ONECARE PRODUCT DISCLOSURE STATEMENT UPDATE

9 November 2023

This Product Disclosure Statement Update (**PDS Update**) relates to the OneCare and OneCare Super Product Disclosure Statement and Policy terms dated 1 August 2022 (**PDS**). This PDS Update forms part of the policy terms with effect from 9 November 2023 and should be read together with the PDS.

Why is the PDS being updated?

The PDS is being updated to provide additional clarity on the intention of certain policy conditions and features and to increase transparency. You have certain protections under law which we uphold, and some updates clarify these protections. If you are inadvertently disadvantaged by the changes in this PDS Update in any way, the previous wording in the PDS will apply.

What is changing in the PDS?

The table below describes the specific wording changes that apply to the PDS listed above.

Location of change	The text below is deleted	And replaced with
Under the heading 'OneCare and OneCare Super are only available to Australian residents living in Australia' on page 9	OneCare and OneCare Super are available to Australian residents and people who are in the process of applying for permanent residency and are living in Australia. All parties to any OneCare and OneCare Super issued must be Australian residents living in Australia, including policy owner(s), life insured and the person, company or fund that is paying the premium. OneCare and OneCare Super are designed for Australian residents and their operation and your rights may be restricted if you or the life insured become a resident of another country. We cannot accept applications signed and submitted from outside Australia.	OneCare and OneCare Super are available to Australian residents and people who are in the process of applying for permanent residency and are living in Australia. All parties to any OneCare and OneCare Super issued must be Australian residents living in Australia, including policy owner(s), life insured and the person, company or fund that is paying the premium. OneCare and OneCare Super are designed for Australian residents and their operation and your rights may be restricted if you, the life insured or a policy beneficiary become a resident of another country. We cannot accept applications signed and submitted from outside Australia. Additionally, we recommend that you first take professional advice on any legal and taxation implications if you, the life insured or a policy beneficiary consider residing overseas in the future. Unfortunately, we are not able to provide that advice, and Zurich cannot accept responsibility for any adverse legal or taxation outcomes on your policy from a person taking up residence overseas.
'Anti-money laundering and counter-terrorism legislation' on page 19	**Anti-money laundering and counter-terrorism legislation** The *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (the AML/CTF Act) requires us to identify you and verify your identity before we can provide you with certain prescribed services such as paying your claim.	**Anti-money laundering and counter-terrorism legislation** The *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (the AML/CTF Act) requires us to identify you and verify your identity before we can provide you with certain prescribed services such as paying your claim.

Location of change	The text below is deleted	And replaced with
Anti-money laundering and counter-terrorism legislation' on page 19	We will require certified copies of your identification and the certification must not have taken place more than three months prior to when the identification and verification procedure is being undertaken. If you do not provide identifying documents, we will not be able to process your transaction. We may also request further information from you. You must provide all information to us, which we reasonably require in order to manage our money-laundering, terrorism-financing or economic and trade sanctions risk, or to comply with any laws or regulations in Australia or any other country. We may disclose information to any law enforcement, regulatory agency or court, as required by applicable laws and regulations. We may delay, block or refuse to process any transaction without incurring any liability if we suspect that either: a. the transaction may breach any laws or regulations in Australia or any other country b. the transaction involves any person (natural, corporate or governmental) that is itself sanctioned or is connected, directly or indirectly, to any person that is sanctioned under economic and trade sanctions imposed by the United States, the European Union or any country c. the transaction may directly or indirectly involve the proceeds of, or be applied for the purposes of, conduct which is unlawful in Australia or any other country. We may delay or withhold paying a benefit if that payment may breach any law or regulation, including any sanctions regulations.	We will require certified copies of your identification and the certification must not have taken place more than three months prior to when the identification and verification procedure is being undertaken. If you do not provide identifying documents, or if we are unable to adequately verify your identity, we may not be able to process your transaction or we may decide to delay or refuse your transaction. We may also request further information from you. You must provide all information to us, which we reasonably require in order to manage our money-laundering, terrorism-financing or economic and trade sanctions risk, or to comply with any laws or regulations in Australia or any other country. We may disclose information to any law enforcement, regulatory agency or court, as required by applicable laws and regulations. We may delay, block or refuse to process any transaction without incurring any liability if we reasonably suspect that either: a. the transaction may breach any laws or regulations in Australia or any other country b. the transaction involves any person (natural, corporate or governmental) that is itself sanctioned or is connected, directly or indirectly, to any person that is sanctioned under economic and trade sanctions imposed by the United States, the European Union or any country c. the transaction may directly or indirectly involve the proceeds of, or be applied for the purposes of, conduct which is unlawful in Australia or any other country. We may delay or withhold paying a benefit if we reasonably assess that payment may breach any law or regulation, including any sanctions regulations. Before we take any of the above actions we will, where permitted, provide you with reasonable prior notice to respond to the issue.

