



OneCare External Master Trust

Protection for life™

Life Cover
TPD Cover
Income Secure Cover
Extra Care Cover

Policy Terms – Member Copy

14 September 2013



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OneCare policy structure

(For policies issued to the trustee of an external superannuation Master Trust)

The Trustee of your Master Trust has entered into a contract with OnePath Life Limited (OnePath Life) to provide benefits to the member whose life is insured under the policy.

TPD Cover under this policy can also be linked with TPD Cover under a second OneCare policy.

Understanding the Policy

These Policy Terms represent the contract between the Trustee and OnePath Life. The life insured's right to access the benefits provided under this contract arise out of their membership of the Master Trust and are subject to the Trust Deed of the Master Trust, relevant superannuation laws and these Policy Terms.

Special terms defined
Claims and payments
Premium, charges and fees
Changing the amount insured
Extra Care Cover
Income Secure Cover
General benefits, features and options
Total and Permanent Disability Cover
Life Cover
The policy

1. The policy

This section introduces the contract, including the parties, the insurance cover provided and other important matters.

Some expressions and words used throughout these Policy Terms, as well as on the Policy Schedule, have a special meaning. These words and expressions are shown in **bold** type and are defined in:

- the glossary at the end of the section where they are used; or
- Special terms defined (see section 10).

Unless the context requires otherwise, these expressions and words, wherever used, will have the special meaning given to them in this policy.

The expressions and words shown in inverted commas are defined in the cover section where the definition applies specifically to that section.

Headings appear in these Policy Terms as an aid to interpretation of the relevant section or provision.

1.1 Parties to the contract

1.1.1 Issuer

'We', 'us' and 'our' are OnePath Life Limited (OnePath Life) ABN 33 009 657 176, AFSL 238341, the life insurance company issuing this policy.

1.1.2 Policy owner

The owner of this policy is the Trustee of your Master Trust (the Trustee) as shown on your OneCare Policy Schedule.

The Trustee pays the premiums for the policy by directing to us contributions or transfers made to the member's superannuation account, on behalf of the member whose life is insured under the policy.

We pay the Trustee the amount insured if a claim is payable under this policy.

1.1.3 Life insured

The 'life insured' is the member of the Master Trust named as the life insured on the Policy Schedule and whose life is insured under this policy.

These Policy Terms define certain rights for the life insured to change the policy or exercise options which may be subject to the approval of the Trustee in its capacity as the policy owner.

1.2 Disclosure obligations

If the life insured has not fully disclosed all known circumstances or has misrepresented a matter in any way, then we may elect not to pay a claim arising out of, or in relation to, those known circumstances.

All covers are conditional upon the life insured disclosing all matters known to them and not misrepresenting any matters that are relevant to our decision to issue a policy and/or cover. If the life insured does not comply with this condition, then we may cancel that policy and/or cover and/or not pay the claim.

If we agree to backdate the risk commencement date for any covers pertaining to the life insured and the Policy Schedule is in fact issued at a date which is after the risk commencement date, the duty of disclosure obligations and the requirement not to misrepresent any matter continues until the Policy Schedule is issued.

1.3 Policy Terms

These Policy Terms set out the standard terms for OneCare External Master Trust policies issued to the Trustee of an External Superannuation Master Trust.

This wording is not a legal contract of insurance with us unless:

- we accept the application for insurance and issue a Policy Schedule
- the Trustee accepts the application for membership of their Master Trust and the life insured continues to be a member of the Master Trust
- there is a legally binding contract of insurance between the Trustee and us; and
- the premium has been paid and continues to be paid by the due dates.

1.4 Policy Schedule

The Policy Schedule forms part of this policy and confirms the cover that applies to the life insured. It contains important details about the insurance, including details of the choices the life insured has made in relation to each cover. For example:

- the amount insured for each cover
- the premium type that applies to each cover
- any additional options that apply to each cover
- any special conditions that apply, including any premium loadings and/or exclusions.

We agree to pay the benefits for the cover(s) shown on the Policy Schedule to the Trustee in the circumstances specified in this policy.

Benefits payable are subject to the limitations, reductions and exclusions for the cover(s) the life insured has selected, as described in these Policy Terms, and any special conditions set out on the Policy Schedule.

The cover(s) which applies to the life insured commences on the cover start date and expires on the cover expiry date as shown on the Policy Schedule, unless cover ends earlier as set out in these Policy Terms.

1.5 Premium

The premium must be paid to keep the policy in force (see section 8.1 and 8.7). If the premium has not been paid in full, we do not have to pay any benefits under the policy and we may cancel the policy.

If the policy provides more than one type of cover and a claim becomes payable in respect of one of them, subject to the conditions on when this policy ends set out in section 1.9 and the conditions for benefit reductions set out in each cover section, the policy will continue to provide the remaining cover(s) for which the amount(s) insured has not become payable under the policy. The premium must continue to be paid for the remaining cover(s).

All premiums payable under this policy shall be paid in Australian currency.

1.6 Cooling-off period

This policy, or individual covers under the policy, may be cancelled by the life insured without financial penalty within 28 days of the date we issue the Policy Schedule, confirming our acceptance of the application.

The life insured may request that the Trustee cancel the policy, or individual covers under the policy, during the cooling-off period by giving us notice in writing and returning the Policy Schedule. If the life insured does this, we will cancel the policy or the individual covers as requested, and refund to the Trustee any money paid in relation to the policy or the individual covers (except any amounts of taxation or government charges which we are unable to recover).

The release of this payment by the Trustee to the life insured will be subject to the Trust Deed of the Master Trust and relevant superannuation laws.

The life insured cannot exercise the right to cancel the policy, or individual covers under the policy, at any time after a claim for benefits has been made under the policy.

1.7 No surrender value

This policy provides insurance cover only. The covers under this policy do not include an investment income or accruals component from the investment of the premium. The policy has no surrender value.

1.8 Continuing cover

The life insured may continue the policy each year upon payment of the premium, regardless of changes to the health, occupation or pastimes of the life insured. The first policy anniversary date is 12 months after the policy start date (which

is shown on the Policy Schedule). In advance of each policy anniversary date, we will send the life insured an updated Policy Schedule which shows any variation to the cover(s) provided for the life insured, the amount(s) insured for each cover and the premium for the next 12 months.

1.9 When this policy ends

This policy will end on the earlier of the:

- date we receive written notification from the life insured to cancel the policy
- date we cancel and/or avoid the policy in accordance with our legal rights
- date we cancel and/or avoid the policy because the premium has not been paid when due
- ending of all covers under the policy (the circumstances in which each cover will end are set out in each cover section in these Policy Terms)
- date of the death of the life insured
- life insured ceasing to be a member of the Master Trust.

1.10 Worldwide cover

The policy provides worldwide insurance cover 24 hours a day.

1.11 Guaranteed upgrade of benefits

If we improve any of the benefits available under OneCare in the future, we will automatically add those improvements to this policy where they do not result in an increase to premium rates.

The improvements will apply only to future claims and not to past or current claims, or any claims arising from conditions which first occur, are first diagnosed, or for which symptoms first become **reasonably apparent**, before the effective date of those improvements. If certain exclusions were noted on a life insured's Policy Schedule previously, these continue to apply.

1.12 Replacement of insurance issued by us or another insurer

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

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1.13 Statutory funds

Premiums for this policy will be placed in our Statutory Fund No.1 and any claims paid under this policy will be paid from this fund.

We reserve the right to transfer all or any policies to any new or existing statutory fund or sub-fund in that statutory fund with the permission of the appropriate prudential regulator (if necessary).

1.14 Australian law and courts

This policy is governed by the law that applies within the state of New South Wales.

1.15 Claim payments

All amounts payable under this policy shall be paid in Australian currency in Australia.

We may delay or withhold paying a benefit under OneCare External Master Trust where doing so 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.

1.16 Customer concerns

The Trustee has appointed us to respond to queries and complaints that may arise about this policy. If a life insured has any concerns or a complaint about this policy, please refer them to us. All concerns should be directed to:

The Complaints Resolution Manager
OnePath Life
GPO Box 5306
Sydney NSW 2001
Phone 133 667
Fax 02 9234 6668

If any concerns are not resolved to the life insured's satisfaction, the life insured may contact the Superannuation Complaints Tribunal (SCT). The SCT is an independent body established by the Federal Government that can assist with the resolution of certain types of complaints with superannuation funds and life insurance companies. The life insured must first contact us and attempt to resolve any complaints before calling the SCT. Concerns can be directed to:

Superannuation Complaints Tribunal
Locked Bag 3060
GPO Melbourne VIC 3001
Phone 1300 884 114
Fax 03 8635 5588
www.sct.gov.au

2. Life Cover

The Policy Schedule will show if Life Cover applies to the life insured, and if so:

- the Life Cover amount insured; and
- any options selected (at extra cost).

The Life Cover built-in benefits, built-in features and options (at extra cost) are listed in the table below with references to relevant sections in these Policy Terms where more details can be found:

	Refer to section
Built-in benefits	
Death Benefit	2.1.1
Terminal Illness Benefit	2.1.2
Built-in features	
Serious Disability Premium Waiver	2.1.3
Future Insurability	4.1
Indexation	7.1
Premium Freeze	7.2
Options (at extra cost)	
TPD Cover as an option to Life Cover	3
Business Guarantee Option	4.2
Premium Waiver Disability Option	4.3

2.1 Life Cover built-in benefits and features

2.1.1 Death Benefit

If the life insured dies while their Life Cover is in force, we will pay the Life Cover amount insured to the Trustee.

2.1.2 Terminal Illness Benefit

If the life insured is diagnosed with a **terminal illness** while their Life Cover is in force, we will pay the Life Cover amount insured to the Trustee.

2.1.3 Serious Disability Premium Waiver

If at the policy anniversary when the life insured is age 65 or under, the life insured suffers an **illness** or **injury** that results in the life insured being permanently unable to perform at least 2 of the **activities of daily living** without the physical assistance of someone else, we will waive the premiums for the life insured until the earlier of:

- two years premiums having been waived; or
- the date cover ends under the policy

Indexation increases will continue to apply to covers for which premiums are being waived.

We will not waive premiums for Life Cover provided under Life Cover Buy Back or the Life Cover Purchase Option.

2.2 Life Cover benefit reductions

The Life Cover amount insured will be reduced by any amount we pay under this policy for TPD Cover where it is an option to Life Cover.

2.3 Life Cover exclusions

We will not pay any benefits under Life Cover:

- for anything we have specifically excluded from this cover, as shown on the Policy Schedule; or
- if, as a result of the life insured's intentional act or omission, the life insured dies during the first 13 months from the:
 - cover start date
 - date we increase this cover at the request of the life insured (not including any indexation increases). The exclusion applies only to the amount of the increase to the cover
 - date we agree to reinstate the cover after it has been cancelled; or
 - date of the start of any cover bought back under Life Cover Buy Back or purchased under the Life Cover Purchase Option. The exclusion applies only to the amount of Life Cover bought back or purchased.

This exclusion will not apply to that part of the amount insured which replaces similar insurance under a policy issued by us or another insurer if:

- the insurance under the policy to be replaced has been in force for a minimum of 13 consecutive months immediately prior to the cover start date of this cover
- the policy to be replaced is cancelled immediately after the issue of this cover
- all similar exclusions have expired under the policy to be replaced (including exclusions which were applied to the policy after its commencement due to, for example, reinstatements or increases); and
- no claim is payable or pending under the policy to be replaced.

Where the Life Cover amount insured under this policy exceeds that of the policy to be replaced, this exclusion will apply to the excess.

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2.4 When Life Cover ends

Life Cover for the life insured will end and our liability to pay any benefit under Life Cover will cease automatically on the earlier of the:

- date we pay the full Life Cover amount insured
- cover expiry date shown on the Policy Schedule (if applicable)
- date we receive written notification from the life insured to cancel the cover
- date we cancel and/or avoid the cover in accordance with our legal rights
- date we cancel and/or avoid the policy because the premium has not been paid when due
- policy anniversary when the life insured is age 75
- life insured ceasing to be a member of the Master Trust.

Where the life insured ceases to be a member of the Master Trust, we may offer them the option to continue the Life Cover outside of superannuation on the same terms that apply under this policy. This option is available for 30 days after Life Cover ceases to be available as part of the superannuation entitlements of the life insured.

3. Total and Permanent Disability (TPD) Cover

The Policy Schedule will show if TPD Cover applies to the life insured, and if so:

- the TPD Cover structure:
 - TPD Cover as an option to Life Cover
 - stand alone TPD Cover
 - TPD SuperLink
- the TPD Cover amount insured
- the TPD definition which applies; and
- any options selected (at extra cost).

