



a company of ANZ

OneCare

Life Cover | TPD Cover | Trauma Cover | Income Secure Cover
Business Expense Cover | Living Expense Cover | Child Cover | Extra Care Cover

Policy Terms

15 November 2010



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OneCare policy structure

OneCare provides financial protection through a range of insurance covers. Any one or more of the following covers can be purchased under the one policy:

- Life Cover
- Total and Permanent Disability (TPD) Cover
- Trauma Cover (Comprehensive or Premier)
- Income Secure Cover (Standard, Comprehensive, Professional or Special Risk)
- Business Expense Cover
- Living Expense Cover.

Under OneCare, Child Cover and/or Extra Care Cover can also be added to a policy with any one of the above mentioned covers.

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

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
- Special terms defined (see section 14) or
- Trauma conditions defined (see section 15), in the case of trauma conditions.

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

OneCare is issued by OnePath Life Limited (OnePath Life) ABN 33 009 657 176 AFSL 238 341. 'We', 'us' and 'our' are OnePath Life, the life insurance company issuing this policy.

1.1.2 Policy owner

'You' and 'your' refers to the policy owner and is the person or company named as the policy owner on the Policy Schedule.

The policy owner pays the premiums for the policy. We pay the policy owner or the nominated beneficiary (where a nomination has been made by the policy owner and accepted by us; see section 1.1.4) the amount insured and/or monthly amount insured (apart from the Superannuation Maintenance part of Priority Income if it applies; see section 6.7.4) if a claim is payable under this policy.

Where there is more than one policy owner, unless otherwise shown on the Policy Schedule, this policy shall be owned by them as joint tenants.

Where permitted by law, the policy owner may assign/transfer the ownership of the policy by completing a Memorandum of Transfer and registering the assignment with us. Failure to register the assignment with us may affect the rights of the new owner to claim under this policy. A Memorandum of Transfer form is available from us upon request.

1.1.3 Life insured

The 'life insured' is a person named as the life insured on the Policy Schedule and whose life is insured under this policy. In the case of Child Cover, it is the child insured under the policy.

There can be more than one life insured under this policy. The amount(s) insured and the type of cover(s) for each life insured are shown on the Policy Schedule.

1.1.4 Nominated beneficiary

A 'nominated beneficiary' is a person who has been nominated by the policy owner to receive part or all of the benefits payable in the event of the death of the life insured, in such proportions as is nominated by the policy owner and confirmed by us in writing to the policy owner.

A nominated beneficiary:

- can be an individual, trust, company or charitable foundation
- cannot be a policy owner or life insured under this policy
- cannot be nominated where the policy is owned by the trustee of a superannuation fund.

If the sum of benefits payable to nominated beneficiaries under the policy is less than 100% of the total death benefits payable, the policy owner or the policy owner's estate will receive any balance (or proportion) of benefits under the policy in the event of the death of the life insured so that the total sum of death benefits payable equals 100%.

In the event that the nominated beneficiary is a trust, company or charitable foundation, and that entity no longer exists, the policy owner or the policy owner's estate will receive any balance (or proportion) of benefits under the policy in the event of the death of the life insured so that the total sum of death benefits payable equals 100%.

A nomination will be cancelled if the ownership of the policy is transferred to a new policy owner by assignment. If a nominated beneficiary predeceases the policy owner, we will pay the deceased nominated beneficiary's proportion of death benefits to the policy owner or the policy owner's estate.

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 or cover and/or not pay a claim.

If we agree to backdate the risk commencement date for your policy/cover and the written contract of insurance 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 written contract of insurance is issued.

1.3 Policy Terms

These Policy Terms set out the standard terms for OneCare policies.

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

- we accept your application and issue a Policy Schedule
- you have paid and continue to pay the premium by the due dates.

1.4 Policy Schedule

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

- the amount insured for each cover
- the benefit payment type which applies to the amount insured
- 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 for each life insured on the Policy Schedule to the policy owner or the nominated beneficiary in the circumstances specified in this policy.

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

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

1.5 Premium

You must pay the premium to keep the policy in force (see sections 12.1 and 12.7). If the premium has not been paid in full for each life insured, we do not have to pay any benefits under the policy for any lives insured and we may cancel the policy for all lives insured.

If the policy insures more than one person or provides more than one type of cover and a claim becomes payable in respect of one of them and Business Debt Protector (see section 5.3) does not apply, 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 insure the remaining person(s) and 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 life/lives insured and the remaining cover(s).

1.6 Cooling-off period

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

You may 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 you do this, we will cancel the policy or the individual covers as requested, and will refund 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).

You cannot exercise the right to cancel the policy, or individual covers under the policy, at any time after you have made a claim for benefits 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 from the investment of your premium. The policy has no surrender value.

1.8 Continuing cover

You may continue the policy each year upon payment of the premium, regardless of changes to the health, occupation or pastimes of each 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 you an updated Policy Schedule which shows any variation to the cover(s) provided for each 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 you 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 you have not paid the premium when due
- ending of all covers for all lives insured 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 last life insured under the policy.

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 apply 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 your Policy Schedule previously, these continue to apply.

1.12 Replacement of insurance issued by another insurer

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

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.

1.16 Customer concerns

We aim to resolve all complaints quickly and fairly. If you have a complaint, please contact Customer Services on 133 667, or write to us at:

Complaints Resolution Officer

OnePath Life
GPO Box 5306
Sydney NSW 2001

Having followed our dispute resolution process, if you are not satisfied with our response, you can contact the Financial Ombudsman Service (FOS):

Financial Ombudsman Service

GPO Box 3
Melbourne VIC 3001
Phone 1300 780 808
Fax 03 9631 6399
www.fos.org.au

The FOS is an external dispute resolution scheme that was established to provide free advice and assistance to consumers to help them in resolving complaints relating to members of financial services industry, including life insurance companies, superannuation providers, financial planners, investment managers, general insurance companies and their agents.

2. Life Cover

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

- the Life Cover amount insured
- the Life Cover benefit payment type 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	2.2.1
Terminal Illness Benefit	2.2.2
Advance Assistance Benefit	2.2.3
Financial Advice Benefit	2.2.4
Accommodation Benefit	2.2.5
Built-in features	
Serious Disability Premium Waiver	2.2.6
Indexation	11.1
Premium Freeze	11.2
Future Insurability	5.1
Business Debt Protector	5.3
Options (at extra cost)	
TPD Cover as an option to Life Cover	3
Trauma Cover as an option to Life Cover	4
Business Guarantee Option	5.2
Premium Waiver Disability Option	5.4

2.1 Life Cover amount insured and benefit payment type

The benefit payment types which may apply are described below:

Lump sum benefit payment type

If the lump sum benefit payment type applies, the Life Cover amount insured is the amount for which we agree to cover the life insured. In the event of a claim, we will pay this amount, or a part of this amount (see section 2.2.3), as a single lump sum payment.

Instalment benefit payment type

If an instalment benefit payment type applies, the Life Cover amount insured is the instalment amount for which we agree to cover the life insured. In the event of a claim, we will pay this amount monthly in arrears from the date the entitlement arises under the cover for the duration of the selected instalment term. There are two different instalment benefit payment types which may apply:

- **Fixed term instalment benefit payment type**

If a fixed term instalment benefit payment type applies, we will pay the instalment amount insured for the fixed term period in years as shown on the Policy Schedule.

- **Age-based term instalment benefit payment type**

If an age-based term instalment benefit payment type applies, we will pay the instalment amount insured until the policy anniversary when the life insured is (or, if the life insured dies, would have been) the age at which the instalment term ends as shown on the Policy Schedule.

We may agree to change the benefit payment type upon request.

You cannot change the benefit payment type at the time of a claim or at any time when you are entitled to make a claim.

2.2 Life Cover built-in benefits and features

2.2.1 Death Benefit

If the life insured dies while their Life Cover is in force, we will pay the Life Cover amount insured by the benefit payment type which applies.

2.2.2 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 by the benefit payment type which applies.

2.2.3 Advance Assistance Benefit

If the lump sum benefit payment type applies and the Life Cover amount insured is greater than \$25,000 at the time a claim is made, we will pay an advance payment of \$25,000 of the Life Cover amount insured upon receipt of the life insured's full Australian death certificate or other evidence satisfactory to us showing the cause of death.

If we provide an Advance Assistance Benefit or an equivalent benefit in respect of the life insured under more than one policy issued by us, the maximum we will pay for all these benefits under all such policies will be \$25,000. The remaining balance of the Life Cover amount insured will be payable after the assessment of the claim is completed if we accept the claim.

This benefit is not payable if the life insured dies as a result of anything excluded under this cover (see section 2.4). Payment of this benefit is not an admission of our liability in respect of the Life Cover claim on the life insured's life. We will continue to undertake our normal claim assessment procedures after any payment of this benefit.

We reserve the right to recover the amount of the Advance Assistance Benefit already paid if the Life Cover claim is subsequently denied.

This benefit does not apply if this policy is issued to the trustee of a superannuation fund, or if an instalment benefit payment type applies to the cover.

2.2.4 Financial Advice Benefit

If we pay the Life Cover amount insured for death or **terminal illness**, we will also reimburse the costs associated with the preparation of a financial plan by a financial adviser for the person to whom we paid the Life Cover amount insured.

The following conditions apply to the Financial Advice Benefit:

- The maximum total amount payable under this benefit is \$2,000.
- Where the Life Cover amount insured is paid to multiple persons, the maximum amount of \$2,000 will be divided between them in the same proportions that applied to the payment of the Life Cover amount insured.
- This benefit is only payable for the reimbursement of fees actually paid to the financial adviser for the preparation of the financial plan where the fees were paid by the person(s) to whom we paid the Life Cover amount insured. It does not apply to any commissions which may be received by the financial adviser as a result of decisions to implement recommendations made in the financial plan.
- We must receive evidence which is acceptable to us of the financial planning advice received before this benefit is payable, and this evidence must be received within 12 months of the payment of the Life Cover amount insured.
- This benefit is not payable in relation to the Advance Assistance Benefit, or if we have previously paid a Financial Advice Benefit under TPD Cover or Trauma Cover.
- The financial adviser who provides the financial plan must be an Australian Financial Services Licensee or an Authorised Representative of an Australian Financial Services Licensee.
- This benefit will only be paid once per life insured across all policies issued by us in respect of that life insured.

This benefit does not apply if this policy is issued to the trustee of a superannuation fund.

2.2.5 Accommodation Benefit

If we pay a Terminal Illness Benefit under Life Cover for a life insured, and a **medical practitioner** certifies that the life insured must remain confined to bed due to the **terminal illness** for which we paid the claim and:

- the life insured is more than 100 kilometres from their **home** and an **immediate family member** is required to travel from their **home** to be with the life insured or
- an **immediate family member** is required to travel more than 100 kilometres from their **home** to be with the life insured,

we will reimburse the accommodation costs of the life insured's **immediate family member** up to a maximum of \$150 per day for each day while the life insured remains confined to bed and their **immediate family member** remains away from their **home**, for a maximum of 14 days.

The reimbursement of accommodation costs must be claimed within six weeks of the Terminal Illness Benefit under Life Cover being paid. We must receive evidence which is acceptable to us of the life insured's confinement to bed and of payment of the accommodation costs.

This benefit does not apply if this policy is issued to the trustee of a superannuation fund.

2.2.6 Serious Disability Premium Waiver

If prior to the policy anniversary when the life insured is age 65, the life insured suffers an **illness** or **injury** that results in the life insured being permanently unable to perform at least two of the **activities of daily living** without the physical assistance of another adult person, 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.

2.3 Life Cover benefit reductions

The Life Cover lump sum (or instalment) amount insured will be reduced by any amount we pay (or begin to pay) under this policy for:

- the Advance Assistance Benefit
- TPD Cover where it is an option to Life Cover or
- Trauma Cover where it is an option to Life Cover.

If the optional Business Debt Protector applies to this policy, we will apply these reductions to the cover for all lives insured under the policy.

2.4 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
 - the date we increase this cover at the request of the policy owner (not including any indexation increases). The exclusion applies only to the amount of the increase to the cover
 - the date we agree to reinstate the cover after it has been cancelled or
 - the 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.

2.5 When Life Cover ends

Life Cover for a 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 (or begin to pay) the full Life Cover lump sum (or instalment) amount insured
- cover expiry date shown on the Policy Schedule (if applicable)
- date we receive written notification from you 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 you have not paid the premium when due.

If this policy is issued to the trustee of a superannuation fund, and Life Cover under this policy ceases to be available as part of the superannuation entitlements of the life insured as prescribed under relevant superannuation law, we will accept an application from the life insured for Life Cover under a non-superannuation policy without underwriting. Life Cover will continue on the same terms as applying 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 a life insured, and if so:

- the TPD Cover structure:
 - TPD Cover as an option to Life Cover
 - TPD Cover as an option to Trauma Cover
 - stand alone TPD Cover
- the TPD Cover amount insured
- the TPD Cover benefit payment type
- the TPD definition which applies
- 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	3.2.1
Limited Death Benefit	3.2.2
Financial Advice Benefit	3.2.3
Accommodation Benefit	3.2.4
Built-in features	
Indexation	11.1
Premium Freeze	11.2
Future Insurability	5.1
Business Debt Protector	5.3
Life Cover Buy Back	3.4.1
Auto Conversion	3.8
Options (at extra cost)	
Business Guarantee Option	5.2
Premium Waiver Disability Option	5.4
Double TPD Option	3.5.1
Life Cover Purchase Option	3.5.2

3.1 TPD Cover amount insured and benefit payment type

The benefit payment types which may apply are described below:

Lump sum benefit payment type

If the lump sum benefit payment type applies, the TPD Cover amount insured is the amount for which we agree to cover the life insured. In the event of a claim, we will pay this amount, or a part of this amount (see section 3.2.1.4), as a single lump sum payment.

Instalment benefit payment type

If an instalment benefit payment type applies, the TPD Cover amount insured is the instalment amount for which we agree to cover the life insured. In the event of a claim, we will pay this amount, or part of this amount (see section 3.2.1.4), monthly in arrears from the date the entitlement arises under the cover for the duration of the selected instalment term. There are two different instalment benefit payment types which may apply:

- **Fixed term instalment benefit payment type**

If a fixed term instalment benefit payment type applies, we will pay the instalment amount insured for the fixed term period in years as shown on the Policy Schedule.

- **Age-based term instalment benefit payment type**

If an age-based term instalment benefit payment type applies, we will pay the instalment amount insured until the policy anniversary when the life insured is (or, if the life insured dies, would have been) the age at which the instalment term ends as shown on the Policy Schedule.

We may agree to change the benefit payment type upon request.

You cannot change the benefit payment type at the time of a claim or at any time when you are entitled to make a claim.

3.2 TPD Cover built-in benefits

3.2.1 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 3.2.1.2), we will pay the full TPD Cover amount insured by the benefit payment type which applies.

If the life insured suffers a 'specific loss' while their TPD Cover is in force, we will pay a partial amount of the TPD Cover amount insured by the benefit payment type which applies (see section 3.2.1.4).

If stand alone TPD Cover or TPD Cover as an option to Trauma 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 3.2.1.2).

3.2.1.1 Maximum amounts

The maximum lump sum 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 definitions – \$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

or if an instalment benefit type applies, an **equivalent instalment amount**.

The maximum lump sum amount we will pay for TPD Cover where the life insured is age 65 or older is \$3,000,000 across all TPD policies, or if an instalment benefit payment type applies, an **equivalent instalment amount**. 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 3.8).

The amount insured will be adjusted by increases under indexation if applicable (see section 11.1).

3.2.1.2 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 you 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 3.8).

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

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 3.2.2).

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", 4th 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 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)
 - 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 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', 4th 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)
 - 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.

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 dependent children (where applicable). 'Normal domestic duties' does not include duties performed outside the person's **home** for salary, reward or profit.

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 their **home** unaided, or be engaged in any occupation and
- b) is disabled at the end of the period of three consecutive months 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", 4th edition, or an equivalent guide to impairment approved by us and
- b) is disabled to such an extent that, as a result of this impairment, 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)
 - 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)
- 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.

3.2.1.3 Date of disablement

To determine the benefit payable for cover under part 1 of an Any or Own 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.

3.2.1.4 Partial payment for specific loss

'Specific loss' means that, due to **illness or injury**, the life insured suffers the total and permanent loss of the use of:

- one limb (where 'limb' is defined as the whole hand or the whole foot) or
- the sight in one eye.

If the life insured suffers a 'specific loss' while TPD Cover for the life insured is in force, we will pay a partial amount of the TPD Cover amount insured.

The partial payment for 'specific loss' is 25% of the TPD Cover amount insured at the time the 'specific loss' occurs, subject to a minimum of \$10,000 and a maximum of \$500,000, or if an instalment benefit payment type applies, an **equivalent instalment amount**.

The TPD Cover amount insured is reduced by the amount paid for 'specific loss'.

This benefit does not apply if the policy:

- is issued to the trustee of a superannuation fund
- is part of a transfer from another OnePath product, unless the TPD Cover has been fully underwritten
- is issued as part of a continuation option, unless the TPD Cover has been fully underwritten.

3.2.2 Limited Death Benefit

(Only available with stand alone TPD Cover or TPD Cover as an option to Trauma Cover.)

If the life insured dies while stand alone TPD Cover or TPD Cover as an option to Trauma 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.

3.2.3 Financial Advice Benefit

If we pay a TPD Benefit, we will also reimburse the costs associated with the preparation of a financial plan by a financial adviser for the person to whom we paid the TPD Benefit.

The following conditions apply to the Financial Advice Benefit:

- The maximum total amount payable under this benefit is \$2,000.
- This benefit is only payable for the reimbursement of fees actually paid to the financial adviser for the preparation of the financial plan where the fees were paid by the person(s) to whom we paid the TPD Cover amount insured. It does not apply to any commissions which may be received by the financial adviser as a result of decisions to implement recommendations made in the financial plan.
- We must receive evidence which is acceptable to us of the financial planning advice received before this benefit is payable, and this evidence must be received within 12 months of the payment of the full TPD Benefit amount insured.
- This benefit is not payable in relation to the Limited Death Benefit or partial payment for a 'specific loss'.
- This benefit is not payable if we have previously paid a Financial Advice Benefit under Life Cover or Trauma Cover.
- This benefit will only be paid once per life insured across all policies issued by us in respect of that life insured.
- The financial adviser who provides the financial plan must be an Australian Financial Services Licensee or an Authorised Representative of an Australian Financial Services Licensee.

This benefit does not apply if the policy is issued to the trustee of a superannuation fund.

3.2.4 Accommodation Benefit

If we pay a TPD Benefit for a life insured, and a **medical practitioner** certifies that the life insured must remain confined to bed due to the **disability** for which we paid the TPD Benefit and:

- the life insured is more than 100 kilometres from their **home** and an **immediate family member** is required to travel from their **home** to be with the life insured or
- an **immediate family member** is required to travel more than 100 kilometres from their **home** to be with the life insured,

we will reimburse the accommodation costs of the life insured's **immediate family member** up to a maximum of \$150 per day for each day while the life insured remains confined to bed and their **immediate family member** remains away from their **home**, for a maximum of 14 days.

The reimbursement of accommodation costs must be claimed within six weeks of the TPD Benefit being paid. We must receive evidence which is acceptable to us of the life insured's confinement to bed and of the payment of the accommodation costs.

This benefit does not apply if the policy is issued to the trustee of a superannuation fund.

3.3 TPD Cover benefit reductions

The TPD Cover amount insured may be reduced if we pay other benefits for that life insured under this policy. The TPD Cover amount insured will be reduced in the following situations:

- If both TPD Cover and Trauma Cover apply as options to Life Cover for a life insured, the TPD Cover lump sum (or instalment) amount insured is reduced by any amount we pay (or begin to pay) for that life insured under this policy for:
 - the Terminal Illness Benefit under Life Cover
 - the TPD Benefit under TPD Cover
 - the Trauma Benefit under Trauma Cover.
- If TPD Cover only applies as an option to Life Cover for a life insured, the TPD Cover lump sum (or instalment) amount insured is reduced by any amount we pay (or begin to pay) for that life insured under this policy for:
 - the Terminal Illness Benefit under Life Cover
 - the TPD Benefit under TPD Cover.
- If TPD Cover as an option to Trauma Cover applies for a life insured, the TPD Cover lump sum (or instalment) amount insured is reduced by any amount we pay (or begin to pay) for that life insured under this policy for:
 - the TPD Benefit under TPD Cover
 - the Trauma Benefit under Trauma Cover.
- If stand alone TPD Cover applies for a life insured, the TPD Cover lump sum (or instalment) amount insured is reduced by a partial payment for a TPD Benefit under TPD Cover.