Location of change	The text below is deleted	And replaced with
The second and third paragraphs under the heading 'HOW TO CLAIM' on page 21	If an event occurs which could lead to a claim, contact your **financial adviser** or call our Claims Helpline on 1300 555 250 as soon as possible. Claims notification process You should lodge your claim as soon as practicable after the insured event to enable a complete assessment of your claim. Otherwise, it may make your claim more difficult to establish. If we are not notified of a claim event within a reasonable period of time, we may reduce or refuse to pay a benefit to the extent that our liability is prejudiced.	If an event occurs which could lead to a claim, contact your **financial adviser** or call our Claims Helpline on 1300 555 250. Claims notification process Please tell us about any claim as soon as practicable. Otherwise, it may make your claim more difficult to establish and we may not be able to carry out a complete assessment of the claim. Your claim may be reduced, or refused, but only to the extent our liability under the policy is prejudiced as a result of the delay.
The third paragraph under the heading 'Information we require' on page 21	The information we need will vary according to the type of claim you are making. Our typical requirements are set out below. We reserve the right to request information or documents that are not listed below but which are reasonably required to assess your claim.	The information we need will vary according to the type of claim you are making. Our typical requirements are set out below. We may request information or documents that are not listed below but which are reasonably required to assess your claim.
The first bullet point under the heading 'Medical evidence requirements' on page 21	• undergoing independent medical examinations we require. This is at our expense unless the costs can be recovered from another source	• undergoing independent medical examinations we reasonably require to assess the claim taking into account evidence already provided. This is at our expense unless the costs can be recovered from another source
The third paragraph under the heading 'Accommodation Benefit' on page 26	You must claim this benefit within six weeks of the Terminal Illness Benefit being paid. We must receive evidence that is legible and unaltered of the life insured's confinement to bed and payment of the accommodation costs. If the information you provide to us is insufficient for any reason, we will let you know why that is and will discuss with you what alternative documents may need to be provided.	We must receive evidence that is legible and unaltered of the life insured's confinement to bed and payment of the accommodation costs. The evidence must confirm the period of the confinement to bed and show that the accommodation costs were incurred for dates within the period of the confinement to bed. If the information you provide to us is insufficient for any reason, we will let you know why that is and will discuss with you what alternative documents may need to be provided.
The fifth bullet point under the heading 'When Life Cover ends' on page 27	• date we receive notification from the policy owner, or the life insured under OneCare Super, to cancel the Cover	• if we receive notification to cancel the Cover from the policy owner, or the life insured under OneCare Super, the end of the period of cover you have paid premiums for, adjusted for any premium refunds payable
The seventh bullet point under the heading 'When Life Cover ends' on page 27	• the date we cancel the policy for non-payment of premiums	• the date we cancel the policy for non-payment of premiums. We will write to the policy owner, or the life insured under OneCare Super, at least 30 days before and provide the opportunity to pay the overdue premium before we cancel the policy

Location of change	The text below is deleted	And replaced with
Page 30	**You must tell us of occupation changes for Business TPD** The policy owner must tell us if the life insured changes their occupation within 30 days of the policy anniversary immediately after the change. The policy owner must do this by completing our standard form. If the new occupation does not qualify the life insured for Business TPD Definition One, we will notify the policy owner and will apply Business TPD Definition Two if the life insured suffers an **illness** or **injury** while gainfully employed. **Business TPD Definition Two applies if we are not notified of occupation changes as required above** If you do not notify us of a change to the life insured's occupation as required above, we will apply Business TPD Definition Two if the life insured suffers an **illness** or **injury** while gainfully employed.	**You must tell us of occupation changes for Business TPD** The policy owner must tell us if the life insured changes their occupation. Please do this by completing our standard form. If the new occupation does not qualify the life insured for Business TPD Definition One, we will notify the policy owner and will apply Business TPD Definition Two if the life insured suffers an **illness** or **injury** while gainfully employed. **Business TPD Definition Two may apply if we are not notified of occupation changes as required above** If you do not notify us of a change to the life insured's occupation as required above, and the new occupation does not qualify the life insured for Business TPD Definition One, we will apply Business TPD Definition Two if the life insured suffers an **illness** or **injury** while gainfully employed.
The third paragraph under the heading 'Accommodation Benefit' on page 38	You must claim this benefit within six weeks of the **TPD Benefit** being paid or commencing to be paid. We must receive evidence acceptable to us of the life insured's confinement and payment of the accommodation costs.	We must receive evidence that is legible and unaltered of the life insured's confinement to bed and payment of the accommodation costs. The evidence must confirm the period of the confinement to bed and show that the accommodation costs were incurred for dates within the period of the confinement to bed. If the information you provide to us is insufficient for any reason, we will let you know why that is and will discuss with you what alternative documents may need to be provided.
The fifth bullet point under the heading 'When TPD Cover ends' on page 39	• date we receive notification from the policy owner, or the life insured under OneCare Super, to cancel the Cover	• if we receive notification to cancel the Cover from the policy owner, or the life insured under OneCare Super, the end of the period of cover you have paid premiums for, adjusted for any premium refunds payable
The seventh bullet point under the heading 'When TPD Cover ends' on page 39	• the date we cancel the policy for non-payment of premiums	• the date we cancel the policy for non-payment of premiums. We will write to the policy owner, or the life insured under OneCare Super, at least 30 days before and provide the opportunity to pay the overdue premium before we cancel the policy