The TPD Cover built-in benefits, built-in features and options (at extra cost) are listed in the table below with references to relevant sections in these Policy Terms where more details can be found:

	Refer to section
Built-in benefits	
TPD Benefit	3.1.1
Limited Death Benefit (applies to stand alone TPD Cover only)	3.1.2
Built-in features	
Life Cover Buy Back	3.3.1
Auto Conversion	3.7.1
Future Insurability	4.1
Indexation	7.1
Premium Freeze	7.2
Options (at extra cost)	
Double TPD Option	3.4.1
Life Cover Purchase Option	3.4.2
Business Guarantee Option	4.2
Premium Waiver Disability Option	4.3

3.0 SuperLink arrangements

In this policy, a SuperLink arrangement refers to an arrangement under which a life insured's TPD Cover under this policy is 'linked' to their TPD Cover under another OneCare policy held outside super. Each policy will have a different TPD definition. This policy has a SuperLink Any Occupation definition and the Linked Policy will have a SuperLink Own Occupation definition.

The two TPD Covers under the SuperLink arrangement will be issued as two separate policies but will in effect operate as if all linked covers are provided under the one policy, which means that a claim on one cover will reduce the other.

The Policy Schedule will show if the policy in respect of a life insured is linked to another policy under a SuperLink arrangement (the Linked Policy).

To determine if a TPD benefit is payable for cover under a SuperLink arrangement, the life insured will first be assessed under this policy. If no benefit is payable in respect of the life insured under this policy, they will then be assessed under the SuperLink Own Occupation definition in the Linked Policy to determine if a benefit is payable.

3.1 TPD Cover built-in benefits

3.1.1 TPD Benefit

If the life insured suffers total and permanent disability while their TPD Cover is in force and satisfies the conditions of the TPD definition which applies (as shown on the Policy Schedule and defined in section 3.1.1.2), we will pay the TPD Cover amount insured to the Trustee.

If the definition on the Policy Schedule in respect to the life insured is 'Own Occupation' or 'Any Occupation' or 'SuperLink Any Occupation' and the life insured satisfies either the 'Loss of limbs and/or sight' or 'Loss of independent existence' or 'Cognitive loss' elements of the definition, then the amount paid will be increased. The amount of the increase will depend on the period of time the life insured has had the cover. The amount of the increase will be:

- 5% after the 2nd policy anniversary;
- 7.5% after the 3rd policy anniversary;
- 10% after the 5th policy anniversary.

This increase is not available when the TPD amount insured in respect of the life insured is \$5,000,000 or greater at the date of disablement.

If stand alone TPD Cover applies, the life insured must also satisfy the survival period stated for the relevant TPD definition for a TPD Benefit to be paid (see section 3.1.1.2).

3.1.1.1 Maximum amounts

The maximum amount of TPD Cover for the life insured that can be applied for depends on the TPD definition(s) that applies, as follows:

- Any Occupation and/or the Own Occupation* TPD definition – \$5,000,000
- SuperLink Any Occupation TPD definition – \$5,000,000
- Home-maker TPD definition – \$2,000,000
- Non-working TPD definition – \$5,000,000
- Home-maker and the Non-working TPD definitions – \$3,000,000
- Any Occupation and/or the Own Occupation*, and the Non-working TPD definition – \$5,000,000.

* Please note: The Own Occupation TPD definition is only available to members who joined prior to 14 September 2013.

The maximum amount we will pay for TPD Cover where the life insured is age 65 or older is \$3,000,000 across all TPD policies. If the TPD amount insured is greater than \$3,000,000, the cover will automatically reduce to \$3,000,000 at age 65 (see section 3.7).

The amount insured will be adjusted by increases under indexation if applicable (see section 7.1).

3.1.1.2 TPD definitions

The terms 'totally and permanently disabled', 'total and permanent disability' and 'TPD' have the same special meaning under this policy. The meaning applying to the life insured will depend on the selection made by the life insured and accepted by us, and the age of the life insured. The TPD definition applying to the life insured before the policy anniversary when the life insured is age 65 will be shown on the Policy Schedule.

The Non-working TPD definition applies to amounts insured in excess of \$1,000,000 from the policy anniversary when the life insured is age 65 and to all TPD cover from the policy anniversary when the life insured is age 70 (see section 3.7).

If stand alone TPD Cover applies, the life insured must also satisfy the following survival periods for a TPD Benefit to be paid. This means the life insured must survive without life support for the relevant survival period after the date the life insured satisfies the TPD definition.

TPD definition	Part(s) of the definition to which the survival period applies	Survival period starts the date the life insured satisfies the TPD definition
Any Occupation, Own Occupation and Home-maker	1 and 5	0 days
	2, 3 and 4	8 days
Non-working	3	0 days
	1 and 2	8 days
SuperLink Any Occupation	1 and 5	0 days
	2, 3 and 4	8 days

If the life insured dies before the end of the survival period stated above, and as a result a TPD Benefit is not paid, we will pay a Limited Death Benefit of \$10,000 (see section 3.1.2).

Any Occupation TPD definition

Any Occupation TPD means that, as a result of **illness** or **injury**, the life insured:

1. a. has been absent from and unable to work for three consecutive months; and
- b. is disabled at the end of the period of three consecutive months, to such an extent that they are unlikely ever again to be able to engage in any occupation:
 - for which they are reasonably suited by their education, training or experience; and
 - which is likely to generate average **monthly earnings** of at least 25% of the life insured's average **monthly earnings** in the 12 months prior to claim;

or

2. a. suffers at least 25% permanent whole person impairment as defined in the American Medical Association publication "Guides to the Evaluation of Permanent Impairment", 5th edition, or an equivalent guide to impairment approved by us; and
- b. is disabled to such an extent that, as a result of the impairment they are unlikely ever again to be able to engage in any occupation:
 - for which they are reasonably suited by their education, training or experience; and
 - which is likely to generate average **monthly earnings** of at least 25% of the life insured's average **monthly earnings** in the 12 months prior to claim;

or

3. suffers the total and permanent loss of the use of:
 - two limbs (where 'limb' is defined as the whole hand or the whole foot); or
 - the sight in both eyes; or
 - one limb and the sight in one eye;

or

4. suffers 'loss of independent existence'

'Loss of independent existence' means the life insured is totally and irreversibly unable to perform at least two of the following five **activities of daily living** without the assistance of another adult person:

- 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;

or

5. suffers 'cognitive loss'

'Cognitive loss' means a total and permanent deterioration or loss of intellectual capacity that has required the life insured 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.

Own Occupation TPD definition

Own Occupation means the most recent occupation in which the life insured was engaged immediately prior to the date of disability.

Own Occupation TPD means that, as a result of **illness** or **injury**, the life insured:

1. a. has been absent from and unable to engage in their 'Own Occupation' for three consecutive months; and

b. is disabled at the end of the period of three consecutive months, to such an extent that they are unlikely ever again to be able to engage in their 'Own Occupation';

or

2. a. suffers at least 25% permanent whole person impairment as defined in the American Medical Association publication "Guides to the Evaluation of Permanent Impairment", 5th edition, or an equivalent guide to impairment approved by us; and

b. is disabled to such an extent that, as a result they are unlikely ever again to be able to engage in their 'Own Occupation'

or

3. suffers the total and permanent loss of the use of:

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

or

4. suffers 'loss of independent existence'

'Loss of independent existence' means the life insured is totally and irreversibly unable to perform at least two of the following five **activities of daily living** without the assistance of another adult person:

- 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;

or

5. suffers 'cognitive loss'

'Cognitive loss' means a total and permanent deterioration or loss of intellectual capacity that has required the life insured 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.

SuperLink Any Occupation TPD definition

SuperLink Any Occupation means that, as a result of **illness or injury**, the life insured:

1. a. has been absent from and unable to work for three consecutive months; and
- b. is disabled at the end of the period of three consecutive months, to such an extent that they are unlikely ever again to be able to engage in any occupation for which they are reasonably suited by their education, training or experience;

or

2. a. suffers at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 5th edition, or an equivalent guide to impairment approved by us; and

b. is disabled to such an extent that, as a result of the impairment, they are unlikely ever again to be able to engage in any occupation for which they are reasonably suited by their education, training or experience;

or

3. suffers 'loss of limbs and/or sight'

'Loss of limbs and/or sight' means the total and permanent loss of the use of:

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

or

4. suffers 'loss of independent existence'

'Loss of independent existence' means the member is totally and irreversibly unable to perform at least two of the following five 'activities of daily living' without the assistance of another adult person:

- 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;

or

5. suffers 'cognitive loss'

'Cognitive loss' means a total and permanent deterioration or loss of intellectual capacity that has required the life insured 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.

Home-maker TPD definition

'Normal domestic duties' means the tasks performed by a person whose sole occupation is to maintain their family **home**. These tasks include 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 dependant children (where applicable). 'Normal domestic duties' does not include duties performed outside the life insured's **home** for salary, reward or profit.

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Home-maker TPD means that, as a result of **illness or injury**, the life insured:

1. a. is under the regular care of a **medical practitioner** and is unable, for a period of three consecutive months, to perform 'normal domestic duties', leave **home** unaided, or be engaged in any occupation; and
- b. at the end of the period of three months, is disabled to such an extent that they require ongoing medical care and are unlikely ever again to be able to perform any 'normal domestic duties' or be engaged in any occupation for which they are reasonably suited by their education, training or experience;

or

2. a. suffers at least 25% permanent whole person impairment (as defined in the American Medical Association publication "Guides to the Evaluation of Permanent Impairment", 5th edition, or an equivalent guide to impairment approved by us); and
- b. is disabled to such an extent that, as a result they are unlikely ever again to be able to perform any 'normal domestic duties' or be engaged in any occupation for which they are reasonably suited by their education, training or experience;

or

3. suffers the total and permanent loss of the use of:
 - two limbs (where 'limb' is defined as the whole hand or the whole foot); or
 - the sight in both eyes; or
 - one limb and the sight in one eye;

or

4. suffers 'loss of independent existence'

'Loss of independent existence' means the life insured is totally and irreversibly unable to perform at least two of the following five **activities of daily living** without the assistance of another adult person:

- 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;

or

5. suffers 'cognitive loss'

'Cognitive loss' means a total and permanent deterioration or loss of intellectual capacity that has required the life insured 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.

Non-working TPD definition

Non-working TPD means that, as a result of **illness or injury**, the life insured:

1. suffers the total and permanent loss of the use of:
 - two limbs (where 'limb' is defined as the whole hand or the whole foot); or
 - the sight in both eyes; or
 - one limb and the sight in one eye;

or

2. suffers 'loss of independent existence'

'Loss of independent existence' means the life insured is totally and irreversibly unable to perform at least two of the following five **activities of daily living** without the assistance of another adult person:

- 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;

or

3. suffers 'cognitive loss'

'Cognitive loss' means a total and permanent deterioration or loss of intellectual capacity that has required the life insured 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.

3.1.1.3 Date of disablement

To determine the benefit payable for cover under part 1 of an:

- Any Occupation;
- Own Occupation; or
- SuperLink Any Occupation

TPD definition, the date of disablement will be the date three months after the life insured permanently ceases work.

To determine the benefit payable for cover with all other TPD definitions, the date of disablement is the date that all of the elements of the definition of TPD are satisfied.

The benefit payable will be the relevant TPD Benefit that applied at the date of disablement.

3.1.2 Limited Death Benefit

(Only available with stand alone TPD Cover.)

If the life insured dies while stand alone TPD Cover for that life insured is in force, and they do not qualify for the payment of a TPD Benefit, we will pay a Limited Death Benefit of \$10,000 to the Trustee.

3.2 TPD Cover benefit reductions

The TPD Cover amount insured may be reduced if we pay other benefits for the life insured under this policy. If TPD Cover applies as an option to Life Cover for the life insured, the TPD Cover amount insured is reduced by any amount we pay for the life insured under this policy for the Terminal Illness Benefit under Life Cover.

In addition, if a SuperLink arrangement applies for the life insured, the TPD Cover amount insured under this policy will be reduced by any amount we pay in respect of the life insured from the other Linked Policy.

The TPD Cover amount insured under this policy will be reduced by the following payments from the other Linked Policy:

- a partial payment of the TPD Cover amount insured under the other Linked Policy;
- the TPD Benefit under TPD Cover with the SuperLink Own Occupation definition in the other Linked Policy;
- the Terminal illness Benefit under Life Cover (if applicable).

3.3 TPD Cover built-in features

3.3.1 Life Cover Buy Back

(Only available where TPD Cover is selected as an option to Life Cover as shown on the Policy Schedule.)

