



Aussie

Insurance



Aussie Life Plan™

Product Disclosure Statement
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Aussie Life Plan™ is issued by Hannover Life Re of Australasia Ltd (Hannover) ABN 37 062 395 484 of Level 7, 70 Phillip Street, Sydney NSW 2000

Aussie Life Plan™ is promoted by AHL Investments Pty Ltd (**Aussie**), ABN 27 105 265 861 of Level 23, 363 George Street, Sydney NSW 2000 and distributed by Hollard Financial Services Pty Ltd (**HFS**) ABN 53 128 692 884, Australian Financial Services Licence 343079 of Level 38, 2 Park Street, Sydney NSW 2000.

Aussie acts as an authorised representative of HFS. The Aussie name and logos are trademarks of Aussie.

From time to time, Aussie Life Plan™ may be updated. Updates which are not materially adverse to you may be found on the Aussie website at aussie.com.au/insurance. If you request a paper copy, this will be provided to you free of charge.



put yourself in a better place

welcome to Aussie Direct Insurance™

Aussie are delighted to introduce you to Aussie Direct Insurance™.

Aussie understands how important your family are to you. That's why Aussie Direct Insurance™ has made it even easier to help you take care of your family's financial future.

Aussie products are designed to be affordable, accessible and easy to understand. Choose from life, funeral and accident insurance.

Aussie Direct Insurance™ are quality financial products that Aussie is proud to recommend to help you put yourself in a better place. Aussie has been offering financial services including mortgage broking, home loans, credit cards and personal loans since the early 90's.

The following pages contain important information you need to know about your new policy. If you have any questions, just email insurance.service@aussie.com.au or call 1300 10 5433.

Aussie is a trade mark of AHL Investments Pty Ltd and acts as an authorised representative of Hollard Financial Services Pty Ltd.

Premium Rate Freeze™ makes budgeting easy!

It's different with Aussie Life Plan™.

Generally life insurance premiums go up each year as you get older – but with Aussie Life Plan™ we guarantee to freeze your premium rate at your age when your Policy starts for the first three years if you continuously hold your Policy during that time.

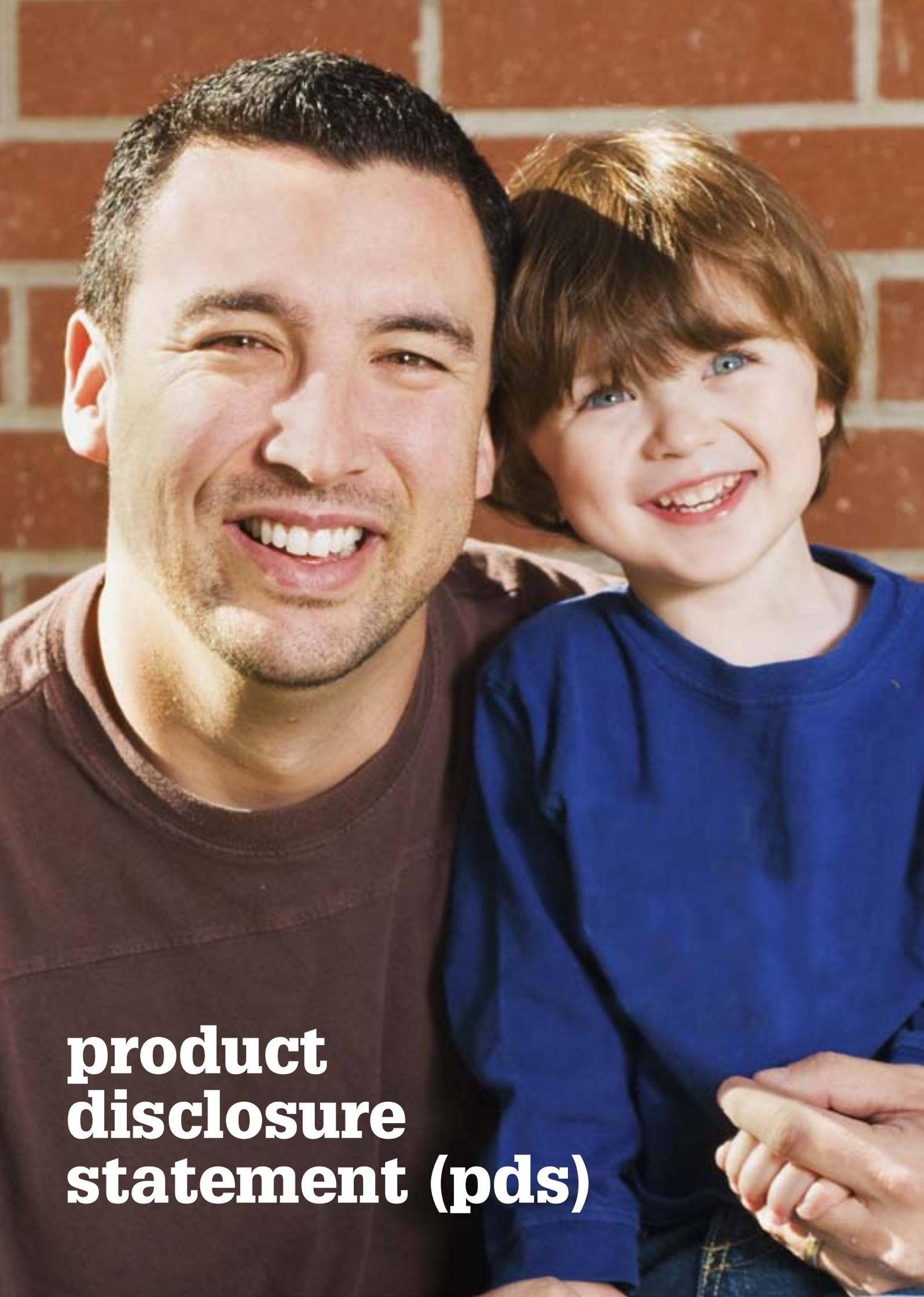
This means that in the first three years your premium rate will not increase just because you get older, though it will increase for each of the automatic sum insured increases that you accept or if you apply for a higher Benefit Amount. Plus, the Premium Rate Freeze™ will also apply to any optional benefits that you take out at the same time as your Life Insurance.

That means with Aussie Life Plan™ it's easy to keep your budget on track.



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**product
disclosure
statement (pds)**

explaining this pds

This Product Disclosure Statement (PDS) is designed to help you decide if Aussie Life Plan™ is right for you. It tells you the terms and conditions applying to an Aussie Life Plan™ Policy and it also provides important information about keeping premium payments up to date, what to do if you want to make a change and how to go about making a claim.

Any advice given in this PDS is general only and does not take into account your individual objectives or financial situation. You should consider whether this product is right for you, in regard to your objectives, financial situation and needs. You should carefully read this and any other documentation we send you.

Aussie Life Plan™ is issued by the insurer, Hannover Life Re of Australasia Ltd (**Hannover**). Hannover has sole responsibility for the PDS, the Policy and the assessment and payment of claims.

Aussie Life Plan™ is not issued or guaranteed by Aussie, and Aussie is not included, nor liable, in any manner in respect of the assessment and payment of benefits under Aussie Life Plan.

Aussie Life Plan™ is not issued or guaranteed by HFS and HFS is neither included, nor liable, in any manner in respect of the assessment and payment of benefits under Aussie Life Plan™.