Location of change	The text below is deleted	And replaced with
The second and third bullet points under 'When we pay' on page 41	• the symptoms leading to the trauma condition occurring, or being diagnosed for the life insured, only first become **reasonably apparent** while their Trauma Cover is in force • a **medical practitioner** diagnoses and certifies the trauma condition and we agree with that diagnosis and certification. If we do not agree, we will let you know why that is and will discuss with you what your options are	• the trauma condition only first becomes **reasonably apparent** while the Trauma Cover for the life insured is in force • a **medical practitioner** diagnoses and certifies the trauma condition • evidence supports and confirms that all elements of the trauma definition have been met including e.g. any specified test results or medical procedures
The second and third paragraphs under the heading '90 day qualifying period' on page 42	We will not cover or pay any benefit for any such trauma condition if the condition first occurs or is first diagnosed during the first 90 days after we receive certain applications. These applications are a: • complete application for Trauma Cover • request to reinstate Trauma Cover • complete application for an increase to the Trauma Cover amount insured, regarding the increased portion only. We will also not pay any benefit for any such trauma condition if the symptoms leading to the condition occurring or being diagnosed first become **reasonably apparent** during the 90 days explained above. We refer to this as the '90 day qualifying period'.	We will not cover or pay any benefit for any such trauma condition if the condition first occurs, is first diagnosed or first becomes **reasonably apparent,** during the first 90 days after we receive certain applications. These applications are a: • complete application for Trauma Cover • request to reinstate Trauma Cover • complete application for an increase to the Trauma Cover amount insured, regarding the increased portion only. We refer to this as the '90 day qualifying period'.
The second bullet point under the heading 'Multiple claims on partial payments' on page 44	• **angioplasty – single or double vessel**, for which we will pay for multiple occurrences if the first **angioplasty – single or double vessel** procedure (double vessel procedures completed in two sessions within a two-month period, or that are the result of the same investigation which demonstrated the need for the procedures, will be considered to be one procedure) occurs, and the symptoms leading to the first **angioplasty – single or double vessel** procedure only first become **reasonably apparent**, after the end of the 90 day qualifying period.	• **angioplasty – single or double vessel**, for which we will pay for multiple occurrences if the first **angioplasty – single or double vessel** procedure (double vessel procedures completed in two sessions within a two-month period, or that are the result of the same investigation which demonstrated the need for the procedures, will be considered to be one procedure) occurs, and the condition leading to the first **angioplasty – single or double vessel** procedure only first becomes **reasonably apparent**, after the end of the 90 day qualifying period.
The second bullet point under the heading 'Subsequent claims on partial payment under Severity Trauma Cover' on page 45	• **angioplasty – single or double vessel and angioplasty – triple vessel**, for multiple occurrences if the first procedure (procedures completed in multiple sessions within a two-month period, or that are the result of the same investigation which demonstrated the need for the procedures, will be considered to be one procedure) occurs, and the symptoms leading to the first procedure only first become **reasonably apparent**, after the end of the 90 day qualifying period.	• **angioplasty – single or double vessel and angioplasty – triple vessel**, for multiple occurrences if the first procedure (procedures completed in multiple sessions within a two-month period, or that are the result of the same investigation which demonstrated the need for the procedures, will be considered to be one procedure) occurs, and the condition leading to the first procedure only first becomes **reasonably apparent,** after the end of the 90 day qualifying period.