If we pay the TPD Cover amount insured for the life insured under this policy, the life insured can buy back Life Cover up to the amount of the TPD Benefit we paid, on the following basis:

- We will offer Life Cover Buy Back 12 months after the later of:
 - The date we received the fully completed claim form; or
 - The date the life insured satisfied the conditions of the TPD definition
- We must receive written acceptance from the life insured within 30 days of the offer being made.
- The premium for the new Life Cover will be calculated based on the premium rates applying to Life Cover at the time the life insured chooses to buy back. We will apply any medical, occupational or pastime loadings, or any other loadings that applied to the original Life Cover.
- Any exclusions which applied under the original Life Cover will also apply to the new Life Cover.
- Future Insurability and Business Guarantee Option increases are not available in relation to the new Life Cover.

The life insured cannot exercise Life Cover Buy Back if:

- a benefit for **terminal illness** has been previously paid for the life insured; or
- the Double TPD Option applies for the life insured (see section 3.4.1).

3.4 TPD Cover options (at extra cost)

3.4.1 Double TPD Option

(Only available where TPD Cover is selected as an option to Life Cover as shown on the Policy Schedule.)

If we pay the TPD amount insured for the life insured and the life insured survives the relevant survival period (as outlined in the following table) without life support, we will reinstate the Life Cover amount insured which was reduced by the payment of the TPD Benefit.

TPD definition	Part(s) of the definition to which the survival period applies	Survival period starts the date the life insured satisfies the TPD definition
Any Occupation, Own Occupation and Home-maker	1 and 5	0 days
	2, 3 and 4	8 days
Non-working	3	0 days
	1 and 2	8 days
SuperLink Any Occupation	1 and 5	0 days
	2, 3 and 4	8 days

We will waive premiums for the reinstated Life Cover from the date we pay the TPD Cover amount insured until the life insured dies.

Indexation, Future Insurability and Business Guarantee Option increases are not available in relation to the reinstated Life Cover.

We will not reinstate Life Cover under the Double TPD Option if a benefit for **terminal illness** has been previously paid for the life insured.

The Double TPD Option expires at the policy anniversary when the life insured is age 65.

3.4.2 Life Cover Purchase Option

(Only available for stand alone TPD Cover as shown on the Policy Schedule.)

If we pay the TPD Cover amount insured for the life insured under this policy, the life insured can purchase Life Cover for that life insured up to the amount of the TPD Benefit we paid, on the following basis:

- We will offer the Life Cover Purchase Option 12 months after the later of:
 - the date we received the fully completed claim form; or
 - the date the life insured satisfied the conditions of the TPD definition.
- We must receive written acceptance from the life insured within 30 days of the offer being made.
- The premium for the new Life Cover will be calculated based on the premium rates applying to Life Cover at the time the life insured chooses to exercise this option. We may apply any medical, occupational or pastime loadings, or any other loadings that applied to the original TPD Cover.

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Income Secure Cover

General benefits, features and options

Total and Permanent Disability Cover

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- Any exclusions which applied under the original TPD Cover may also apply to the new Life Cover.
- Future Insurability and Business Guarantee Option increases are not available in relation to the new Life Cover.

The life insured cannot exercise the Life Cover Purchase Option if a benefit for **terminal illness** has been previously paid for the life insured.

3.5 TPD Cover exclusions

We will not pay any benefits under TPD Cover for:

- anything we have specifically excluded from the policy, as shown on the Policy Schedule; or
- total and permanent disability which arises as a result of the life insured's intentional act or omission.

3.6 When TPD Cover ends

TPD Cover for the life insured will end and our liability to pay any benefit under TPD Cover will cease automatically on the earlier of the:

- policy anniversary when the life insured is age 65 if the policy is part of a SuperLink arrangement
- policy anniversary when the life insured is age 75
- date we pay the TPD Cover amount insured
- cover expiry date shown on the Policy Schedule
- date we receive written notification from the life insured to cancel the cover
- date we cancel and/or avoid the cover in accordance with our legal rights
- date we cancel and/or avoid the policy because the premium has not been paid when due
- date of the life insured's death
- date that cover in respect of the life insured under the Linked Policy ends if the policy is part of a SuperLink arrangement
- date that a TPD benefit is paid under the Linked Policy if by payment of that benefit the TPD Cover under this policy is reduced to zero
- life insured ceasing to be a member of the Master Trust.

Where the life insured ceases to be a member of the Master Trust, we may offer them the option to continue the TPD Cover outside of superannuation on the same terms that apply under this policy. This option is available for 30 days after TPD Cover ceases to be available as part of the superannuation entitlements of the life insured.

3.7 Auto Conversion

3.7.1 When the life insured is age 65

On the policy anniversary when the life insured is age 65, the TPD definition for the policy will automatically convert to the Non-working TPD definition. However if the life insured is classed by us as occupationally white collar, they may apply to continue for up to \$1,000,000 of their Any occupation or Own occupation TPD definition cover to age 70.

The life insured must apply to us in writing 30 days prior to the policy anniversary when the life insured is age 65, confirming the occupation they are engaged in.

If we accept the life insured's application we will confirm this in writing.

The TPD Cover amount insured will be the same unless the total of all cover for total and permanent disability for the life insured under all policies issued by us is more than \$3,000,000. In this case, we only convert such an amount of TPD Cover that the total of all cover for total and permanent disability for the life insured under all policies issued by us is \$3,000,000.

3.7.1.1 When the life insured is age 65 and the policy is part of a SuperLink arrangement

A SuperLink arrangement ends on the policy anniversary when the life insured is age 65. The policy containing the SuperLink Any Occupation definition can continue and the rules contained in 3.7.1 will then apply.

3.7.2 When the life insured is age 70

On the policy anniversary when life insured is age 70, all Any occupation or Own occupation TPD definition cover will automatically convert to the Non-working TPD definition.

4. General benefits, features and options for Life Cover, TPD Cover and Extra Care Cover

4.1 Future Insurability

The life insured may apply to us to increase the Life Cover, TPD Cover and/or Extra Care Cover amount insured once in any 12 month period under Future Insurability without supplying medical evidence if a personal event or policy event (as defined in section 4.1.1) occurs and if all of the following conditions are met:

- At the time of applying for the increase, neither the life insured nor anyone else has made or is entitled to make a claim in relation to the life insured under this policy or any other policy issued by us.
- Each proposed increase to the Life Cover, TPD Cover or Extra Care Cover amount(s) insured made under Future Insurability is for a minimum amount of \$10,000.
- If the life insured is covered under more than one policy issued by us, and those policies provide a similar right to increase the amount insured for a cover without medical evidence, individual increases for a personal or policy event under this policy are limited to an amount such that the total of all increases across all policies for that personal or policy event do not exceed the limits set out in section 4.1.1.
- For each cover type, the total of the increases made under Future Insurability across all policies issued by us in respect of the life insured cannot exceed the lesser of:
 - an amount of \$1,000,000
 - the amount insured for each cover type at the cover start date.
- For personal or policy events (as defined in section 4.1.1), the application to increase the Life Cover, TPD Cover or Extra Care Cover amount insured is made within 30 days of the:
 - occurrence of the personal event; or
 - policy anniversary following the personal or policy event.
- The life insured may apply for an increase for only one future insurability event per cover in any one 12 month period across all policies issued by us for the life insured.
- All of the conditions relating to the personal or policy event (as set out in section 4.1.1) are met and the application is accepted by us.

Future Insurability increases are not available:

- after the policy anniversary when the life insured is age 55; or
- if the original cover was issued by us with a medical loading greater than 50% as shown on the Policy Schedule.

During the first six months after we increase the Life Cover, TPD Cover or Extra Care Cover amount insured for the life insured under Future Insurability in respect of:

- their mortgage
- their marriage
- their dependant child starting secondary school
- their salary package increase
- them obtaining an undergraduate degree
- the death of their **spouse**
- their third policy anniversary
- a change in their tax dependency status
- their divorce; or
- them becoming a carer,

we will pay:

- the portion of the Life Cover or Extra Care Accidental Death amount insured increased under Future Insurability, only in the event of the life insured's **accidental death**
- the portion of the TPD Cover amount insured increased under Future Insurability, only in the event of the life insured's **accidental total and permanent disablement**.

During the first six months after we increase the TPD Cover amount insured for the life insured under Future Insurability in respect of the birth or adoption of their child, we will pay a portion of the TPD Cover amount insured increased under Future Insurability which exceeds \$50,000 only in the event of the life insured's **accidental total and permanent disablement**.

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4.1.1 Future Insurability for Life Cover, TPD Cover and Extra Care Cover

Personal events (occurring after the cover start date)	Evidence required	Benefit
The life insured: - takes out a new mortgage; or - increases an existing mortgage (excluding re-draw and refinancing) on the life insured's principal place of residence with an accredited mortgage provider. 'Accredited mortgage provider' means an Authorised Deposit-taking Institution (as defined in the <i>Banking Act 1959</i>) or other reputable financial services business or program or trustee which provides mortgage loans as part of its ordinary business activities and is accredited with the Mortgage Industry Association of Australia.	- A completed Future Insurability Increase Application Form. - Written confirmation from the life insured's accredited mortgage provider(s) of: - the amount and effective date of the mortgage, where the life insured takes out a new mortgage; or - 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 life insured increases their mortgage, whether with an existing or different mortgage provider.	The Life/TPD/Extra Care Cover amount insured may be increased by up to the lesser of: 50% of the Life Cover amount insured or 25% of the TPD/Extra Care Cover amount insured (as applicable) at the cover start date - the amount of the mortgage where the life insured takes out a new mortgage - the amount of the increase to the level of the mortgage where the life insured increases an existing mortgage \$200,000.
The life insured or their spouse gives birth to or adopts a child.	- A completed Future Insurability Increase Application Form. - A copy of the birth certificate for the child or the adoption documentation.	The Life/TPD/Extra Care Cover amount insured may be increased by up to the lesser of: 25% of the Life/TPD/Extra Care Cover amount insured (as applicable) at the cover start date \$200,000.
The life insured's marriage.	- A completed Future Insurability Increase Application Form. - A copy of the marriage certificate in respect of a marriage recognised under the <i>Marriage Act 1961</i>.	The Life/TPD/Extra Care Cover amount insured may be increased by up to the lesser of: 25% of the Life/TPD/Extra Care Cover amount insured (as applicable) at the cover start date \$200,000.
A dependant child of the life insured starts secondary school.	- A completed Future Insurability Increase Application Form. - Written confirmation of enrolment from the secondary school. - A copy of the birth certificate for the child or the adoption documentation.	The Life/TPD/Extra Care Cover amount insured may be increased by up to the lesser of: 25% of the Life/TPD/Extra Care Cover amount insured (as applicable) at the cover start date \$200,000.
The life insured's annual salary package increases by 15% or more.	- A completed Future Insurability Increase Application Form. - Written confirmation from the life insured's employer of their salary package before and after the increase.	The Life/TPD/Extra Care Cover amount insured may be increased by up to the lesser of: 25% of the Life/TPD/Extra Care Cover amount insured (as applicable) at the cover start date 10 times the amount of the salary package increase \$200,000. An increase in the Life/TPD/Extra Care Cover amount insured under Future Insurability for a life insured in respect of an annual salary package increase cannot occur if the life insured is: - self-employed - a controlling director of the employer or a holding company of the employer or - is able to decide or control a decision on the amount of their own salary package. For the purposes of this benefit, salary package does not include any irregular payments such as bonuses that may not continue to be made in the future.

Personal events (occurring after the cover start date)	Evidence required	Benefit
The life insured completes an undergraduate degree at a government recognised Australian university.	- A completed Future Insurability Increase Application Form. - A copy of the certified transcript or degree obtained from the university.	The Life/TPD/Extra Care Cover amount insured may be increased by up to the lesser of: 25% of the Life/TPD/Extra Care Cover amount insured (as applicable) at the cover start date \$200,000.
The life insured's spouse dies.	- A completed Future Insurability Increase Application Form. - A copy of the death certificate of the spouse and either: - a copy of the marriage certificate of the life insured and their spouse; or - a statutory declaration attesting the existence of the relationship on a permanent and bona fide domestic basis, which has lasted at least six months, plus a personal document that indicates the relationship as acceptable to us.	The Life/TPD/Extra Care Cover amount insured may be increased by up to the lesser of: 25% of the Life/TPD/Extra Care Cover amount insured (as applicable) at the cover start date \$200,000.
The life insured's divorce.	- A completed Future Insurability Increase Application Form. - A copy of the divorce certificate.	The Life/TPD/Extra Care Cover amount insured maybe increased by up to the lesser of: 25% of the Life/TPD/Extra Care Cover amount insured (as applicable) at the cover start date \$200,000.
The life insured becomes a carer for the first time and is financially responsible for provisions of such care, and/or is physically providing such care.	- A completed Future Insurability Increase Application Form. - A signed and dated letter from a medical practitioner confirming: - that the care is both necessary for medical reasons and likely to be required for a continuous period of at least six months - that the care was previously not required; and - the nature of the life insured's relationship with the person requiring care is that of an immediate family member.	The Life/TPD/Extra Care Cover amount insured may be increased by up to the lesser of: 25% of the Life/TPD/Extra Care Cover amount insured (as applicable) at the cover start date \$200,000.
The life insured has a change in tax dependency status as a result of the life insured ceasing to have any tax dependents as defined by current law.	- A completed Future Insurability Increase Application Form. - Statutory declaration that the life insured no longer has any tax dependants, and that this change in circumstance occurred within the previous 12 months.	The Life/Extra Care (Accidental Death) Cover amount may be increased by up to the lesser of: 25% of the Life/Extra Care Cover amount insured (as applicable) at the cover start date \$200,000. We will increase the amount insured under Future Insurability for this event only once during the period of the policy.