If the optional Business Debt Protector applies to this policy, we will apply these reductions to the cover for all lives insured under the policy.

3.4 TPD Cover built-in features

3.4.1 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 (or begin to pay) the full TPD Cover lump sum (or instalment) amount insured for a life insured under this policy, you can buy back Life Cover for that life insured up to the amount of the TPD Benefit we paid (or are paying), on the following basis:

- We will offer Life Cover Buy Back 12 months after the later of:
 - the date we received your fully completed claim form or
 - the date you satisfied the conditions of the TPD definition.
- We must receive written acceptance from you 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 you choose to buy back. We may apply any medical, occupational or pastime loadings, or any other loadings that applied to the original Life Cover.
- The benefit payment type which will apply to the new Life Cover will be the same benefit payment type which 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.

You cannot exercise Life Cover Buy Back if:

- a benefit for **terminal illness** has been previously paid for the life insured
- the Double TPD Option applies for the life insured (see section 3.5.1) or
- we pay (or begin to pay) only a part of the TPD Cover lump sum (or instalment) amount insured (including a partial payment for specific loss). However, if we subsequently pay (or begin to pay) the full balance of the TPD Cover lump sum (or instalment) amount insured, you can exercise Life Cover Buy Back in relation to the total of the TPD Benefits paid.

3.5 TPD Cover options (at extra cost)

3.5.1 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 (or begin to pay) the full TPD Cover lump sum (or instalment) amount insured for a life insured and the life insured survives the relevant survival period (as outlined in the table below) 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

We will waive premiums for the reinstated Life Cover from the date we pay (or begin to pay) the full TPD Cover lump sum (or instalment) 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 or
- we pay (or begin to pay) only a part of the TPD Cover lump sum (or instalment) amount insured (including a partial payment for specific loss). However, if we subsequently pay (or begin to pay) the full balance of the TPD Cover amount insured, we will reinstate the Life Cover up to the TPD Cover amount insured.

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

3.5.2 Life Cover Purchase Option

(Only available with stand alone TPD Cover or TPD Cover as an option to Trauma Cover as shown on the Policy Schedule.)

If we pay (or begin to pay) the full TPD Cover lump sum (or instalment) amount insured for a life insured under this policy, you can purchase Life Cover for that life insured up to the amount of the TPD Benefit we paid (or are paying), on the following basis:

- We will offer the Life Cover Purchase Option 12 months after the later of:
 - the date we received your fully completed claim form or
 - the date you satisfied the conditions of the TPD definition.
- We must receive written acceptance from you 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 you choose to exercise this option. We may apply any medical, occupational or pastime loadings, or any other loadings that applied to the original TPD Cover.
- 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.

You cannot exercise the Life Cover Purchase Option:

- if a benefit for **terminal illness** has been previously paid for the life insured or
- if we pay (or begin to pay) only a part of the TPD Cover lump sum (or instalment) amount insured (including a partial payment for specific loss). However, if we subsequently pay (or begin to pay) the full balance of the TPD Cover lump sum (or instalment) amount insured, you can exercise Life Cover Purchase Option in relation to the total of the TPD Benefits paid.

3.6 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 or 'specific loss' which arises as a result of the life insured's intentional act or omission.

3.7 When TPD Cover ends

TPD Cover for a 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 100
- date we pay (or begin to pay) the full TPD Cover lump sum (or instalment) amount insured
- cover expiry date shown on the Policy Schedule
- date we receive written notification from you 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 you have not paid the premium when due
- date of the life insured's death.

If this policy is issued to the trustee of a superannuation fund and TPD Cover under this policy ceases to be available as part of the superannuation entitlements of the life insured as prescribed under relevant superannuation law, we will accept an application from the life insured without evidence of health or underwriting for TPD Cover, to continue on the same terms as applying under this policy in a non-superannuation 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.

3.8 Auto Conversion

3.8.1 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, you may apply to continue for up to \$1,000,000, or if an instalment benefit payment type applies, an **equivalent instalment amount** of their Any occupation or Own occupation TPD definition cover to age 70.

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

If we accept your 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, or if an instalment benefit payment type applies, an **equivalent instalment amount**. 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, or if an instalment benefit payment type applies, an **equivalent instalment amount**.

3.8.2 When the life insured is age 70

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

4. Trauma Cover

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

- the Trauma Cover structure:
 - Trauma Cover as an option to Life Cover
 - stand alone Trauma Cover or
 - Trauma Cover with optional TPD Cover
- the Trauma Cover amount insured
- the Trauma Cover benefit payment type
- the Trauma Cover type (Trauma Comprehensive or Trauma Premier) and
- any options selected (at extra cost).

The Trauma 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	
Trauma Benefit	4.2.1
Limited Death Benefit	4.2.2
Financial Advice Benefit	4.2.3
Accommodation Benefit	4.2.4
Built-in features	
Indexation	11.1
Premium Freeze	11.2
Future Insurability	5.1
Business Debt Protector	5.3
Life Cover Buy Back	4.4.1
Auto Conversion	4.8
Options (at extra cost)	
TPD Cover as an option to Trauma Cover	3
Business Guarantee Option	5.2
Premium Waiver Disability Option	5.4
Double Trauma Option	4.5.1
Life Cover Purchase Option	4.5.2
Trauma Cover Reinstatement Option	4.5.3
Premier Maximiser Option	4.5.4
Baby Care Option	4.5.5

4.1 Trauma Cover amount insured and benefit payment type

The benefit payment types which may apply are described as follows:

Lump sum benefit payment type

If the lump sum benefit payment type applies, the Trauma Cover amount insured is the amount for which we agree to cover the life insured. In the event of a claim, we will pay this amount, or a part of this amount (see section 4.2.1.4 and 4.2.1.5), as a single lump sum payment.

Instalment benefit payment type

If an instalment benefit payment type applies, the Trauma Cover amount insured is the instalment amount for which we agree to cover the life insured. In the event of a claim, we will pay this amount, or a part of this amount (see section 4.2.1.4 and 4.2.1.5), monthly in arrears from the date the entitlement arises under the cover for the duration of the selected instalment term. There are two different instalment benefit payment types which may apply:

- **Fixed term instalment benefit payment type**

If a fixed term instalment benefit payment type applies, we will pay the instalment amount insured for the fixed term period in years as shown on the Policy Schedule.

- **Age-based term instalment benefit payment type**

If an age-based term instalment benefit payment type applies, we will pay the instalment amount insured until the policy anniversary when the life insured is (or, if the life insured dies, would have been) the age at which the instalment term ends as shown on the Policy Schedule.

We may agree to change the benefit payment type upon request.

You cannot change the benefit payment type at the time of a claim or at any time when you are entitled to make a claim.

4.2 Trauma Cover built-in benefits

4.2.1 Trauma Benefit

If one of the specified trauma conditions (listed in section 4.2.1.2 and defined in section 15) first occurs or is first diagnosed for a life insured, and symptoms leading to the trauma condition occurring or being diagnosed only first become **reasonably apparent** while the Trauma Cover for the life insured is in force, we will pay the full Trauma Cover amount insured (or a partial amount for some trauma conditions) by the benefit payment type which applies.

We require the diagnosis and certification of a trauma condition:

- by a **medical practitioner** and
- agreed to by us.

For some trauma conditions the **medical practitioner** must be an appropriate specialist approved by us (see section 4.2.1.2).

If stand alone Trauma Cover or Trauma Cover with optional TPD Cover applies, the life insured must also satisfy an eight day survival period for a Trauma Benefit to be paid. This means the life insured must survive without life support for eight days after the date of occurrence or diagnosis of the trauma condition. This survival period is in addition to any time requirement which is specified within the definition of the trauma condition.

4.2.1.1 Maximum amounts

The maximum lump sum amount of Trauma Cover for the life insured that can be applied for is \$2,000,000, or if an instalment benefit payment type applies, an **equivalent instalment amount**.

The amount insured will be adjusted by increases under indexation if applicable (see section 11.1).

4.2.1.2 Trauma conditions

If you have Trauma Cover, the life insured is covered for the specified trauma conditions below. The trauma conditions covered will depend on whether you have selected Trauma Comprehensive or Trauma Premier. The definitions for the trauma conditions can be found in section 15.

The following trauma conditions are covered under both Trauma Comprehensive and Trauma Premier:

- **Alzheimer's disease**[†]
- **angioplasty**^{*††}
- **aortic surgery**^{*}
- **aplastic anaemia**
- **benign brain tumour**[†]
- **benign tumour of the spine**[†]
- **blindness**
- **cancer**^{*†}
- **cardiomyopathy**
- **chronic kidney failure**
- **chronic liver disease**
- **chronic lung disease**[†]
- **cognitive loss**
- **coma**
- **coronary artery by-pass surgery**^{*†}
- **deafness**

- **dementia**[†]
- **encephalitis**
- **heart attack**^{*†}
- **heart valve surgery**^{*}
- **intensive care**
- **loss of independent existence**
- **loss of speech**
- **loss or paralysis of limb**
- **major head trauma**[†]
- **major organ transplant**
- **medically acquired HIV**
- **meningitis and/or meningococcal disease**
- **motor neurone disease**[†]
- **multiple sclerosis**[†]
- **muscular dystrophy**[†]
- **occupationally acquired HIV**
- **open heart surgery**^{*}
- **Parkinson's disease**[†]
- **pneumonectomy**[†]
- **primary pulmonary hypertension**
- **severe burns**
- **severe diabetes**^{*†}
- **severe osteoporosis**^{*†}
- **severe rheumatoid arthritis**^{*†}
- **stroke**^{*†}
- **systemic sclerosis**^{*}
- **terminal illness**[†]
- **triple vessel angioplasty**^{*}.

The following additional trauma conditions are covered under Trauma Premier:

- **adult insulin dependent diabetes mellitus**^{*††}
- **burns of limited extent**[†]
- **carcinoma in situ (CIS)**^{*††}
- **chronic lymphocytic leukaemia**^{*††}
- **diagnosed benign tumour**^{††}
- **hydrocephalus**^{**}
- **melanoma**^{*††}
- **partial blindness**^{**}
- **partial deafness**^{**}
- **severe endometriosis**^{**}
- **systemic lupus erythematosus (SLE) with lupus nephritis**^{**}.

Trauma conditions marked with a:

- '*' are subject to a 90 day qualifying period before cover commences (see section 4.2.1.3)
- '+' must be diagnosed and certified by a **medical practitioner** who is an appropriate specialist physician approved by us
- '‡' are subject to a partial payment of the Trauma Cover amount insured (see sections 4.2.1.4 and 4.2.1.5).

4.2.1.3 90 day qualifying period

Unless this cover is replacing similar existing insurance, there is no cover and no benefit will be payable in respect of the trauma conditions marked with a '*' if the trauma condition:

- first occurs
- is first diagnosed or
- the symptoms leading to the trauma condition occurring, or being diagnosed, first become **reasonably apparent**

during the first 90 days after the date that OnePath Life receives:

- the complete application for Trauma Cover
- a written request for the reinstatement of Trauma Cover or
- the complete application for an increase to the Trauma Cover amount insured (in respect of the increased portion only).

In addition, if the life insured suffers:

- a **heart attack** or **stroke** during the 90 day qualifying period, we will not pay a Trauma Benefit for **heart attack** or **stroke** at any time or
- **cancer** during the 90 day qualifying period, we will not pay a Trauma Benefit for any other related occurrences of **cancer** or trauma conditions which result from that **cancer** at any time.

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

- any similar qualifying period has expired for the same conditions or events in the policy to be replaced, (including qualifying periods which were applied to the policy after its commencement due to, for example, reinstatements or increases)
- the policy to be replaced is cancelled immediately after the issue of this policy and
- no claim is payable or pending under the policy to be replaced.

Where the Trauma Cover amount insured under this policy exceeds that of the policy to be replaced, the 90 day qualifying period will apply to the excess.

4.2.1.4 Partial payment for angioplasty

The amount insured for **angioplasty** is 10% of the Trauma Cover amount insured at the time of the **angioplasty**

procedure, subject to a minimum of \$10,000 and a maximum of \$20,000, or if an instalment benefit payment type applies, an **equivalent instalment amount**.

The Trauma Cover amount insured is reduced by any payment for **angioplasty**.

We will only pay for multiple occurrences of **angioplasty** if:

- the first **angioplasty** procedure occurs, and the symptoms leading to the first **angioplasty** procedure only first become **reasonably apparent**, after the end of the 90 day qualifying period and
- each subsequent **angioplasty** procedure occurs at least six months after the previous **angioplasty** procedure.

4.2.1.5 Partial payment for additional Trauma Premier conditions

The amount insured for the additional trauma conditions covered under Trauma Premier and marked with a '+' is 20% of the Trauma Cover amount insured at the time the condition is diagnosed or occurs, subject to a minimum of \$10,000 and a maximum of \$100,000, or if an instalment benefit payment type applies, an **equivalent instalment amount**.

The Trauma Cover amount insured is reduced by the amount paid for any of these trauma conditions and is payable only once for each condition. We will pay multiple claims under these additional Trauma Premier conditions, subject to the condition that the cumulative total of all claims paid does not exceed the Trauma Cover amount insured, but we will only ever pay one claim for each trauma condition.

4.2.2 Limited Death Benefit

(Only available with stand alone Trauma Cover or Trauma Cover with optional TPD Cover.)

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

4.2.3 Financial Advice Benefit

If we pay the full Trauma Cover amount insured, we will also reimburse the costs associated with the preparation of a financial plan by a financial adviser for the person to whom we paid the Trauma Benefit.

The following conditions apply to the Financial Advice Benefit:

- The maximum total amount payable under this benefit is \$2,000.
- This benefit is only payable for the reimbursement of fees actually paid to the financial adviser for the preparation of the financial plan where the fees were paid by the person(s) to whom we paid the Trauma Cover amount insured. It does not apply to any commissions which may be received by the financial adviser as a result of any decisions to implement recommendation made in the financial plan.

- We must receive evidence which is acceptable to us of the financial planning advice received before this benefit is payable, and must be received within 12 months of the payment of the full Trauma Cover amount insured to which this benefit relates.
- This benefit is not payable in relation to a partial payment of the Trauma Cover amount insured or the Limited Death Benefit, or if we have previously paid a Financial Advice Benefit under Life Cover or TPD Cover.
- The financial adviser who provides the financial plan must be an Australian Financial Services Licensee or an Authorised Representative of an Australian Financial Services Licensee.
- This benefit will only be paid once per life insured across all policies issued by us in respect of that life insured.

4.2.4 Accommodation Benefit

If we pay the full Trauma Cover amount insured for a life insured and a **medical practitioner** certifies that the life insured must remain confined to bed due to the trauma condition for which we paid the Trauma Benefit and:

- the life insured is more than 100 kilometres from their **home** and an **immediate family member** is required to travel from their **home** to be with the life insured or
- an **immediate family member** is required to travel more than 100 kilometres from their **home** to be with the life insured,

we will reimburse the accommodation costs of the life insured's **immediate family member** up to a maximum of \$150 per day for each day while the life insured remains confined to bed and their **immediate family member** remains away from their **home**, for a maximum of 14 days.

The reimbursement of accommodation costs must be claimed within six weeks of the Trauma Benefit being paid. We must receive evidence which is acceptable to us of the life insured's confinement to bed and of the payment of the accommodation costs.

4.3 Trauma Cover benefit reductions

The Trauma Cover amount insured may be reduced if we pay other benefits for that life insured under this policy. The Trauma Cover amount insured will be reduced in the following situations:

- If both TPD Cover and Trauma Cover apply as options to Life Cover for a life insured, the Trauma Cover lump sum (or instalment) amount insured is reduced by any amount we pay (or begin to pay) for that life insured under this policy for the:
 - Terminal Illness Benefit under Life Cover
 - TPD Benefit under TPD Cover
 - Trauma Benefit under Trauma Cover.

- If Trauma Cover only applies as an option to Life Cover for a life insured, the Trauma Cover lump sum (or instalment) amount insured is reduced by any amount we pay (or begin to pay) for that life insured under this policy for the:
 - Terminal Illness Benefit under Life Cover
 - Trauma Benefit under Trauma Cover.
- If Trauma Cover with optional TPD Cover applies for a life insured, the Trauma Cover lump sum (or instalment) amount insured is reduced by any amount we pay (or begin to pay) for that life insured under this policy for the:
 - TPD Benefit under TPD Cover
 - Trauma Benefit under Trauma Cover.
- If stand alone Trauma Cover applies for a life insured, the Trauma Cover lump sum (or instalment) amount insured is only reduced by a partial payment for a Trauma Benefit.

If the optional Business Debt Protector applies to this policy, we will apply these reductions to the cover for all lives insured under the policy.

4.4 Trauma Cover built-in features

4.4.1 Life Cover Buy Back

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

If we pay (or begin to pay) the full Trauma Cover lump sum (or instalment) amount insured for a life insured under this policy, you can buy back Life Cover for that life insured up to the amount of the Trauma Benefit we paid (or are paying), on the following basis:

- For the following trauma conditions:
 - **Alzheimer's disease**
 - **blindness**
 - **deafness**
 - **dementia**
 - **loss or paralysis of limb**
 - **multiple sclerosis**
 - **Parkinson's disease**

we will offer Life Cover Buy Back six months after the later of:

- the date we received your fully completed claim form or
- the date you satisfied any of the above trauma conditions.
- For all other trauma conditions, we will offer Life Cover Buy Back 12 months after the later of:
 - the date we received your fully completed claim form or
 - the date you satisfied any of the above trauma conditions.

- We must receive written acceptance from you 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 you choose to buy back. We may apply any medical, occupational or pastime loadings, or any other loadings that applied to the original Life Cover.
- The benefit payment type which will apply to the new Life Cover will be the same benefit payment type which applied to the original Life Cover.
- Any exclusions which applied to 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.

You cannot exercise Life Cover Buy Back if:

- a benefit for **terminal illness** has been previously paid for the life insured
- the Double Trauma Option applies for the life insured (see section 4.5.1) or
- we pay (or begin to pay) only a part of the Trauma Cover lump sum (or instalment) amount insured. However, if we subsequently pay (or begin to pay) the full balance of the Trauma Cover lump sum (or instalment) amount insured in relation to another trauma condition, you can exercise Life Cover Buy Back in relation to the total Trauma Cover amount paid.

4.5 Trauma Cover options (at extra cost)

4.5.1 Double Trauma Option

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

If we pay (or begin to pay) the full Trauma Cover lump sum (or instalment) amount insured for a life insured, and the life insured survives for eight days without life support after the date of diagnosis of the condition or the date of the procedure for which the Trauma Benefit was paid, we will reinstate the Life Cover amount insured which was reduced by the payment of the Trauma Cover amount insured.

This survival period is in addition to any time requirement which is specified within the definition of the relevant trauma condition.

We will waive premiums for the reinstated Life Cover from the date we pay (or begin to pay) the full Trauma Cover lump sum (or instalment) 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 Trauma Option if:

- a benefit for **terminal illness** has been previously paid for the life insured or
- we pay (or begin to pay) only a part of the Trauma Cover lump sum (or instalment) amount insured. However, if we subsequently pay (or begin to pay) the full balance of the Trauma Cover amount insured in relation to another trauma condition, we will reinstate Life Cover up to the Trauma Cover amount insured.

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

4.5.2 Life Cover Purchase Option

(Only available with stand alone Trauma Cover and Trauma Cover with optional TPD Cover if it is shown on the Policy Schedule.)