Location of change	The text below is deleted	And replaced with
The third paragraph under the heading 'Accommodation Benefit' on page 47	You must claim this benefit within six weeks of the Trauma Benefit being paid. We must receive evidence acceptable to us of the life insured's confinement to bed and payment of the accommodation costs.	We must receive evidence that is legible and unaltered of the life insured's confinement to bed and payment of the accommodation costs. The evidence must confirm the period of the confinement to bed and show that the accommodation costs were incurred for dates within the period of the confinement to bed. If the information you provide to us is insufficient for any reason, we will let you know why that is and will discuss with you what alternative documents may need to be provided.
The fourth bullet point under the heading 'When Trauma Cover ends' on page 48	• date we receive notification from you to cancel the Cover	• if we receive notification to cancel the Cover from the policy owner, the end of the period of cover you have paid premiums for, adjusted for any premium refunds payable
The sixth bullet point under the heading 'When Trauma Cover ends' on page 48	• the date we cancel the policy for non-payment of premiums	• the date we cancel the policy for non-payment of premiums. We will write to the policy owner at least 30 days before and provide the opportunity to pay the overdue premium before we cancel the policy
The second and third bullet points under 'When we pay' on page 50	• the symptoms leading to the trauma condition mentioned above occurring or being diagnosed, only first become **reasonably apparent** while the Child Cover for the insured child is in force • a **medical practitioner** diagnoses and certifies the trauma condition and we agree with that diagnosis and certification. If we do not agree, we will let you know why that is and will discuss with you what your options are	• the trauma condition only first becomes **reasonably apparent** while the Child Cover for the insured child is in force • a **medical practitioner** diagnoses and certifies the trauma condition • evidence supports and confirms that all elements of the trauma definition have been met including e.g. any specified test results or medical procedures
The second and third paragraphs under the heading '90 day qualifying period' on page 50	We will not cover or pay any benefit for any such trauma condition if the condition first occurs or is first diagnosed during the first 90 days after we receive certain applications. These applications are a: • complete application for Child Cover • request to reinstate Child Cover • complete application for an increase to the Child Cover amount insured, regarding the increased portion only. We will also not pay any benefit for any such trauma condition if the symptoms leading to the condition occurring or being diagnosed first become **reasonably apparent** during the 90 day qualifying period explained above.	We will not cover or pay any benefit for any such trauma condition if the condition first occurs, is first diagnosed or first becomes **reasonably apparent**, during the first 90 days after we receive certain applications. These applications are a: • complete application for Child Cover • request to reinstate Child Cover • complete application for an increase to the Child Cover amount insured, regarding the increased portion only. We refer to this as the '90 day qualifying period'.

Location of change	The text below is deleted	And replaced with
The third paragraph under the heading 'Accommodation Benefit' on page 51	You must claim this benefit within six weeks of the Child Cover Benefit being paid. We must receive evidence that is legible and unaltered of the insured child's confinement to bed and payment of the accommodation costs. If the information you provide to us is insufficient for any reason, we will let you know why that is and will discuss with you what alternative documents may need to be provided.	We must receive evidence that is legible and unaltered of the insured child's confinement to bed and payment of the accommodation costs. The evidence must confirm the period of the confinement to bed and show that the accommodation costs were incurred for dates within the period of the confinement to bed. If the information you provide to us is insufficient for any reason, we will let you know why that is and will discuss with you what alternative documents may need to be provided.
The fifth bullet point under the heading 'When Child Cover ends' on page 51	• date we receive your notification to cancel the Cover	• if we receive notification to cancel the Cover from the policy owner, the end of the period of cover you have paid premiums for, adjusted for any premium refunds payable
The seventh bullet point under the heading 'When Child Cover ends' on page 51	• the date we cancel the policy for non-payment of premiums	• the date we cancel the policy for non-payment of premiums. We will write to the policy owner at least 30 days before and provide the opportunity to pay the overdue premium before we cancel the policy
The fifth bullet point under the heading 'When Extra Care Cover ends' on page 53	• date we receive notification from the policy owner, or the life insured under OneCare Super, to cancel the Cover	• if we receive notification to cancel the Cover from the policy owner, or the life insured under OneCare Super, the end of the period of cover you have paid premiums for, adjusted for any premium refunds payable
The seventh bullet point under the heading 'When Extra Care Cover ends' on page 53	• the date we cancel the policy for non-payment of premiums	• the date we cancel the policy for non-payment of premiums. We will write to the policy owner, or the life insured under OneCare Super, at least 30 days before and provide the opportunity to pay the overdue premium before we cancel the policy
The evidence required in the first row of the table on page 56	Written confirmation from the life insured's employer of their salary package before and after the increase.	Written confirmation or any other documents from the life insured's employer evidencing their salary package before and after the increase.
The evidence required in the first row of the table on page 57	A signed and dated letter from a **medical practitioner** confirming all the following: • that care is both necessary for medical reasons and likely to be required for at least six months continuously • that care was previously not required • the nature of the life insured's relationship with the person requiring care is that of an **immediate family member.**	• A signed and dated letter from a **medical practitioner** confirming that care is both necessary for medical reasons and likely to be required for at least six months continuously, and that care was previously not required. • Documentary evidence that establishes the life insured is an **immediate family member** of the person requiring care, such as birth certificates and/or marriage certificate.
The third paragraph under the heading 'Indexation factor' on page 58	If the CPI is not published, we will calculate the **indexation factor** from another retail price index which in our actuary's opinion is the closest to it.	If the CPI is not published, the **indexation factor** will be calculated from a comparable replacement index.