HFS and Aussie have consented to being named in this PDS, in the form and context in which they appear and have not withdrawn this consent before the date of this PDS.

In this PDS, some words or expressions have special meaning. They normally begin with capital letters and their meaning is explained in the **“Glossary”** on page 21 of this PDS.

In this PDS, references to we, us and our mean Hannover Life Re of Australasia Ltd.

introducing the Aussie Life Plan™

Aussie Life Plan™ offers a range of insurance combinations to suit your needs.

There's Life Insurance – providing lump sum cover in the event of death or Terminal Illness – which you can apply for on its own.

Plus there is a range of optional benefits that you can apply for with your Life Insurance:

- Children's Insurance – lump sum benefit is paid in the event of Accidental Death, Paralysis, Blindness, Deafness, Total Loss of Use of Two Limbs, Encephalitis, Meningitis or Major Head Trauma of the Insured Child;
- Recovery Insurance – lump sum benefit is paid in the event the Life Insured suffers a covered serious illness;
- Total & Permanent Disability Insurance – lump sum benefit is paid in the event of Total and Permanent Disability; and
- Accidental Death Insurance – lump sum benefit is paid in the event of death as the result of an Accident.

Whatever combination you choose, with Aussie Life Plan™, the Life Insured is protected 24 hours a day, 7 days a week, worldwide.

A full explanation of these benefits, and the terms and conditions of the Aussie Life Plan™ are contained in this PDS.

your insurance policy

If your application is accepted by us, we will issue you a Policy Schedule. Your Insurance Policy consists of the Policy Schedule and:

- this PDS (which includes the terms and conditions applying under your Policy);
- the application/s; and
- any special conditions, amendments or endorsements we issue to you.

Please keep these documents in a safe place for future reference. The Insurance provided under this Policy is written out of the Hannover Australian statutory fund.

Life Insurance

1. Life Insurance

Life Insurance provides a benefit in the event that a Life Insured under the Policy suffers an Accidental Death or dies of natural causes, or is diagnosed with a Terminal Illness.

2. Life Insurance eligibility

You can apply for a Single Plan on your own life (Key Life Insured) or you can apply to include your spouse, partner, and/or de facto (Partner Life Insured) under your Policy (Joint Plan).

You (and your Partner Life Insured, if applying) must be Australian Resident/s aged between 18 and 64 years of age.

3. Interim Accidental Death Insurance

If you apply for Insurance by phone, and we require further information to assess your application, you will automatically be provided with interim Insurance for up to 30 days against Accidental Death while we assess your application except in the circumstances explained under the heading “**Accidental Death Insurance exclusions**” on page 17. The amount of interim Accidental Death Insurance cover is the Life Insurance Benefit Amount you apply for subject to the maximum cover amount indicated in “Life Insurance benefit amount” below. This cover is provided at no additional cost to you and is subject to the terms explained in this PDS.

Your interim Accidental Death Insurance cover will cease after 30 days, or on the Acceptance Date, whichever occurs first.

4. Life Insurance Benefit Amount

The minimum Benefit Amount is \$100,000. The maximum Benefit Amount for a Life Insured under the Policy at the Commencement Date is:

maximum benefit amount (at Commencement Date)	
current age	Benefit Amount
18 – 44	\$1,000,000
45 – 54	\$ 750,000
55 – 59	\$ 500,000
60 – 64	\$ 300,000

When you apply with a Partner Life Insured, you can both apply for individual sums insured based on the limits above.

5. Life Insurance benefit payment

We will pay the benefits explained below if the Life Insured suffers an insured event, namely death or Terminal Illness, while covered under the Policy except in the circumstances explained in “**Life Insurance exclusions**” on page 9.



Life Insurance

We will pay the Life Insurance Benefit Amount as a lump sum on the death of a Life Insured.

Advance payment

While assessing your claim, for deaths that are not the result of a self inflicted injury, we will advance \$10,000 of the Life Insurance Benefit Amount to assist with the costs associated with funeral or other similar expenses without waiting for full claim proofs, but we must have satisfactory evidence of the Life Insured's age and death.

Terminal Illness

We will pay the Life Insurance Benefit Amount as a lump sum if a Life Insured is diagnosed with a Terminal Illness while covered under the Policy.

Limit on benefits

The total benefits payable for a Life Insured under the Policy cannot exceed:

- the maximum Benefit Amount for Life Insurance for the Life Insured's age at the Commencement Date, plus
- any automatic sum insured increases under the Policy.

If the Life Insured is covered under more than one Aussie Life Plan™ policy, we will apply this limit to the total of the benefits payable for the Life Insured under all Aussie Life Plan™ policies. Any reduction in the Benefit Amount will be applied to the Insurance most recently commenced and we will refund the premiums paid referable to the amount by which the Benefit Amount is reduced.

Only one Life Insurance Benefit Amount is payable per Life Insured.

The Life Insurance Benefit Amount will be reduced by the amount of:

- any Total & Permanent Disability benefit paid for a Life Insured;
- any Recovery Insurance benefit paid for a Life Insured; and
- any advance payment of the Life Insurance Benefit Amount.

If we reduce the Life Insurance Benefit Amount, we will reduce the premiums accordingly.

6. Life Insurance premiums

Premiums are the cost of your Insurance. The premium you are required to pay when the Policy starts is shown in your Policy Schedule.

Your premium is calculated at each Policy Anniversary and is based on:

- until the third Policy Anniversary:
 - the age of each Life Insured at the Policy Commencement Date;
 - the Benefit Amount provided for each Life Insured;
 - the Insurance Plan chosen by you (Joint Plan or Single Plan); and
 - various factors which may affect the premium rating for each Life Insured such as gender, smoking status, state of health, family history, occupation and participation in hazardous activities.
- on or from the third Policy Anniversary:
 - the age of each Life Insured at the Policy Anniversary;
 - the Benefit Amount provided for each Life Insured;
 - the Insurance Plan chosen by you (Joint Plan or Single Plan); and
 - various factors which may affect the premium rating for each Life Insured such as gender, smoking status, state of health, family history, occupation and participation in hazardous activities.

This means the premium you pay in the first three years can only increase to take account of any automatic sum insured increases you accept or if you apply for a higher Benefit Amount.

When a Life Insured on the Policy attains age 99, the premium will stay the same for the remaining term of the Policy in respect of that Life Insured.

For a premium estimate you should call **1300 10 5433** or visit **aussie.com.au/insurance**

7. Life Insurance exclusions

We will not pay a Life Insurance benefit in respect of a Life Insured, if the Life Insured dies, or has a Terminal Illness, directly or indirectly as a result of a self-inflicted injury, within 13 months of:

- the Acceptance Date; or
- the date that any increase in cover starts (but only in respect of the increase); or
- where we have agreed to reinstate the Policy after it was cancelled, the date on which we reinstate the Policy (reinstatement date).

We will not pay any benefits where we have agreed a special term with you in respect of your cover that specifically excludes the event or condition leading to the claim. Any such special term will be agreed with you before your Policy is issued and will appear on your Policy Schedule.

8. Life Insurance start and end

If your application for Life Insurance is accepted by us, cover starts for a Life Insured on the Acceptance Date set out in the Policy Schedule. Your first premium is deducted from the Commencement Date, which is also set out in the Policy Schedule.