Policy events (occurring after the cover start date)	Evidence required	Benefit
During the first three years since the cover start date, and every three year period thereafter, the life insured has not increased the Life/TPD/Extra Care Cover amount insured under Future Insurability.	A completed Future Insurability Increase Application Form.	The Life/TPD/Extra Care Cover amount insured may be increased by up to the lesser of: 25% of the Life/TPD/Extra Care Cover amount insured (as applicable) at the cover start date \$200,000, at the third policy anniversary.

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4.2 Business Guarantee Option

(This option only applies to cover for a life insured if it is shown on the Policy Schedule. This option is not available for Extra Care Cover.)

Where a cover for a life insured is selected for a 'business insurance purpose' of which we approve, this option allows the life insured to increase the amount insured for that cover without supplying medical evidence, when the value associated with the business insurance purpose increases and if the following conditions are met:

- Each proposed increase under this option must relate to the business insurance purpose that we originally approved.
- Each individual increase under this option can be for an amount no greater than the increase in the value associated with the business insurance purpose (where the value associated with the business insurance purpose at the time the life insured applies for the increase is calculated using the same methodology as was used to calculate the value associated with the business insurance purpose upon which the original application for this option was based).
- The total to which the amount insured can be increased under this option is the lesser of:
 - three times the original amount insured; or
 - the following lump sum amounts:
 - Life Cover – \$15,000,000
 - TPD Cover – \$5,000,000 (amounts in excess of \$3,000,000 are to be purchased as Non-working TPD except for white collar occupations).

If more than three years have passed since the commencement of this option and an increase in cover under this option has not occurred in the previous three years, the maximum individual increase under this option is the lesser of:

- three times the original amount insured; or
- the following lump sum amounts:
 - Life Cover – \$2,000,000
 - TPD Cover – \$2,000,000
- We will not increase the amount insured for any cover under this option above the maximum amount of cover available for that cover type (see section 3.1.1.1).
- If the amount insured at the cover start date is less than 100% of the value associated with the business insurance purpose, then we will limit any future increase made under this option. The amount insured, as a proportion of the value associated with the business insurance purpose, cannot increase above that which applied at the cover start date.
- The application for the increase must be accompanied by:
 - for 'buy/sell', share purchase or business succession purposes:

- a current valuation of the business provided by a qualified accountant or business valuer (who is the same person or firm who provided us with financial evidence of the value associated with the business insurance purpose for the purposes of our assessment of the original application for this option or such other person or firm agreed to by us, using the same methodology)

– for loan guarantee insurance purposes:

- a current loan statement or agreement detailing the loan balance and terms of the loan at the time of the increase application

– for key person insurance purposes:

- current business financial statements and income tax returns for the most recent financial years and a calculation of how key person cover need has been determined

as well as:

- a confirmation that the life insured is actively at work in their usual occupation at the time you apply for the increase
- any other information, other than medical evidence, we may request to assess the application.
- The life insured has not applied for an increase under Future Insurability (see section 4.1) for the same event(s).
- At the time of applying for the increase, neither the life insured nor anyone else has made or is entitled to make a claim in relation to the life insured under this policy or any other policy issued by us providing cover for death, terminal illness or total and permanent disability.

The life insured may only apply for one increase under this option in any 12 month period.

The life insured may only remove this option from a cover if an increase has not been made under the option since the cover start date.

'Business insurance purposes' includes key person insurance, loan guarantee insurance, insurance which supports a written business succession agreement including buy/sell or share purchase agreements or any other business insurance purposes which we may approve.

A life insured is a 'key person' to a business if they are crucial to the operation of the business and it can be reasonably demonstrated to us that the business would suffer a financial loss in the event of the life insured's death or disability. In the context of key person insurance 'the value associated with the business insurance purpose' means the value of the life insured to the business.

In the context of 'loan guarantee insurance', 'the value associated with the business insurance purpose' means the amount of the business loan for which the life insured is personally responsible.

‘Business succession agreement’ means a legally binding agreement between business partners under which the life insured’s share of the business is to be purchased by the other partner(s) upon the occurrence of defined events. In this context ‘the value associated with the business insurance purpose’ means the value of the life insured’s financial interest in the business.

4.3 Premium Waiver Disability Option

(This option only applies to cover for a life insured if it is shown on the Policy Schedule.)

We will waive premiums for the life insured from the date they became disabled in relation to Life Cover, TPD Cover and/or Extra Care Cover (as applicable) while the life insured is:

- **on claim** under Income Secure Cover up until the policy anniversary when the life insured is age 65; or
- ‘disabled’ after having been disabled for six consecutive months up until the policy anniversary when the life insured is age 65.

If we waive a premium under this option we will also waive the premium that relates to:

- the waiting period under Income Secure Cover; or
- the first six consecutive months of the life insured’s disability.

‘Disabled/disability’ means that, as a result of **illness or injury**, the life insured:

- has been unable to engage in any occupation for which they are reasonably suited by their education, training or experience (if the life insured was **employed** prior to disablement); or
- has been under the care of a **medical practitioner** and has been unable to perform ‘normal domestic duties’, leave their **home** unaided, or engage in any occupation for which they are reasonably suited by their education, training or experience (if the life insured was not **employed** prior to disablement).

‘Normal domestic duties’ means the tasks performed by a person whose sole occupation is to maintain their family **home**. These tasks include 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 dependant children (where applicable). ‘Normal domestic duties’ does not include duties performed outside the life insured’s **home** for salary, reward or profit.

Indexation increases will continue to apply to covers for which premiums are being waived and premiums which relate to any indexation increases will be waived.

Any premium owing for any period before entitlement to premium waiver commences must be paid before we will waive premiums.

We will not waive premiums for Life Cover provided under Life Cover Buy Back or the Life Cover Purchase Option.

The Premium Waiver Disability Option expires on the policy anniversary when the life insured is age 65.

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5. Income Secure Cover

The Policy Schedule will show if Income Secure Cover applies to a life insured, and if so:

- the Income Secure Cover type (Income Secure Standard or Income Secure Special Risk)
- the Income Secure Cover monthly amount insured
- the Income Secure Cover payment type (Indemnity only)
- the Income Secure Cover waiting period selected
- the Income Secure Cover benefit period selected
- the occupation category that applies to the life insured; and
- any options selected (at extra cost).

The Income Secure Cover built-in benefits, built-in features and options (at extra costs) are listed in the table below with references to relevant sections in these Policy Terms where more details can be found.

	Refer to section	Income Secure	
		Standard	Special Risk
Built-in benefits			
Total Disability Benefit	5.5.1	✓	✓
Partial Disability Benefit	5.5.2	✓	✓
Rehabilitation and Retraining Expenses Benefit	5.5.3	✓	✓
Death Benefit	5.5.4	✓	✓
No Claim Benefit	5.5.5	✓	N/A
Built-in features			
Waiver of premium	5.6.1	✓	✓
Conversion to Living Expense Cover	5.6.2	✓	✓
Increasing Income	5.6.3.1	✓	N/A
Family Cover Pause	5.6.3.2	✓	✓
Waiting Period Conversion	5.6.4	✓	✓
Indexation	7.1	✓	✓
Options (at extra cost)			
Accident Option	5.7.1	✓	N/A
Premier Accident Option	5.7.2	✓	N/A
Increasing Claim Option	5.7.3	✓	✓
Priority Income Option – Mortgage Maintenance	5.7.4	✓	N/A

5.1 Monthly amount insured

The monthly amount insured is determined by reference to the life insured's annual income. The maximum that can be insured is $\frac{1}{2}$ of:

- 75% of the first \$320,000 of annual income
- 50% of the next \$240,000 of annual income; and
- 20% of the balance.

If the Priority Income Option (see section 5.7.4) is shown on the Policy Schedule the maximum that can be insured is $\frac{1}{2}$ of:

- 80% of the first \$320,000 of annual income
- 55% of the next \$240,000 of annual income; and
- 20% of the balance.

The monthly amount insured shown on the Policy Schedule may be used to calculate:

- the Total Disability Benefit (see section 5.5.1)
- the Partial Disability Benefit (see section 5.5.2); and
- other built-in benefits, built-in features and options (at extra cost) applicable to the type of Income Secure Cover selected.

The monthly amount insured will be adjusted by increases under indexation if applicable (see section 7.1).

5.2 Monthly amount insured payable

The monthly amount insured payable may be used to determine the monthly amount the life insured will be paid under the benefits provided by this cover while the life insured is **on claim** for:

- the Total Disability Benefit (see section 5.5.1)
- the Partial Disability Benefit (see section 5.5.2); and
- other built-in benefits, built-in features and options (at extra cost) applicable to the type of Income Secure Cover selected.

5.2.1 Indemnity benefit payment type

For an indemnity benefit payment type the monthly amount insured payable may be less than the monthly amount insured shown on the Policy Schedule depending on the life insured's **pre-claim earnings**.

The monthly amount insured payable is the lesser of:

- the monthly amount insured shown on the Policy Schedule
- 75% of the life insured's average monthly **pre-claim earnings** (or 80% if the Priority Income Option is shown on the Policy Schedule).

The monthly amount insured payable is then adjusted as follows:

- If the life insured is **on claim** and receives certain other payments, the monthly amount insured payable may be reduced (see section 5.9).
- If the life insured is **on claim**, the monthly amount insured payable may be increased under the Increasing Claim Option, if shown on the Policy Schedule (see section 5.7.3).

At the time of claim we require the life insured to provide satisfactory financial evidence for the purpose of determining the life insured's **pre-claim earnings**.

5.2.2 Reductions if the benefit period is to age 70

If the benefit period is to age 70 and the **disability** commences after the policy anniversary when the life insured is age 65, the monthly amount insured payable is reduced to the proportion of the amount insured otherwise payable as set out in the following table.

Age at policy anniversary prior to disability	Proportion of the amount insured payable
65	80%
66	60%
67	40%
68	20%
69	10%

5.2.3 Accidental Injury Only

The Policy Schedule will show if Accidental Injury Only applies to a life insured's cover. Where Accidental Injury Only is shown, the following definition applies:

Definition of accidental injury

Accidental injury means a physical injury which is caused solely and directly by violent, accidental, external and visible means which occurs during the period of the policy. If the claim arises directly or indirectly and whether wholly or partly as a result of stress, anxiety, depression, fatigue (including chronic fatigue syndrome and fibromyalgia), physical symptoms of a psychiatric illness or condition, psychosis, personality disorders or emotional or behavioural disorders related to substance abuse or dependency (including alcohol, drug or chemical abuse or dependency), we will not pay any benefits.

5.2.3.1 Basic Death Benefit

(Applies to Income Secure Standard where Accidental Injury Only is shown on the Policy Schedule in respect of a life insured.)

If the life insured is covered under Income Secure Standard, three times the monthly amount insured is payable as a lump sum if the life insured dies as a result of an **accidental injury** whilst the cover is in force.

We will pay this benefit once only.

The maximum amount payable under this benefit for death from all Income Secure Covers for the life insured is \$30,000.

The life insured does not need to have been **on claim** for this benefit to be payable. The death must occur within 90 days of sustaining the **accidental injury**.

5.2.3.2 Benefits and features not available to Accidental Injury Only

The Policy Schedule will show if Accidental Injury Only applies to a life insured's cover. Where Accidental Injury Only is shown the following features and benefits are not available:

- Conversion to Living Expense Cover (5.6.2)
- Waiting Period Conversion (5.6.4).

5.3 Waiting period

The Policy Schedule will show the waiting period that applies to the cover.