If we pay (or begin to pay) the full Trauma Cover lump sum (or instalment) amount insured for a life insured under this policy, you can purchase Life Cover for that life insured up to the amount of the Trauma Benefit we paid (or are paying) on the following basis:

- For the following trauma conditions:
 - **Alzheimer's disease**
 - **blindness**
 - **deafness**
 - **dementia**
 - **loss or paralysis of limb**
 - **multiple sclerosis**
 - **Parkinson's disease**

we will offer Life Cover Purchase six months after the later of:

- the date we received your fully completed claim form or
- the date you satisfied any of the above trauma conditions.
- For all other trauma conditions, we will offer Life Cover Purchase 12 months after the later of:
 - the date we received your fully completed claim form or
 - the date you satisfied any of the above trauma conditions.
- We must receive written acceptance from you of our offer 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 you choose to exercise this option. We may apply any medical, occupational or pastimes loadings, or any other loadings that applied to the original Trauma Cover.
- The benefit payment type which will apply to the new Life Cover will be the same benefit payment type which applied to the original Trauma Cover.
- Any exclusions which applied to the original Trauma 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.

You cannot exercise the Life Cover Purchase Option if:

- a benefit for **terminal illness** has been previously paid for the life insured or
- we pay (or begin to pay) only a part of the Trauma Cover lump sum (or instalment) amount insured. However, if we subsequently pay (or begin to pay) the full balance of the Trauma Cover lump sum (or instalment) amount insured in relation to another trauma condition, you can exercise the Life Cover Purchase Option in relation to the total of the Trauma Benefit paid.

4.5.3 Trauma Cover Reinstatement Option

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

If we pay (or begin to pay) the full Trauma Cover lump sum (or instalment) amount insured for a life insured under this policy, we will offer to reinstate the Trauma Cover for that life insured, on the following basis:

- We will offer reinstatement 12 months after the later of:
 - the date we received your fully completed claim form or
 - the date you satisfied any of the above Trauma event definition.
- We will offer to reinstate the full Trauma Cover lump sum (or instalment) amount insured we paid (or are paying) for the life insured.
- We must receive written acceptance from you within 30 days of the offer being made.
- The premium for the reinstated Trauma Cover will be calculated based on the premium rates applying to Trauma Cover at the time you choose to exercise this option. We will apply any medical, occupational or pastimes loadings, or any other loadings that applied to the original Trauma Cover.
- The benefit payment type which will apply to the new Trauma Cover will be the same benefit payment type which applied to the original Trauma Cover.
- Any exclusions which applied to the original Trauma Cover will also apply to the reinstated Trauma Cover.
- Indexation, Future Insurability and Business Guarantee Option increases are not available in relation to the reinstated Trauma Cover.

You cannot exercise the Trauma Cover Reinstatement Option if:

- a TPD Benefit or a benefit for **terminal illness** has been previously paid for the life insured or
- we pay (or begin to pay) only a part of the Trauma Cover lump sum (or instalment) amount insured. However, if we subsequently pay (or begin to pay) the full balance of the Trauma Cover lump sum (or instalment) amount insured in

relation to another trauma condition, you can exercise this option in relation to the total of the Trauma Cover amount paid.

We will not pay a claim under the reinstated Trauma Cover for:

- the same trauma condition for which we paid a claim under the original Trauma Cover
- **aortic surgery, cardiomyopathy, chronic kidney failure, coronary artery by-pass surgery, heart attack, open heart surgery, primary pulmonary hypertension or triple vessel angioplasty**, if we paid a claim for any of these trauma conditions under the original Trauma Cover
- **loss or paralysis of limb or blindness** (where either of these trauma conditions are caused by a cerebrovascular accident) or **stroke**, if we paid a claim for **aortic surgery, cardiomyopathy, chronic kidney failure, chronic liver disease, coronary artery by-pass surgery, heart attack, open heart surgery, primary pulmonary hypertension or triple vessel angioplasty** under the original Trauma Cover
- **cancer, carcinoma in situ (CIS), chronic lymphocytic leukaemia or melanoma**, if we paid a claim for any of these trauma conditions under the original Trauma Cover
- **angioplasty, aortic surgery, cardiomyopathy, chronic kidney failure, chronic liver disease, coronary artery by-pass surgery, heart attack, heart valve surgery, open heart surgery, primary pulmonary hypertension, stroke or triple vessel angioplasty**, if we paid a claim for **severe diabetes** under the original Trauma Cover
- **severe diabetes**, if we paid a claim for **angioplasty, aortic surgery, cardiomyopathy, chronic kidney failure, chronic liver disease, coronary artery by-pass surgery, heart attack, heart valve surgery, open heart surgery, primary pulmonary hypertension, stroke or triple vessel angioplasty** under the original Trauma Cover
- **chronic kidney failure, chronic liver disease, chronic lung disease or primary pulmonary hypertension**, if we paid a claim for **systemic sclerosis** under the original Trauma Cover
- **loss of independent existence**, if the cause is any trauma condition which we have already paid a claim for under the original Trauma Cover
- **Alzheimer's disease or dementia**, if we paid a claim for either of these trauma conditions under the original Trauma Cover.

There is no cover and no benefit will be payable under the reinstated Trauma Cover for any trauma condition if:

- the trauma condition first occurs, or is first diagnosed, or
- the symptoms leading to the trauma condition occurring, being diagnosed, or first become **reasonably apparent**, before the date of reinstatement of the Trauma Cover.

4.5.4 Premier Maximiser Option

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

If we pay (or begin to pay) a Trauma Benefit for one of the following trauma conditions, we will double the Trauma Premier partial benefit payable to 40% of the Trauma Cover amount insured, subject to a maximum of \$200,000, or if an instalment benefit payment type applies, an **equivalent instalment amount**:

- **adult insulin dependent diabetes mellitus**
- **burns of limited extent**
- **carcinoma in situ (CIS)**
- **chronic lymphocytic leukaemia**
- **diagnosed benign tumour**
- **hydrocephalus**
- **melanoma**
- **partial blindness**
- **partial deafness**
- **severe endometriosis**
- **systemic lupus erythematosus (SLE) with lupus nephritis.**

If we pay (or begin to pay) a Trauma Benefit for **angioplasty**, we will also double the partial benefit payable to 20% of the Trauma Cover amount insured, subject to a maximum of \$40,000 or if an instalment benefit payment type applies, an **equivalent instalment amount**.

4.5.5 Baby Care Option

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

The Baby Care Option has three built-in Baby Care benefits:

- Complication of Pregnancy Benefit
- Congenital Abnormality Benefit
- Death Benefit.

We will pay a Baby Care benefit amount insured:

- if the Baby Care condition (listed under a Baby Care benefit and as defined in the Baby Care Option glossary in section 4.5.5.7) first occurs or is first diagnosed, and symptoms leading to the Baby Care condition occurring or being diagnosed only first become **reasonably apparent**, while the Baby Care Option for the life insured is in force and
- after the qualifying period (see section 4.5.5.2) has been satisfied.

We require the diagnosis and certification of a Baby Care condition:

- by a specialist **medical practitioner** approved by us and
- to be agreed to by our medical adviser.

The Baby Care Option expires at the policy anniversary when the life insured is age 45.

4.5.5.1 Baby Care Option built-in benefits

Trauma Premier with the Baby Care Option provides cover for specific Baby Care conditions under the three Baby Care benefits.

4.5.5.1.1 Maximum amounts

The amount insured that applies to the Complication of Pregnancy Benefit and the Congenital Abnormality Benefit for a life insured is \$50,000. This amount insured will be adjusted by increases under indexation if applicable (see section 11.1).

The amount insured that applies to the Death Benefit is \$10,000. Indexation does not apply to the Death Benefit.

4.5.5.1.2 Complication of Pregnancy Benefit

We will pay the Complication of Pregnancy Benefit if the life insured's pregnancy results in one of the following Baby Care conditions:

- **disseminated intravascular coagulation**
- **eclampsia**
- **ectopic pregnancy**
- **hydatidiform mole.**

4.5.5.1.3 Congenital Abnormality Benefit

We will pay the Congenital Abnormality Benefit if the life insured gives birth to a child of at least 20 weeks gestation that is diagnosed with one of the following Baby Care conditions prior to the child's second birthday:

- **absence of hand or foot**
- **cleft lip and/or palate**
- **congenital blindness**
- **congenital deafness**
- **developmental dysplasia of hip**
- **Down's Syndrome**
- **infantile hydrocephalus**
- **oesophageal atresia**
- **spina bifida myelomeningocele**
- **tetralogy of fallot**
- **trachea-oesophageal fistula**
- **transposition of great vessels.**

4.5.5.1.4 Death Benefit

We will pay the Death Benefit as a result of:

- **infant death**
- **neonatal death**
- **stillbirth.**

4.5.5.2 12 month qualifying period

There is no cover and no benefit payable in respect of any Baby Care condition if the:

- Baby Care condition first occurs, or is first diagnosed, or
- symptoms leading to the Baby Care condition occurring, or being diagnosed first become **reasonably apparent**,

during the first 12 months after the Baby Care Option commencement or reinstatement date.

4.5.5.3 Baby Care Option limitations

4.5.5.3.1 Multiple claims

Multiple claims are allowed under the Baby Care Option subject to the following conditions:

- only one claim per child is allowed
- only one claim under each Baby Care Option benefit is allowed.

4.5.5.3.2 Multiple births

In the event of multiple births such as twins, benefit payments are limited to one claim per child per Baby Care benefit.

4.5.5.3.3 Survival period

The child must survive without life support for 30 days after the date of diagnosis of a Baby Care condition specified under the Congenital Abnormality Benefit.

4.5.5.4 Baby Care Option exclusions

We will not pay any benefits under the Baby Care Option for:

- anything we have specifically excluded from the cover, as shown on the Policy Schedule
- elective pregnancy termination
- surrogacy – either being the surrogate mother or engaging a surrogate mother
- death or any Baby Care condition which arises as a direct result of an intentional act or omission of the policy owner, the parents of the foetus or infant, or someone who lives with or supervises the infant
- foetal death less than 20 weeks unless death is due to a specified complication of pregnancy
- any Baby Care condition specified under the Complication of Pregnancy Benefit arising from:
 - In Vitro Fertilisation (IVF) pregnancy and surrogate pregnancy
 - a direct result of drug or alcohol abuse
- any Baby Care condition specified under the Congenital Abnormality Benefit that occurs as a direct result of drug or alcohol abuse
- death as a result of a Baby Care condition covered under the Congenital Abnormality Benefit of adopted or stepchildren
- death that occurs as a direct result of drug or alcohol abuse.

4.5.5.5 When Baby Care Option ends

The Baby Care Option will end and our liability to pay any benefit under the Baby Care Option will cease automatically on the earlier of:

- the policy anniversary when the life insured is age 45
- a benefit payment being made under each benefit of the Baby Care Option
- the full payment of the Trauma Cover sum insured
- the cover expiry date shown on the Policy Schedule
- the date we receive written notification from you 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 you have not paid the premium when due.

4.5.5.6 Baby Care Option benefit reductions and limitations

The Trauma Cover under this policy is not reduced by any payment for the Baby Care Option.

If the Trauma Cover under this policy is reinstated using the Trauma Reinstatement Option, the Baby Care Option will not be reinstated.

4.5.5.7 Baby Care Option glossary

In this section, we define the Baby Care conditions used in the Baby Care Option section of the Policy Terms. Other definitions appear in section 14, and trauma condition definitions appear in section 15.

Absence of hand or foot means a complete congenital absence of one hand from the wrist, or one foot from the ankle.

Cleft lip and/or palate means a congenital fissure of the palate or lip, which requires surgery to correct.

Congenital blindness means a congenital, permanent loss of sight in both eyes whether aided or unaided.

Congenital deafness means a congenital, total and permanent loss of hearing in both ears whether aided or unaided.

Developmental dysplasia of the hip means a deformity requiring an open reduction or pelvic osteotomy to correct the dysplasia.

Down's Syndrome means a specific genetic impairment caused by an extra chromosome 21 that causes mental retardation and physical abnormalities.

Disseminated intravascular coagulation means due to pregnancy, an over-activation of the coagulation and fibrinolytic system occurs, resulting in thrombosis, consumption of platelets and coagulation factors causing life threatening haemorrhage from multiple sites.

Eclampsia means the occurrence of grand mal seizures during pregnancy for which no other recognised cause can be identified and the foetus is delivered regardless of the gestational age.

Ectopic pregnancy means a fertilised ovum has implanted outside the uterine cavity resulting in the rupturing or haemorrhaging of a fallopian tube, which results in a laparotomy or laparoscopic surgery removing the involved fallopian tube.

Hydatidiform mole is the development of multiple fluid filled cysts in the uterus after the degeneration of the placenta which results in the death of the embryo as confirmed by a **medical practitioner**.

Infant death means the death of a live born infant between the ages of 30 days and two years and 30 days, who is the life insured's natural, adopted or stepchild, where the life insured is the primary care giver of the child.

Infantile hydrocephalus means a condition characterised by an enlargement of the cerebrospinal fluid (CSF) spaces, which requires surgery to correct the condition.

Neonatal death means the life insured gives birth to a child of at least 20 weeks gestation that does not survive 30 days of life.

Oesophageal atresia means a condition which affects the gastrointestinal tract characterised by the oesophagus ending in a blind pouch. This must be confirmed by a **medical practitioner**.

Spina bifida myelomeningocele means a defective closure of the spinal column resulting in a neural tube deficit with a resultant meningocele or meningocele and associated neurological deficit confirmed by a **medical practitioner**. Spina bifida occulta is excluded.

Stillbirth means the foetal death in utero after at least 20 weeks gestation and confirmed by a death certificate. Elective pregnancy termination is excluded.

Tetralogy of fallot means an anatomical defect with severe or total right ventricular outflow tract obstruction and a ventricular septal defect allowing right ventricular deoxygenated blood to bypass the pulmonary artery and enter the aorta directly. The diagnosis must be supported by an echocardiogram, and invasive surgery must be performed to correct the condition.

Trache-oesophageal fistula means a condition characterised by an abnormal joining of the trachea and oesophagus confirmed by a **medical practitioner**.

Transposition of great vessels means a congenital heart defect where the aorta arises from the right ventricle and the pulmonary artery from the left ventricle. The diagnosis must be based on an echocardiogram, and invasive surgery must be performed to correct the condition.

4.6 Trauma Cover exclusions

We will not pay any benefits under Trauma Cover for:

- anything we have specifically excluded from the cover, as shown on the Policy Schedule or
- a trauma condition which arises as a result of the life insured's intentional act or omission.

4.7 When Trauma Cover ends

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

- policy anniversary when the life insured is age 70
- date we pay (or begin to pay) the full Trauma Cover lump sum (or instalment) amount insured
- cover expiry date shown on the Policy Schedule
- date we receive written notification from you 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 you have not paid the premium when due
- date of the life insured's death.

4.8 Auto Conversion

On the policy anniversary when the life insured is age 70, the Trauma Cover will automatically convert to TPD Cover with the Non-working TPD definition. The TPD Cover amount insured after the conversion will be the same as the Trauma Cover amount insured before the conversion, unless:

- TPD Cover is an option to the Trauma Cover, in which case we only convert that amount of Trauma Cover in excess of the optional TPD Cover
- the Trauma Cover is an option to Life Cover, in which case we only convert that amount of Trauma Cover in excess of any TPD Cover as an option to Life Cover or
- the total of all cover for trauma and total and permanent disability for the life insured under all policies issued by us is more than \$3,000,000, or if an instalment benefit payment type applies, an **equivalent instalment amount**. In this case, we only convert such an amount of Trauma Cover that the total of all cover for total and permanent disability for the life insured under all policies issued by us after the conversion is \$3,000,000, or if an instalment benefit payment type applies, an **equivalent instalment amount**. The balance of any Trauma Cover not converted under this policy will end at the date of conversion.

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

5.1 Future Insurability

You may apply to us to increase the Life Cover, TPD Cover, Trauma Cover or Extra Care Cover amount insured for a life insured once in any 12 month period under Future Insurability without supplying medical evidence (financial evidence may be required) for the life insured if a personal event, business event, or policy event (as defined in section 5.1.1) occurs and if all of the following conditions are met:

- At the time of applying for the increase, neither you 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, Trauma Cover or Extra Care Cover amount(s) insured made under Future Insurability is for a minimum lump sum amount of \$10,000 or if an instalment benefit payment type applies, an **equivalent instalment amount**.
- 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 business event under this policy are limited to an amount such that the total of all increases across all policies for that personal, business or policy event does not exceed the limits set out in section 5.1.1.
- For each cover type, the total of the increases across all policies issued by us in respect of the life insured cannot exceed the lesser of:
 - a lump sum amount of \$1,000,000, or if an instalment benefit payment type applies, an **equivalent instalment amount**
 - the amount insured for each cover type at the cover start date.
- For personal events (as defined in section 5.1.1), the application to increase the Life Cover, TPD Cover, Trauma 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 event.
- For business events (as defined in section 5.1.1), the application to increase the Life Cover, TPD Cover, Trauma Cover or Extra Care Cover amount insured is made within 30 days of the policy anniversary following a business event.

- For policy events (as defined in section 5.1.1), the application to increase the Life Cover, TPD Cover, Trauma Cover or Extra Care Cover amount insured is made within 30 days of the policy anniversary following a policy event.
- You may apply for an increase for only one future insurability event per cover type (whether personal, business or policy) in any one 12 month period for the life insured across all policies issued by us.
- All of the conditions relating to the personal event or business event (as set out in section 5.1.1) are met and the application is accepted by us.
- The Business Guarantee Option (if it applies) has not been exercised for the same event(s).

Future Insurability increases are not available:

- after the policy anniversary when the life insured is age 55
- if the original cover was issued by us with a medical loading greater than 50% as shown on the Policy Schedule
- for business events, if this policy is issued to the trustee of a superannuation fund.

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

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

we will pay the portion of the amount insured increased under Future Insurability only in the event of the life insured's **accidental death**.

During the first six months after we increase the TPD Cover and/or Trauma Cover amount insured for a life insured under Future Insurability in respect of:

- their mortgage
- their marriage
- their dependent child starting secondary school
- their salary package increase
- them obtaining an undergraduate degree
- the death of their **spouse**
- their divorce
- their third policy anniversary
- them becoming a carer
- the increased value of their financial interests in their business or
- their increased value to the business (key person),

we will pay 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**
- the Trauma Cover amount insured increased under Future Insurability only in the event of the life insured suffering an **accidental trauma condition**.

During the first six months after we increase the TPD Cover or Trauma Cover amount insured for a life insured under Future Insurability in respect of the birth or adoption of their child, we will pay the portion of:

- the TPD Cover amount insured increased under Future Insurability which exceeds \$50,000, or if an instalment benefit payment type applies, an **equivalent instalment amount**, only in the event of the life insured's **accidental total and permanent disablement**
- the Trauma Cover amount insured increased under Future Insurability which exceeds \$50,000, or if an instalment benefit payment type applies, an **equivalent instalment amount**, only in the event of the life insured suffering an **accidental trauma condition**.

5.1.1 Future Insurability for Life Cover, TPD Cover, Trauma Cover and Extra Care Cover

Personal events (occurring after the cover start date)	Evidence required	Benefit
<p>The life insured:</p> <ul style="list-style-type: none"> takes out a new mortgage or increases an existing mortgage (excluding re-draw and refinancing) <p>on the life insured's principal place of residence with an accredited mortgage provider.</p> <p>'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.</p>	<ul style="list-style-type: none"> A completed Future Insurability Increase Application Form. Written confirmation from the life insured's accredited mortgage provider(s) of: <ul style="list-style-type: none"> 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. 	<p>The Life/TPD/Trauma/Extra Care Cover amount insured may be increased by up to the lesser of:</p> <ul style="list-style-type: none"> 50% of the Life Cover amount insured or 25% of the TPD/Trauma/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, or if an instalment benefit payment type applies, the amount of the mortgage converted to an equivalent instalment amount the amount of the increase to the level of the mortgage where the life insured increases an existing mortgage or, if an instalment benefit payment type applies, the amount of the increase to the level of the mortgage converted to an equivalent instalment amount \$200,000, or if an instalment benefit payment type applies, an equivalent instalment amount.
<p>The life insured or their spouse gives birth to or adopts a child.</p>	<ul style="list-style-type: none"> A completed Future Insurability Increase Application Form. A copy of the birth certificate for the child or the adoption documentation. 	<p>The Life/TPD/Trauma/Extra Care Cover amount insured may be increased by up to the lesser of:</p> <ul style="list-style-type: none"> 25% of the Life/TPD/Trauma/Extra Care Cover amount insured (as applicable) at the cover start date \$200,000, or if an instalment benefit payment type applies, an equivalent instalment amount.
<p>The life insured's marriage.</p>	<ul style="list-style-type: none"> 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>. 	<p>The Life/TPD/Trauma/Extra Care Cover amount insured may be increased by up to the lesser of:</p> <ul style="list-style-type: none"> 25% of the Life/TPD/Trauma/Extra Care Cover amount insured (as applicable) at the cover start date \$200,000, or if an instalment benefit payment type applies, an equivalent instalment amount.
<p>A dependent child of the life insured starts secondary school.</p>	<ul style="list-style-type: none"> 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. 	<p>The Life/TPD/Trauma/Extra Care Cover amount insured may be increased by up to the lesser of:</p> <ul style="list-style-type: none"> 25% of the Life/TPD/Trauma/Extra Care Cover amount insured (as applicable) at the cover start date \$200,000, or if an instalment benefit payment type applies, an equivalent instalment amount.