We guarantee to renew your Life Insurance (provided you pay your premiums when due) for life.

Life Insurance ends for a Life Insured when the first of the following occurs:

- the date of payment of a death or Terminal Illness claim for that Life Insured;
- the date you cancel the Policy; or
- the date we cancel the Policy.

children's option

This option is only available with Life Insurance. You only have this cover if we accepted your application and it is shown in your Policy Schedule.

1. Children's Insurance

Children's Insurance provides a benefit in the event of Accidental Death, Paralysis, Blindness, Deafness, Total Loss of Use of Two Limbs, Encephalitis, Meningitis or Major Head Trauma of an Insured Child under the Policy. These medical conditions are defined in the "**Glossary**" on page 21.

2. Children's Insurance eligibility

You can apply for this Insurance cover for a child of yours (and/or of a Partner Life Insured) if the child is aged between 2 and 17 years of age, and the child is an Australian Resident.

3. Children's Insurance Benefit Amount

You can apply for an Insurance Benefit Amount from \$20,000 up to a maximum of \$50,000 for each Insured Child under the Policy (in increments of \$10,000).

4. Children's Insurance benefit payment

We will pay the benefits explained below if the Insured Child of a Life Insured suffers an insured event; namely Accidental Death, Paralysis, Blindness, Deafness, Total Loss of Use of Two Limbs, Encephalitis, Meningitis or Major Head Trauma while covered under the Policy except in the circumstances explained in "**Children's Insurance exclusions**" on page 11.

Accidental Death

We will pay the Children's Insurance Benefit Amount as a lump sum in the case of Accidental Death of the Insured Child.

Serious injury or illness

We will pay the Children's Insurance Benefit Amount as a lump sum in the event the Insured Child suffers Paralysis, Blindness, Deafness, Total Loss of Use of Two Limbs, Encephalitis, Meningitis or Major Head Trauma as a result of injury or illness while covered under the Policy, providing the Insured Child survives for fourteen (14) days after the day the injury occurs or illness is contracted except in the circumstances explained in "**Children's Insurance exclusions**" on page 11.

The injury or illness condition must be diagnosed by a Medical Practitioner and confirmed by our medical advisers.



Limit on benefits

Only one Benefit Amount is payable per Insured Child. The total benefit payable cannot exceed \$50,000 for each Insured Child, plus any automatic sum insured increases.

If the Insured Child is covered for Children's Insurance under more than one Aussie Life Plan™ policy, we will apply this limit to the total of the Children's Insurance Benefit Amounts payable for the Insured Child under all Aussie Life Plan™ policies. Any reduction in the Children's Insurance Benefit Amount will be applied to the Children's Insurance most recently commenced and we will refund the premiums paid referable to the amount by which the Children's Insurance Benefit Amount is reduced.

5. Children's Insurance premiums

The premium you are required to pay for this option is shown in your Policy Schedule.

The premium is calculated at each Policy Anniversary and is based on the Benefit Amount provided for each Insured Child.

When you take out this option at the same time as your Life Insurance we guarantee that the premium rate will not change for the first three years after the Policy Commencement Date. This means the premium you pay will only increase to take account of the automatic sum insured increases you accept or if you apply for a higher Benefit Amount.

For a premium estimate you should call **1300 10 5433** or visit **aussie.com.au/insurance**

6. Children's Insurance exclusions

We will not pay a Benefit Amount if the Insured Child suffers Paralysis, Blindness, Deafness, Total Loss of Use of Two Limbs, Encephalitis, Meningitis or Major Head Trauma directly or indirectly as a result of:

- a Congenital Condition;
- the intentional act of the Policyowner or person who will otherwise be entitled to all or part of the Benefit Amount; or
- an injury which occurs, or an illness which becomes apparent, before the Children's Insurance for the Insured Child starts, or during the first three (3) months after the date that the Children's Insurance starts, or if reinstated the reinstatement date. We will pay for any new and unrelated occurrence of Paralysis, Blindness, Deafness, Total Loss of Use of Two Limbs, Encephalitis, Meningitis or Major Head Trauma suffered by an Insured Child after this three (3) month period, while covered under the Policy.

7. Children's Insurance start and end

If your application for Children's Insurance is accepted by us at the Commencement Date then the Children's Insurance starts on the Acceptance Date. If we agree to add Children's Insurance to your Policy after the Commencement Date, we will advise you of the date the Children's Insurance starts.

The Children's Insurance ends for an Insured Child when the first of the following occurs:

- the date of death of the Insured Child;
- the date of payment of a Children's Insurance Benefit Amount for the Insured Child;
- the date you cancel the Policy;
- the date you cancel this cover
- the date we cancel the Policy; or
- the Policy Anniversary following the attainment of age 21 by the Insured Child.

recovery option

This option is only available with Life Insurance. You only have this cover if we accepted your application and it is shown in your Policy Schedule.

1. Recovery Insurance

Recovery Insurance provides a benefit in the event that a Life Insured under the Policy suffers a Heart Attack, Malignant Cancer, Stroke or has Coronary Artery Bypass Surgery. These medical conditions are defined in the **"Glossary"** on page 21.

2. Recovery Insurance eligibility

You can apply for this Insurance cover if you (and/or your Partner Life Insured) are aged between 18 and 59 years of age, and are Australian Residents.

3. Recovery Insurance Benefit Amount

You (and/or your Partner Life Insured) can apply for a Recovery Insurance Benefit Amount from \$50,000 up to the lesser of \$500,000 or 50% of the Life Insurance Benefit Amount for that Life Insured provided under your Policy.

4. Recovery Insurance benefit payment

We will pay the Recovery Insurance Benefit Amount as a lump sum if the Life Insured suffers an insured event; namely Heart Attack, Malignant Cancer, Stroke or has Coronary Artery Bypass Surgery, while covered under the Policy providing the Life Insured survives for fourteen (14) days after the day that the serious illness is contracted (or the date of the Coronary Artery By-Pass Surgery, as applicable), except in the circumstances explained in **"Recovery Insurance exclusions"** on page 13.

The Heart Attack, Malignant Cancer, Stroke or Coronary Artery Bypass Surgery must be diagnosed by a Medical Practitioner and confirmed by our medical advisers.

Limit on benefits

Only one Benefit Amount is payable per Life Insured under this Recovery Insurance as a result of that Life Insured experiencing a Heart Attack, Malignant Cancer, Stroke or Coronary Artery Bypass Surgery.

The total Recovery Insurance Benefit Amount payable for a Life Insured cannot exceed 50% of the total Life Insurance Benefit Amount for that Life Insured under this Policy.



If the Life Insured is covered for Recovery Insurance under more than one Aussie Life Plan™ policy, we will apply this limit to the total of the Recovery Insurance benefits payable for the Life Insured under all Aussie Life Plan™ policies. Any reduction in the Recovery Insurance Benefit Amount will be applied to the Recovery Insurance most recently commenced and we will refund the premiums paid referable to the amount by which the Recovery Insurance Benefit Amount is reduced.

Where a Benefit Amount is paid under this Recovery Insurance, we will reduce the Life and any Total & Permanent Disability Insurance Benefit Amount by that Recovery Insurance Benefit Amount in respect of that Life Insured. If we reduce the Life Insurance Benefit Amount, we will reduce your premium accordingly.

5. Recovery Insurance premiums

The premium you are required to pay for this option is shown in your Policy Schedule.