Some benefits are payable during the waiting period. Where benefits are payable during the waiting period it is mentioned in the relevant sections of these Policy Terms.

The waiting period starts the day the life insured consults a **medical practitioner** and receives advice confirming **disability**.

Where it can be substantiated that the **disability** commenced before receiving advice from a **medical practitioner**, the start of the waiting period may be backdated up to seven days with written confirmation of that advice.

A separate waiting period applies for each separate **illness** or **injury** of the life insured which causes **disability** for which the life insured can claim under this cover unless it is a recurring claim.

The waiting period is subject to change in respect of recurring claims (see section 5.3.1).

5.3.1 Recurring claims

If the life insured has been **on claim** and another claim is made in respect of them arising from the same or related **illness** or **injury**, we will treat the subsequent claim as a continuation of the previous claim and the waiting period is waived provided the **illness** or **injury** recurs:

- for fixed term benefit periods of two years and six years for Income Secure Standard – if the **illness** or **injury** recurs within six months of the date the life insured was last **on claim**, we will treat the subsequent claim as a continuation of the previous claim and the waiting period will be waived. We will only pay benefits for the remaining benefit period, which has been reduced by the previous claim
- for fixed term benefit periods of two years and six years for Income Secure Special Risk – if the **illness** or **injury** recurs within 12 months of the date the life insured was last **on claim**, we will treat the subsequent claim as a continuation of the previous claim and the waiting period will be waived. We will only pay benefits for the remaining benefit period, which has been reduced by the previous claim

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- for age-based benefit periods of to age 55, to age 60, to age 65 and to age 70: if the **illness** or **injury** recurs within 12 months of the date the life insured was last **on claim**, we will treat the subsequent claim as a continuation of the previous claim and the waiting period will be waived.

New claims are considered to be:

- for fixed term benefit periods of two years and six years for Income Secure Standard – if a claim recurs after six months from the date the life insured was last **on claim**, then it will be considered to be a separate claim and a new waiting period will apply. The life insured must have returned to full-time work for at least six continuous months in order for us to consider the claim as a separate claim
- for fixed term benefit periods of two years and six years for Income Secure Special Risk – if a claim recurs after 12 months of the date the life insured was last **on claim**, then it will be considered to be a separate claim and a new waiting period will apply. The life insured must have returned to full-time work for at least 12 continuous months in order for us to consider the claim as a separate claim
- for age-based benefit periods of to age 55, to age 60, to age 65 and to age 70 – if a claim recurs after 12 months from the date the life insured was last **on claim**, then it will be considered to be a separate claim and a new waiting period will apply.

5.4 Benefit period

The benefit period is the maximum period of time that the life insured will be paid a benefit for any one **illness** or **injury** while the life insured is **totally** or **partially disabled**. The Policy Schedule will show the benefit period that has been chosen for the cover.

The benefit period starts at the end of the waiting period and continues until the earlier of the:

- end of the benefit period shown on the Policy Schedule
- cover expiry date
- date the life insured is no longer **totally** or **partially disabled**
- date of the life insured's death
- date on which the cover ends or is cancelled
- date we have paid the Partial Disability Benefit for a total of 36 months for each claim (if the life insured's occupation category shown on the Policy Schedule is HH, H or R).

If a claim is treated as a recurring claim (see section 5.3.1), the waiting period has been waived, and the benefit period shown on the Policy Schedule is two years or six years, the benefit period is reduced by any previous periods for which benefits were paid for that **illness** or **injury**.

If the claim is treated as a separate claim and a new waiting period applied, the benefit period will recommence.

5.5 Income Secure Cover built-in benefits

5.5.1 Total Disability Benefit

If the life insured is **totally disabled** due to **illness** or **injury**, we will pay the Total Disability Benefit during the benefit period after the completion of the waiting period. To be eligible to receive this benefit, the life insured must have been:

(Applies if the life insured's occupation is shown on the Policy Schedule as Category P, E, D, A, F, I, C, M, S, L, or T)

- **totally disabled** for seven out of 12 consecutive days during the waiting period
- **disabled** for the remainder of the waiting period
- continuously **disabled** since the end of the waiting period (unless claiming as a recurring claim – see section 5.3.1)

(Applies if the life insured's occupation is shown on the Policy Schedule as Category H, HH or R)

- **totally disabled** for 30 consecutive days during the waiting period (or 14 consecutive days if the life insured has a 14 day waiting period)
- **disabled** for the remainder of the waiting period
- continuously **disabled** since the end of the waiting period (unless claiming as a recurring claim – see section 5.3.1).

We will stop paying this benefit when the life insured is no longer **totally disabled**.

The Total Disability Benefit is the monthly amount insured payable as defined in section 5.2.

The Total Disability Benefit is payable monthly in arrears. If a period of payment is less than a month, we pay $\frac{1}{30}$ of the Total Disability Benefit for each day of the period.

5.5.2 Partial Disability Benefit

If the life insured is **partially disabled** due to **illness** or **injury**, we will pay the Partial Disability Benefit during the benefit period after the completion of the waiting period. To be eligible to receive this benefit, the life insured must have been:

(Applies if the life insured's occupation is shown on the Policy Schedule as Category P, E, D, A, F, I, C, M, S, L, or T)

- **totally disabled** for seven out of 12 consecutive days during the waiting period
- **disabled** for the remainder of the waiting period
- continuously **disabled** since the end of the waiting period (unless claiming as a recurring claim – see section 5.3.1)

(Applies if the life insured's occupation is shown on the Policy Schedule as Category H, HH or R)

- **totally disabled** for 30 consecutive days during the waiting period (or 14 consecutive days if the life insured has a 14 day waiting period)
- **disabled** for the remainder of the waiting period

- continuously **disabled** since the end of the waiting period (unless claiming as a recurring claim – see section 5.3.1).

We will stop paying this benefit when the life insured is no longer **partially disabled**.

The Partial Disability Benefit is payable monthly in arrears. If a period of payment is less than a month, we pay $\frac{1}{30}$ of the Partial Disability Benefit for each day of the period.

Calculating the Partial Disability Benefit

The Partial Disability Benefit is calculated as follows:

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

where:

A = the life insured's **pre-claim earnings**.

B = the life insured's **monthly earnings** for the month in which they are **partially disabled**. If the life insured is **partially disabled** and is not working to their capability as a result of causes other than illness or injury and this situation continues for at least 3 months, then 'B' will be calculated on what the life insured could reasonably be expected to earn if they were working to the extent of their capability.

In determining what the life insured could reasonably be expected to earn if they were working to the extent of their capability, we will take into account available medical evidence (including the opinion of the life insured's medical practitioner) and any other relevant considerations directly related to the life insured's medical condition (including information provided by the life insured).

If we are making monthly payments and intend to adjust future payments due to a change in how we calculate 'B', we will notify you 30 days prior to this taking place. 'B' must be less than the amount of 'A'. If 'B' is negative in a month, we will treat 'B' as zero.

C = the monthly amount insured payable as described in section 5.2.

If we have been paying Total Disability Benefits for 12 consecutive months and the life insured is receiving a Partial Disability Benefit for working in a gainful occupation that is unrelated to their **regular occupation** for at least three consecutive months, we will pay an additional 10% of the Partial Disability Benefit payable for a maximum of 12 months. The additional 10% will only be available once during the life of the cover.

5.5.3 Rehabilitation and Retraining Expenses Benefit

If the life insured is receiving Total or Partial Disability Benefits under this policy, we will reimburse the expenses associated with rehabilitation or retraining in respect of the life insured. The maximum amount we will reimburse in total over the life of the cover is 12 times the monthly amount insured payable.

We must agree in writing before the life insured commences the rehabilitation or retraining program. We will not approve any rehabilitation or retraining expenses which:

- we are not permitted by law to reimburse
- are regulated by the *National Health Act 1953* or the *Private Health Insurance Act, 2007*; or
- are expenses that the life insured is entitled to have reimbursed from another person or another policy.

Any benefit payable under the Rehabilitation and Retraining Expenses Benefit is in addition to the Total Disability Benefit and Partial Disability Benefit paid.

This benefit is not payable during the waiting period.

5.5.4 Death Benefit

We will pay three times the monthly amount insured as a lump sum if the life insured dies or is diagnosed with a **terminal illness** whilst the cover is in force.

We will pay this benefit once only. If we pay the Death Benefit for **terminal illness** we will not pay it upon death of the life insured.

We pay this benefit for **terminal illness** in addition to any other benefits payable while the life insured is **on claim** under this cover.

The maximum amount payable under this benefit for death or **terminal illness** for Income Secure Standard for the life insured under all policies is \$60,000. The maximum amount payable under this benefit for death or **terminal illness** for Income Secure Special Risk for the life insured under all policies is \$30,000.

5.5.5 No Claim Benefit

(Not applicable to Income Secure Special Risk.)

If, for three consecutive years after the cover start date, both the:

- cover has been continuously in force; and
- life insured has not been **on claim** and has not been eligible to make a claim under this cover

the following benefits will apply to this cover from the third anniversary of the cover start date:

- Double Death Benefit – we will double any Death Benefit otherwise payable.
- Double Rehabilitation and Retraining Expenses Benefit – we will double the maximum payable under the Rehabilitation and Retraining Benefit.

The doubling of the Death Benefit and the Rehabilitation and Retraining Expenses Benefit (as applicable) only applies to a claim which arises from an event occurring after the third anniversary of the cover start date.

Once the No Claim Benefit applies, it will continue to apply even if the life insured is subsequently **on claim**. This means that if the life insured is eligible to make a claim after this time, the three year period does not start again.

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5.6 Income Secure Cover built-in features

(Unless specified, the following features apply to all types of Income Secure Cover.)

5.6.1 Waiver of premium

We will waive premiums for this cover for the life insured that relates to periods of time whilst the life insured is **on claim** under this cover, or **disabled** beyond the end of the waiting period and otherwise eligible for the payment of a benefit under this cover before benefit reductions are applied (see section 5.9).

If we waive a premium for this cover we will also waive the premium that relates to the waiting period.

If we are waiving premiums for all covers on a policy for a life insured, we will also waive the Policy Fee for that life insured.

5.6.2 Conversion to Living Expense Cover

If the life insured is not **on claim** and not eligible to make a claim at the expiry of the Income Secure Cover, we will offer conversion to Living Expense Cover under a separate non-superannuation policy without medical underwriting.

The conversion offer available will be for:

- a benefit period of two years; and
- a cover expiry at age 80.

The following table details the waiting periods available.

The Waiting Period for Income Secure at time of conversion	Available waiting periods on Living Expense Cover
14 days	30 days, 90 days, 1 year, 2 year
30 days	30 days, 90 days, 1 year, 2 year
60 days	30 days, 90 days, 1 year, 2 year
90 days	90 days, 1 year, 2 year
180 days	90 days, 1 year, 2 year
1 year	1 year, 2 year
2 year	2 year

The monthly amount insured converted at the expiry of the Income Secure Cover will be the lesser of:

- the monthly amount insured at expiration across all Income Secure Covers for the life insured under all policies issued by us
- the maximum monthly amount insured we offer on standard terms for Living Expense Cover at that time.

The premium will be calculated based on stepped premium rates applying to Living Expense Cover at the time of conversion. We will apply any medical or hazardous pursuits loadings or specific exclusions that applied to the original Income Secure Cover to the Living Expense Cover.

The life insured is able to take up this conversion option prior to the expiry of the Income Secure Cover by contacting us, reading the OneCare PDS and completing the appropriate forms.

We will provide you with a copy of the OneCare PDS which includes Living Expense Cover.

5.6.3 Adjusting Income Secure Cover

5.6.3.1 Increasing Income

(Not applicable to Income Secure Special Risk.)

This feature allows the life insured to increase the monthly amount insured in line with changes in the life insured's average **monthly earnings** without having to undergo medical underwriting. Each year within 30 days of the policy anniversary, the life insured may increase the monthly amount insured, in addition to any indexation increase, by up to 15% of the monthly amount insured after the indexation increase applicable on that policy anniversary is applied.

If more than three years pass since the commencement of this policy and an increase in cover under this feature has not occurred in the previous three years, the maximum individual increase available under this feature is \$1,000.

The life insured will be required to complete the relevant form and to provide:

- financial evidence supporting the increase in cover; and
- confirmation that they are actively at work and expect their income to continue at or above the current level.

The application to increase the monthly amount insured must be made within 30 days of the policy anniversary.

This feature cannot be exercised if the life insured is **on claim**, or eligible to make a claim.

This feature is only available if the life insured is less than age 50 at the cover start date. To increase cover under this feature, the life insured must be less than age 55, and the monthly amount insured across all Income Secure Cover for the life insured will not exceed \$30,000, after the increase has been applied.