Personal events (occurring after the cover start date)	Evidence required	Benefit
The life insured's annual salary package increases by 15% or more.	<ul style="list-style-type: none"> A completed Future Insurability Increase Application Form. Written confirmation from the life insured's employer of their salary package before and after the increase. 	<p>The Life/TPD/Trauma/Extra Care Cover amount insured may be increased by up to the lesser of:</p> <ul style="list-style-type: none"> 25% of the Life/TPD/Trauma/Extra Care Cover amount insured (as applicable) at the cover start date 10 times the amount of the salary package increase, or if an instalment benefit payment type applies, this amount converted to an equivalent instalment amount \$200,000, or if an instalment benefit payment type applies, an equivalent instalment amount. <p>An increase in the Life/TPD/Trauma/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:</p> <ul style="list-style-type: none"> 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. <p>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.</p>
The life insured completes an undergraduate degree at a government recognised Australian university.	<ul style="list-style-type: none"> A completed Future Insurability Increase Application Form. A copy of the certified transcript or degree obtained from the university. 	<p>The Life/TPD/Trauma/Extra Care Cover amount insured may be increased by up to the lesser of:</p> <ul style="list-style-type: none"> 25% of the Life/TPD/Trauma/Extra Care Cover amount insured (as applicable) at the cover start date \$200,000, or if an instalment benefit payment type applies, an equivalent instalment amount.
The life insured's spouse dies.	<ul style="list-style-type: none"> A completed Future Insurability Increase Application Form. A copy of the death certificate of the spouse and either: <ul style="list-style-type: none"> 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. 	<p>The Life/TPD/Trauma/Extra Care Cover amount insured may be increased by up to the lesser of:</p> <ul style="list-style-type: none"> 25% of the Life/TPD/Trauma/Extra Care Cover amount insured (as applicable) at the cover start date \$200,000, or if an instalment benefit payment type applies, an equivalent instalment amount.
The life insured's divorce.	<ul style="list-style-type: none"> A completed Future Insurability Increase Application Form. A copy of the divorce certificate. 	<p>The Life/TPD/Trauma/Extra Care Cover amount insured may be increased by up to the lesser of:</p> <ul style="list-style-type: none"> 25% of the Life/TPD/Trauma/Extra Care Cover amount insured (as applicable) at the cover start date \$200,000, or if an instalment benefit payment type applies, an equivalent instalment amount.
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.	<ul style="list-style-type: none"> A completed Future Insurability Increase Application Form. A signed and dated letter from a medical practitioner confirming: <ul style="list-style-type: none"> 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. 	<p>The Life/TPD/Trauma/Extra Care Cover amount insured may be increased by up to the lesser of:</p> <ul style="list-style-type: none"> 25% of the Life/TPD/Trauma/Extra Care Cover amount insured (as applicable) at the cover start date \$200,000, or if an instalment benefit payment type applies, an equivalent instalment amount.

Business events (occurring after the cover start date)	Evidence required	Benefit
<p>The life insured has a change in tax dependency status as a result of the life insured ceasing to have any tax dependants as defined by current law (only available if the cover is taken out under superannuation).</p>	<ul style="list-style-type: none"> • 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. 	<p>The Life/Extra Care (Accidental Death) Cover amount insured may be increased by up to the lesser of:</p> <ul style="list-style-type: none"> • 25% of the Life/Extra Care (Accidental Death) Cover amount insured (as applicable) at the cover start date • \$200,000, or if an instalment benefit payment type applies, an equivalent instalment amount. <p>We will increase the amount insured under Future Insurability for this event only once during the period of the policy.</p>
<p>The life insured is a partner, shareholder, unit holder, or a similar principal in a business and this policy supports a written 'buy/sell', share purchase or business succession agreement, and the value of the life insured's financial interest in the business increases. The life insured's financial interest in the business shall be measured having regard to their share of the net value of the business after allowing for business liabilities, as determined by a professionally qualified and practising accountant or an appropriately qualified business valuer, acceptable to us.</p>	<ul style="list-style-type: none"> • A completed Future Insurability Increase Application Form which may require you to provide information about various matters including: <ul style="list-style-type: none"> – the net value, assets and liabilities of the business and the life insured's financial interest in the business for the last three years, and – details of the business results for the last three years. • We may require additional information. Such information may include copies of the audited business results or business accounts if available, or other documents substantiating the life insured's increased financial interest in the business and the method chosen to value the business. 	<p>The Life/TPD/Trauma/Extra Care Cover amount insured may be increased by up to the lesser of:</p> <ul style="list-style-type: none"> • 25% of the Life/TPD/Trauma/Extra Care Cover amount insured (as applicable) at the cover start date • the increase in the value of the life insured's financial interest in the business, or if an instalment benefit payment type applies, this amount converted to an equivalent instalment amount • \$200,000, or if an instalment benefit payment type applies, an equivalent instalment amount.
<p>The life insured is a 'key person' in a business and their value to the business increases. The life insured is a key person if the life insured is 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.</p> <p>The life insured's increased value to the business shall be measured having regard to their gross remuneration package, including their share of any distributed net profit of the business as determined by a professionally qualified and practising accountant.</p>	<ul style="list-style-type: none"> • A completed Future Insurability Increase Application Form which may require you to provide information about various matters including: <ul style="list-style-type: none"> – the life insured's gross remuneration package for the last three years – the proportion of the net profits of the business that we determine can fairly be attributed to the life insured, and – details of the business results for the last three years. • We may require additional information. Such information may include copies of the audited business results or business accounts if available, tax returns, or other documents substantiating the life insured's increased value to the business. 	<p>The Life/TPD/Trauma/Extra Care Cover amount insured may be increased by up to the lesser of:</p> <ul style="list-style-type: none"> • 25% of the Life/TPD/Trauma/Extra Care Cover amount insured (as applicable) at the cover start date • five times the average of the last three consecutive annual increases in the life insured's gross remuneration package, or if an instalment benefit payment type applies, this amount converted to an equivalent instalment amount • \$200,000, or if an instalment benefit payment type applies, an equivalent instalment amount.
Policy events (occurring after the cover start date)	Evidence required	Benefit
<p>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/Trauma/Extra Care Cover amount insured under Future Insurability.</p>	<ul style="list-style-type: none"> • A completed Future Insurability Increase Application Form. 	<p>The Life/TPD/Trauma/Extra Care Cover amount insured may be increased by up to the lesser of:</p> <ul style="list-style-type: none"> • 25% of the Life/TPD/Trauma/Extra Care Cover amount insured (as applicable) at the cover start date • \$200,000, or if an instalment benefit payment type applies, an equivalent instalment amount.

5.2 Business Guarantee Option

(This option only applies to cover for a life insured if it is shown on the Policy Schedule. This 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 you 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 you apply 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, or if an instalment benefit payment type applies, an **equivalent instalment amount**:
 - 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)
 - Trauma Cover – \$2,000,000.

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, or if an instalment benefit payment type applies, an **equivalent instalment amount**:
 - Life Cover – \$2,000,000
 - TPD Cover – \$2,000,000
 - Trauma 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 sections 3.2.1.1 and 4.2.1.1).
- 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.
- You have not applied for an increase under Future Insurability (see section 5.1) for the same event(s).
- At the time of applying for the increase, neither you 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**, total and permanent disability or trauma.

You may only apply for one increase under this option in any 12 month period.

You 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.

5.3 Business Debt Protector

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

Business Debt Protector may only be selected where the policy insures multiple lives.

Where you have selected this option under this policy, it will be shown on the Policy Schedule and the following conditions apply:

- All persons insured under this policy must have the same covers and amounts insured at the policy start date.
- When a payment is made in respect of any one life insured, the cover for that life insured is reduced in accordance with section 2.3, 3.3 and 4.3. The cover for the remaining lives insured will also be reduced by the same amount.
- Where the cover of any one life insured ceases, then cover of all lives insured will also cease.
- Following the cessation of a cover for a life insured, the remaining lives insured for whom a benefit has not been paid under this policy are entitled to a continuation option, under which they can request us to continue their cover under a separate policy for the amount insured that applied immediately prior to cover cessation, without the need to supply any medical evidence to us. However, we will require financial evidence from the remaining lives insured who wish to exercise their continuation option, in order for us to establish the need for insurance for that life insured. Depending on the financial evidence we receive, we may reduce the amount insured for the new cover to the level of cover we would offer in respect of the life insured under our standard underwriting practices at that time.
- The continuation option must be exercised by the remaining lives insured within 30 days of the claim being admitted, by applying to us in writing. The continuation option is only available for the remaining lives insured if they meet the age criteria for eligibility for cover at that time. Otherwise the policy will end.

Business Debt Protector is not available as part of a policy issued to the trustee of a superannuation fund.

5.4 Premium Waiver Disability Option

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

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

- **on claim** under Income Secure Cover, Business Expense Cover or Living Expense 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.

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.

If we are waiving premiums for all covers under a policy for a life insured, we will also waive premiums for any Child Cover under the same policy.

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 or
- Trauma Cover provided under the Trauma Cover Reinstatement Option.

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

'Disabled' 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 engaged in paid **employment** 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 engaged in paid **employment** 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 dependent children (where applicable). 'Normal domestic duties' does not include duties performed outside the life insured's **home** for salary, reward or profit.

6. 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 (Professional, Comprehensive, Standard or Special Risk)
- the Income Secure Cover monthly amount insured
- the Income Secure Cover benefit payment type (Guaranteed or Indemnity)
- 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 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	Income Secure			
		Professional	Comprehensive	Standard	Special Risk
Built-in benefits					
Total Disability Benefit	6.5.1	✓	✓	✓	✓
Partial Disability Benefit	6.5.2	✓	✓	✓	✓
Rehabilitation and Retraining Expenses Benefit	6.5.3.1	✓	✓	✓	✓
Rehabilitation and Retraining Incentive Benefit	6.5.3.2	✓	✓	N/A	N/A
Basic Death Benefit	6.5.4.1	N/A	N/A	✓	✓
Enhanced Death Benefit	6.5.4.2	✓	✓	N/A	N/A
No Claim Benefit	6.5.5	✓	✓	✓	N/A
Meal Allowance Benefit	6.5.6	✓	✓	✓	N/A
Specific Injury Benefit	6.5.7	✓	✓	✓	N/A
Unemployment Benefit	6.5.8	✓	✓	✓	N/A
Trauma Recovery Benefit	6.5.9	✓	✓	N/A	N/A
Accommodation Benefit	6.5.10	✓	✓	N/A	N/A
Special Care Benefit	6.5.11	✓	✓	N/A	N/A
Immediate Family Member Benefit	6.5.12	✓	✓	N/A	N/A
Nursing Care Benefit	6.5.13	✓	✓	N/A	N/A
Relocation Benefit	6.5.14	✓	✓	N/A	N/A
Child Care Assistance Benefit	6.5.15	✓	✓	N/A	N/A
Emergency Domestic Travel Benefit	6.5.16	✓	N/A	N/A	N/A
Commuter Benefit	6.5.17	✓	N/A	N/A	N/A
Built-in benefits					
Indexation	11.1	✓	✓	✓	✓
Waiver of Premium	6.6.1	✓	✓	✓	✓
Conversion to Living Expense Cover	6.6.2	✓	✓	✓	✓
Unemployment Premium Waiver	6.6.3	✓	N/A	N/A	N/A
Increasing Income	6.6.4.1	✓	✓	✓	N/A
Family Cover Pause	6.6.4.2	✓	✓	✓	✓
Premium Pause	6.6.4.3	✓	N/A	N/A	N/A
Cover Continuation	6.6.5	✓	N/A	N/A	N/A
Waiting Period Conversion	6.6.6	✓	✓	✓	✓

	Refer to section	Income Secure			
		Professional	Comprehensive	Standard	Special Risk
Options (at extra cost)					
Accident Option	6.7.1	✓	✓	✓	N/A
Premier Accident Option	6.7.2	✓	✓	✓	N/A
Increasing Claim Option	6.7.3	✓	✓	✓	✓
Priority Income Option	6.7.4	✓	✓	✓	N/A
Booster Option	6.7.5	✓	✓	✓	✓

6.1 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 $\frac{1}{12}$ 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 6.7.4) is shown on the Policy Schedule the maximum that can be insured is $\frac{1}{12}$ 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 6.5.1)
- the Partial Disability Benefit (see section 6.5.2) 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 11.1).

6.2 Monthly amount insured payable

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

The monthly amount insured payable depends on the benefit payment type (i.e. Guaranteed or Indemnity) that you have selected. The Policy Schedule will show whether you have selected a guaranteed or indemnity benefit payment type. These benefit payment types are described below.

6.2.1 Guaranteed benefit payment type

6.2.1.1 Financial evidence provided and confirmed

This guaranteed benefit payment type applies if you have provided proof and we have confirmed the life insured's **pre-application income**. The monthly amount insured payable is

the monthly amount insured shown on the Policy Schedule, 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 6.9).
- 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 6.7.3).

If you have provided proof of **pre-application income** and we have confirmed this, we guarantee that in the event of a claim we will not review or reassess the monthly amount insured shown on the Policy Schedule.

6.2.1.2 Financial evidence not provided or confirmed

Where proof of **pre-application income** has not been provided or confirmed by us, this will be noted on your Policy Schedule. The monthly amount insured shown on your Policy Schedule is not guaranteed and the monthly amount insured payable will be the lesser of:

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

This monthly amount insured payable will also be 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 6.9).
- 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 6.7.3).

You can provide us with proof of **pre-application income** at any time. If we agree that the financial evidence provided supports the monthly amount insured shown in the Policy Schedule, we will confirm this in writing and section 6.2.1.1 then applies.

Under the guaranteed benefit payment type, if financial evidence has not been provided or confirmed prior to claim, then 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-application income**.

If **pre-application income** cannot be provided to us, or we are unable to verify **pre-application income**, we may prescribe the type of financial information or supporting evidence we may reasonably require to determine the monthly amount insured payable to you.

The premiums payable are based on the monthly amount insured chosen. If the life insured's **pre-application income** does not support the monthly amount insured based on section 6.1, no refund of premium will be payable.

6.2.2 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 6.9).
- 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 6.7.3).

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

6.2.3 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 table below:

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

6.3 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 **total disability** (or either **total** or **partial disability** for Income Secure Professional).

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 you can claim under this cover unless it is a recurring claim.

The waiting period is subject to change in respect of:

- returning to work during the waiting period (see section 6.3.1)
- recurring claims (see section 6.3.2).

6.3.1 Return to work during the waiting period

If the life insured returns to work during the waiting period for any period which is:

- five consecutive days or less if the waiting period is 14 or 30 days
- 10 consecutive days or less if the waiting period is 60, 90 or 180 days or one year, or
- six consecutive months or less if the waiting period is two years

those days spent at work will be added to the remaining waiting period.

If the life insured returns to work for a longer period, the waiting period will restart from the day after the last day worked, provided a **medical practitioner** confirms that the life insured is **totally disabled** (or either **totally** or **partially disabled** for Income Secure Professional).

6.3.2 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, Comprehensive and Professional – 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
- 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, Comprehensive and Professional – 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 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 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.

6.4 Benefit period

The benefit period is the maximum period of time that you 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 in the Policy Schedule is HH, H or R).

If a claim is treated as a recurring claim (see section 6.3.2), 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.

6.5 Income Secure Cover built-in benefits

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

6.5.1 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 to Income Secure Professional)

- **disabled** during the waiting period
- continuously **disabled** since the end of the waiting period (unless claiming as a recurring claim – see section 6.3.2).

(Applies to Income Secure Comprehensive and Income Secure Standard, 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 6.3.2).

(Applies to Income Secure Comprehensive, Income Secure Standard and Income Secure Special Risk, 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 you have 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 6.3.2).

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 6.2.

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.

6.5.2 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 to Income Secure Professional)

- **disabled** during the waiting period
- continuously **disabled** since the end of the waiting period (unless claiming as a recurring claim – see section 6.3.2).

(Applies to Income Secure Comprehensive and Income Secure Standard, 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 6.3.2).

(Applies to Income Secure Comprehensive, Income Secure Standard and Income Secure Special Risk, 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 you have 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 6.3.2).

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 three 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 6.2.

6.5.3 Rehabilitation and Retraining Benefit

6.5.3.1 Rehabilitation and Retraining Expenses Benefit

If you are receiving Total or Partial Disability Benefits under this policy, we will reimburse the expenses associated with rehabilitation and/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 you or 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.

6.5.3.2 Rehabilitation and Retraining Incentive Benefit

(Applies to Income Secure Professional and Income Secure Comprehensive only.)

We will pay the Rehabilitation and Retraining Incentive Benefit if:

- the life insured participates in a rehabilitation and/or retraining program for which we provide our prior written approval and, as a result, the life insured makes a successful return to work in either the life insured's **regular occupation** or another occupation
- the life insured has worked continuously for six months and has not been entitled to benefits under Income Secure Cover during that period, and
- this cover is in force at the time the life insured becomes entitled to this benefit.

The amount we will pay is three times the monthly amount insured applicable at the time the life insured becomes entitled to this benefit.

We will pay this benefit once only during the life of the cover.

6.5.4 Death Benefit

6.5.4.1 Basic Death Benefit

(Applies to Income Secure Standard and Income Secure Special Risk only.)

If the life insured is covered under Income Secure Standard or Income Secure Special Risk, three times the monthly amount insured is payable 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 the 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** from all Income Secure Standard, Comprehensive and Professional Covers for the life insured 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.

6.5.4.2 Enhanced Death Benefit

(Applies to Income Secure Professional and Income Secure Comprehensive only.)

If the life insured is covered under Income Secure Professional or Income Secure Comprehensive, six times the monthly amount insured is payable 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 the 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** from all Income Secure Covers for the life insured is \$60,000.

6.5.5 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 you have not been eligible to make a claim for the life insured 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 Basic Death Benefit or Enhanced Death Benefit otherwise payable

- Double Rehabilitation and Retraining Expenses Benefit – we will double the maximum amount payable under the Rehabilitation and Retraining Expenses 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 you are eligible to make a claim after this time, the three year period does not start again.

6.5.6 Meal Allowance Benefit

(Not applicable to Income Secure Special Risk.)

This benefit applies if, from the commencement of the benefit period, the life insured is confined to bed due to **illness** or **injury** for more than 72 hours, as confirmed by a **medical practitioner**. If this benefit applies, we will pay up to \$500 per month in arrears for a maximum of three months to reimburse the cost of a meal delivery service approved by us.

Where the Meal Allowance Benefit is payable for part of a month, the maximum amount we will pay is $\frac{1}{30}$ of \$500 for each day in that month the life insured is eligible to receive this benefit. This benefit will be reduced by any payment made under the Immediate Family Member Benefit (see section 6.5.14).

This benefit is not payable during the waiting period.

6.5.7 Specific Injury Benefit

(Not applicable to Income Secure Special Risk.)

We will pay you the monthly amount insured payable if a specific injury (as set out in the table 'Specific injuries covered under Income Secure Cover') happens to the life insured while the cover is in force. In this instance we will treat the life insured as being **totally disabled**.

This benefit is payable whether or not the life insured is **disabled** or in need of ongoing medical treatment. This benefit is payable during the waiting period.