Location of change	The text below is deleted	And replaced with
The sixth paragraph under the heading 'Premium Freeze' on page 59	The policy owner under OneCare, or the life insured under OneCare Super, may cancel Premium Freeze for a Cover by applying in writing to us within 30 days of the policy anniversary. However, Premium Freeze cannot be cancelled while we are waiving premiums for the Cover under the Premium Waiver Disability Option. The cancellation of Premium Freeze is subject to our approval.	The policy owner under OneCare, or the life insured under OneCare Super, may cancel Premium Freeze for a Cover by applying in writing to us within 30 days of the policy anniversary. However, Premium Freeze cannot be cancelled while we are waiving premiums for the Cover under the Premium Waiver Disability Option. The cancellation of Premium Freeze may be subject to the assessment of your health.
The seventh paragraph under the heading 'Premium Freeze' on page 59	If Premium Freeze is cancelled, the policy owner under OneCare, or the life insured under OneCare Super, may also apply to recommence indexation increases. The recommencement of indexation increases is subject to our approval.	If Premium Freeze is cancelled, the policy owner under OneCare, or the life insured under OneCare Super, may also apply to recommence indexation increases. The recommencement of indexation increases may be subject to the assessment of your health.
The third paragraph under the heading 'Business Guarantee Option' on page 60	The Business Guarantee Option applies for Cover taken out for a 'business insurance purpose' we approve.	The Business Guarantee Option applies for Cover taken out for a 'business insurance purpose' we approved when we assessed your application.
The fifth paragraph under the heading 'Business Guarantee Option' on page 61	A 'business insurance purpose' includes key person insurance, loan guarantee insurance and insurance which supports a written business succession agreement, including buy/sell or share purchase agreements. A business insurance purpose also includes any other business insurance purpose we approve.	A 'business insurance purpose' includes key person insurance, loan guarantee insurance and insurance which supports a written business succession agreement, including buy/sell or share purchase agreements. A business insurance purpose also includes any other business insurance purpose we approved when we assessed your application.
Last paragraph under the heading 'Trauma Cover Reinstatement Option' on page 66	We do not cover and do not pay any benefit under the reinstated Trauma Cover for any trauma condition: • that first occurs or is first diagnosed before the date we reinstated the Trauma Cover • that is directly or indirectly related to a trauma condition for which we have paid, or are paying • if the symptoms leading to the condition occurring or being diagnosed first become **reasonably apparent** before the date we reinstated the Trauma Cover.	We do not cover and do not pay any benefit under the reinstated Trauma Cover for any trauma condition: • that first occurs, is first diagnosed or first becomes **reasonably apparent** before the date we reinstated the Trauma Cover • that is directly or indirectly related to a trauma condition for which we have paid, or are paying.