Your premium is calculated at each Policy Anniversary and is based on:

- when you take out this option with your Life Insurance, until the third Policy Anniversary:
 - the age of each Life Insured at the Policy Commencement Date;
 - the Benefit Amount provided for each Life Insured;
 - the Insurance Plan chosen by you (Joint Plan or Single Plan); and
 - various factors which may affect the premium rating for each Life Insured such as gender, smoking status, state of health, family history, occupation and participation in hazardous activities.
- on or from the third Policy Anniversary:
 - the age of each Life Insured at the Policy Anniversary;
 - the Benefit Amount provided for each Life Insured;
 - the Insurance Plan chosen by you (Joint Plan or Single Plan); and
 - various factors which may affect the premium rating for each Life Insured such as gender, smoking status, state of health, family history, occupation and participation in hazardous activities.

This means the premium you pay in the first three years can only increase to take account of any automatic sum insured increases you accept or if you apply for a higher Benefit Amount.

When you add this option to an existing Life Insurance Policy, your premium for the first option is calculated at each Policy Anniversary:

- the age of each Life Insured at the Policy Anniversary;
- the Benefit Amount provided for each Life Insured;
- the Insurance Plan chosen by you (Joint Plan or Single Plan); and
- various factors which may affect the premium rating for each Life Insured such as gender, smoking status, state of health, family history, occupation and participation in hazardous activities.

For a premium estimate you should call **1300 10 5433** or visit **aussie.com.au/insurance**

6. Recovery Insurance exclusions

We will not pay a Recovery Insurance Benefit Amount if the Life Insured suffers a Heart Attack, Malignant Cancer, Stroke or has Coronary Artery Bypass Surgery directly or indirectly as a result of an intentional self-inflicted bodily injury or attempted suicide.

There are a number of cancers excluded from the definition of Malignant Cancer. It is important that you check these in the **“Glossary”** on page 21.

No Benefit Amount will be payable if the condition resulting in a claim first becomes apparent before the Recovery Insurance for the Life Insured starts or during the first three (3) months after:

- the Recovery Insurance Acceptance Date;
- the date that any increase in cover starts (but only in respect of that increase); or
- where we have agreed to reinstate the Policy after it was cancelled, the date on which we reinstate the Policy (reinstatement date).

We will pay for any new and unrelated occurrence of a Heart Attack, Malignant Cancer, Stroke or Coronary Artery Bypass Surgery after this three (3) month period.

We will not pay any benefits where we have agreed a special term with you in respect of your cover that specifically excludes the event or condition leading to the claim. Any such special term will be agreed with you before your Policy is issued and will appear on your Policy Schedule.

7. Recovery Insurance start and end

If your application for Recovery Insurance is accepted by us at the Commencement Date then the Recovery Insurance starts on the Acceptance Date. If we agree to add Recovery Insurance to your Policy after the Commencement Date, we will advise you of the date the Recovery Insurance starts.

The Recovery Insurance ends for a Life Insured when the first of the following occurs:

- the date of death of the Life Insured;
- the date of payment of a Benefit Amount for the Life Insured;
- the date you cancel the Policy;
- the date we cancel the Policy;
- the date you cancel this cover; or
- the Policy Anniversary following the attainment of age 65 by the Life Insured.

total & permanent disability option

This option is only available with Life Insurance. You only have this cover if we accepted your application and it is shown in your Policy Schedule.

1. Total & Permanent Disability Insurance

Total & Permanent Disability Insurance provides a benefit in the event that a Life Insured under the Policy suffers Total & Permanent Disability.

2. Total & Permanent Disability Insurance eligibility

You can apply for this Insurance if you (and/or your Partner Life Insured) are aged between 18 and 59 years of age, and are Australian Residents.

3. Total & Permanent Disability Insurance Benefit Amount

The minimum Total & Permanent Disability Insurance Benefit Amount is \$50,000.

The maximum Total & Permanent Disability Insurance Benefit Amount for a Life Insured under the Policy at the Commencement Date is the lesser of the maximum Benefit Amount shown below or the Life Insurance Benefit Amount for that Life Insured provided under your Policy.

maximum benefit amount (at Commencement Date)	
current age	Benefit Amount
18 – 44	\$1,000,000
45 – 54	\$ 750,000
55 – 59	\$ 500,000
60 – 64	not applicable



4. Total & Permanent Disability Insurance benefit payment

We will pay the Total & Permanent Disability Insurance Benefit Amount as a lump sum if the Life Insured suffers Total & Permanent Disability (insured event) while covered under the Policy, except in the circumstances explained in “**Total & Permanent Disability Insurance exclusions**” on page 15.

The Total & Permanent Disability must be certified by a Medical Practitioner and confirmed by our medical advisers.

Limit on benefits

Only one Benefit Amount is payable per Life Insured under this Total & Permanent Disability Insurance.

The Total & Permanent Disability Insurance Benefit Amount payable for a Life Insured cannot exceed the Life Insurance Benefit Amount for that Life Insured under this Policy.

If the Life Insured is covered for Total & Permanent Disability Insurance under more than one Aussie Life Plan™ policy, we will apply this limit to the total of the Total & Permanent Disability Insurance benefits payable for the Life Insured under all Aussie Life Plan™ policies. Any reduction in the Total & Permanent Disability Insurance Benefit Amount will be applied to the Total & Permanent Disability Insurance most recently commenced and we will refund the premiums paid referable to the amount by which the Total & Permanent Disability Insurance Benefit Amount is reduced.

Where a Benefit Amount is paid under this Total & Permanent Disability Insurance, we will reduce the Life and any Recovery Insurance Benefit Amount by the Total & Permanent Disability Insurance Benefit Amount in respect of that Life Insured. If we reduce the Life Insurance Benefit Amount, we will reduce your premium accordingly.

5. Total & Permanent Disability Insurance premiums

The premium you are required to pay for this option is shown in your Policy Schedule.

Your premium is calculated at each Policy Anniversary and is based on:

- when you take out this option with your Life Insurance, until the third Policy Anniversary:
 - the age of each Life Insured at the Policy Commencement Date;
 - the Benefit Amount provided for each Life Insured;
 - the Insurance Plan chosen by you (Joint Plan or Single Plan); and
 - various other factors which affect your premium rating (applicable to you or your Partner Life Insured as appropriate) such as gender, smoking status, state of health, family history, occupation and participation in hazardous activities.
- on or from the third Policy Anniversary:
 - the age (of each Life Insured) at the Policy Anniversary;
 - the Benefit Amount provided for each Life Insured;
 - the Insurance Plan chosen by you (Joint Plan or Single Plan); and
 - various other factors which affect your premium rating (applicable to you or your Partner Life Insured as appropriate) such as gender, smoking status, state of health, family history, occupation and participation in hazardous activities.

This means the premium you pay in the first three years can only increase to take account of any automatic sum insured increases you accept or if you apply for a higher Benefit Amount.

When you add this option to an existing Life Insurance Policy, your premium for the first option is calculated at each Policy Anniversary:

- the age of each Life Insured at the Policy Anniversary;

- the Benefit Amount provided for each Life Insured;
- the Insurance Plan chosen by you (Joint Plan or Single Plan); and
- various factors which may affect the premium rating for each Life Insured such as gender, smoking status, state of health, family history, occupation and participation in hazardous activities.