The monthly amount insured payable will be paid in advance each month until the earliest of the:

- end of the relevant payment period for that specific injury as set out in the following table for 'Specific injuries covered under Income Secure Cover'
- cover expiry date
- date of the life insured's death.

If the life insured suffers more than one specific injury at the same time, we will pay for one specific injury only and this will be the specific injury with the longest payment period.

If the life insured suffers either another specific injury or a trauma recovery event (see section 6.5.9) while we are paying a Specific Injury Benefit, we will pay one benefit only. The benefit we will pay will be the one that provides for the greatest payment.

If the life insured is **totally disabled** or **partially disabled** at the end of the payment period due to the specific injury for which we have paid this benefit, we will pay a Total or Partial Disability Benefit (as applicable) from the later of the:

- end of the payment period for the specific injury, and
- end of the waiting period.

The life insured must have satisfied the requirements of **disability** during the waiting period (see sections 6.5.1 and 6.5.2). The commencement of the waiting period is defined in section 6.3.

If the benefit period is two years or six years, the maximum period for which we will pay Total Disability Benefits and/or Partial Disability Benefits is reduced by the number of months for which we have already paid the Specific Injury Benefit.

Specific injuries covered under Income Secure Cover (Not applicable to Income Secure Special Risk)

Specific injury	Payment period
Paralysis*	60 months [†]
Loss of both feet or both hands or sight in both eyes[‡]	24 months
Loss of any combination of two of:	24 months
<ul style="list-style-type: none"> • a hand • a foot • sight in one eye[‡] 	
Loss of one leg or one arm[‡]	12 months
Loss of one foot or one hand or sight in one eye[‡]	12 months
Loss of thumb and index finger of the same hand[‡]	6 months
Fractures[§] of the:	
• thigh or pelvis	3 months
• leg (between knee and foot), or knee cap	2 months
• upper arm including the elbow and shoulder bone	2 months
• skull (except bones of the nose or face)	2 months
• lower arm (including the wrist but excluding the elbow, hand and fingers)	1 month
• jaw or collarbone	1 month

* Paralysis means the total and permanent loss of function of two or more limbs.

† 24 months if the two year benefit period is shown on your Policy Schedule.

‡ Loss means the total and permanent:

- loss of the use of the hand from the wrist or foot from the ankle joint
- loss of the use of the arm from the elbow or leg from the knee joint
- complete severance of the thumb and index finger from the first phalangeal joint or
- irrecoverable total loss of an eye or sight in the eye.

§ Fracture means any fracture that requires a pin, traction, a plaster cast or other immobilising structure.

The diagnosis of the specific injury must be made by an appropriate specialist **medical practitioner** and confirmed by our medical adviser.

6.5.8 Unemployment Benefit

(Not applicable to Income Secure Special Risk.)

If the life insured becomes **involuntarily unemployed** for reasons other than **illness** or **injury** and subject to the conditions set out below, we will pay the Unemployment Benefit.

The amount we will pay is the lesser of:

- the life insured's share of the minimum monthly loan repayment of an ANZ Bank (Australia and New Zealand Banking Group Limited ABN 11 005 357 522) 'loan'
- the monthly amount insured
- \$5,000 across Income Secure Covers for the life insured.

This benefit will be paid for a maximum of three months, ending on the earliest of the following:

- the expiry of the cover
- the life insured ceases to have a 'loan' covered by the benefit
- some other benefit is payable under Income Secure Cover and the amount of the other benefit is greater than that provided by this benefit
- the date of the life insured's death
- the life insured becomes **employed** in some form of paid work.

This benefit only applies if the life insured has been:

- **involuntarily unemployed** for at least 30 days
- registered with a recognised employment agency and actively seeking work for the full period for which the benefit is claimed, and
- **employed** for at least six consecutive months immediately prior to becoming **involuntarily unemployed**.

The types of ANZ Bank loans covered are:

- home loan
- investment home loan
- line of credit
- business loan
- personal loan
- margin lending loan.

This benefit only applies if the loan has been in place for more than six months prior to the date of **unemployment**. In relation to loans that have been in place for longer than six months, the benefit only applies to the extent that the terms of the loan have not been altered so that the minimum repayments have increased. An increase in the loan amount or a change in the loan repayment time are changes to the terms of the loan.

The benefit does not apply where:

- immediately prior to becoming **unemployed**, the life insured was:
 - self-employed
 - **employed** by an **immediate family member**
 - an employee of an employer with fewer than five employees
 - working less than 20 hours a week
 - **employed** outside of Australia.
- the **involuntary unemployment** commenced, and the life insured:
 - had been provided with notice or
 - was aware of its imminent commencement

prior to or during the first 180 days of the start date of cover, its reinstatement or the date of any increase (not including indexation increases and in relation to the increase portion only).

- the **involuntary unemployment** was the result of:
 - retirement
 - resignation
 - voluntary redundancy
 - abandonment of employment
 - the termination of casual or seasonal work
 - the ending of a fixed term contract or
 - deliberate or serious misconduct.

This benefit will be reduced by the amount of any payment made by, or recoverable from, another source in respect of the loan repayment.

We will not pay any benefit in relation to any arrears on the loan at the date of **involuntary unemployment**.

Only one claim under this benefit is payable in any 12 month period.

Only three claims can be made during the life of this cover.

If the life insured becomes **disabled** while we are paying this benefit, benefits in relation to the **disability** will be paid instead of this benefit, unless this benefit provides for a higher amount, including the waiting period that applies to benefits for **disability**.

To assess a claim under this benefit we will require:

- documentation from the lender setting out the terms of the loan including conditions in relation to minimum monthly repayments and evidence that the terms have not been varied within the previous three month period. If terms have changed, we will require details of the terms that applied before the change

- statements of account showing current minimum monthly repayment and current loan position including details of repayments paid in the previous six months
- documentation of terms of employment and termination of employment
- documentation of the life insured's registration from a recognised employment agency including details of jobs applied for
- any other documentation we may reasonably require to determine whether the terms of the benefit are satisfied.

6.5.9 Trauma Recovery Benefit

(Applies to Income Secure Professional and Income Secure Comprehensive only.)

We will pay you the monthly amount insured payable if a trauma recovery event (as listed below) happens to the life insured while the cover is in force. In this instance we will treat the life insured as being **totally disabled**.

This benefit is payable whether or not the life insured is **disabled** or in need of ongoing medical treatment. This benefit is payable during the waiting period.

The monthly amount insured payable will be paid in advance each month until the earliest of the:

- end of the payment period of six months for that trauma recovery event
- cover expiry date
- date of the life insured's death.

If the life insured suffers more than one trauma recovery event at the same time, we will pay for one trauma recovery event only.

If the life insured suffers either another trauma recovery event or a specific injury (see section 6.5.7) while we are paying a Trauma Recovery Benefit, we will pay one benefit only. The benefit we will pay is that which provides for the greater future payment at that time.

If the life insured is **totally disabled** or **partially disabled** at the end of the payment period of six months due to the trauma recovery event for which we have paid this benefit, we will pay a Total or Partial Disability Benefit (as applicable) from the later of the:

- end of the payment period for the trauma recovery event and
- end of the waiting period.

The life insured must have satisfied the requirements of **disability** during the waiting period (see sections 6.5.1 and 6.5.2). The commencement of the waiting period is defined in section 6.3.

If the benefit period is two years or six years, the maximum period for which we will pay Total Disability Benefits and/or Partial Disability Benefits is reduced by the number of months for which we have already paid the Trauma Recovery Benefit.

The following trauma recovery events are included under the Trauma Recovery Benefit and are defined in section 15:

- **Alzheimer's disease**[†]
- **aortic surgery**^{*}
- **aplastic anaemia**
- **benign brain tumour**[†]
- **benign tumour of the spine**[†]
- **blindness**
- **cancer**^{*†}
- **cardiomyopathy**
- **chronic kidney failure**
- **chronic liver disease**
- **chronic lung disease**[†]
- **cognitive loss**
- **coma**
- **coronary artery by-pass surgery**^{*†}
- **deafness**
- **dementia**[†]
- **encephalitis**
- **heart attack**^{*†}
- **heart valve surgery**^{*}
- **intensive care**
- **loss of independent existence**
- **loss of speech**
- **loss or paralysis of limb**
- **major head trauma**[†]
- **major organ transplant**
- **medically acquired HIV**
- **meningitis and/or meningococcal disease**
- **motor neurone disease**[†]
- **multiple sclerosis**[†]
- **muscular dystrophy**[†]
- **occupationally acquired HIV**
- **open heart surgery**^{*}
- **Parkinson's disease**[†]
- **pneumonectomy**[†]
- **primary pulmonary hypertension**

- **severe burns**
- **severe diabetes**^{*†}
- **severe osteoporosis**^{*†}
- **severe rheumatoid arthritis**^{*†}
- **stroke**^{*†}
- **systemic sclerosis**^{*}
- **terminal illness**[†]
- **triple vessel angioplasty**^{*}.

* There is no Trauma Recovery Benefit payable in respect of the trauma recovery events marked with a '*' if the trauma condition first occurs or is first diagnosed or the symptoms leading to the trauma conditions occurring, or being diagnosed first become **reasonably apparent** during the first 90 days after the date that OnePath Life receives:

- the complete application for Income Secure Cover
- a written request for the reinstatement of Income Secure Cover or
- the complete application for an increase to the Income Secure Cover monthly amount insured (in respect of the increased portion only).

† Trauma recovery events marked with a '†' must be diagnosed and certified by a **medical practitioner** who is an appropriate specialist physician approved by us.

6.5.10 Accommodation Benefit

(Applies to Income Secure Professional and Income Secure Comprehensive only.)

If the life insured becomes **totally disabled** and a **medical practitioner** certifies that the life insured must remain confined to bed due to **illness** or **injury**, and:

- the life insured is more than 100 kilometres from their **home** and an **immediate family member** is required to travel from their home to be with the life insured, or
- an **immediate family member** is required to travel more than 100 kilometres from their **home** to be with the life insured

we will reimburse the accommodation costs of the life insured's **immediate family member** up to \$500 per day across all Income Secure Covers for the life insured under this policy whilst:

- that **immediate family member** is required to stay away from their **home** for up to a maximum of 30 days, and
- the life insured is confined to bed.

This benefit is payable in addition to any other benefit that becomes payable.

The Accommodation Benefit is payable during the waiting period.

6.5.11 Special Care Benefit

(Applies to Income Secure Professional and Income Secure Comprehensive only.)

The Special Care Benefit is payable for up to six months if:

- the life insured is **totally disabled**
- a Total Disability Benefit is paid for more than 30 consecutive days in respect of the life insured's **total disability**, and

- the life insured is confined to a bed due to an **illness** or **injury** and a medical practitioner certifies that they require the care of registered nurse or require a housekeeper (who are not **immediate family members**) within their principal place of residency.

If the Special Care Benefit is payable, we will reimburse the costs of employing a registered nurse or a housekeeper (who are not **immediate family members**). The maximum amount reimbursed will be the lesser of:

- the monthly amount insured payable
- \$5,000 per month across all Income Secure Covers for the life insured under this policy.

The Special Care Benefit is payable until the earlier of:

- the life insured ceasing to be confined to bed
- a **medical practitioner** ceasing to certify that the life insured requires the care of a registered nurse or a housekeeper (who are not **immediate family members**)
- the life insured ceasing to be **totally disabled**
- six months from the date we started paying the Special Care Benefit.

The payment under this benefit will be reduced by any amounts we have paid under the Immediate Family Member Benefit (see section 6.5.12) in respect of the same **illness** or **injury**.

This benefit is payable in addition to any other benefits that become payable, except for the Immediate Family Member Benefit.

This benefit is not payable during the waiting period.

6.5.12 Immediate Family Member Benefit

(Applies to Income Secure Professional and Income Secure Comprehensive only.)

If, from the commencement of the benefit period:

- a **medical practitioner** certifies that the life insured is confined to bed due to **illness** or **injury** and they require care, and
- as a result of the life insured's **illness** or **injury**, an **immediate family member** ceases to earn any income because the life insured needs the **immediate family member** to care for them,

we will pay you up to an additional 50% of the monthly amount insured payable, subject to a maximum payment of \$3,000 per month across all Income Secure Covers for the life insured under this policy for a maximum of three months.

Payment of the Immediate Family Member Benefit will be made in arrears.

The payment under this benefit will be reduced by any amounts we pay under the Special Care Benefit or Meal Allowance Benefit in respect of the same **illness** or **injury**.

This benefit is payable in addition to any other benefits that become payable, except for the Special Care Benefit or Meal Allowance Benefit.

This benefit is not payable during the waiting period.

6.5.13 Nursing Care Benefit

(Applies to Income Secure Professional and Income Secure Comprehensive only.)

We will pay you the monthly amount insured payable if, during the waiting period, the life insured is confined to bed due to **illness** or **injury** and a **medical practitioner** certifies that the life insured needs continuous care from a registered nurse for more than 72 hours.

For each day nursing care is certified to be required we will pay $\frac{1}{30}$ of the monthly amount insured payable. We will do so until the end of the waiting period, or for 90 consecutive days from the first day of nursing care, whichever comes first.

This benefit is payable during the waiting period. If we pay this benefit, we will not pay any other benefit in respect of the **illness** or **injury** during the waiting period other than the Accommodation Benefit, the Relocation Benefit, the Emergency Domestic Travel Benefit or the Commuter Benefit if they apply.

6.5.14 Relocation Benefit

(Applies to Income Secure Professional and Income Secure Comprehensive only.)

We will pay the Relocation Benefit once during a claim if the life insured:

- becomes **totally disabled** whilst outside of Australia
- remains **totally disabled** for at least 30 days and
- returns to Australia while **totally** or **partially disabled**.

The amount we will pay is the lesser of:

- the cost of a single standard economy airfare for a scheduled commercial flight by the most direct route to the airport in Australia nearest to where the life insured resides
- expenses actually incurred by the life insured in changing previously made air travel arrangements
- three times the monthly amount insured payable.

The Relocation Benefit will be reduced by the amount of any payments made or recoverable from another source in respect of the same airfare or expense.

This benefit is only payable once in respect of each claim for **total disability**.

This benefit is payable in addition to any other benefit that becomes payable.

This benefit is payable during the waiting period.

6.5.15 Child Care Assistance Benefit

(Applies to Income Secure Professional and Income Secure Comprehensive only.)

If the life insured is **totally disabled**, and as a result the life insured requires additional child care assistance, we will reimburse the monthly cost of child care fees incurred during the benefit period that cannot be recovered from another source, provided you have obtained our approval in writing before the additional child care arrangements commence.

If existing child care arrangements are in place at the time of claim, the amount of Child Care Assistance Benefit will only be the additional child care costs directly resulting from the life insured's **total disability**.

The maximum we will reimburse is the lesser of:

- 5% of the monthly amount insured
- \$400 per month across all Income Secure Covers for the life insured under this policy.

This benefit is payable for a maximum of three months. Each child must be under the age of 12 at the time of the life insured's **disability**. Evidence must be supplied each month that the child care fees have been paid before we make any payment. We will not reimburse any amount for child care services provided by you or an **immediate family member** of the child.

The Child Care Assistance Benefit is payable monthly in arrears in addition to any other benefit that becomes payable.

This benefit is not payable during the waiting period.

6.5.16 Emergency Domestic Travel Benefit

(Applies to Income Secure Professional only.)

If the life insured is totally disabled and requires emergency transportation within Australia to a hospital or their **home**, we will reimburse the expenses incurred for emergency transportation (other than ambulance services) of the life insured and one of their **immediate family members**.

The amount we will pay is the lesser of:

- the expenses actually incurred for the emergency transportation
- two times the monthly amount insured payable
- \$2,000 across all Income Secure Covers for the life insured under this policy.

The Emergency Domestic Travel Benefit will be reduced by the amount of any payments made by, or recoverable from, another source in respect of the same emergency transportation expense.

This benefit is only payable once in respect of each claim for **total disability**.

This benefit is payable in addition to any other benefit that becomes payable.

This benefit is payable during the waiting period.

6.5.17 Commuter Benefit

(Applies to Income Secure Professional only.)

The Commuter Benefit applies if the life insured incurs transportation expenses for travelling to and from work during the waiting period and the life insured goes **on claim** at the end of the waiting period.

We will reimburse the cost of travel expenses approved by us, which are directly incurred as a result of the life insured's **illness or injury**.

The amount we will pay is the lesser of:

- the expenses actually incurred in travelling to and from work
- one third of the monthly amount insured payable
- \$500 across all Income Secure Covers for the life insured under this policy.

The Commuter Benefit will be reduced by the amount of any payments made by, or recoverable from, any other source in respect of the same expense.

This benefit is only payable once in respect of each claim for **total disability**.

This benefit is payable in addition to any other benefit that becomes payable.

This benefit is payable at the end of the waiting period for transportation expenses incurred during the waiting period.

6.6 Income Secure Cover built-in features

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

6.6.1 Waiver of Premium

We will waive premiums for this cover for the life insured that relate 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 6.9).

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.

6.6.2 Conversion to Living Expense Cover

If the life insured is not **on claim** and you are not eligible to make a claim at the expiry of the Income Secure Cover, we will offer conversion to Living Expense Cover 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, 90, 1 year, 2 year
30 days	30, 90, 1 year, 2 year
60 days	30, 90, 1 year, 2 year
90 days	90, 1 year, 2 year
180 days	90, 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.

If converting from OneCare Super, the Living Expense Cover offered is non superannuation.

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

The terms and conditions for Living Expense Cover which apply are those outlined in section 8.

6.6.3 Unemployment Premium Waiver

(Applies to Income Secure Professional only.)

If the life insured becomes **involuntarily unemployed** for reasons other than **illness** or **injury**, we will waive the premiums under Income Secure Professional for up to a maximum of three months from the first day of **involuntary unemployment**. This benefit will only apply if cover under this policy has been continually in force for at least six months prior to the date the life insured becomes **involuntarily unemployed**. We must receive proof acceptable to us of the **involuntary unemployment** before premiums are waived. This feature can only be used for three separate periods of **involuntary unemployment** during the life of the policy.

The Unemployment Premium Waiver will end if the life insured returns to work, whether in their **regular occupation** or any other occupation.

6.6.4 Adjusting Income Secure Cover

6.6.4.1 Increasing Income

(Not applicable to Income Secure Special Risk.)

This feature allows you 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, you 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.

You will be required to complete the relevant form and provide:

- financial evidence supporting the increase in cover and
- confirmation that the life insured is actively at work and expects 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 Covers for the life insured, including this increase, does not exceed \$30,000.

This feature is only available for cover that has been issued without medical loadings.

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

6.6.4.2 Family Cover Pause

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

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

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

To reinstate all or part of the original monthly amount insured you 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 certification.

If satisfactory financial evidence cannot be provided, the reinstated amount may be available as an Indemnity benefit payment type.

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 11.1).

6.6.4.3 Premium Pause

(Applies to Income Secure Professional only.)

If the life insured becomes **unemployed** or takes long-term leave from work, you can request to pause paying premiums for up to 12 consecutive months, with the option to recommence cover at the end of the 12 month period if:

- you have paid premiums for the previous 24 consecutive months and
- there is no premium amount outstanding at the time of activating the Premium Pause.

No benefits are payable under this cover during the period in which the Premium Pause is activated. Indexation of the monthly amount insured will not apply whilst premiums are paused.

Premium Pause can be activated at any time during the policy year. You must request to pause premiums no later than 30 days after the life insured becomes **unemployed** or commences the long-term leave.

If Income Secure Professional is the only cover in force for that life insured, we will also pause the Policy Fee for that life insured for the duration of the Premium Pause. If there are other covers in force for that life insured under the policy, we do not pause the Policy Fee, but continue to charge it along with the premiums for the other covers.

At the end of the 12 months the Premium Pause automatically ceases. We will notify you 30 days before the Premium Pause will cease. If Income Secure Professional is not reinstated by you within 30 days, Income Secure Professional will be cancelled.

You may apply to stop Premium Pause (and recommence cover) at any time within the 12 months (but not within three months of activating the pause). Resumption of cover from Premium Pause prior to the end of the 12 month period is subject to our approval and receipt of the premium payable.

The premium payable upon resumption from Premium Pause will be calculated on the age and monthly amount insured at the date of the last policy anniversary.

