1) Unlikely to return to work

If the **insured member** is **gainfully employed** when suffering an illness or injury and, as a result of that illness or injury, he or she is:

- totally unable to engage in any occupation, business, profession or employment for a period of six consecutive months and
- determined by us at the end of that six month period and certified by at least two **medical practitioners**, to be permanently incapacitated to such an extent as to render him or her unlikely ever to engage in any gainful occupation, business profession or employment, for which he or she is reasonably suited by education, training or experience.

OR

Part 2) Permanent impairment

If the **insured member** is **gainfully employed** when suffering an illness or injury and, as a result of that illness or injury, he or she:

- suffers a permanent impairment of at least 25% of whole person impairment as defined in the American Medical Association publication *Guides to the Evaluation of Permanent Impairment*, 4th edition, or an equivalent guide to impairment approved by us; and
- is disabled to such an extent, as a result of this impairment, that they are unlikely ever again to be able to engage in any occupation, business, profession, or employment for which they are reasonably suited by their education, training or experience and at least two **medical practitioners** certify that to be the case.

OR

Part 3) Specific loss

As a result of illness or injury, the **insured member** suffers the total and permanent loss of the use of either:

- two limbs (where 'limb' is defined as the whole hand or the whole foot)
- the sight in both eyes
- one limb and the sight in one eye

which is certified by at least two **medical practitioners**.

OR

Part 4) **Loss of independent existence**

As a result of illness or injury, the **insured member** suffers **loss of independent existence** and at least two **medical practitioners** have certified that to be the case. OR

Part 5) **Cognitive loss**

As a result of illness or injury, the **insured member** suffers **cognitive loss**.

**Total and Permanent Disability Benefit or TPD Benefit**

means the amount specified in **Policy Schedule** in relation to the **insured member** as at the **event date**, as varied by any **Decision Note** we issue in respect of an individual **insured member**.

**Transfer date** means the date the **Policy** commenced with us.

**Unit based cover** means cover that is based on a number of units, where one unit represents a set amount at a certain age.

**Visa** means a current and valid visa issued in accordance with the *Migration Act 1958* (Cth) or any amending or replacing Act which enables an **eligible person** or **insured member** to work in Australia.

**War** or **war service** includes but is not limited to:

- declared war, and armed aggression by one or more countries resisted by any country, combination of countries or international organisations
- participation in an action to defend a country or region from civil disturbance or insurrection, or in an effort to maintain peace in a country or region.



**Group Risk Administration**

OnePath Life  
GPO Box 4129, Sydney NSW 2001  
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