For a premium estimate you should call **1300 10 5433** or visit **aussie.com.au/insurance**

6. Total & Permanent Disability Insurance exclusions

We will not pay a Total & Permanent Disability Insurance Benefit Amount if the Life Insured suffers a Total & Permanent Disability which is a result, directly or indirectly, of an injury caused or accelerated by an intentional act performed by the Life Insured, Policyowner or person who will otherwise be entitled to all or part of the Benefit Amount.

We will not pay any benefits where we have agreed a special term with you in respect of your cover that specifically excludes the event or condition leading to the claim. Any such special term will be agreed with you before your Policy is issued and will appear on your Policy Schedule.

7. Total & Permanent Disability Insurance start and end

If your application for Total & Permanent Disability Insurance is accepted by us at the Commencement Date then the Total & Permanent Disability Insurance starts on the Acceptance Date. If we agree to add Total & Permanent Disability Insurance to your Policy after the Commencement Date, we will advise you of the date the Total & Permanent Disability Insurance starts.

The Total & Permanent Disability Insurance ends for a Life Insured when the first of the following occurs:

- the date of death of the Life Insured;
- the date of payment of a Total & Permanent Disability Insurance Benefit Amount for the Life Insured;
- the date you cancel the Policy;
- the date we cancel the Policy;
- the date you cancel this cover; or
- the Policy Anniversary following the attainment of age 65 by the Life Insured.

accidental death option

This option is only available with Life Insurance. You only have this cover if we accepted your application and it is shown in your Policy Schedule.

1. Accidental Death Insurance

Accidental Death Insurance provides a benefit which is in addition to the benefit provided under Life Insurance in the event that a Life Insured under the Policy suffers an Accidental Death.

2. Accidental Death Insurance eligibility

You can apply for this Insurance if you (and/or your Partner Life Insured) are aged between 18 and 64 years of age, and are Australian Residents.

3. Accidental Death Insurance Benefit Amount

You (and/or your Partner Life Insured) can apply for an Accidental Death Insurance Benefit Amount from \$50,000 up to a maximum of \$500,000.

4. Accidental Death Insurance benefit payment

We will pay the Accidental Death Insurance Benefit Amount as a lump sum in the case of Accidental Death (insured event) of the Life Insured while covered under the Policy except in the circumstances explained in **"Accidental Death Insurance exclusions"** on page 17.

Limit on benefits

A Benefit Amount paid under the Accidental Death Insurance option is made in addition to any Life Insurance Benefit Amount paid. Only one Benefit Amount is payable per Life Insured under this Accidental Death Insurance. The total Accidental Death Insurance Benefit Amount payable for a Life Insured under the Policy cannot exceed \$500,000 plus any automatic sum insured increases.



If the Life Insured is covered for Accidental Death Insurance under more than one Aussie Life Plan™ policy, we will apply this limit to the total of the Accidental Death Insurance Benefit Amounts payable for the Life Insured under all Aussie Life Plan™ policies. Any reduction in the Accidental Death Insurance Benefit Amount will be applied to the Accidental Death Insurance most recently commenced and we will refund the premiums paid referable to the amount by which the Accidental Death Insurance Benefit Amount is reduced.

5. Accidental Death Insurance premiums

The premium you are required to pay for this option is shown in your Policy Schedule.

Your premium is calculated at each Policy Anniversary and is based on the Benefit Amount provided for each Life Insured.

When you take out this option at the same time as your Life Insurance we guarantee that the premium rate will not change for the first three years after the policy Commencement Date.

This means the premium you pay in the first three years can only increase to take account of any automatic sum insured increases you accept or if you apply for a higher Benefit Amount.

For the rates that apply to other Benefit Amounts you should call **1300 10 5433** or visit **aussie.com.au/insurance**

6. Accidental Death Insurance exclusions

We will not pay an Accidental Death Insurance Benefit Amount in respect of a Life Insured if the Life Insured suffers Accidental Death directly or indirectly as a result of:

- intentional self-inflicted bodily injury;
- engaging in any criminal activities or illegal acts;
- suicide or attempted suicide;
- the consumption of drugs (unless it was under the direction of a Medical Practitioner and not in connection with treatment for drug addiction or dependence);
- the consumption of intoxicating liquor, including having a blood alcohol content over the prescribed legal limit whilst driving;
- engaging in any professional sport (meaning the Life Insured's livelihood is substantially dependent on income received as a result of playing sport);
- engaging in any motor sports as a rider, driver and/or passenger;
- war (whether declared or not) or war-like activity, or taking part in a riot or civil commotion; or
- being a pilot or crew member of any aircraft, or engaging in any aerial activity except as a passenger in a properly licensed aircraft.

7. Accidental Death Insurance start and end

If your application for Accidental Death Insurance is accepted by us at the Commencement Date then the Accidental Death Insurance starts on the Acceptance Date. If we agree to add Accidental Death Insurance to your Policy after the Commencement Date, we will advise you of the date the Accidental Death Insurance starts.

The Accidental Death Insurance ends for a Life Insured when the first of the following occurs:

- the date of death of the Life Insured;
- the date you cancel the Policy;
- the date we cancel the Policy;
- the date you cancel this cover; or
- the Policy Anniversary following the attainment of age 75 by that Life Insured.

general information

1. 30 day money back guarantee

You have 30 days from the Commencement Date to make sure you are happy with the Policy, and decide whether you want to keep it. This is known as the “cooling-off” period. If you want to cancel your Policy within this 30 day period you may do so provided you have not made a claim under the Policy. Please send your Policy Schedule to Customer Service, PO Box 6728, Baulkham Hills NSW 2153 with a written request for cancellation within the 30 day period. When your letter and Policy Schedule are received, the Policy will be cancelled, and any premiums you may have paid will be refunded.

2. Automatic sum insured increases

To help your level of insurance keep up with the cost of living, your Insurance and all optional benefits (if applicable) are automatically increased on each Policy Anniversary by 5%.

Automatic increases will continue even where the maximum Benefit Amount is met or exceeded.

We will send you an updated Policy Schedule each year your Policy remains in force 30 days prior to your Policy Anniversary setting out your updated Benefit Amount and premium. You can decline the automatic increase by writing to Customer Service, PO Box 6728, Baulkham Hills NSW 2153. If you decline the automatic increase, the updated Policy Schedule we sent you will not be valid and we will send you a replacement Policy Schedule. For any enquiries call Customer Service on 1300 10 5433.

If you choose not to accept an increase in any given year, it will not affect your entitlement to them in the future.

The automatic increases will end on the Policy Anniversary after the Life Insured reaches age 75.

3. Further Insurance options

We may offer you the option of incorporating further Insurance benefits under your Policy. If you accept such offers, we will issue you with a new Policy Schedule setting out important details about the Insurance option.

4. Premiums

Your premium rate is guaranteed to remain unchanged for three years after the Policy Commencement Date, provided your Policy has continuously been in force for this period. This Premium Rate Freeze™ will also apply to any optional benefits that commence at the same time as your Life Insurance. This means the premium you pay will only increase to take account of the automatic sum insured increases you accept or if you apply for a higher Benefit Amount. Thereafter, we may change the premium rates applying to your Policy, but only if we change the premium rate applying to all (or the same group of) Aussie Life Plan™ policyowners. We will send written notice of any change to you (to your last address notified to us) at least 90 days before the effective date of the change.

