



QBE Insurance (Australia) Limited

Mortgage Insure

Insurance Product Disclosure Statement
and Policy Wording

MEMBERcare[®]



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In an uncertain world, it's good to know there's someone committed to protecting you. In this booklet you'll find our commitment described in detail. By taking the time to read these pages you'll know exactly what you're covered for, what you can expect from us and what we expect of you.

You'll also learn what to do if you need to make a claim, so we promise it'll be time well spent.

About this booklet

There are two parts to this booklet. The first part is Important Information about this Policy including information about how we'll protect your privacy and how to make a complaint or access our dispute resolution service.

The second part is your Policy Wording which sets out the detailed terms, conditions and exclusions of the Policy.

Because we don't know your own personal circumstances, you should treat any advice in this booklet as purely general in nature. It doesn't consider your objectives, financial situation or needs. You should carefully consider the information provided with regard to your personal circumstances to decide if it's right for you.

Updating our PDS

This booklet is also a Product Disclosure Statement (PDS). Other documents you receive may comprise the PDS. You'll know when this happens because it'll say so in the document.

We may need to update information in this PDS. If we need to do this, we'll either send you a new PDS or a supplementary PDS. You can also get a copy of these simply by calling us.

For more information

Please take the time to read through this booklet and if you have any questions, need more information or to confirm a transaction, please contact:

QBE Insurance (Australia) Limited
PO Box 219
PARRAMATTA NSW 2124
Email: insurancecentre@qbe.com
Phone: 1300 133 024

About QBE Australia

QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239545 is a member of the QBE Insurance Group Limited ABN 28 008 485 014 (ASX: QBE). QBE Insurance Group is Australia's largest international general insurance and reinsurance group, and one of the top 25 insurers and reinsurers in the world.

Important Information

In this first part of the booklet we explain important information about this Policy including how we'll protect your privacy and how to make a complaint or access our dispute resolution service.

Duty of disclosure

Before you enter into an eligible contract of insurance with us, you have a duty of disclosure under the *Insurance Contracts Act 1984* (Cth).

We may ask you questions that are relevant to our decision to insure you and on what terms. If we do, you must tell us anything that you know and that a reasonable person in the circumstances would include in their answer.

You have this duty until we agree to insure you.

If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

The General Insurance Code of Practice

QBE Australia is a signatory to the General Insurance Code of Practice.

The Code aims to:

- Commit us to high standards of service
 - Promote better, more informed relations between us and you
 - Maintain and promote trust and confidence in the general insurance industry
 - Provide fair and effective mechanisms for the resolution of complaints and disputes between us and you
 - Promote continuous improvement of the general insurance industry through education and training.
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Privacy

We'll collect personal information when you deal with us, our agents, other companies in the QBE group or suppliers acting on our behalf. We use your personal information so we can do business with you, which includes issuing and administering our products and services and processing claims. Sometimes we might send your personal information overseas. The locations we send it to can vary but include the Philippines, India, Ireland, the UK, the US, China and countries within the European Union.

Our Privacy Policy describes in detail where and from whom we collect personal information, as well as where we store it and the full list of ways we could use it. To get a free copy of it please visit qbe.com.au/privacy or contact QBE Customer Care.

It's up to you to decide whether to give us your personal information, but without it we might not be able to do business with you, including not paying your claim.

About consumer credit insurance

This is a Consumer Credit Insurance (CCI) policy designed to meet your loan repayments in the event of a disability or involuntary unemployment. This Policy will also pay you the amount selected for a trauma event occurring to you or to pay the outstanding balance of your loan, less any rebate of charges and arrears in monthly repayments, in the event of your death.

This insurance is not compulsory and a credit provider cannot insist upon you taking out a CCI Policy as a condition of a loan. You should also be aware that you can effect CCI with the insurer of your choice.

How to apply for this insurance

You can apply for this insurance by completing our application process that is administered by your financial institution.

If we accept your application, you will receive a policy schedule that identifies the insured, the insurer, the period of insurance, the premium, the cover(s) selected, the limits of liability and other important information.