Location of change	The text below is deleted	And replaced with
The last paragraph under the heading 'Short duration claims paid in advance' on page 74	We reserve the right to calculate the amount of the **total** or **partial disability benefit** that we would have otherwise paid if the life insured's **monthly income/ongoing income** was averaged over the relevant claim period, and either: • recover any excess amount of the **total** or **partial disability benefit(s)** paid • reduce the amount of any future **total** or **partial disability benefit(s)** payable until the excess amount paid has been recovered • pay any shortfall in **total** or **partial disability benefit** payments made.	We may calculate the amount of the **total** or **partial disability benefit** that we would have otherwise paid if the life insured's **monthly income/ongoing income** was averaged over the relevant claim period, and either: • recover any excess amount of the **total** or **partial disability benefit(s)** paid • reduce the amount of any future **total** or **partial disability benefit(s)** payable until the excess amount paid has been recovered • pay any shortfall in **total** or **partial disability benefit** payments made.
The fourth paragraph under the heading 'Indexation factor' on page 78	If the CPI is not published, we will calculate the **indexation factor** from another retail price index which in our actuary's opinion is the closest to it.	If the CPI is not published, the **indexation factor** will be calculated from a comparable replacement index.
The third bullet point under the heading 'When Income Secure Cover ends' on page 80	• date we receive notification from the policy owner, or the life insured under OneCare Super, to cancel the Cover	• if we receive notification to cancel the Cover from the policy owner, or the life insured under OneCare Super, the end of the period of cover you have paid premiums for, adjusted for any premium refunds payable
The fifth bullet point under the heading 'When Income Secure Covers ends' on page 80	• the date we cancel the policy for non-payment of premiums	• the date we cancel the policy for non-payment of premiums. We will write to the policy owner, or the life insured under OneCare Super, at least 30 days before and provide the opportunity to pay the overdue premium before we cancel the policy
The fifth paragraph under the heading 'Indemnity benefit payment type' on page 84	We must receive receipts within 90 days of the date the relevant **business expenses** were incurred before we will pay the **Total Disability Benefit**.	We must receive receipts of the relevant **business expenses** incurred before we will pay the **Total Disability Benefit**.
The sixth paragraph under the heading 'Premium Break' on page 86	The Premium Break will automatically cease after 12 consecutive months and we will notify you 30 days before it does. If you do not reinstate the Business Expense Cover within 30 days, we will cancel the Cover.	The Premium Break will automatically cease after 12 consecutive months and we will notify you 30 days before it does. If you do not request to recommence the Business Expense Cover within 30 days, the Cover will end.
The fourth paragraph under the heading 'Indexation factor' on page 87	If the CPI is not published, we will calculate the **indexation factor** from another retail price index which in our actuary's opinion is the closest to it.	If the CPI is not published, the **indexation factor** will be calculated from a comparable replacement index.

Location of change	The text below is deleted	And replaced with
Under the heading 'When Business Expense Cover ends' on page 87	Business Expense Cover for a life insured will end and your eligibility for any benefit under Business Expense Cover will cease automatically on the earliest of the: • policy anniversary when the life insured is age 65 • **Cover expiry date** for Business Expense Cover shown on the Policy Schedule • date we receive your notification to cancel the Cover • date we lawfully cancel and/or avoid the Cover • date we cancel the policy for non-payment of premium • date the life insured dies.	Business Expense Cover for a life insured will end and your eligibility for any benefit under Business Expense Cover will cease automatically on the earliest of the: • policy anniversary when the life insured is age 65 • **Cover expiry date** for Business Expense Cover shown on the Policy Schedule • if we receive notification to cancel the Cover from the policy owner, the end of the period of cover you have paid premiums for, adjusted for any premium refunds payable • date we lawfully cancel and/or avoid the Cover • date we cancel the policy for non-payment of premiums. We will write to the policy owner at least 30 days before and provide the opportunity to pay the overdue premium before we cancel the policy • end of the Premium Break unless you recommence the Cover • date the life insured dies.
The second paragraph under the heading 'Specific Injury Benefit' on page 91	A **medical practitioner** who is an **appropriate specialist** must diagnose the specific injury, and our medical adviser must confirm the diagnosis. We reserve the right to require the life insured to undergo an examination or other reasonable tests.	A **medical practitioner** who is an **appropriate specialist** must diagnose the specific injury with relevant supporting evidence. The evidence must confirm that all elements of the specific injury have been met. We may reasonably require the life insured to undergo additional medical examinations or tests in order to verify the defined specific injury.
The fourth paragraph under the heading 'Indexation factor' on page 92	If the CPI is not published, we will calculate the **indexation factor** from another retail price index which in our actuary's opinion is the closest to it.	If the CPI is not published, the **indexation factor** will be calculated from a comparable replacement index.
The third bullet point under the heading 'When Living Expense Cover ends' on page 92	• date we receive your notification to cancel the Cover	• if we receive notification to cancel the Cover from the policy owner, the end of the period of cover you have paid premiums for, adjusted for any premium refunds payable
The fifth bullet point under the heading 'When Living Expense Cover ends' on page 92	• the date we cancel the policy for non-payment of premiums	• the date we cancel the policy for non-payment of premiums. We will write to the policy owner at least 30 days before and provide the opportunity to pay the overdue premium before we cancel the policy
The third paragraph under the trauma condition 'HIV (occupationally acquired)' on page 97	Any accident creating a possible claim must be: • reported to the relevant authority or employer within seven days of the accident; and • reported to us with proof of the accident within 30 days of the accident, and • supported by a negative HIV antibody test taken after the accident.	Any accident creating a possible claim must be: • reported to the relevant authority or employer within seven days of the accident; and • reported to us with proof of the accident, and • supported by a negative HIV antibody test taken after the accident.