There is no cover and no benefit payable under this feature in respect of **illness or injury** that becomes **reasonably apparent** while premiums are being paused or in the first 90 days after each resumption of cover from Premium Pause.

6.6.5 Cover Continuation

(Applies to Income Secure Professional only.)

If the life insured is working full time when the cover expires and has been working full time for the 12 months immediately preceding, we will offer to continue cover under Income Secure Professional (if they meet the requirements set out below) up to the earlier of:

- the policy anniversary when the life insured is:
 - age 70 (if the benefit period under this cover is to age 65)
 - age 65 (if the benefit period under this cover is to age 60)
 - age 60 (if the benefit period under this cover is to age 55)
- the date the life insured ceases full-time work.

Cover Continuation is only available if the life insured was aged 55 or below at the cover start date, and no medical loadings apply.

In order to continue Income Secure Professional we will require evidence, acceptable to us, that the life insured is working and plans to continue to work full time, and information about their occupation.

If cover continues, it will be on the following special terms:

- The waiting period will be the greater of 30 days and the current waiting period when cover would otherwise end.
- The benefit period will be one year.
- The maximum monthly amount insured across all Income Secure Professional covers for the life insured will be the lesser of \$10,000 or the current monthly amount insured when cover would otherwise end.
- The Accident Option or the Premier Accident Option will not apply.

Indexation increases will not apply to the monthly amount insured under Cover Continuation on or after the policy anniversary when the life insured is age 65.

6.6.6 Waiting Period Conversion

This feature allows you 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 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 to accept the application to convert on the basis of this evidence or 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 you apply to convert the waiting period, you will be required to provide confirmation that the life insured:

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

6.7 Income Secure Cover options (at extra cost)

6.7.1 Accident 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.)

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 6.2) 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 your 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, other than the Accommodation Benefit, the Relocation Benefit, the Emergency Domestic Travel Benefit and the Commuter Benefit if they apply.

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

6.7.2 Premier Accident 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.)

If, as a result of an **injury**, the life insured is **totally disabled** for three 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 6.2) 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, other than the Accommodation Benefit, the Relocation Benefit, the Emergency Domestic Travel Benefit and the Commuter Benefit if they apply.

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

6.7.3 Increasing Claim Option

(This option applies to Income Secure Cover for a 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.

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.

6.7.4 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 you to increase the monthly amount insured by an additional 5% of the life insured's **monthly earnings**.

The Priority Income Option will enable priority income commitments (namely, superannuation contributions or mortgage payments) to be maintained during periods of **disability**. Under this option you may select either:

- Superannuation Maintenance (SM) or
- Mortgage Maintenance (MM).

6.7.4.1 Superannuation Maintenance (SM)

The SM amount payable is included in the monthly amount insured payable shown on your Policy Schedule.

For a guaranteed benefit payment type, the SM amount payable will be 5% of **monthly earnings** at the time of application, adjusted by the indexation factor up to the policy anniversary prior to claim.

For an indemnity benefit payment type, the SM 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 SM 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 6.9), the SM amount payable will be reduced by the same proportion.

We will pay the SM directly to a superannuation provider nominated by you for the life insured's benefit, or we will pay it to you subject to proof we may request that the amount is subsequently forwarded to a superannuation provider for the life insured's benefit. This benefit will only be paid in circumstances permitted by the relevant laws relating to superannuation contributions and taxation. The superannuation provider must be either a regulated superannuation fund or retirement savings account as defined in the relevant superannuation and taxation laws.

In the event of claim, you may request for us to contribute a greater portion of the monthly amount insured payable to a superannuation provider nominated by you.

6.7.4.2 Mortgage Maintenance (MM)

The MM amount payable is included in the monthly amount insured payable shown on your Policy Schedule. We will pay the MM directly to you.

For a guaranteed benefit payment type, the MM amount payable will be 5% of **monthly earnings** at the time of application, adjusted by the indexation factor up to the policy anniversary prior to claim.

For an indemnity benefit payment type, 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 6.9), 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.

6.7.5 Booster Option

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

If the life insured chooses this option and a Trauma Recovery Event occurs during the period of cover resulting in the life insured receiving a **total or partial disability benefit** we will

pay an additional third of the monthly amount insured payable (for up to 24 months) as long as life insured continues to be **totally or partially disabled.**

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

If the life insured chooses this option and a Trauma Recovery Event occurs during the period of the cover, we will pay an additional third of the monthly amount insured payable for up to six months regardless of whether the life insured is **totally or partially disabled.**

If the life insured is **totally or partially disabled** at the end of the payment period of six months due to the trauma recovery event for which we have paid the Trauma Recovery Benefit, we will pay an additional third of the **total or partial disability** benefit (as applicable) from the later of the:

- end of the payment period for the trauma recovery event or
- end of the waiting period

for up to a further 18 months as long as the life insured continues to be **totally or partially disabled.**

The following trauma recovery events are included under the Booster Option and are defined in section 15:

- **Alzheimer's disease[†]**
- **aortic surgery***
- **aplastic anaemia**
- **benign brain tumour[†]**
- **benign tumour of the spine[†]**
- **blindness**
- **cancer**[†]**
- **cardiomyopathy**
- **chronic kidney failure**
- **chronic liver disease**
- **chronic lung disease[†]**
- **cognitive loss**
- **coma**
- **coronary artery by-pass surgery**[†]**
- **deafness**
- **dementia[†]**
- **encephalitis**
- **heart attack**[†]**
- **heart valve surgery***
- **intensive care**
- **loss of independent existence**
- **loss of speech**
- **loss or paralysis of limb**

- **major head trauma**[†]
- **major organ transplant**
- **medically acquired HIV**
- **meningitis and/or meningococcal disease**
- **motor neurone disease**[†]
- **multiple sclerosis**[†]
- **muscular dystrophy**[†]
- **occupationally acquired HIV**
- **open heart surgery**^{*}
- **Parkinson's disease**[†]
- **pneumonectomy**[†]
- **primary pulmonary hypertension**
- **severe burns**
- **severe diabetes**^{*†}
- **severe osteoporosis**^{*†}
- **severe rheumatoid arthritis**^{*†}
- **stroke**^{*†}
- **systemic sclerosis**^{*}
- **terminal illness**[†]
- **triple vessel angioplasty**^{*}.

* There is no Booster Option payable in respect of the trauma recovery events marked with a '*' if the trauma condition first occurs or is first diagnosed or the symptoms leading to the trauma conditions occurring, or being diagnosed first become **reasonably apparent** during the first 90 days after the date that OnePath Life receives:

- the complete application for Income Secure Standard, Comprehensive, Professional or Special Risk Cover
- a written request for the reinstatement of Income Secure Standard, Comprehensive, Professional or Special Risk Cover
- the complete application for an increase to the Income Secure Standard, Comprehensive, Professional or Special Risk Cover monthly amount insured (in respect of the increased portion only).

Trauma recovery events marked with a '+' must be diagnosed and certified by a **medical practitioner** who is an appropriate specialist physician approved by us.

This benefit is not applicable for OneCare Super.

The Booster Option will only apply to the first \$30,000 of the monthly amount insured.

6.8 Income Secure Cover benefit limitations

6.8.1 One benefit payable

You are only entitled to one monthly amount insured payable for a life insured 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 6.5.1), Partial Disability Benefit (see section 6.5.2), Specific Injury Benefit (see section 6.5.7), Trauma Recovery Benefit (see section 6.5.9), Nursing Care Benefit (see section 6.5.13) and benefits under the Accident Option (see section 6.7.1) and the Premier Accident Option (see section 6.7.2).

A separate waiting period applies for each separate **illness** or **injury** for which you are entitled to make a claim under this cover, unless it is a recurring claim (see section 6.3.2).

6.9 Income Secure Cover benefit reductions

The Total or Partial Disability Benefit we pay may be reduced if you or the life insured receive 'other payments' in respect of the life insured's **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 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 6.5.2).

For Income Secure Professional, '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.

For Income Secure Comprehensive, Income Secure Standard and Income Secure Special Risk, '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
- sick leave payments received. This does not include an entitlement to sick leave when not received or taken by the life insured.

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 dependent 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**.

6.10 Income Secure Cover exclusions

We cannot reimburse any expenses which:

- we are not permitted by law to reimburse, or
- are regulated by the *National Health Act 1953* or the *Private Health Insurance Act 2007*.

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 Basic Death Benefit or the Enhanced Death Benefit)
- the life insured's intentional act or omission or
- the life insured being or becoming pregnant, giving birth, miscarrying or having a pregnancy termination. However, if the life insured spends more than three months **totally disabled** (or either **totally** or **partially disabled** for Income Secure Professional) from the date their pregnancy ends and continues to be **totally disabled** (or either **totally** or **partially disabled** for Income Secure Professional), 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.

6.11 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:

- policy anniversary when the life insured is age 70
- cover expiry date shown on the Policy Schedule
- date we receive written notification from you 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 you have not paid the premium when due
- date of the life insured's death.

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 member became **unemployed**, unless the life insured is **unemployed** because they are **on claim**.

For Income Secure Professional, cover may continue subject to the provision of Cover Continuation set out in section 6.6.5.

6.12 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.

6.13 Income Secure Cover glossary

In this section, we define some expressions used throughout the Income Secure Cover section of the Policy Terms. Other definitions appear in section 14 and trauma conditions definitions appear in section 15.

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.

Involuntarily unemployed/Involuntary unemployment means that the life insured becomes **unemployed** from their current job through no fault of their own. This may mean

their work place is restructuring and they are made redundant and while the life insured is willing to work, that role is no longer available.

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

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

or

- not working and they are 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 all of the duties necessary to produce income from their **regular occupation**, but are 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 the life insured is 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 are 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 their **illness** or **injury** for which they are claiming.

Pre-application income is the life insured's **monthly earnings** for the 12 months immediately prior to the application for Income Secure Cover or as otherwise prescribed by us. The income amount is subject to verification by us after the provision of supporting financial evidence.

Pre-claim earnings means:

- for guaranteed benefit payments, the highest average of **monthly earnings** for any period of 12 consecutive months between two years before the cover commencement date and the start of the waiting period and
- for indemnity benefit payments, 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** (or either **totally** or **partially disabled** for Income Secure Professional). 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 their degree or licence, the life insured's specialty is their 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**, or maternity, paternity or sabbatical leave, 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 due to **illness** or **injury** the life insured is:

- not working in any gainful occupation and
 - is unable to perform one or more duties necessary to produce income from their **regular occupation** and
 - is **following the advice of a medical practitioner** in relation to the **illness** or **injury** for which they are claiming
- or
- working in their **regular occupation** or any gainful occupation and
 - is not working for 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 and
 - is **following the advice of a medical practitioner** in relation to the **illness** or **injury** for which they are claiming.

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

- During the first three years from the date of that disability is:
 - not working in any gainful occupation and
 - is unable to perform one or more of the duties necessary to produce income from their **regular occupation** and
 - is **following the advice of a medical practitioner** in relation to the **illness** or **injury** for which they are claiming
- or
- working in their **regular occupation** or any gainful occupation and
 - is not working for 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 and
 - is **following the advice of a medical practitioner** in relation to the **illness** or **injury** for which they are claiming.

- After three years from the date of that disability:
 - is not working in any gainful occupation and
 - is unable to perform one or more of 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 and
 - is **following the advice of a medical practitioner** in relation to the **illness** or **injury** for which they are claiming
- or
- working in their **regular occupation** or any gainful occupation and
 - not working for more than 10 hours* per week and
 - 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
 - **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, totally disabled means that due to **illness** or **injury** the life insured:

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

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

7. Business Expense Cover

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

- the Business Expense Cover monthly amount insured
- the Business Expense Cover benefit payment type (Guaranteed or Indemnity)
- the Business Expense Cover waiting period
- the Business Expense Cover benefit period
- the occupation category that applies to the life insured and
- any option selected (at extra cost).

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

	Refer to section
Built-in benefits	
Total Disability Benefit	7.5.1
Partial Disability Benefit	7.5.2
Death Benefit	7.5.3
No Claim Benefit	7.5.4
Built-in features	
Indexation	11.1
Waiver of Premium	7.6.1
Increasing Expenses	7.6.2
Options (at extra cost)	
Accident Option	7.7.1
Premier Accident Option	7.7.2

7.1 Monthly amount insured

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

- the Total Disability Benefit (see section 7.5.1)
- the Partial Disability Benefit (see section 7.5.2) and
- other built-in benefits, built-in features and options (at extra cost) applicable to the type of Business Expense Cover selected.

The monthly amount insured may be adjusted by increases under indexation if selected (see section 11.1).

The monthly amount insured is based on the life insured's **business expenses**. At the time of application you are required to provide satisfactory financial evidence. If the guaranteed benefit payment type applies, you must inform us if that financial evidence is revised at any time after you applied for this cover. We may adjust the monthly amount insured based on the revised evidence.

7.2 Monthly amount insured payable

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

The monthly amount insured payable depends on the benefit payment type (Guaranteed or Indemnity) that you have selected.

The Policy Schedule will show whether you have selected a guaranteed or indemnity benefit payment type. These benefit payment types are described below.

7.2.1 Guaranteed benefit payment type

For a guaranteed benefit payment type, we require that you provide satisfactory financial evidence for the purpose of determining the monthly amount insured.

We guarantee that in the event of a claim, we will not review or reassess the monthly amount insured shown on the Policy Schedule.

The monthly amount insured payable is the monthly amount insured shown on the Policy Schedule. This may be reduced if the life insured receives certain other payments whilst on claim (see section 7.9).

7.2.2 Indemnity benefit payment type

If you selected the indemnity benefit payment type, the monthly amount insured payable may be less than the monthly amount insured shown on the Policy Schedule depending on your share of **business expenses** at the time of claim.

The monthly amount insured payable is the lesser of the:

- monthly amount insured shown on the Policy Schedule
- life insured's share of the **business expenses** which are incurred while the life insured is **disabled**.

If more than one person generates income in the life insured's **business**, we distribute the **business expenses** in the same proportion as their share of **business income** prior to claim between the life insured and the other person(s) to determine the life insured's share, unless we agree to divide the **business expenses** on a different basis.

We only pay benefits if receipts are produced within 90 days of the date the **business expenses** were incurred.

The monthly amount insured payable may be reduced if the life insured receives certain other payments whilst **on claim** (see section 7.9).

Under the indemnity benefit payment type, we require you to provide satisfactory financial evidence for the purpose of determining the life insured's **business expenses** at the time of claim.

7.3 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 **total disability**. Where it can be substantiated that the **total 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.

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

The waiting period is subject to change in respect of:

- returning to work during the waiting period (see section 7.3.1)
- recurring claims (see section 7.3.2).

7.3.1 Return to work during the waiting period

If the life insured returns to work during the waiting period for five consecutive days or less (or 10 consecutive days or less if the waiting period is 60 days or more), those days spent at work will be added to the remaining waiting period.

If the life insured returns to work for a longer period, the waiting period will restart from the day after the last day worked, provided a **medical practitioner** confirms that the life insured is **totally disabled**.

7.3.2 Recurring claims

If the life insured has been **on claim** and another claim is made in respect of the life insured 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 that the **illness or injury** recurs within six months of the date the life insured was last **on claim**.

If 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.

7.4 Benefit period

The benefit period is the maximum period of time that you will be paid a benefit for any one **illness or injury** while the life insured is **totally or partially disabled**. The benefit period is 12 months.

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

- end of the benefit period of 12 months
- cover expiry date

- life insured is no longer **partially or totally disabled**
- date of the life insured's death
- date on which the cover ends or is cancelled.

If a claim is treated as a recurring claim (see section 7.3.2), and the waiting period has been waived, the benefit period will be reduced by any previous periods for which benefits were paid for that **illness or injury**.

If a claim is treated as a separate claim and a new waiting period applied then the benefit period recommences.

If at the end of the maximum period of 12 months the benefits we have paid to you are less than 12 times the monthly amount insured shown on the Policy Schedule, we will extend the period for which benefits are payable while the life insured is still **disabled**.

The extension may be up to 12 months, but not beyond the cover expiry date. The cumulative total of benefits under the Business Expense Cover cannot exceed 12 times the monthly amount insured shown on the Policy Schedule.

7.5 Business Expense Cover built-in benefits

7.5.1 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 7.3.2).

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

- **totally disabled** for 30 consecutive days during the waiting period (or 14 consecutive days if you have a 14 day waiting period)
- continuously **disabled** since the end of the waiting period (unless claiming as a recurring claim – see section 7.3.2).

(Applies if the life insured's occupation is shown on the Policy Schedule as Category A, C, D, E, F, I, P and the life insured also has an in force Income Secure Professional policy)

- **disabled** during the waiting period
- continuously **disabled** since the end of the waiting period (unless claiming as a recurring claim – see section 7.3.2).

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 7.2.

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.

7.5.2 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 to the waiting period
- continuously **disabled** since the end of the waiting period (unless claiming as a recurring claim – see section 7.3.2).

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

- **totally disabled** for 30 consecutive days during the waiting period (or 14 consecutive days if you have a 14 day waiting period)
- continuously **disabled** since the end of the waiting period (unless claiming as a recurring claim – see section 7.3.2).

(Applies if the life insured's occupation is shown on the Policy Schedule as Category A, C, D, E, F, I, P and the life insured also has an in force Income Secure Professional policy)

- **disabled** during the waiting period
- continuously **disabled** since the end of the waiting period (unless claiming as a recurring claim – see section 7.3.2).

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 share of the average of monthly **pre-claim business income** during the 12 months before the **disability**.

B = the life insured's share of **business income** 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 three months, then 'B' will be the life insured's share of **business income** that 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 7.2.

7.5.3 Death Benefit

If the life insured is covered under Business Expense Cover, three times the monthly amount insured is payable 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 also pay it upon the 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** from all Business Expense Covers for the life insured under all policies issued by us is \$60,000.

7.5.4 No Claim Benefit

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

- the policy has been continuously in force, and
- the life insured has not been **on claim** and you have not been eligible to make a claim for the life insured under the cover

we will double any Death Benefit payable under this cover from the third anniversary of the cover start date.

The doubling of the Death Benefit only applies to a claim which arises from an event occurring after the third anniversary of the cover start date.

7.6 Business Expense Cover built-in features

7.6.1 Waiver of Premium

We will waive premiums for 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 7.9).

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.

7.6.2 Increasing Expenses

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

If more than three years have passed 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.

You will be required to complete the relevant form and provide:

- financial evidence supporting the increase in cover and
- confirmation that the life insured is actively at work and expects their **business income**, as well as their personal income (**monthly earnings**), to continue at or above the current level and
- evidence the life insured is conducting **business** as a sole trader, partnership or working director.

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 Business Expense Cover for the life insured, including this increase, does not exceed \$60,000.

This feature is only available for cover that has been issued without medical loadings.

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

7.7 Business Expense Cover option (at extra cost)

7.7.1 Accident Option

(This option applies to Business Expense Cover for a life insured if it is shown on the Policy Schedule.)

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 the monthly amount insured payable. The **total disability** must commence within 30 days of the date of the **injury**. The Accident Option is only available if your waiting period is 14 or 30 days.

This benefit option is payable during the waiting period.

7.7.2 Premier Accident Option

(This option applies to Business Expense Cover for a life insured if it is shown on the Policy Schedule.)

If, as a result of an **injury**, the life insured is **totally disabled** for three 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 7.2) 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.

7.8 Business Expense Cover benefit limitations

7.8.1 One benefit payable

You are only entitled to one monthly amount insured payable for a life insured 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**. A separate waiting period applies for each separate **illness** or **injury** for which you are entitled to make a claim under the cover, unless it is a recurring claim (see section 7.3.2).

7.9 Business Expense Cover benefit reductions

If you or the life insured receive business expense benefits from other insurance policies in respect of the life insured's **illness** or **injury**, we reduce any benefit payable under this policy in respect of Business Expense Cover by the amount of those other benefits.

7.10 Business Expense Cover exclusions

We will not pay benefits under Business Expense 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)
- the life insured's intentional act or omission or

- the life insured being or becoming pregnant, giving birth, miscarrying or having a pregnancy termination. 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.

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

7.11 When Business Expense Cover ends

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

- policy anniversary when the life insured is age 65
- cover expiry date shown on the Policy Schedule
- date we receive written notification from you 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 you have not paid the premium when due
- date of the life insured's death.