This feature is only available for cover that has been issued without medical loadings greater than 50% as shown on the Policy Schedule.

The total of all increases of the monthly amount insured under Increasing Income cannot exceed the original monthly amount insured at the cover start date.

5.6.3.2 Family Cover Pause

If the life insured's average **monthly earnings** reduce while pregnant or after they or their **spouse** have children, they can request to reduce their monthly amount insured by up to 75% (subject to the minimum monthly amount insured of \$1,250) to reflect the life insured's new average **monthly earnings** if:

- the life insured has paid premiums for the previous 24 consecutive months
- there is no premium amount outstanding at the time of activating the Family Cover Pause.

The life insured will have the option to reinstate their monthly amount insured when their **monthly earnings** increase without having to undergo medical underwriting. The life insured can reinstate all or part of the monthly amount insured at any time prior to their youngest child turning age six.

To reinstate all or part of the original monthly amount insured the life insured will be required to complete the relevant form and to provide:

- financial evidence supporting the reinstated cover
- a copy of the youngest child's birth certificate or adoption certificate.

There is no cover and no benefits are payable in relation to this feature in respect of **illness** or **injury** that becomes **reasonably apparent** while cover is being paused (in respect of the amount of cover that is paused only) or in the first 90 days after each increase of cover from Family Cover Pause (in respect of the increased portion only).

Indexation of the reduced monthly amount insured will apply whilst cover is paused (see section 7.1).

5.6.4 Waiting Period Conversion

This feature allows the life insured to apply to change the waiting period from two years to 90 days without needing to provide medical evidence when the life insured ceases to be covered under a Group Salary Continuance (GSC) scheme or similar arrangement provided by an employer and issued by a life company registered in Australia.

Apart from medical history, all other aspects of the life insured's history will be assessed to determine whether we can offer to convert the waiting period and if so, the conditions which may apply.

We may decline the application to convert on the basis of this evidence and information when considered in light of our standard underwriting guidelines applicable at the time of the request. Alternatively, we may accept the conversion subject to a change to the occupation category that applies or a change to the monthly amount insured.

When the life insured applies to convert the waiting period, the life insured will be required to provide confirmation that they:

- ceased to be covered under the GSC scheme or similar arrangement provided by an employer and issued by a life company registered in Australia
- are actively at work in their occupation and expect their **monthly earnings** to continue at or above the level at the time of leaving the GSC scheme
- have not left the **employment** for which cover under the GSC scheme was provided due to **illness** or **injury**
- have not made or are not eligible to make a claim under Income Secure Cover
- have not made or are not eligible to make a claim under the GSC scheme or any other policy providing disability income insurance
- have not been paid a TPD benefit with any life insurer
- have not made or do not intend to make a claim for a TPD benefit with any life insurer.

The option must be exercised within 30 days of the cover under the GSC scheme ceasing. This option to convert the waiting period expires at the policy anniversary when the life insured is age 55.

This benefit does not apply if it is part of a transfer from another OnePath product or this policy is issued as part of a continuation option unless it has been fully underwritten.

5.7 Income Secure Cover options (at extra cost)

5.7.1 Accident Option

(This option applies to Income Secure Cover for the life insured if it is shown on the Policy Schedule. Not applicable to Income Secure Special Risk.)

If, as a result of an **injury**, the life insured is **totally disabled** for 14 consecutive days from the start of the waiting period, we will pay $\frac{1}{30}$ of the monthly amount insured payable (as defined in section 5.2) for each day the life insured is **totally disabled** during the waiting period. The **total disability** must commence within 30 days of the date of the **injury**. The Accident Option is only available if the life insured's waiting period is 14 or 30 days.

This benefit option is payable during the waiting period. If we pay the Accident Option, we will not pay any other benefit in respect of that **injury** during the waiting period.

The Accident Option expires at the policy anniversary when the life insured is age 65.

5.7.2 Premier Accident Option

(This option applies to Income Secure Cover for the life insured if it is shown on the Policy Schedule. Not applicable to Income Secure Special Risk.)

If, as a result of an **injury**, the life insured is **totally disabled** for 3 consecutive days from the start of the waiting period, we will pay $\frac{1}{30}$ of the monthly amount insured payable (as defined in section 5.2) for each day the life insured is **totally disabled** during the waiting period. The **total disability** must commence within 30 days of the date of the **injury**. The Premier Accident Option is only available if your waiting period is 14 or 30 days.

This benefit option is payable during the waiting period. If we pay the Premier Accident Option, we will not pay any other benefit in respect of that **injury** during the waiting period.

The Premier Accident Option expires at the policy anniversary when the life insured is age 65.

5.7.3 Increasing Claim Option

(This option applies to Income Secure Cover for the life insured if it is shown on the Policy Schedule.)

While **on claim**, the monthly amount insured will increase every three months by a quarter of the indexation factor.

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When the life insured ceases to be **on claim**, the monthly amount insured for the cover will revert to the monthly amount insured that applied on the policy anniversary before the life insured ceased being **on claim**.

The Increasing Claim Option expires at the policy anniversary when the life insured is age 65.

5.7.4 Priority Income Option

(This option applies to Income Secure Cover for a life insured if it is shown on the Policy Schedule. Not applicable to Income Secure Special Risk.)

The Priority Income Option allows the life insured to increase the monthly amount insured by an additional 5% of the life insured's **monthly earnings**.

The Priority Income Option will enable mortgage payments to be maintained during periods of disability. Under this option the life insured may select Mortgage Maintenance (MM).

5.7.4.1 Mortgage Maintenance (MM)

The MM amount payable is included in the monthly amount insured payable shown on the life insured's Policy Schedule.

The MM amount payable will be 5% of the lesser of:

- the **monthly earnings** at time of application, adjusted by the indexation factor up to the policy anniversary prior to claim
- **pre-claim earnings**.

We will pay a partial MM amount while the life insured is **partially disabled**.

If we reduce the monthly amount insured payable due to the receipt of other payments (see section 5.9), the MM amount payable will be reduced by the same proportion.

This benefit is only available if the life insured is an owner, occupier, and mortgagor of their principal place of residence.

5.8 Income Secure Cover benefit limitations

5.8.1 One benefit payable

The life insured is only entitled to one monthly amount insured payable at any one time under this cover, even if the life insured suffers more than one **illness** or **injury** giving rise to **total** or **partial disability**. This applies to the Total Disability Benefit (see section 5.5.1), Partial Disability Benefit (see section 5.5.2) and benefits under the Accident Option (see section 5.7.1) and Premier Accident Option (see section 5.7.2).

A separate waiting period applies for each separate **illness** or **injury** for which the life insured is entitled to make a claim under this cover, unless it is a recurring claim (see section 5.3.1).

5.9 Income Secure Cover benefit reductions

The Total or Partial Disability Benefit we pay may be reduced if the life insured receives 'other payments' in respect of their **illness** or **injury**.

We will not reduce the Total Disability Benefit by **monthly earnings** attributable to the life insured working 10 hours* or less per week or any **monthly earnings** which is less than 20% of their **pre-claim earnings** as described within the **totally disabled** definition. Not applicable to Income Secure Special Risk.

We will reduce the Total Disability Benefit we pay in a month so that the combined total of the amount we pay and the 'other payments' is no more than the greater of:

- the benefit otherwise payable; and
- 75% of the **pre-claim earnings** (or 80% if the Priority Income Option is shown on the Policy Schedule).

We will reduce the Partial Disability Benefit we pay in a month so that the combined total of the amount we pay and the 'other payments' is no more than the greater of:

- the benefit otherwise payable; and
- the **pre-claim earnings** less the **monthly earnings** for the month in which the life insured was **partially disabled** (as defined in Partial Disability Benefit in section 5.5.2).

'Other payments' are:

- payments received from any other disability income, illness or injury policies, including group insurance policies, that at the time of application or at the time of application for an increase in benefits, were not disclosed to us or that were disclosed to us but were to be replaced by this policy
- any compulsory insurance schemes such as Workers' Compensation or Accident Compensation for loss of income.

If any of the 'other payments' are received in the form of a lump sum with all or a part of that lump sum as a payment in compensation for loss of earnings that cannot be allocated to specific months, we will convert that part of the compensation for loss of earnings to income on the basis of 1% of the loss of earnings component for each month that we pay the benefit for a maximum of eight years. The balance of the lump sum, if any, will not be offset.

'Other payments' do not include:

- any business expenses disability insurance indemnifying against business expenses
- payments made to dependant children
- total and permanent disability benefits, trauma benefits, terminal illness benefits or superannuation benefits
- payment of sums awarded by a court for pain and suffering.

* If at time of application, and again immediately prior to **disability** the life insured was working less than 30 hours per week, we will replace '10 hours' with 'five hours' for the purpose of determining if the life insured meets the definition of **partially disabled/totally disabled**.

5.10 Income Secure Cover exclusions

We will not pay benefits under Income Secure Cover if the claim is caused either directly or indirectly by:

- anything happening to the life insured in war (this exclusion does not apply to the Death Benefit); or
- the life insured's intentional act or omission; or
- the life insured's **uncomplicated pregnancy**, miscarriage or childbirth. However, if the life insured spends more than three months **totally disabled** from the date their pregnancy ends and continues to be **totally disabled**, we will pay benefits from the end of that three month period or from the end of the duration of the waiting period if greater.

We will not pay any benefits under this cover for anything we have specifically excluded from the cover, as shown on the Policy Schedule.

5.11 When Income Secure Cover ends

Income Secure Cover for a life insured will end and our liability to pay any benefit under Income Secure Cover will cease automatically on the earlier of the:

- cover expiry date shown on the Policy Schedule
- date we receive written notification from the life insured to cancel the cover
- date we cancel and/or avoid the cover in accordance with our legal rights
- date we cancel and/or avoid the policy because the life insured has not paid the premium
- policy anniversary when the life insured is 70
- date of the life insured's death
- life insured ceasing to be a member of the Master Trust.

If the life insured's occupation category shown on the Policy Schedule is R, Income Secure Cover for a life insured will end and our liability to pay any benefit under Income Secure Cover will cease automatically on the earlier of:

- any event listed above
- the date 12 months after the life insured became **unemployed**, unless the life insured is **unemployed** because they are **on claim**.

5.12 Blood Borne Diseases

If the life insured is a health care professional and they contract a blood borne disease such as HIV, Hepatitis B or C, their ability to work can be affected by factors other than physical inability due to the **illness**.

The following is our approach to claims.

There are three scenarios that could affect the life insured. For all three scenarios the life insured must notify the relevant governing body of their medical condition.

- The life insured chooses to disclose their condition to their patients which may lead to some of their patients seeking medical treatment elsewhere. It could also be difficult for the life insured to attract new patients.
- The life insured chooses to cease performing 'exposure prone' procedures as defined by the relevant governing body.
- The life insured's governing body advises the life insured to cease performing 'exposure prone' procedures as defined by the relevant governing body.

With all of these scenarios it is likely that the life insured's income will reduce, especially for those professionals who have a high percentage of their income generated from performing 'exposure prone' procedures.

In all of these cases we will assess whether the life insured is **totally disabled** or **partially disabled** in accordance with the terms and conditions in these Policy Terms.

5.13 Income Secure Cover glossary

In this section, we define some expressions used throughout the Income Secure Cover section of these Policy Terms. Other definitions appear in section 10.

Disabled/Disability means **totally disabled** or **partially disabled**.

Following the advice of a medical practitioner means the life insured is following the regular advice of the treating **medical practitioner** on an ongoing basis, including recommended courses of treatment and rehabilitation.

Monthly earnings means:

- if the life insured is self-employed or a working director, the gross monthly income generated by the business as a result of their personal exertion after allowing for the costs and expenses incurred in deriving that income; or
- if the life insured is independently **employed**, their monthly income earned from personal exertion by way of total remuneration package, including fringe benefits and any other type of remuneration, calculated on a monthly basis.

Partially disabled/Partial disability

If the life insured's occupation category shown on the Policy Schedule is P, E, D, A, F, I, C, M, S, L, T, H or HH, partially disabled means that due to **illness** or **injury** the life insured is:

- working in their **regular occupation** or any gainful occupation for more than 10 hours* per week;

or

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- working in their **regular occupation** or any gainful occupation and is able to produce **monthly earnings** greater than 20% of their **pre-claim earnings**;

or

- working for 10 hours* or less per week and is not **totally disabled**;

or

- not working and is not **totally disabled**;

and

- solely due to **illness** or **injury** their **monthly earnings** are less than their **pre-claim earnings**;

and

- is **following the advice of a medical practitioner** in relation to the **illness** or **injury** for which they are claiming.