Location of change	The text below is deleted	And replaced with
The term on page 101	**Appropriate specialist** means a registered and qualified **medical practitioner** in Australia, taking into account the medical condition, standard medical practice and their qualifications in the relevant area of medicine. We may reasonably require that another physician make the diagnosis and certification and we will pay for the cost of that physician and reasonable travel costs.	**Appropriate specialist** means a registered and qualified **medical practitioner** in Australia, taking into account the medical condition, standard medical practice and their qualifications in the relevant area of medicine. We may reasonably require that another appropriate specialist verify the diagnosis and certification and we will pay for the cost of that specialist and reasonable travel costs.
The third paragraph under the special term 'Hepatitis B or C (occupationally acquired)' on page 102	Any incident creating a possible claim must be: • reported to the relevant authority or employer within seven days of the incident • reported to us with proof of the incident within 30 days of the incident • supported by a negative Hepatitis B or C test taken within seven days of the incident.	Any incident creating a possible claim must be: • reported to the relevant authority or employer within seven days of the incident • reported to us with proof of the incident • supported by a negative Hepatitis B or C test taken within seven days of the incident.
The third paragraph under the special term 'HIV (occupationally acquired)' on page 103	Any accident creating a possible claim must be: • reported to the relevant authority or employer within seven days of the accident • reported to us with proof of the accident within 30 days of the accident • supported by a negative HIV antibody test taken after the accident.	Any accident creating a possible claim must be: • reported to the relevant authority or employer within seven days of the accident • reported to us with proof of the accident • supported by a negative HIV antibody test taken after the accident.
The fourth paragraph under the term 'Indexation factor' on page 103	If the CPI is not published, we will calculate the indexation factor from another retail price index which in our actuary's opinion is the closest to it.	If the CPI is not published, the indexation factor will be calculated from a comparable replacement index.
The term on page 105	**Reasonably apparent** means a reasonable person in the circumstances could be expected to have been aware of the symptoms.	**Reasonably apparent** means, if applied on or after the policy start date, the cover start date for any increase in cover or date of reinstatement, a reasonable person in the circumstances could be expected to have been aware of the symptoms leading to the insured event. If applied prior to the policy start date, the cover start date for any increase in cover or date of reinstatement, reasonably apparent means you were aware of, or a reasonable person in the circumstances could be expected to have been aware of, the sickness or disability leading to the insured event.
The third paragraph under the heading 'Premium must be paid to keep Cover in force' on page 107	We will give the policy owner, or the life insured under OneCare Super, notice and opportunity to pay the overdue premium before we cancel the policy.	We will give the policy owner, or the life insured under OneCare Super, at least 30 days' notice and opportunity to pay the overdue premium before we cancel the policy.