5. Payments and premium deductions

Your premium will be debited on the date of your choice, either fortnightly, monthly or annually. The date you select for your first premium deduction will become your Policy Commencement Date. You can pay either by automatic debit from your bank, credit union or building society account or by charge to your credit card.

You may apply at any time in writing or by phone to change the method of payment of premiums. Payment frequency changes can only be made on the Policy Anniversary following the request.

All payments made in connection with this Policy must be made in Australian currency.

6. Changing your Insurance

You may apply at any time in writing to:

- decrease your Insurance;
- increase your Insurance;
- change from a Single Plan to a Joint Plan (or from a Joint Plan to a Single Plan); and
- change a Life Insured’s status from a smoker to a non-smoker, for the purpose of determining your Insurance premium rating. You must provide a completed declaration form.

Any change and the terms and conditions relating to the change are subject to approval and written confirmation by us.

7. Policy cancellation

If you don’t pay your premium when it is due and it remains unpaid for more than one month your Policy could be cancelled. It may be reinstated within six months of the date that the Policy was cancelled, but only if we agree and subject to any terms and conditions we might require.

The Policy will be cancelled if the Policyowner is on a temporary work visa and ceases to reside in Australia.

You can cancel your Policy by writing to Customer Service, PO Box 6728, Baulkham Hills NSW 2153, giving 30 days notice.

8. Insurance risks

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

- you need to select the correct Insurance product and apply for the appropriate level of cover for your needs. If you do not have enough cover it might cause you or your family to suffer financial hardship even after receiving the benefit payment;
- if you are replacing a contract or policy with another contract or policy, you should consider all the terms and conditions of each policy before making a decision to change; and

- this Policy is designed purely for protection, unlike some other types of life insurance that have savings and investments components, which means that if you cancel your Policy (after the 30 day cooling-off period) you will not receive anything back unless you have paid more than 30 days in advance.

9. Benefit payments

Unless a valid Nomination (explained below) applies:

- we make all benefit payments to you, the Policyowner; or
- if the Policyowner dies, the Insurance benefit will be paid to the Policyowner's legal personal representative, or other person that we are permitted to pay under the Life Insurance Act 1995.

All benefits paid in connection with this Policy will be made in Australian currency.

Nominations

As Policyowner, you can nominate beneficiaries to receive payment of the Life Insurance Benefit Amount on your death.

To make a nomination, you need to complete a Nomination of Beneficiaries Form (available on page 25 of this PDS or from aussie.com.au/insurance) and return it to Customer Service, PO Box 6728, Baulkham Hills NSW 2153.

Conditions of Nominations

The following conditions apply:

- there must not be more than 5 nominees;
- nominations must be of a natural person;
- nominations must be in writing on a Nomination of Beneficiaries Form;
- you may vary the nomination at any time by properly completing and signing a new Nomination of Beneficiaries Form and forwarding it to Customer Service. The variation takes effect when it is received by us;
- payment of benefits will be made on the basis of the latest valid nomination received by us;
- if a nominee is a minor when payment is made, the payment will be made to the minor's legal guardian or trust for the benefit of the minor; and
- if a nominee pre-deceases the Policyowner, that nominee's share is payable to the Policyowner's legal personal representative, or other person that we are permitted to pay under the Life Insurance Act 1995.

The payment of the benefit in accordance with the above in respect of a Life Insured is full and final discharge of our liability under the Policy for that benefit.

If the Policyowner dies leaving a surviving Partner Life Insured, from the time of the Policyowner's death, the Benefit Amount for all surviving Lives Insured under this Policy will continue (subject to payment of the first premium) under a new policy we will issue to the surviving Partner Life Insured in his or her name as the Policyowner.

The new policy will be issued on the same terms as this Policy and takes effect subject to payment of the first premium.

10. Claims

If you (or your legal personal representative on your death) wish to claim under this Policy, please phone 1300 73 7697 or write to Customer Service, GPO Box 1679, Crows Nest NSW 1585. We will send you a form to be completed, signed and returned. We may also require your treating doctor or specialist to complete a form at your (or your estate's) expense.

The Policy and the Insurance for the benefit must be in force when the insured event occurs.

Claims should be made as soon as possible after the event giving rise to the claim. If you do not notify us within 120 days after the event giving rise to the claim, and we are disadvantaged by the delay, we may be able to reduce the amount we would otherwise pay, or we may be able to refuse to pay the claim.

Before a claim is payable we must receive proof, provided at your (or your estate's) expense and to our satisfaction, that the insured event has occurred. In addition:

- proof must be supported by one or more appropriate Medical Practitioners; and
- all relevant information, including any test, examination, or laboratory results, must be provided to us.

We may be entitled to refuse to pay the benefit under this Policy if a claim is made more than 120 days after the insured event giving rise to the claim without good cause or if we do not have evidence to our satisfaction of the Life Insured's death, the cause of the Life Insured's death, or of the applicable insured event.

We reserve the right to require the Life Insured to undergo, at our expense, examinations or other reasonable tests (including, where necessary, a post-mortem examination) to confirm the occurrence of an insured event. In addition we may conduct investigations to assess the validity of the claim. This could involve the use of investigation agents and surveillance, legal advisers and the collection of personal data.

11. Tax

In most cases your premium will not be tax deductible and tax will not be payable on any benefit paid under your Policy. This information is based on continuance of present tax laws and our interpretation of those laws. Your individual situation may differ and you should seek qualified professional advice in relation to your particular circumstances.

general information

12. Complaints resolution

We hope that you never have reason to complain, but if you do please phone or write to the Internal Complaints Resolution Officer, as follows:

phone: 1300 10 5433
(Weekdays between 8:00am and 8:00pm)

writing: Internal Complaints Resolution Officer
Aussie Life Plan™
PO Box 6728
Baulkham Hills NSW 2153

email: insurance.service@aussie.com.au

Please supply your Policy number to enable the enquiry to be dealt with promptly. Your complaint or enquiry will be dealt with by someone with appropriate authority.

Receipt of your complaint will be acknowledged within 48 hours of receipt in all cases. However, where additional specific information is requested by us from a third party, a full answer to your complaint will follow as soon as possible after the acknowledgment letter.

In the unlikely event that your complaint is not resolved to your satisfaction, or your complaint has not been resolved within 45 days, please contact the Financial Ombudsman Service (FOS) at:

Financial Ombudsman Service

mail: GPO Box 3, Melbourne VIC 3001
phone: 1300 780 808 (local fee applies)
fax: (03) 9613 6399
website: www.fos.org.au
email: info@fos.org.au

A decision of FOS is binding on us (up to specified limits) but not on you. It is a service provided without cost to you.

13. Privacy

We may collect personal information directly from you through the application or where that is not reasonably practical, from other sources.

We collect your personal information for the purpose of processing your application, administering your Policy and assessing and paying any claims under the Policy. We may also collect it to consider any other application you may make to us, performing our administrative operations (including for example, accounting, risk management, staff training etc).

We may provide information to Aussie to assist them in developing and identifying products and services that may interest you and (unless you ask them not to) telling you about products and services offered by Aussie.

We may disclose your personal information to third parties who assist us in the above (i.e. Aussie, reinsurers, related companies, our advisers, persons involved in claims, medical service providers, external claims data collectors and verifiers, your employer, your agents and other persons where required by law).