* If at time of application, and again immediately prior to **disability** the life insured was working less than 30 hours per week, we will replace '10 hours' with 'five hours' for the purpose of determining if the life insured meets the definition of **partially disabled/totally disabled**.

If the life insured's occupation category shown on the Policy Schedule is R, partially disabled means that due to **illness** or **injury** the life insured:

- during the first three years from the date of that **disability** is either:
 - unable to perform one or more of the duties necessary to produce income from their **regular occupation**, but has returned to work in their **regular occupation** or is working in another occupation and has **monthly earnings** less than their **pre-claim earnings**;

or

- able to perform each and every duty necessary to produce income from their **regular occupation**, but is not working to their full capacity (including when no work is available) and their capacity to earn is less than their **pre-claim earnings**

- and after three years from the date of that **disability** is either:
 - unable to perform one or more of the duties necessary to produce income from their **regular occupation** or any other occupation that they are reasonably capable of performing having regard to their education, training or experience, but has returned to work in their **regular occupation** or is working in another occupation and has **monthly earnings** less than their **pre-claim earnings**;

or

- able to perform each and every duty necessary to produce income from their **regular occupation** or any other occupation that they are reasonably capable of performing having regard to their education, training or experience, but is not working to their full capacity (including when no work is available) and their capacity to earn is less than their **pre-claim earnings**

- and is **following the advice of a medical practitioner** in relation to the **illness** or **injury** for which they are claiming.

Pre-claim earnings

Pre-claim earnings means the highest average of **monthly earnings** for any period of 12 consecutive months in the two years immediately prior to the life insured becoming **totally disabled**. If the life insured is on maternity, paternity or sabbatical leave and becomes **disabled**, the pre-claim earnings will be the highest average of **monthly earnings** for any period of 12 consecutive months in the two years immediately before the leave commenced.

Pre-claim earnings will be adjusted by the indexation factor after each 12 month period the life insured remains **on claim**.

Regular occupation means the occupation in which the life insured is regularly engaged at the time they suffer an **illness** or **injury**. If the life insured's occupation is limited to a recognised specialty within the scope of a degree or licence, that specialty is the life insured's occupation.

For periods of **total disability** or **partial disability** which occur while the life insured is **unemployed**, or on maternity, paternity or sabbatical leave, their regular occupation means the last occupation the life insured performed before **unemployment**, maternity leave, paternity leave or sabbatical leave.

After 12 months of **unemployment** the life insured's regular occupation means any other occupation that they are reasonably capable of performing with regard to their education, training or experience.

Totally disabled/Total disability

If the life insured's occupation category shown on the Policy Schedule is P, E, D, A, F, I, C, M, S, L or T, **totally disabled** means that the life insured is **following the advice of a medical practitioner** in relation to an **illness** or **injury** and due to that **illness** or **injury**:

- is not working in their **regular occupation** or any gainful occupation and is unable to perform one or more duties necessary to produce income from their **regular occupation**;

or

- is working in their **regular occupation** or any gainful occupation and is not working more than 10 hours* per week and is unable to perform the duties necessary to produce income from their **regular occupation** for more than 10 hours* per week;

or

- is working in their **regular occupation** or any gainful occupation and solely due to the **illness** or **injury** is unable to produce **monthly earnings** greater than 20% of their **pre-claim earnings**.

* If at time of application, and again immediately prior to disability the life insured was working less than 30 hours per week, we will replace '10 hours' with 'five hours' for the purpose of determining if the life insured meets the definition of **partially disabled/totally disabled**.

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If the life insured's occupation category shown on the Policy Schedule is H or HH, **totally disabled** means that the life insured is **following the advice of a medical practitioner** in relation to an **illness or injury** and due to that **illness or injury**:

During the first three years from the date of that **disability**:

- is not working in their **regular occupation** or any gainful occupation and is unable to perform one or more duties necessary to produce income from their **regular occupation**;

or

- is working in their **regular occupation** or any gainful occupation and is not working more than 10 hours* per week and is unable to perform the duties necessary to produce income from their **regular occupation** for more than 10 hours* per week;

or

- is working in their **regular occupation** or any gainful occupation and solely due to the illness or injury is unable to produce **monthly earnings** greater than 20% of their **pre-claim earnings**.

After three years from the date of that **disability** is:

- is not working in their **regular occupation** or any gainful occupation and is unable to perform one or more duties necessary to produce income from their **regular occupation** or any gainful occupation they are reasonably capable of performing having regard to their education, training or experience;

or

- is unable to perform the duties necessary to produce income from their **regular occupation** or any gainful occupation they are reasonably capable of performing having regard to their education, training or experience for more than 10 hours* per week and are not working more than 10 hours* per week.

* If at time of application, and again immediately prior to **disability** the life insured was working less than 30 hours per week, we will replace '10 hours' with 'five hours' for the purpose of determining if the life insured meets the definition of **partially disabled/totally disabled**.

If the life insured's occupation category shown on the Policy Schedule is R, **totally disabled** means that due to **illness or injury** the life insured is **following the advice of a medical practitioner** in relation to the **illness or injury** for which they are claiming and:

- during the first three years from the date of that **disability**, is unable to perform each and every duty necessary to produce income from their **regular occupation** as confirmed by a **medical practitioner**

- after three years from the date of that **disability**, is unable to perform each and every duty necessary to produce income from any gainful occupation they are reasonably capable of performing having regard to their education, training or experience as confirmed by a **medical practitioner**
- is not engaged in their **regular occupation** nor any other gainful occupation.

Uncomplicated pregnancy means conditions commonly associated with pregnancy such as: morning sickness, backache, varicose veins, ankle swelling, bladder problems, post-natal depression, multiple pregnancy, threatened miscarriage, participation in an IVF or similar program.

Unemployed/Unemployment means that the life insured is not actively engaged in any gainful occupation for salary, reward or profit. It does not include sabbatical, maternity or paternity leave.

6. Extra Care Cover

The Policy Schedule will show if Extra Care Cover applies to the life insured, and if so:

- the type of Extra Care Cover benefit which applies (Extra Care Accidental Death Benefit and/or Extra Care Terminal Illness Benefit)
- the amount insured for each Extra Care Cover benefit (as applicable).

The Extra Care Cover built-in benefits, built-in features and options (at extra cost) are listed in the table below with references to relevant sections in these Policy Terms where more details can be found.

	Refer to section
Built-in benefits	
Extra Care Accidental Death Benefit	6.1.1
Extra Care Terminal Illness Benefit	6.1.2
Built-in features	
Future Insurability	4.1
Indexation	7.1
Option (at extra cost)	
Premium Waiver Disability Option	4.3

6.1 Extra Care Cover benefits

Extra Care Cover will include one or more of the following benefits (as shown on the Policy Schedule):

- Extra Care Accidental Death Benefit
- Extra Care Terminal Illness Benefit.

6.1.1 Extra Care Accidental Death Benefit

(This benefit applies to Extra Care Cover for a life insured if it is shown on the Policy Schedule.)

If the life insured suffers an **accidental death** while the Extra Care Accidental Death Benefit for the life insured is in force, we will pay the Extra Care Accidental Death Benefit amount insured to the Trustee.

6.1.1.1 Maximum amounts

The maximum amount of the Extra Care Accidental Death Benefit for the life insured that can be applied for is \$1,000,000.

The amount insured will be adjusted by increases under indexation if applicable (see section 7.1).

6.1.2 Extra Care Terminal Illness Benefit

(This benefit applies to Extra Care Cover for the life insured if it is shown on the Policy Schedule.)

If the life insured is diagnosed with a **terminal illness** while the Extra Care Terminal Illness Benefit for the life insured is in force, we will pay the Extra Care Terminal Illness Benefit amount insured to the Trustee.

The life insured must also survive an eight day survival period for an Extra Care Terminal Illness Benefit. This means the life insured must survive without life support for eight days after an appropriate specialist physician approved by us, diagnoses that the life insured is **terminally ill**.

6.1.2.1 Maximum amounts

The maximum amount of the Extra Care Terminal Illness Benefit for the life insured that can be applied for is \$1,000,000.

The amount insured will be adjusted by increases under indexation if applicable (see section 7.1).

6.2 Extra Care Cover benefit limitations

6.2.1 One benefit payable at a time

The life insured is only entitled to a maximum of one Extra Care Cover benefit payment within any 12 month period under Extra Care Cover, even if the life insured suffers from or is diagnosed with more than one of the insured events under this cover. This applies to the Extra Care Accidental Death Benefit (see section 6.1.1) and Extra Care Terminal Illness Benefit (see section 6.1.2).

6.3 Extra Care Cover exclusions

We will not pay any benefits under Extra Care Cover:

- for anything we have specifically excluded from this cover, as shown on the Policy Schedule; or
- if, as a result of the life insured's intentional act or omission, the life insured dies during the first 13 months from the:
 - cover start date
 - date we increase this cover at the request of the life insured, not including any indexation increases. The exclusion applies only to the amount of the increase to the cover
 - date we agree to reinstate the cover after it has been cancelled.

6.4 When Extra Care Cover ends

Extra Care Cover for the life insured will end and our liability to pay any benefit under Extra Care Cover will cease automatically on the earlier of:

- the policy anniversary when the life insured is age 65
- the full payment of the amount insured for each type of Extra Care benefit (as applicable)
- when there ceases to be any other cover types on the policy except Extra Care Cover
- the cover expiry date shown on the Policy Schedule
- the date we receive written notification from the life insured to cancel the cover
- the date we cancel and/or avoid the cover in accordance with our legal rights
- the date we cancel and/or avoid the policy because the life insured has not paid the premium when due
- the date of the life insured's death
- the life insured ceasing to be a member of the Master Trust.

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7. Changing the amount insured

7.1 Indexation

(Indexation applies to a cover only if it is shown on the Policy Schedule.)

If indexation applies, at each policy anniversary the amount insured for Life Cover, TPD Cover and Extra Care Cover will automatically increase by the greater of:

- the 'indexation factor' (as defined in section 7.1.2)
- a percentage amount we choose to offer from time to time
- 5%.

If indexation applies, at each policy anniversary the monthly amount insured for Income Secure Cover will automatically increase by the 'indexation factor'. However, if the life insured is **on claim** or **totally disabled** on the policy anniversary, the monthly amount insured will not increase unless the Increasing Claim Option applies.

The amount insured will increase automatically at the policy anniversary unless the life insured notifies us in writing within 30 days of the policy anniversary that they wish the amount insured to remain at the existing level. This will not have any effect on any further offers we make for indexation.

If a SuperLink arrangement exists, any changes to the amount insured in one policy must also be applied to the other linked policy as the sum insured for TPD Cover in the two policies must always be the same amount.

7.1.1 When indexation ends

We will cease to offer indexation in respect of a cover under this policy on the earlier of:

- the cover expiry date
- for Life Cover and TPD Cover, when the Premium Freeze is exercised (see section 7.2).

7.1.2 Indexation factor

The 'indexation factor' is determined each year based on the percentage increase in the Consumer Price Index (CPI) (the weighted average of eight capital cities combined), as published by the Australian Bureau of Statistics (or its successor) for the 12 month period ending on 31 December each year. The indexation factor will be applied from 1 May in the following year.

If the CPI reduces over the relevant period, the indexation factor will be zero. Any subsequent increases in the CPI will first be offset against the previous reduction(s) in the CPI when we determine the next indexation factor.

If the CPI is not published we will calculate the indexation factor from another retail price index which in our actuary's opinion is the closest to it.

7.2 Premium Freeze

(Only available for Life Cover and TPD Cover where the premium type is stepped premium.)

Premium Freeze is activated for a cover if shown on the Policy Schedule.

If Premium Freeze is activated for a cover, at each policy anniversary date the:

- premium for the cover will be fixed at the same level that applied prior to the policy anniversary
- amount insured for the cover will be recalculated, such that the amount insured will generally reduce to an amount which can be purchased by the fixed premium based on the premium rates that apply at the time; and
- Policy Fee will continue to be adjusted each year by the 'indexation factor'.

The following conditions apply to a cover while Premium Freeze is activated for that cover:

- The amount insured for the cover cannot be less than \$10,000. If the amount insured reduces to \$10,000, Premium Freeze will end, and we will recalculate the premium for the cover so that the amount insured does not reduce below this minimum level.
- Indexation and Future Insurability increases to the amount insured for the cover are not available while Premium Freeze is activated.

The life insured may activate Premium Freeze for a cover by applying in writing to us within 30 days of the policy anniversary.

The life insured may cancel Premium Freeze for a cover by applying in writing to us within 30 days of the policy anniversary. If Premium Freeze is cancelled, the life insured may also apply to recommence indexation increases. The cancellation of Premium Freeze and the recommencement of indexation increases are subject to our approval.