7.12 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 business income will reduce, especially for those professionals who have a high percentage of their business 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 the Policy Terms.

7.13 Business Expense Cover glossary

In this section, we define some expressions used throughout the Business Expense Cover section of the Policy Terms. Other definitions appear in Section 14.

Business means the life insured's business, profession, or occupation at application.

Business expenses means the normal day-to-day running expenses of the life insured's **business**. These include, but are not limited to:

- accounting and audit fees
- bank charges
- office cleaning costs
- electricity, gas, property/water rates
- equipment hire and motor vehicle leases
- **business** related insurance premiums (not including premiums for this policy)
- minimum monthly loan repayments, as per the relevant loan agreement, on:
 - business loans (short term and long term bank debt that relates to the operations and capitalisation of the business) including mortgage repayment on the business premises
 - finance lease payments relating to plant and equipment loans that commenced prior to the date of **disability**.
- office rent or leasing fees
- salaries and superannuation contributions for employees not directly involved in the generation of revenue
- payroll tax for the above salaries
- regular advertising costs
- telephone costs
- subscriptions/fees/dues to professional associations
- net cost of a locum (a person from outside the life insured's **business** who is a direct replacement for the life insured in their **business**), less any **business** earnings generated by the locum
- any other expenses agreed to by us.

The following business expenses cannot be included:

- the life insured's personal remuneration, salary, fees or drawings
- payments to related entities or businesses also owned or controlled by the life insured or an **immediate family member**
- cost of goods or merchandise, cost of implements of the life insured's profession
- premiums payable on this Business Expense Cover

- salaries and superannuation contributions for employees directly involved in the generation of income
- depreciation and the purchase cost of any assets, tools or other capital items.

We will apportion pre-paid or accrued **business** expenses, or **business** expenses which are paid or payable in a lump sum, over the period to which they relate.

If more than one person generates income in the life insured's **business**, we distribute the **business** expenses proportionally between the life insured and the other person(s), to determine the life insured's share, unless we agree to divide the **business** expenses on a different basis.

For indemnity benefit payment type we only pay benefits if receipts are produced within 90 days of the date the **business** expenses were incurred.

Business income is the gross income generated by the **business** before expenses and tax.

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.

Partially disabled/Partial disability

For all occupation categories, 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

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

or

- not working and they are not **totally disabled**

and

- solely due to **illness** or **injury** their **business income** is less than their **pre-claim business income**; 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**.

Pre-claim business income means:

- for guaranteed benefit payments, the highest average of the monthly **business income** for any period of 12 consecutive months between immediately prior to the life insured becoming **totally disabled** and two years prior to the cover start date
- for indemnity benefit payments, the highest average of the monthly **business income** for any period of 12 consecutive months in the two years immediately prior to the life insured becoming **totally disabled**.

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 their degree or licence, the life insured's specialty is their 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 **unemployment**, maternity, paternity or sabbatical leave occurring, the life insured's regular occupation is any other occupation that they are reasonably capable of performing with regard to their education, training or experience.

Totally disabled/Total disability

For all occupation categories, totally disabled means that due to **illness** or **injury** the life insured is:

- not working in any gainful occupation and
- is unable to perform one or more of the duties necessary to produce income from their **regular occupation** and
- is **following the advice of a medical practitioner** in relation to the **illness** or **injury** for which they are claiming

or

- working in their **regular occupation** or any gainful occupation and
- is not working for 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 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**.

8. Living Expense Cover

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

- the Living Expense Cover monthly amount insured
- the Living Expense Cover waiting period and
- the Living Expense Cover benefit period.

The Living Expense Cover built-in benefits and built-in features are listed in the table below with references to the relevant sections in these Policy Terms where more details can be found.

	Refer to section
Built-in benefits	
Living Expense Benefit	8.5.1
Death Benefit	8.5.2
Built-in features	
Indexation	11.1
Waiver of Premium	8.6.1

8.1 Monthly amount insured

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

- the Living Expense Benefit (see section 8.5.1)
- the Death Benefit (see section 8.5.2).

The monthly amount insured may be adjusted by increases under indexation if selected (see section 11.1).

8.2 Monthly amount insured payable

Under Living Expense Cover we offer guaranteed payment.

We guarantee that in the event of a claim, we will not review or reassess the monthly amount insured shown on the Policy Schedule.

The monthly amount insured payable is the monthly amount insured shown on the Policy Schedule. This may be reduced if the life insured receives certain other payments whilst **on claim** (see section 8.8).

8.3 Waiting period

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

The waiting period starts the day the life insured consults a **medical practitioner** and receives advice confirming **significant disability**. Where it can be substantiated that **significant 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.

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

The waiting period is subject to change in respect of recurring claims.

If the life insured has been **on claim** and another claim is made in respect of the life insured, 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 that the **illness** or **injury** recurs within 12 months of the date the life insured was last **on claim**.

If such 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.

8.4 Benefit period

The benefit period is the maximum period of time that you will be paid a benefit for any one **illness** or **injury** while the life insured is **significantly disabled**. The Policy Schedule will show the benefit period that applies 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
- life insured is no longer **significantly disabled**
- date of the life insured's death
- date on which the cover is cancelled.

If a claim is treated as a recurring claim (see section 8.3) and the waiting period has been waived, then 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, a new waiting period applies and then the benefit period recommences.

8.5 Living Expense Cover built-in benefits

8.5.1 Living Expense Benefit

If the life insured is **significantly disabled** due to **illness** or **injury**, we will pay the Living Expense 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 continuously **significantly disabled**:

- during the waiting period, and
- since the end of the waiting period (unless claiming as a recurring claim – see section 8.3).

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

The Living Expense Benefit is the monthly amount insured payable as defined in section 8.2.

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

8.5.2 Death Benefit

If the life insured is covered under Living Expense Cover, three times the monthly amount insured is payable 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 also pay it upon the 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.

8.6 Living Expense Cover built-in features

8.6.1 Waiver of Premium

We will waive premiums for this cover whilst the life insured is **on claim** under this policy, 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 8.8).

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.

8.7 Living Expense Cover benefit limitations

8.7.1 One benefit payable

You are only entitled to one monthly Living Expense Benefit for a life insured at any one time, even if the life insured suffers more than one **illness** or **injury** giving rise to a **significant disability**. A separate waiting period applies for each separate **illness** or **injury** for which you are entitled to make a claim under the cover (see section 8.3).

8.8 Living Expense Cover benefit reductions

We will reduce the monthly amount insured payable in any month by the amount of 'other payments' received by you or the life insured for the purpose of income replacement due to **illness** or **injury**.

'Other payments' include:

- 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, and
- sick leave payments received. This does not include an entitlement to sick leave when not received or taken by the life insured.

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 dependent 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.

8.9 Living Expense Cover exclusions

We will not pay benefits under Living Expense 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)
- the life insured's intentional act or omission, or
- the life insured being or becoming pregnant, giving birth, miscarrying or having a pregnancy termination. However, if the life insured spends more than three months **significantly disabled** from the date their pregnancy ends and continues to be **significantly 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.

8.10 When Living Expense Cover ends

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

- policy anniversary when the life insured is age 80
- cover expiry date shown on the Policy Schedule
- date we receive written notification from you 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 you have not paid the premium when due
- date of the life insured's death.

8.11 Living Expense Cover glossary

Significantly disabled/Significant disability means that as a result of **illness** or **injury** the life insured:

- is totally 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

- is suffering from a total deterioration or loss of intellectual capacity that requires the life insured to be under continuous care and supervision by another adult person.

Certification by a **medical practitioner** approved by us is required.

9. Child Cover

The Policy Schedule will show if Child Cover applies, with the name(s) of the insured child or children and the Child Cover amount insured.

The Child Cover built-in benefits and built-in features are listed in the table below with references to the relevant sections in these Policy Terms where more details can be found.

	Refer to section
Built-in benefits	
Child Cover Benefit	9.1.1
Accommodation Benefit	9.1.2
Built-in features	
Indexation	11.1
Continuation of Child Cover	9.2.1
Conversion of Child Cover	9.4.1

9.1 Child Cover built-in benefits

9.1.1 Child Cover Benefit

If one of the specified trauma conditions (set out below and defined in section 15) first occurs or is first diagnosed for an insured child, and symptoms leading to the trauma condition occurring or being diagnosed only first become **reasonably apparent**, or if the insured child dies, while the Trauma Cover for the insured child is in force, we will pay the Child Cover amount insured as a lump sum payment.

We require the diagnosis and certification of a trauma condition:

- by a **medical practitioner**, and
- agreed to by us.

For some trauma conditions the **medical practitioner** must be an appropriate specialist approved by us (see section 9.1.1.2).

9.1.1.1 Maximum amounts

The maximum amount of Child Cover for each insured child that can be applied for is \$150,000.

The amount insured will be adjusted by increases under indexation, if applicable (see section 11.1).

9.1.1.2 Trauma conditions

If you have Child Cover, the trauma conditions the insured child is covered for are those specified in the list below. The definitions for the trauma conditions can be found in section 15.

- **aplastic anaemia**
- **benign brain tumour[†]**
- **benign tumour of the spine[†]**
- **blindness**
- **brain damage[†]**
- **cancer^{*†}**

- **cardiomyopathy**
- **chronic kidney failure**
- **deafness**
- **encephalitis**
- **loss of speech**
- **loss or paralysis of limb**
- **major head trauma[†]**
- **major organ transplant**
- **meningitis and/or meningococcal disease**
- **severe burns**
- **stroke^{*†}**
- **terminal illness[†].**

Trauma conditions marked with a ^{*/} are subject to a 90 day qualifying period before cover commences (see section 9.1.1.3).

Trauma conditions marked with a [†] must be diagnosed and certified by a **medical practitioner** who is an appropriate specialist physician approved by us.

9.1.1.3 90 day qualifying period

Unless this cover is replacing similar existing insurance, there is no cover and no benefit will be payable in respect of the trauma conditions marked with an ^{*/} if:

- the condition first occurs or is first diagnosed, or
- the symptoms leading to the condition occurring, or being diagnosed first become **reasonably apparent**

during the first 90 days after the date that OnePath Life receives:

- the complete application for Child Cover, or
- a written request for the reinstatement of Child Cover, or
- the complete application for an increase to the Child Cover amount insured (in respect of the increased portion only).

In addition, if the insured child suffers **cancer** during the 90 day qualifying period, we will not pay a Child Cover Benefit for any other related occurrences of **cancer** or trauma conditions which result from that **cancer** at any time.

This qualifying period will not apply to that part of the Child Cover amount insured which replaces similar insurance under a policy issued by another insurer if:

- the 90 day qualifying period has expired for the same conditions or events on the policy to be replaced (including qualifying periods applied to the policy after its commencement due to, for example, reinstatements or increases)
- the policy to be replaced is cancelled immediately after the issue of this policy and
- no claim is payable or pending under the policy to be replaced.

Where the Child Cover amount insured under this policy exceeds that of the policy to be replaced, the 90 day qualifying period will apply to the excess.

9.1.2 Accommodation Benefit

If we pay the Child Cover amount insured for an insured child, and a **medical practitioner** certifies that the insured child must remain confined to bed due to the trauma condition for which we paid the Child Cover Benefit and:

- the insured child is more than 100 kilometres from their **home** and an **immediate family member** is required to travel from their **home** to be with the insured child or
- an **immediate family member** is required to travel more than 100 kilometres from their **home** to be with the insured child,

we will reimburse the accommodation costs of the insured child's **immediate family member** up to a maximum of \$150 per day for each day while the insured child remains confined to bed and their **immediate family member** remains away from their **home**, for a maximum of 14 days.

The reimbursement of accommodation costs must be claimed within six weeks of the Child Cover Benefit being paid. We must receive evidence which is acceptable to us of the insured child's confinement to bed and of the payment of the accommodation costs.

9.2 Child Cover built-in features

9.2.1 Continuation of Child Cover

If:

- the policy owner dies, or
- there is no cover, other than Child Cover, under the policy due to a claim being paid,

the insured child may choose to start a new policy, and become the policy owner, in order to continue the Child Cover if the child is aged 10 years or more. The consent of the insured child's parent or guardian is required if the insured child is aged between 10 and 16 years. If this option is exercised, we will allow the Child Cover to continue even if there is no other cover under this policy.

9.3 Child Cover exclusions

We will not pay any benefits under Child Cover for:

- anything we have specifically excluded from the cover, as shown on the Policy Schedule
- death or a trauma condition which arises as a result of:
 - an intentional act or omission of the insured child, the policy owner, a parent or guardian of the child, or someone who lives with or supervises the child, or

- a congenital condition. A congenital condition is defined as any condition that is present at birth, as a result of either heredity or environmental influences.

9.4 When Child Cover ends

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

- policy anniversary when the insured child is age 21
- full payment of the Child Cover amount insured
- cover expiry date shown on the Policy Schedule
- date we receive written notification from you 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 you have not paid the premium when due
- date of the insured child's death.

9.4.1 Conversion of Child Cover

Child Cover will cease on the policy anniversary when the insured child is age 21. At this time, we will give you the option of applying for Life Cover and optional Trauma Comprehensive for the insured child up to the amount insured under Child Cover immediately prior to it ceasing, without the need to provide medical or other evidence.

If Trauma Comprehensive is not available at the time of conversion, the new cover that will be provided will be the Life Cover and the Trauma Cover that we believe, at the time of conversion, is most like Trauma Comprehensive.

We must receive written acceptance from you of our offer within 30 days of our offer being made.

If you accept the offer under the conversion benefit within that time, the adult Trauma Cover in respect of the insured child will commence immediately after the Child Cover ceases.

You may choose to be issued with a new cover under your existing OneCare policy in respect of the insured child, or you may require us to issue a new policy (if the policy owner of the new policy is to be the insured child).

The premium for the new cover will be calculated based on the premium rates applying to Life Cover and Trauma Comprehensive Cover at the time you choose to exercise this option. We will apply any medical loadings or any loadings for hazardous pursuits that applied to the original Child Cover.

Any exclusions which applied to the original Child Cover will also apply to the new Life Cover and Trauma Cover.

10. 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, Extra Care Terminal Illness Benefit, Extra Care Needle Stick Benefit, and/or Extra Care Extended Needle Stick Benefit)
- the amount insured for each Extra Care Cover benefit (as applicable)
- the benefit payment type for each Extra Care Cover benefit (as applicable).

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

	Refer to section
Built-in benefits	
Extra Care Accidental Death Benefit	10.2.1
Extra Care Terminal Illness Benefit	10.2.2
Extra Care Needle Stick Benefit	10.2.3
Extra Care Extended Needle Stick Benefit	10.2.4
Built-in features	
Indexation	11.1
Future Insurability	5.1
Option (at extra cost)	
Premium Waiver Disability Option	5.4

10.1 Extra Care Cover benefit payment type

The benefit payment types which may apply to an Extra Care Cover benefit (as applicable) are described below.

Lump sum benefit payment type

If the lump sum benefit payment type applies, the Extra Care Cover benefit amount insured is the amount for which we agree to cover the life insured. In the event of a claim, we will pay this amount as a single lump sum payment.

Instalment benefit payment type

If an instalment benefit payment type applies, the Extra Care Cover benefit amount insured is the instalment amount for which we agree to cover the life insured. In the event of a claim, we will pay this amount monthly in arrears from the date the entitlement arises under the cover for the duration of the selected instalment term. There are two different instalment benefit payment types which may apply:

- **Fixed term instalment benefit payment type**

If a fixed term instalment benefit payment type applies, we pay the instalment amount insured for the fixed term period in years as shown on the Policy Schedule.

- **Age-based term instalment benefit payment type**

If an age-based term instalment benefit payment type applies, we will pay the instalment amount insured until the policy anniversary when the life insured is (or, if the life insured dies, would have been) the age at which the instalment term ends, as shown on the Policy Schedule.

We may agree to change the benefit payment type upon request.

You cannot change the benefit payment type at the time during which you are **on claim** or at any time when you are entitled to make a claim.

10.2 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
- Extra Care Needle Stick Benefit
- Extra Care Extended Needle Stick Benefit.

10.2.1 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 by the benefit payment type which applies.

10.2.1.1 Maximum amounts

The maximum lump sum amount of the Extra Care Accidental Death Benefit for the life insured that can be applied for is \$1,000,000, or if an instalment benefit payment type applies, an **equivalent instalment amount**.

The amount insured will be adjusted by increases under indexation if applicable (see section 11.1).

10.2.2 Extra Care Terminal Illness Benefit

(This benefit applies to Extra Care Cover for a 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 by the benefit payment type which applies.

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 insured is **terminally ill**.

10.2.2.1 Maximum amounts

The maximum lump sum amount of the Extra Care Terminal Illness Benefit for the life insured that can be applied for is \$1,000,000, or if an instalment benefit payment type applies, an **equivalent instalment amount**.

The amount insured will be adjusted by increases under indexation if applicable (see section 11.1).

10.2.3 Needle Stick 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 a **needle stick injury** while the Extra Care Needle Stick Benefit for the life insured is in force, we will pay the Extra Care Needle Stick Benefit amount insured by the benefit payment type which applies.

The amount insured will be adjusted by increases under indexation if applicable (see section 11.1).

10.2.4 Extended Needle Stick 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 either **occupationally acquired HIV** or **occupationally acquired hepatitis B or C** while the Extra Care Extended Needle Stick Benefit for the life insured is in force, we will pay the Extra Care Extended Needle Stick Benefit amount insured by the benefit payment type which applies.

The amount insured will be adjusted by increases under indexation if applicable (see section 11.1).

10.2.4.1 Maximum amounts

The maximum Needle Stick Benefit amount across both the Needle Stick and Extended Needle Stick Benefits is \$1,000,000 or if an instalment benefit payment type applies, an **equivalent instalment amount**.

The amount insured will be adjusted by increases under indexation if applicable (see section 11.1).

10.3 Extra Care Cover benefit limitations

10.3.1 One benefit payable at a time

You are entitled to a maximum of one Extra Care Cover benefit payment for a life insured 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 10.2.1), Extra Care Terminal Illness Benefit (see section 10.2.2), Extra Care Needle Stick Benefit (see section 10.2.3) and Extra Care Extended Needle Stick Benefit (see section 10.2.4).

10.4 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.

We will not pay any benefits under the Needle Stick or Extended Needle Stick Benefit:

- if it is a result of the life insured's intentional act or omission.

We will not pay any benefit under the Accidental Death Benefit:

- 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 policy owner (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.

10.5 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 you 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 you have not paid the premium when due
- the date of the life insured's death.

11. Changing the amount insured

11.1 Indexation

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

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

- the 'indexation factor' (as defined in section 11.1.2)
- a percentage amount we choose to offer from time to time
- 5%.

If indexation applies to Trauma Cover, the same indexation will apply to the Complications of Pregnancy Benefit and the Congenital Abnormality Benefit under the Baby Care Option if it is shown on the Policy Schedule.

If indexation applies, at each policy anniversary the monthly amount insured for Income Secure Cover, Business Expense Cover and Living Expense 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 you notify us in writing within 30 days of the policy anniversary that you wish the amount insured to remain at the existing level. This will not have any effect on any further offers we make for indexation.

11.1.1 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
- the 'indexation expiry date' for each type of cover to which it applies
- for Life Cover, TPD Cover and Trauma Cover, when the Premium Freeze is exercised (see section 11.2)
- for Income Secure Cover Professional only, when the Premium Pause is exercised.

The 'indexation expiry date' is:

- when the life insured is age 70 for Life Cover and Trauma Cover
- when the life insured is age 65 for TPD Cover, Business Expense Cover, Living Expense Cover and Extra Care Cover
- the cover expiry date for Income Secure Cover, or when the life insured is age 65 if the benefit period is to age 70.

Indexation does not apply to Income Secure Professional extended beyond the policy anniversary date when the life insured is age 65 under the terms of Cover Continuation (see 6.6.5).

11.1.2 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.

11.2 Premium Freeze

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

Premium Freeze is activated for a cover if shown in 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 lump sum benefit payment type applies (or if an instalment benefit payment type applies, an **equivalent instalment amount**). If the amount insured reduces to \$10,000 (or if an instalment benefit payment type applies, an **equivalent instalment amount**) 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.