By applying for cover, you consent to us collecting sensitive information about you and using it to consider your application for Insurance, assess a claim, using it or giving it to one of our related companies for research and analysis, to design or underwrite new insurance products, and disclosing it to any of the third parties listed above for these purposes. We will not disclose your sensitive information for any other purpose. We prohibit third parties from using your personal information for purposes other than those for which we supplied it. If you wish to gain access to your information (including correcting or updating it), have a complaint about a breach of your privacy or have any other query relating to privacy please contact us.

14. Duty of disclosure

You have a duty of disclosure under law to tell us anything you know, or could reasonably be expected to know, which is relevant to our decision as to whether to insure you and other Lives Insured and on what terms. This applies to all lives insured under the Policy, and you have the same duty to disclose those matters before you extend, vary or reinstate this Policy.

You do not need to tell us anything that:

- reduces our risk;
- is of common knowledge;
- we know, or as an insurer, should know; or
- we indicate we do not want to know.

If you fail to comply with your duty of disclosure and we would not have issued the Policy (or accepted your application to extend or reinstate your Policy) on any terms if you had complied with your duty, we may avoid the Policy within 3 years of the Acceptance Date of your Policy (or the date we agreed to increase a Benefit Amount, including optional benefits, or reinstate the Policy, as applicable). This means we could refuse to pay a benefit.

If the non-disclosure is fraudulent, we may avoid the Policy at any time. Alternatively, we may be able to reduce the amount of cover to reflect the premium that would have been payable if all relevant matters had been disclosed to us.

glossary

In this Policy, some words begin with a capital letter, for example, Accidental Death. These words have the special meanings as explained below.

Acceptance Date means the date your application is accepted by us and cover starts as set out in the Policy Schedule.

Accident means an event resulting in bodily injury occurring while this Policy is in force, where the injury is directly and solely caused by accidental, violent, external and visible means without any other contributing causes and where the injury is not self inflicted.

Accidental Death means death occurring as a direct result of an Accident and where death occurs within 90 days of the Accident.

Australian Resident means a person who resides in Australia at the time of application and either holds Australian or New Zealand citizenship; or holds an Australian permanent residency visa; or has been in Australia continuously for six months or more on a temporary work visa and resides in Australia.

Benefit Amount means the amount payable on the applicable insured event covered under this Policy in respect of a Life Insured and Insured Child (as applicable). The Benefit Amount at the Acceptance Date for each benefit for each Life Insured and Insured Child is shown in the Policy Schedule.

Blindness means the complete and irrecoverable loss of the sight of both eyes as a result of injury or disease.

Commencement Date means the date on which your first premium payment is deducted. The date you select for the first premium deduction is set out in the Policy Schedule.

Congenital Condition means an illness, disability or defect existing at or from an Insured Child's birth.

Coronary Artery Bypass Surgery means the undergoing of coronary artery bypass surgery which is considered medically necessary to correct or treat coronary artery disease. Surgery does not include angioplasty, or other intra-arterial and non-surgical procedures.

Deafness means the total, irreversible and irreparable loss of hearing (both natural and assisted) in both ears as a result of disease, illness or injury as measured by an audiogram.

Diplegia means total and permanent loss of use of corresponding parts of the body through injury causing permanent damage to the nervous system.

Encephalitis means the unequivocal diagnosis of encephalitis where the condition is characterised by severe inflammation of the brain, that results in a permanent impairment of at least 25% of whole person function (as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 5th Edition).

Heart Attack means the death of a portion of heart muscle arising from inadequate blood supply to the relevant area. The basis for diagnosis must be supported by evidence on any two of the following:

- new electrocardiograph (ECG) changes;
- diagnostic elevation of cardiac enzymes or Troponin 1 greater than 2.0 ug/L or Troponin T greater than 0.6ug/L;
- new pathological Q waves; and
- evidence that the event produced a permanent reduction in the Cardiac Ejection Fraction to 50% or less.

Hemiplegia means the total and permanent loss of use of one half of the body through injury causing permanent damage to the nervous system.

Insurance means, in respect of a Life Insured, the Insurance benefits that have been applied for by the Policyowner and accepted by us as indicated on the Policy Schedule.

Insurance Plan means the Insurance Plan nominated by the Policyowner in the application, subject to acceptance by us. The Insurance Plans available under the Policy are:

- Single Plan – this Plan applies if the Key Life Insured is the only person nominated in the application.
- Joint Plan – this Plan applies if there is a Key Life Insured and a Partner Life Insured nominated in the application.

Insured Child in respect of the optional Children's Insurance means the Life Insured named in the Policy Schedule in respect of Children's Insurance.

Key Life Insured means a person named in the Policy Schedule as the Key Life Insured.

Life Insured means, as the context requires, the Key Life Insured and, if applicable, the Partner Life Insured and an Insured Child.

Major Head Trauma means an injury to the head resulting in the Insured Child either:

- suffering at least 25% permanent impairment of whole person function (as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 5th Edition),
or
- being permanently unable to perform at least one of the following "activities of daily living" without the physical assistance of someone else and without the use of special equipment:

glossary

activity	description
washing	bathing and showering
dressing	dressing and undressing
eating	eating and drinking
continence	maintaining continence with a reasonable level of personal hygiene
mobility	getting in and out of bed, a chair or wheelchair, or moving from place to place by walking, wheelchair or walking aid

Malignant Cancer means the confirmed diagnosis of the presence of one or more malignant tumours characterized by the uncontrolled growth and spread of malignant cells, and the invasion and destruction of normal tissue, including leukaemia and Hodgkin's Disease.

The following cancers are not covered:

- 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. Carcinoma in situ of the breast is covered if it results in the removal of the entire breast. This procedure must be considered the appropriate and necessary treatment to specifically arrest the spread of malignancy;
- all skin cancers of less than 1.5mm maximum thickness and also less than Clark Level 3 depth of invasion;
- all Hyperkeratosis or Basal Cell Carcinoma (BCC) of skin and Squamous Cell Carcinoma (SCC) of skin unless there has been a spread to other organs; and
- prostate cancers which are histologically described as TNM classification T1 or are of another equivalent or lesser classification unless resulting in the surgical removal of the complete prostate.

Medical Practitioner is a qualified, practicing medical specialist, licensed to practice his or her medical specialty within Australia or New Zealand, and whose specialty qualifies him or her to make a prognosis of Terminal Illness or as the context requires, to diagnose a medical condition, illness, disability or injury covered under this Policy, of a Life Insured. The Medical Practitioner must not be the Policyowner or a Life Insured under this Policy, their spouse, relative or business associate.

Meningitis means the unequivocal diagnosis of meningitis where the condition is characterised by severe inflammation of the meninges of the brain, that results in suffering permanent impairment of at least 25% of the whole person function (as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 5th Edition).

Paralysis means the total and permanent loss of use of two or more limbs through disease or injury causing permanent damage to the nervous system. This includes, but is not limited to, Paraplegia, Quadriplegia, Diplegia, Tetraplegia and Hemiplegia.

Paraplegia means the total and permanent loss of use of two limbs through injury causing permanent damage to the nervous system.

Partner Life Insured means a person named in the Policy Schedule as the Partner Life Insured. A Partner may be a legal spouse or de-facto of the Key Life Insured and may be of the same gender as the Key Life Insured.