Premium Freeze is not available to SuperLink arrangements.

8. Premium, charges and fees

8.1 About the premium

The premium for the policy includes the cost of cover selected for each life insured under the policy and any Policy Fees which apply. It also includes any government charges and administration charges.

The premium is calculated by us at the policy start date and at each policy anniversary. The premium payable for the first year of the policy will be shown on the Policy Schedule, and the premium for each subsequent year of the policy will be shown in the updated Policy Schedule that we send the life insured prior to each policy anniversary.

The minimum premium for each life insured (inclusive of the Policy Fee) is \$300 p.a.

The minimum annual premium for increases is \$150 p.a. for each life insured. This minimum does not apply to indexation increases.

8.2 Premium rates

We calculate the premium by reference to a table of premium rates for the covers (and any options) selected. A table of premium rates is available upon request. In setting the premium rates we take into consideration the risk group, and the costs of setting up and administering the policy.

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

8.3 Premium types

The way we calculate the premium depends on the premium type the life insured selects. The premium type applying to each cover under this policy is shown on the Policy Schedule. The premium types are:

- stepped premium – the premium is re-calculated on each policy anniversary based on the life insured's age at that time. Premiums will also change when cover changes (including changes to the amount(s) insured and/or monthly amount(s) insured due to indexation);
- level premium – the premium is calculated on an age-based premium rate determined by the life insured's age as at the cover start date. This rate will apply until the policy anniversary when the life insured is age 65, unless premium rates are revised (see section 8.2). If any premiums are payable beyond this date, the premiums will be calculated as a stepped premium.

If the amount(s) insured is increased due to indexation or other reasons, then the premium payable for the amount of the increase will be based on the life insured's age at the time of the increase and the level premium rate for that age.

If the life insured wishes to reduce the amount insured, we first reduce the latest issued level premium amount insured and premium, then reduce each previously issued level premium amount insured and premium.

All premium rates can be reviewed and are not guaranteed (see section 8.2).

8.4 Policy Fee

A Policy Fee is payable for the life insured under the policy and is shown on the Policy Schedule. The Policy Fee will be adjusted at 1 May each year by the 'indexation factor' applying at that time and will take effect for this policy on the policy anniversary on or following the date of this change. We will advise the life insured of the new Policy Fee when we send the life insured an updated Policy Schedule in advance of the policy anniversary.

8.5 Government charges

We will pay any stamp duty, tax, excise or other charges of the Commonwealth, or of a State or Territory Government, which may apply to this policy. However, we reserve the right to recoup these charges through the premium, and the right to increase the premium to cover any increase in, or addition to, these charges.

8.6 Administration charges

We reserve the right to charge a fee to recoup the costs of administering any function required of us in respect of this policy by any Commonwealth, State or Territory Government.

8.7 Payment of premium

Annual premiums for the policy must be paid by the policy anniversary date or the relevant premium instalment amount (if agreed by us) must be paid by the relevant instalment date. If a premium is not paid when due, we will cancel the policy 30 days after we give the life insured notice of cancellation in writing.

Premium payments are to be made payable to OnePath Life.

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Premiums may be paid by instalments and by an approved payment method, and may be subject to a loading depending on the payment frequency. The frequency of payment of premiums will be shown on the Policy Schedule. We may increase or vary frequency loadings on instalment premiums at any time by prior written notice to the Trustee and the life insured.

Where premiums are paid by monthly instalments and the life insured cancels the policy, we will not refund any instalment paid. We will pay a pro rata refund where premiums are paid by annual or half-yearly instalments and the policy is cancelled before the next annual or half yearly instalment is due. Any pro rata refund of premium will be paid to the Trustee. The release of this premium by the Trustee to the life insured will be subject to the Trust Deed of the Master Trust and relevant superannuation laws.

8.8 Waiver of premium payments

If we waive premiums under the Premium Waiver Disability Option (see section 4.3) or the Income Secure Cover Waiver of Premium (see section 5.6.1), we will release any premium waived to the Trustee.

The release of this premium by the Trustee to the life insured will be subject to the Trust Deed of the Master Trust and relevant superannuation laws.

9. Claims and payments

If the Trustee is making a claim to receive benefits under this policy on behalf of the life insured, the Trustee must provide us with all of the information required by us to establish the occurrence of the event giving rise to the claim. The payment of a benefit under this policy is also subject to proof of entitlement, including proof of the life insured's age in the form of a birth certificate.

If the life insured's age has been understated, the benefit(s) under the policy will be reduced to those that the premium paid would have purchased for the life insured's correct age. If it was overstated, we will refund the appropriate overpayment of premium.

In the event of a claim, the life insured must (at his or her expense) provide the Trustee with all the information and details that we may reasonably require to assess the claim. The life insured must undergo any medical examinations which we may require and which will be conducted at our expense, unless the costs can be recovered from another source.

All amounts payable under this policy shall be paid in Australian currency in Australia.

9.1 Claims for Income Secure Cover

In addition to the requirements listed above, the life insured must:

- notify the Trustee in writing immediately if they are **disabled** for more than seven days. The Trustee will then send the life insured the necessary claim forms. These must be filled in and lodged within 30 days of the life insured's **illness** or **injury** occurring
- give the Trustee full information if there is a claim. This includes any medical reports from people who have treated the life insured for the **illness** or **injury**
- seek regular medical advice and treatment from a **medical practitioner** for as long as they are **on claim**. The life insured must do this if we are to pay the benefit.

During the course of a claim we are entitled to ask for proof that the life insured is **disabled** and still entitled to receive benefits. If proof is not provided or the life insured is no longer entitled to benefits, we may reduce or cease paying benefits under the policy.

9.2 Taxes, duties or other government charges payable on the amount(s) insured

If we are required to pay any tax, duty or government charge or levy in respect of any payment to the Trustee under this policy, we may reduce the amount paid to the Trustee by the amount of the tax, duty or government charge or levy.

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10. Special terms defined

In this section we define some words and expressions used throughout the Policy Terms. Where a word is given a special meaning below or elsewhere in this policy or on the Policy Schedule, it will have that meaning wherever it occurs in the policy.

Accidental death means a visible and external event, which was unexpected and unintended, and which caused the **injury** and death of the life insured.

Exclusions – events which are not accidents

For the purposes of the policy, the following situations are not accidents, and any claims arising from these situations are excluded where:

- one of the contributing causes of **injury** and death was any of the following conditions:
 - sickness
 - disease
 - allergy
 - any gradual onset of a physical or mental infirmity
- the **injury** and death, which was unintended and unexpected, was the result of an intentional act or omission
- the life insured was injured and 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.

Accidental total and permanent disablement means the life insured's total and permanent disability is caused by an unforeseen, unintentional, violent and external event.

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.

Employed/Employment means that the life insured is engaged in any gainful occupation for salary, reward or profit. It includes sabbatical, maternity or paternity leave.

Home means the life insured's principal place of residence.

Illness means an illness or disease which first manifests itself during the period of the policy unless it was fully disclosed to us and accepted by us as part of the application for cover, or an application to extend, vary or reinstate cover.

Immediate family member means a:

- **spouse**
- son, daughter, father, mother, brother, sister, father-in-law or mother-in-law
- person in a bona fide domestic living arrangement and is financially interdependent. The life insured must provide us with satisfactory evidence that there is an established and ongoing interdependency.

Injury means a bodily injury which occurs during the period of the policy unless it was fully disclosed to us and accepted by us as part of the application for cover, or an application to extend, vary or reinstate cover.

Medical practitioner means a registered and qualified medical practitioner in Australia, or another country as approved by us who is not the life insured, or the **spouse**, business partner or other **immediate family member** of the life insured.

On claim means the dates for which the Trustee is eligible to receive a benefit with respect to a life insured under the policy.

Reasonably apparent means a reasonable person in the circumstances could be expected to have been aware of the symptoms.

Spouse means a spouse, de facto spouse or person living in a bona fide domestic arrangement, irrespective of their gender, where one or each of them provides the other with financial support, domestic support and personal care.

Terminal illness/Terminally ill means for:

- Extra Care Cover: the life insured must survive without life support for eight days after an appropriate specialist physician approved by us, diagnoses that the illness is likely to lead to the death of the life insured within 12 months from the date that the opinion is provided to us
- all other covers: an illness that, in the opinion of an appropriate specialist physician approved by us, is likely to lead to the death of the life insured within 12 months from the date that the opinion is provided to us.

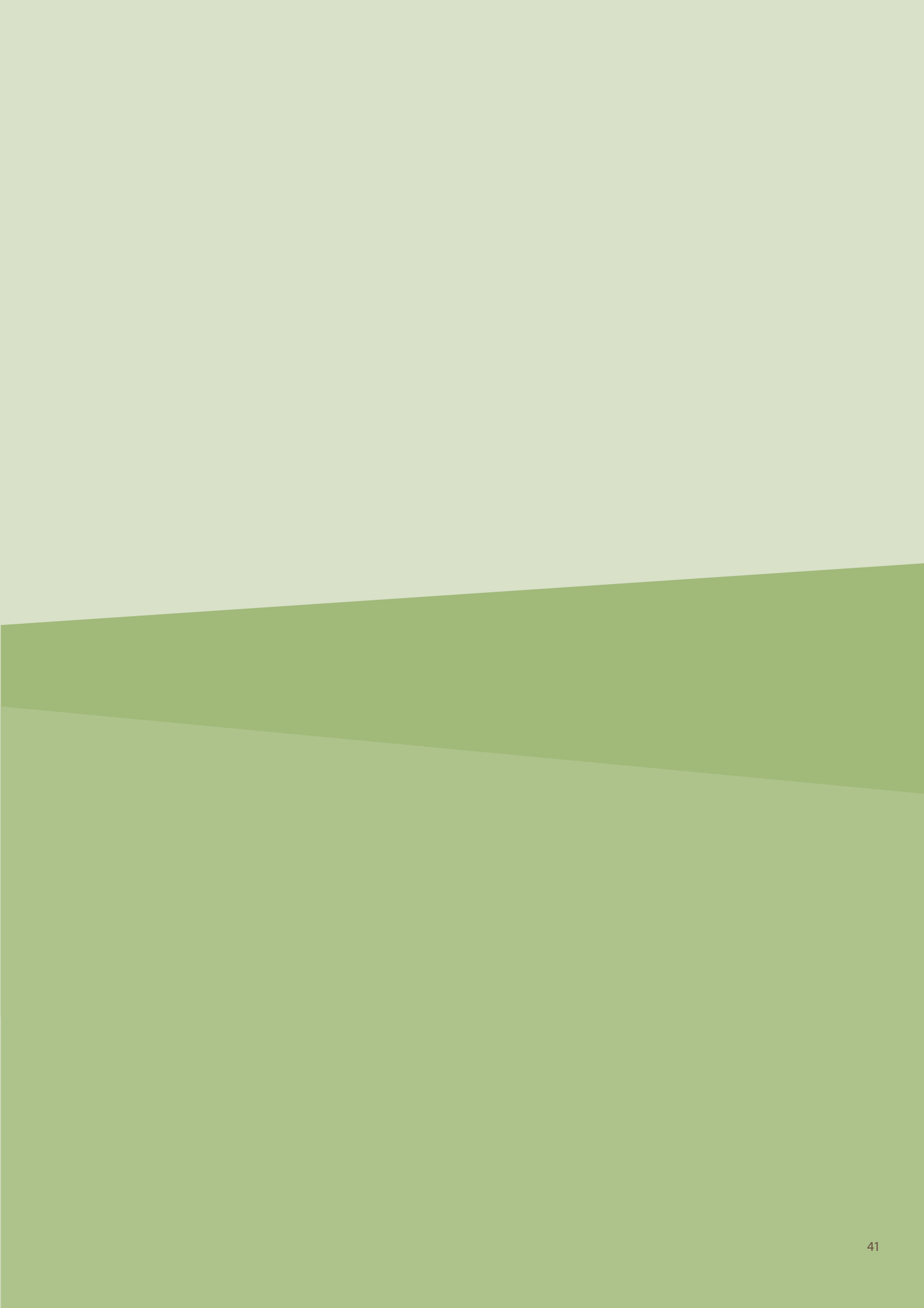
Unemployed/Unemployment means that the life insured is not actively engaged in any gainful occupation for salary, reward or profit. It does not include sabbatical, maternity or paternity leave.

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The policy	Life Cover	Total and Permanent Disability Cover	General benefits, features and options	Income Secure Cover	Extra Care Cover	Changing the amount insured	Premium, charges and fees	Claims and payments	Special terms defined
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Notes

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