Location of change	The text below is deleted	And replaced with
The fourth paragraph under the heading 'Reinstatement after the auto-reinstatement period' on page 107	Acceptance of your application for reinstatement does not mean your Cover is continuous and benefits are not payable for any condition which occurs or is apparent while your Cover is cancelled. Also some benefits explained in this document are affected by a reinstatement in Cover such as exclusion periods which re-start. Please refer to the section of this document which explains the Cover you have selected for further information.	Acceptance of your application for reinstatement does not mean your Cover is continuous and benefits are not payable for any condition which occurs or becomes **reasonably apparent** while your Cover is cancelled. Also some benefits explained in this document are affected by a reinstatement in Cover such as exclusion periods which re-start. Please refer to the section of this document which explains the Cover you have selected for further information.
The last bullet point in the fourth paragraph under the heading 'We can change premium rates' on page 108	• other factors we consider important to us continuing to provide OneCare and OneCare Super.	• other factors affecting our ability to continue providing cover and meeting claims under OneCare and OneCare Super.
The first and second paragraphs under the heading 'Refunds if you cancel or change the policy' on page 109	If the premium is paid by monthly instalments we will not refund any instalment payment if the policy is cancelled. Cover ends on the date we receive notification of cancellation from the policy owner, or the life insured under OneCare Super. If you request a change to the Cover so that the premium payable decreases, the change will apply to the Cover from the date we confirm it, and the new premium will apply from the next monthly instalment due date. If premiums are paid annually or half-yearly and the policy is cancelled, or changed so that the premium payable decreases, before the next annual or half-yearly instalment is due, we will pay a pro-rata refund to the policy owner.	If the premium is paid by monthly instalments and the policy is cancelled, we will not refund any premiums paid. Cover ends at the end of the period you have paid premiums for. If you request a change to the Cover so that the premium payable decreases, the change will apply to the Cover from the date we confirm it, and the new premium will apply from the next monthly instalment due date. If premiums are paid annually or half-yearly and the policy is cancelled, or changed so that the premium payable decreases, before the next annual or half-yearly instalment is due, we will pay a pro-rata refund to the policy owner based on the number of whole months remaining in the period of cover you have paid premiums for.
The first bullet point under the heading 'When this policy ends' on page 110	• date we receive notification from the policy owner, or the life insured under OneCare Super, to cancel the policy	• if we receive notification to cancel the policy from the policy owner, or the life insured under OneCare Super, the end of the period of cover you have paid premiums for, adjusted for any premium refunds payable
The third bullet point under the heading 'When this policy ends' on page 110	• date we cancel the policy because the premium has not been paid when due	• date we cancel the policy because the premium has not been paid when due. We will write to the policy owner, or the life insured under OneCare Super, at least 30 days before and provide the opportunity to pay the overdue premium before we cancel the policy
The fifth paragraph under the heading 'Trauma Cover' on page 123	A **medical practitioner** must certify the trauma condition and our medical adviser must agree to the certification. We reserve the right to require the life insured to undergo an examination or other reasonable tests.	A **medical practitioner** must certify the trauma condition with relevant supporting evidence. The evidence must confirm that all elements of the trauma definition have been met including e.g. any specified test results or medical procedures. We may reasonably require the life insured to undergo additional medical examinations or tests in order to verify the defined trauma condition.

Location of change	The text below is deleted	And replaced with
The third paragraph under the heading 'Child Cover' on page 123	The certification of a trauma condition is required by a **medical practitioner** and must be agreed to by our medical adviser. We reserve the right to require the insured child to undergo an examination or other reasonable tests.	A **medical practitioner** must certify the trauma condition with relevant supporting evidence. The evidence must confirm that all elements of the trauma definition have been met including e.g. any specified test results or medical procedures. We may reasonably require the insured child to undergo additional medical examinations or tests in order to verify the defined trauma condition.
The third bullet point under the heading 'Duration of Interim Cover' on page 124	• the date we cancel this Interim Cover at our complete discretion by written notice to the policy owner	• the date we cancel this Interim Cover by written notice to the policy owner, or the life insured under a OneCare Super application, as permitted by law
The first paragraph under the heading 'Your rights' on page 126	You may defer, alter or cancel the debiting arrangements you hold with us by providing notice to us or through your nominated financial institution. We must receive notice at least 14 days before the next debit is due.	You may defer, alter or cancel the debiting arrangements you hold with us by providing notice to us or through your nominated financial institution. Please tell us about any changes to your direct debit details at least 14 days before the next debit is due to ensure the changes are processed in time before the next debit.

What do the changes mean for me?

No action is required. However, you may wish to speak to your financial adviser to understand what these changes may mean for you.

Any questions?

If you have any questions about the changes outlined in this PDS Update, or you need more information about your policy, please contact your financial adviser or call Customer Care on 133 667, weekdays between 8:30am and 6:00pm (AEST).

Important Information

Zurich Australia Limited trading as OnePath Life ABN 92 000 010 195, AFSL 232510 issues OneCare. This includes OneCare External Master Trust and OneCare SMSF.

OnePath Custodians Pty Limited (OnePath Custodians) ABN 12 008 508 496 AFSL 238346 RSE L0000673 is the trustee of the Retirement Portfolio Service (Fund) ABN 61 808 189 263 and the issuer of OneCare Super. OnePath Custodians is part of the Insignia Financial group of companies, comprising Insignia Financial Ltd ABN 49 100 103 722 and its related bodies corporate (Insignia Financial Group). Zurich Australia Limited is not a related body corporate of OnePath Custodians or any other company in the Insignia Financial Group.

This information does not take into account your personal objectives, financial situation or needs. You should consider these factors and the appropriateness of the information to you. Consider seeking advice specific to your individual circumstances from an appropriate professional. You should also consider the Product Disclosure Statement (PDS) for the product available at www.onepath.com.au or by calling 133 667 in deciding whether to acquire or to continue to hold the product. Furthermore, this product has been designed to meet certain objectives, financial situations and needs, which are described in its Target Market Determination available at www.onepath.com.au/tmd.

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