PDS is an abbreviation of Product Disclosure Statement.

Policy means the legal contract between the Policyowner and us. This PDS, your application, any future application accepted by us, the current Schedule, and any special conditions, amendments, or endorsements make up the Policy.

Policy Anniversary means the anniversary of the Commencement Date of your Policy.

Policyowner, you, your, yours means the Key Life Insured. This Policy may not be transferred or assigned to another person.

Quadriplegia/Tetraplegia means the total and permanent loss of use of all limbs through injury causing permanent damage to the nervous system.

Schedule means the Schedule issued with this Policy and updated from time to time. A new Schedule will be issued at any time we agree with you to change the details in respect of a Life Insured under this Policy. A new Schedule will replace previous Schedules.

Stroke means any cerebrovascular accident or incident producing neurological sequelae lasting more than 24 hours. This includes infarction of brain tissue, intracranial or subarachnoid haemorrhage, embolisation from an extracranial source, but excludes transient ischaemic attacks and cerebral events and symptoms due to reversible neurological deficits and migraine.

The basis for diagnosis shall be supported by evidence on a Computerised Tomography (CT), Magnetic Resonance Imaging (MRI) or similar scan that a stroke has occurred and of infarction of brain tissue or intracranial or subarachnoid haemorrhage.

Terminal Illness means a confirmed diagnosis by a Medical Practitioner who is a specialist in the field, of a terminal illness where life expectancy is 12 months or less as a direct result of acquiring the illness.

Total & Permanent Disability is where as a result of sickness or injury, the Life Insured:

- suffers the loss of limbs or sight; or
- is unable to work; or
- suffers loss of independent existence defined as follows:

a. loss of limbs or sight

Means the total and permanent loss of use of:

- both hands; or
- both feet; or
- one hand and one foot; or
- the sight of one eye and the use of either one hand or one foot; or
- the sight of both eyes.

b. unable to work

A state of physical or mental incapacity which:

- results in the Life Insured being disabled and unable to work in any employed capacity for at least six consecutive months; and
- in our opinion, after considering medical evidence and/or other evidence, results in the Life Insured being unable ever to follow any occupation for which he or she is reasonably qualified by education, training or experience.

c. loss of independent existence

- There is a permanent and irreversible inability of the Life Insured to perform without the assistance of another person any two of the following “activities of daily living” without the physical assistance of someone else and without the use of special equipment:

activity	description
washing	bathing and showering
dressing	dressing and undressing
eating	eating and drinking
continence	maintaining continence with a reasonable level of personal hygiene
mobility	getting in and out of bed, a chair or wheelchair, or moving from place to place by walking, wheelchair or walking aid

or

- The Life Insured suffers cognitive impairment that results in the Life Insured requiring permanent and constant supervision for a continuous period of at least 6 months. The Life Insured’s impairment must be established by a Medical Practitioner nominated by us.

Total Loss of Use of Two Limbs means complete and irrecoverable loss of the use of two limbs. Limb in this context means an arm, leg, hand or foot.

direct debit service agreement

1. Hannover Life Re of Australasia Ltd ABN 37 062 395 484 ("Debit User") will initiate direct premium debit payments in the manner referred to in the Schedule (contained in the Direct Debit Request).
2. Debit payments will be made when due. The Debit User will not issue individual confirmation of payments made.
3. The Debit User will give the customer at least 14 days' written notice if the Debit User proposes to vary details of this arrangement, including the amount and frequency of debit payments.
4. If the customer wishes to defer any payment or alter any of the details referred to in the Policy Schedule, they must either contact the Debit User on 1300 73 7697 or write to the Debit User at PO Box 6728, Baulkham Hills NSW 2153.
5. Customer queries concerning disputed debit payments must be directed to the Debit User in the first instance. Details of the dispute resolution process that applies to the Debit User are described in this PDS on page 20. Queries about claims in regards to disputed debit payments should also be directed to the Debit User and may also be directed to the customer's financial institution nominated in the Schedule.
6. Direct payment debiting is not available on the full range of accounts at all financial institutions. If in doubt, the customer should check with their financial institution before completing the Direct Debit Request.
7. The customer should ensure that their account details given in the Policy Schedule are correct by checking against a recent statement from their financial institution at which their account is held.
8. It is the customer's responsibility to have sufficient cleared funds available, by the premium due date, in the account to be debited to enable debit payments to be made in accordance with the Direct Debit Request.
9. By authorising the Direct Debit Request, the customer warrants and represents that he/she/they is/are duly authorised to request and instruct the debiting of premium payments from the account described in the Policy Schedule.
10. If a debit payment falls due on any day which is not a business day, the payment will be made on the next business day. If you are uncertain as to when a debit payment will be processed to your account, you should make enquiries directly with the financial institution nominated in the Policy Schedule.
11. If a debit payment is returned unpaid, the customer may be charged a fee by the financial institution nominated in the Policy Schedule for each returned item.
12. Customers wishing to cancel the Direct Debit Request or to stop individual payments must give at least 7 days' written notice to the Debit User at the address referred above.
13. Except to the extent that disclosure is necessary in order to process debit payments, investigate and resolve disputed transactions or is otherwise required by law, the Debit User and its service providers will keep details of the customer's account and debit payments confidential.

nomination of beneficiaries

**if you wish to nominate
a beneficiary or
beneficiaries to receive
benefits payable under
your policy on your death,
please complete the form
on the reverse of this
page and return it to:**

**Customer Service
PO Box 6728
Baulkham Hills NSW 2153**

nomination of beneficiaries form

As the Policyowner, you have the option to nominate a beneficiary or beneficiaries to receive benefits payable under your Policy on your death.

The option to nominate a beneficiary is subject to the conditions listed below.

Unless a valid Nomination applies (explained below):

- we make all benefit payments to you, the Policyowner; or
- if the Policyowner dies, the Insurance benefit will be paid to the Policyowner's legal personal representative, or other person that Hannover Life Re of Australasia Ltd (**we or us**) are permitted to pay under the Life Insurance Act 1995.

Nominations

As Policyowner, you can nominate beneficiaries to receive payment of any benefits on your death. To make a nomination, you need to complete this Nomination of Beneficiaries Form and return it to Customer Service at the address below.

Conditions

The following conditions apply:

- There must not be more than 5 nominees. Nominations must be of a natural person.
- Nominations must be in writing on a Nomination of Beneficiaries Form.
- You may vary the nomination at any time by properly completing and signing a new Nomination of Beneficiaries Form and forwarding it to Customer Service. The variation takes effect when it is received by us.
- Payment of benefits will be made on the basis of the latest valid nomination received by us.
- If a nominee is a minor when payment is made, the payment will be made to the minor's legal guardian or trust for the benefit of the minor.
- If a nominee pre-deceases the Policyowner, that nominee's share is payable to the Policyowner's legal personal representative, or other person that we are permitted to pay under the Life Insurance Act 1995.

full name of beneficiary	address	date of birth	relationship to Policyowner	proportion of benefit (%)
		/ /		%
		/ /		%
		/ /		%
		/ /		%
		/ /		%
your policy number				
name of policyowner				
signature of policyowner				date: / /
please return this form to Customer Service, PO Box 6728, Baulkham Hills NSW 2153				



Insurance

**put yourself
in a better place**

**call 1300 10 5433
monday to friday 8am – 8pm
or visit aussie.com.au/insurance**