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

You may cancel Premium Freeze for a cover by applying in writing to us within 30 days of the policy anniversary, except when premiums for the cover are being waived under the Premium Waiver Disability Option. If Premium Freeze is cancelled, you may also apply to recommence indexation increases. The cancellation of Premium Freeze and the commencement of indexation increases are subject to our approval.

12. Premium, charges and fees

12.1 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 you prior to each policy anniversary.

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

The minimum premium includes premiums for Life Cover, TPD Cover, Trauma Cover, Income Secure Cover, Business Expense Cover, Living Expense Cover and Extra Care Cover. It does not apply to Child Cover.

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

12.2 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 you 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.

12.3 Premium types

The way we calculate the premium depends on the premium type you select. 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 anniversary of your policy 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 12.2). 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 you wish to reduce the amount insured, we first reduce the latest issued level premium amount insured and/or monthly amount insured and premium, then reduce each previously issued level premium amount insured and/or monthly amount insured and premium.

All premium rates can be reviewed and are not guaranteed (see section 12.2).

12.4 Policy Fee

A Policy Fee is payable for each 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 you of the new Policy Fee when we send you an updated Policy Schedule in advance of the policy anniversary.

12.5 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.

12.6 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.

12.7 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 you notice of cancellation in writing.

Premium payments are to be made payable to OnePath Life.

Where there is more than one life insured or more than one type of cover under the policy, the premium payable is calculated in respect of each life insured and each type of cover. In order to pay the premium in full, all amounts must be paid for each life insured.

Premiums may be paid by instalments if agreed by us and by an approved payment method and will be subject to a payment frequency loading as determined by us from time to time. 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 you.

Where premiums are paid by monthly instalments and you cancel 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 you cancel the policy before the next annual or half yearly instalment is due.

13. Claims and payments

If you are making a claim to receive benefits under this policy, you must provide 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 the policy owner's 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 overpaid premium.

In the event of a claim, the policy owner must (at his or her expense) provide us 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.

13.1 Claims for Income Secure Cover, Business Expense Cover and Living Expense Cover

In addition to the requirements listed above, the policy owner must:

- tell us in writing immediately if the life insured is **disabled** for more than seven days. We will then send the policy owner the necessary claim forms. These must be filled in and lodged within 30 days of the life insured's **illness** or **injury** happening
- give us 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**
- ensure the life insured seeks regular medical advice and treatment from a **medical practitioner** for as long as the life insured is **on claim**. You 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 that you are still entitled to receive benefits. If proof is not provided or you are no longer entitled to benefits, we may reduce or cease paying benefits under the policy.

13.2 Taxes, duties or other government charges payable on the amounts insured

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

14. 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. Trauma condition definitions can be found in section 15.

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

Exclusions – events which are not accidents

For the purposes of this 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.

Accidental trauma condition means the life insured's trauma condition 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.

Equivalent instalment amount

In these Policy Terms, wherever we refer to an 'equivalent instalment amount', we are referring to an amount calculated with reference to a lump sum amount by the following formula:

$$\text{Equivalent instalment amount} = \frac{\text{Lump sum amount}}{\text{Term (in years)} \times 12}$$

'Term' is the time period over which the instalment amount would be paid in the event of a claim under the cover to which the amount relates.

Fixed term instalment benefit payment type

For a fixed term instalment benefit payment type, the term is the number of years as shown on the Policy Schedule. For example, if an instalment benefit payment type applies with a 10 year fixed term, the instalment amount equivalent to a lump sum amount insured of \$200,000 would be calculated as:

$$\frac{\$200,000}{10 \times 12} = \$1,667 \text{ per month}$$

Age-based term instalment benefit payment type

For an age-based term instalment benefit payment type, 'term' is the number of years between:

- the age of the life insured at the policy anniversary on or prior to the commencement date the instalment term assumed for the purpose of the calculation (A)
- the age of the life insured at the policy anniversary when the instalment term is specified to end (B).

$$\text{Equivalent instalment amount} = \frac{\text{Lump sum amount}}{(B - A) \times 12}$$

For example, if an age-based term instalment benefit payment type payable to age 65 applies, and the life insured was age 53 at the policy anniversary on or prior to the policy owner making a claim for **terminal illness** under Life Cover with an amount insured of \$2,500,000, the instalment amount payable under a Terminal Illness Benefit, would be:

$$\frac{\$2,500,000}{(65-53) \times 12}$$

= \$17,361 per month until the policy anniversary when the life insured is, or would have been, age 65

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 policy owner 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 policy owner, or the **spouse**, business partner or other **immediate family member** of the life insured or the policy owner.

Needle stick injury means that through an accidental **injury** with a needle stick or other sharp instrument used in the life insured's occupation an infection with Human Immunodeficiency Virus (HIV) is acquired by the life insured. The sero-conversion of the HIV infection must occur within six months of the accident.

Any accident giving rise to a potential claim must:

- be reported to the relevant authority or employer within seven days of the accident and
- be reported to us with proof of the accident within 30 days of the accident and
- be supported by a negative HIV antibody test taken after the accident.

We must have open access to all blood samples and be able to obtain results of independent testing of such blood samples.

There will be no cover and no benefit amount payable if any medical 'cure' is found for AIDS or the effects of HIV, or a medical treatment is developed that results in the prevention of the occurrence of AIDS. 'Cure' means any Australian Government approved treatment, which renders HIV inactive and non-infectious.

HIV infection in any other manner, including infection as a result of sexual activity or recreational intravenous drug use, is excluded.

Occupationally acquired hepatitis B or C means infection with Hepatitis B or C where the infection is acquired as a result of:

- an accident arising out of the life insured's normal occupation

or

- a malicious act of another person or persons arising out of the life insured's normal occupation

and

- proof of new Hepatitis B or C infection must be obtained within six months of the accident or malicious act.

Any incident giving rise to a potential claim must:

- be reported to the relevant authority or employer within seven days of the incident and
- be reported to us with proof of the incident within 30 days of the incident and
- be supported by a negative hepatitis B or C test taken within seven days of the incident.

There will be no cover and no benefit payable if a medical 'cure' is found for Hepatitis B or Hepatitis C (as applicable) or a medical treatment is developed and approved which makes these viruses inactive and non-infectious. 'Cure' means any Australian Government approved treatment, which renders Hepatitis B or Hepatitis C (as applicable) as inactive and non-infectious.

Hepatitis B or C infection transmitted by any other means including sexual activity or recreational intravenous drug use is excluded.

Occupationally acquired HIV means infection with the Human Immunodeficiency Virus (HIV) where the virus was acquired as a result of an accident occurring during the course of the life insured's normal occupation and sero-conversion of the HIV infection must occur within six months of the accident.

HIV infection acquired by any other means including sexual activity or recreational intravenous drug use is excluded.

Any accident giving rise to a potential claim must:

- be reported to the relevant authority or employer within seven days of the accident and
- be reported to us with proof of the accident within 30 days of the accident and
- be supported by a negative HIV antibody test taken after the accident.

We must have open access to all blood samples and be able to obtain independent testing of such blood samples.

There will be no cover and no benefit payable if a medical 'cure' is found for AIDS or the effects of HIV, or a medical treatment is developed that results in the prevention of the occurrence of AIDS. 'Cure' means any Australian Government approved treatment, which renders HIV inactive and non-infectious.

On claim means the dates for which you are 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.

15. Trauma conditions defined

(Applying to Trauma Cover, Child Cover and the Income Secure Cover Trauma Recovery Benefit. Does not contain the Trauma Cover Baby Care Option definitions (see section 4.5.5.7.)

For the purposes of this policy, the following important definitions apply.

Adult insulin dependent diabetes mellitus means the diagnosis of insulin dependent diabetes mellitus after age 30 by an appropriate consultant physician.

Alzheimer's disease means the unequivocal diagnosis of Alzheimer's disease, made by a **medical practitioner** who is a consultant neurologist or geriatrician, confirming dementia due to failure of the brain function with cognitive impairment for which no other recognisable cause has been identified.

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

Aortic surgery means the undergoing of surgery that is considered necessary to correct any narrowing, dissection or aneurysm of the thoracic or abdominal aorta, but does not include angioplasty, intra-arterial procedures or non-surgical techniques.

Aplastic anaemia means the acquired bone marrow failure that:

- results in anaemia, neutropenia and thrombocytopenia and
- requires treatment with one or more of the following:
 - marrow stimulating agents
 - bone marrow transplantation
 - peripheral blood stem cell transplantation
 - blood product transfusions or
 - immunosuppressive agents.

Benign brain tumour means a non-malignant tumour in the brain giving rise to characteristic symptoms of increased intracranial pressure such as papilledema, mental symptoms, seizures and sensory impairment as confirmed by a **medical practitioner** who is a consultant neurologist. The tumour must result in permanent neurological deficit causing:

- at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 4th edition, or an equivalent guide to impairment approved by us or
- a total and irreversible inability to perform at least one **activity of daily living** without the assistance of another adult person.

The presence of the underlying tumours must be confirmed by imaging studies such as CT Scan or MRI. Cysts, granulomas, malformations in or of the arteries or veins of the brain, haematomas and tumours in the pituitary gland or spine are not covered.

Benign tumour of the spine means the diagnosis of a non-malignant tumour in the spinal cord giving rise to objective changes such as sensory and/or motor deficits or abnormalities of bladder or bowel functions and results in the life insured or the insured child either:

- suffering at least 25% permanent whole person impairment, as defined in the American Medical Association publication "Guides to the Evaluation of Permanent Impairment", 4th Edition, or an equivalent guide to impairment approved by us or
- being permanently unable to perform at least one of the **activities of daily living** without the physical assistance of another adult person.

Blindness means the permanent loss of sight in both eyes, whether aided or unaided, as a result of **illness** or **injury** such that visual acuity is 6/60 or less in both eyes, or such that the visual field is reduced to 20 degrees or less of arc.

Brain damage means brain damage, as confirmed by a **medical practitioner** who is a consultant neurologist, which results in a neurological deficit causing at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 4th edition, or an equivalent guide to impairment approved by us.

Burns of limited extent means tissue **injury** caused by thermal, electrical or chemical agents causing third degree burns to:

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

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

The following cancers are not covered:

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

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

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

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

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

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

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

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

Cardiomyopathy means impaired ventricular function of variable aetiology resulting in significant permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.

Chronic kidney failure means end stage renal disease which requires permanent dialysis or renal transplantation.

Chronic liver disease means end stage liver failure together with permanent jaundice, ascites or encephalopathy.

Chronic lung disease means end stage lung disease requiring permanent supplementary oxygen, as confirmed by a specialist **medical practitioner**.

Chronic lymphocytic leukaemia means the presence of chronic lymphocytic leukaemia diagnosed as Rai stage 0, which is defined to be in the blood and bone marrow only.

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.

Coma means total failure of cerebral function characterised by total unconsciousness and unresponsiveness to all external stimuli, persisting continuously with the use of a life support system for a period of at least 72 hours and resulting in a neurological deficit causing:

- at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 4th edition, or an equivalent guide to impairment approved by us, or
- a total and irreversible inability to perform at least one **activity of daily living** without the assistance of another adult person.

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

Deafness means the total, irreversible and irreparable loss of hearing, in both ears, whether aided or unaided.

Dementia means the unequivocal diagnosis of dementia, made by a **medical practitioner** who is a consultant neurologist or geriatrician, confirming dementia due to failure of the brain function with cognitive impairment for which no other recognisable cause has been identified. A Mini-Mental State Examination score of 24 or less is required.

Diagnosed benign tumour means either:

- the diagnosis of a non-malignant tumour either in the brain giving rise to characteristic symptoms of increased intracranial pressure such as papilledema, mental symptoms, seizures and sensory impairment or
- the diagnosis of a non-malignant tumour in the spinal cord giving rise to objective changes such as sensory and/or motor deficits or abnormalities of bladder or bowel functions.

The presence of underlying tumours must be confirmed by imaging studies such as CT Scan or MRI. Cysts, granulomas, malformations in or of the arteries or veins of the brain, haematomas and tumours in the pituitary gland are not covered.

Encephalitis means the severe inflammatory disease of the brain resulting in neurological deficit causing:

- at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 4th edition, or an equivalent guide to impairment approved by us or
- a total and irreversible inability to perform at least one **activity of daily living** without the assistance of another adult person.

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

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

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

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

Heart valve surgery means the undergoing of surgery that is considered necessary to correct or replace cardiac valves as a consequence of heart valve defects or abnormalities but does not include **angioplasty**, intra-arterial procedures or non-surgical techniques.

Hydrocephalus means excessive cerebrospinal fluid within the brain resulting from **injury**, infection or tumour, which causes increased intra-cranial pressure. There must be a requirement of surgical intervention to treat the condition.

Intensive care means the life insured requires continuous mechanical ventilation by means of tracheal intubation for 10 consecutive days (24 hours per day) in an authorised intensive care unit of an acute care hospital. Intensive care as a result of drug or alcohol intake is excluded.

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

Loss of speech means the total and permanent loss of the ability to produce intelligent speech due to permanent damage to the larynx or its nerve supply or a disorder affecting the speech centres of the brain. Loss of speech related to any psychological cause is excluded.

Loss or paralysis of limb means the total and permanent loss of use of a whole hand or a whole foot as a result of **illness** or **injury**, or the total and permanent loss of the use of one arm or one leg as a result of paralysis.

Major head trauma means cerebral injury resulting in permanent neurological deficit, as confirmed by a **medical practitioner** who is a consultant neurologist and/or an occupational physician, causing:

- at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' 4th edition, or an equivalent guide to impairment approved by us or
- a total and irreversible inability to perform at least one **activity of daily living** without the assistance of another adult person.

Major organ transplant means the life insured undergoes, or has been placed on an Australian waiting list approved by us for, an organ transplant from a human donor to the life insured for one or more of the following organs:

- kidney
- heart
- lung
- liver
- pancreas
- small bowel
- the transplant of bone marrow.

This treatment must be considered medically necessary and the condition affecting the organ deemed untreatable by any other means other than organ transplant, as confirmed by a specialist physician.

Medically acquired HIV means the accidental infection with Human Immunodeficiency Virus (HIV) which we believe, on the balance of probabilities, arose from one of the following medically necessary events which must have occurred to the life insured in Australia as a result of a procedure authorised by a recognised health professional:

- a blood transfusion
- transfusion with blood products
- organ transplant to the life insured
- assisted reproductive techniques
- a medical procedure or operation performed by a doctor or a dentist.

Notification and proof of the incident will be required via a statement from the appropriate Statutory Health Authority that the infection is medically acquired.

We must have open access to all blood samples and be able to obtain independent testing of such blood samples.

There will be no cover and no benefit payable if a medical 'cure' is found for AIDS or the effects of HIV, or a medical treatment is developed that results in the prevention of the occurrence of AIDS. 'Cure' means any Australian Government approved treatment, which renders HIV inactive and non-infectious.

HIV infection acquired by any other means, including infection as a result of sexual activity or recreational intravenous drug use, is excluded.

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

Meningitis and/or meningococcal disease means meningitis or meningococcal septicaemia causing:

- at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 4th edition, or an equivalent guide to impairment approved by us or
- a total and irreversible inability to perform at least one **activity of daily living** without the assistance of another adult person.

Motor neurone disease means the unequivocal diagnosis of a progressive form of debilitating motor neurone disease, as confirmed by a **medical practitioner** who is a consultant neurologist.

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

Muscular dystrophy means the unequivocal diagnosis of muscular dystrophy, as confirmed by a **medical practitioner** who is a consultant neurologist on the basis of confirmatory neurological investigation.

Occupationally acquired HIV means infection with the Human Immunodeficiency Virus (HIV) where the virus was acquired as a result of an accident occurring during the course of the life insured's normal occupation and sero-conversion of the HIV infection must occur within six months of the accident.

HIV infection acquired by any other means including sexual activity or recreational intravenous drug use is excluded.

Any accident giving rise to a potential claim must:

- be reported to the relevant authority or employer within seven days of the accident and
- be reported to us with proof of the accident within 30 days of the accident and
- be supported by a negative HIV antibody test taken after the accident.

We must have open access to all blood samples and be able to obtain independent testing of such blood samples.

There will be no cover and no benefit payable if a medical 'cure' is found for AIDS or the effects of HIV, or a medical treatment is developed that results in the prevention of the occurrence of AIDS. 'Cure' means any Australian Government approved treatment, which renders HIV inactive and non-infectious.

Open heart surgery means the undergoing of open heart surgery that is considered necessary to correct a cardiac defect, cardiac aneurysm or cardiac tumour.

Parkinson's disease means the unequivocal diagnosis of degenerative idiopathic Parkinson's disease as characterised by the clinical manifestation of one or more of:

- rigidity
- tremor
- akinesia from degeneration of the nigrostriatal system.

All other types of parkinsonism, including secondary parkinsonism due to medication, are excluded.

Partial blindness means the permanent loss of sight in one eye, whether aided or unaided, such that visual acuity is 6/60 or less in that eye, or such that the visual field is reduced to 20 degrees or less of arc.

Partial deafness means the total, irreversible and irreparable loss of hearing in one ear, whether aided or unaided.

Pneumonectomy means the undergoing of surgery to remove an entire lung. This treatment must be deemed the most appropriate treatment and medically necessary.

Primary pulmonary hypertension means primary pulmonary hypertension associated with right ventricular enlargement established by cardiac catheterisation and resulting in significant permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.

Severe burns means tissue **injury** caused by thermal, electrical or chemical agents causing third degree burns to:

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

Severe diabetes means that a **medical practitioner** who is a specialist physician has confirmed that at least two of the following complications have occurred as a direct result of diabetes:

- nephropathy requiring regular dialysis or a kidney transplant
- proliferative retinopathy
- peripheral vascular disease leading to chronic infection or gangrene, requiring a surgical procedure
- neuropathy including:
 - irreversible autonomic neuropathy resulting in postural hypotension, and/or motility problems in the gut with intractable diarrhoea or
 - polyneuropathy leading to severe mobility problems due to sensory and/or motor deficits.

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

Severe endometriosis requires the surgical mobilisation of the rectum, excision of deposits from the rectum and other parts of the pelvis, and freeing of adhesions. Mild and moderate endometriosis and adenomyosis are excluded.

Severe osteoporosis means prior to the age of 50 the life insured is unequivocally diagnosed with osteoporosis and suffers at least two vertebral body fractures or a fracture of the neck of femur due to osteoporosis.

Severe rheumatoid arthritis means a definite diagnosis of severe rheumatoid arthritis by a consultant rheumatologist, with ineffectiveness of the first line of treatment leading to further treatment with certain biological immunosuppressive agents (such as monoclonal anti-bodies targeting the tumour necrosis factor). The diagnosis must confirm all of the following:

- small nodular swelling beneath the skin
- multiple and extensive changes to joints typical of rheumatoid arthritis as evidenced by X-ray
- diffuse osteoporosis with severe hand and spinal deformity.

Stroke means a cerebrovascular accident or event producing a neurological deficit lasting more than 24 hours. There must be clear evidence:

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

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

Systemic lupus erythematosus (SLE) with lupus nephritis means the unequivocal diagnosis of SLE according to internationally accepted criteria. This includes the 'American College of Rheumatology revised criteria for the classification of SLE'.

In addition to the diagnosis of SLE, with lupus nephritis must be confirmed by renal changes as measured by a renal biopsy that is grade three to five of the WHO classification of lupus nephritis and be associated with persisting proteinuria (more than 2+).

Systemic sclerosis means the unequivocal diagnosis of systemic sclerosis, made by a **medical practitioner** who is a consultant physician, characterised by skin thickening accompanied by various degrees of tissue fibrosis and chronic inflammatory infiltration in visceral organs, causing:

- at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 4th edition, or an equivalent guide to impairment approved by us or
- a total and irreversible inability to perform at least one **activity of daily living** without the assistance of another adult person.

Terminal illness means 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.

Triple vessel angioplasty means the undergoing of angioplasty (with or without an insertion of a stent or laser therapy) to three or more coronary arteries during a single surgical procedure that is considered necessary on the basis of angiographic evidence to correct the narrowing or blockage of three or more coronary arteries.

We reserve the right to change matters which are the subject of representations, such as administrative matters, or fees and charges.

This information is current at November 2010 but is subject to change. Updated information will be available free of charge from onepath.com.au.

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