To be eligible for this Policy you must, at the commencement date of this insurance:

1. be less than 60 years of age
2. be a permanent resident of Australia unless you are a member of the Australian Defence Force posted overseas or we agree in writing to insure you
3. be in permanent employment for not less than 15 hours per week, every week other than when you are on annual leave
4. have no knowledge that your permanent employment is to be terminated or of a decrease in work being available.

Points 3. and 4. do not apply if you are a person named on the loan contract, are not in permanent employment and you are only applying for death cover.

Significant benefits & features

The following information lists some of the significant features and benefits available under our policy. For full details of the features and benefits of this insurance cover you need to take the time to read the Policy Wording.

There are two main covers. You must choose one or both of these covers:

- Death cover
- Disability cover

There are two additional covers:

- Involuntary Unemployment cover
- Trauma cover

Involuntary unemployment and trauma covers are only available when chosen in conjunction with the disability cover.

Cover applies 24 hours a day, 7 days per week. For a more comprehensive overview of your cover options, speak to your financial institution.

Death Cover

In the event of death, we will pay to your financial institution the outstanding balance of your loan contract at the date of death (excluding any loan repayments two months or more in arrears), to a maximum of \$350,000.

If you die (other than by suicide), during the period of time between the date your loan is approved and when the funds are advanced, we will pay the death cover, provided your application has been accepted and death occurs within 120 days of your loan being approved.

Disability Cover

If you are unable to work because you have suffered an injury or illness, we will pay the repayment shown on your policy schedule for this cover to your financial institution for each fortnight/month you are disabled up to a maximum amount which is the equivalent of 36 monthly repayments, provided that:

- the disability continues for at least 29 consecutive days from the date you first seek medical attention for the injury or illness which causes the disability
- the monthly benefit is no more than \$3,000, and
- you have not reached 65 years of age.

Involuntary Unemployment Cover

If you are unable to continue your permanent employment as a direct result of involuntary dismissal or retrenchment by an employer, we will pay the repayment shown on your policy schedule for this cover after the 28-day waiting period for each period of involuntary unemployment you experience.

The maximum payment for any one claim is 3 months during any consecutive 12-month period.

The most we will pay in total for all involuntary unemployment claims during the period of insurance is \$10,000.

Cover will only apply if:

- you have not reached 65 years of age
- you have not experienced involuntary unemployment within 28 days of the commencement of the period of insurance
- you have been in permanent employment for 60 consecutive working days immediately prior to experiencing involuntary unemployment
- you are not self-employed or you or a member of your family can exercise control over your employer.

Trauma Cover

If you suffer a trauma, we will pay to you the lesser of the outstanding balance at the date you suffered the trauma and \$50,000. We will not pay more than one claim during the period of insurance and no claim will be payable for any trauma suffered in the first 90 days of cover.

Policy Limits

Covers under this Policy have limits. The maximum amounts we will pay for the cover you have chosen, irrespective of the amounts shown on the policy schedule, are:

Death Cover

- The benefit payable is the outstanding balance of your loan contract up to a maximum of \$350,000.
- For a policy in joint names, only one claim is payable.

Disability Cover

- The maximum monthly benefit is the lesser of the insured repayment amount selected by you as shown in your Policy Schedule and \$3,000 per month, no matter how many claims are made by all covered persons.
- The maximum benefit payable is for a period equivalent to 36 monthly loan repayments but only if the policy remains in force during that period.

Involuntary Unemployment Cover

- The maximum monthly benefit is the lesser of the insured repayment amount as shown in your Policy Schedule and \$3,000 per month, no matter how many claims are made by all covered persons.
- The monthly benefit is paid for a maximum period of 3 months during any consecutive 12-month period.
- The maximum benefit payable for all claims during the period of insurance is \$10,000.

Trauma Cover

- The benefit is the lesser of the outstanding balance and \$50,000.
- Only one claim can be made during the period of insurance.

Period of Insurance

The period of insurance is for the lesser of 5 years or the time your policy cover ends under General conditions - When your insurance ceases.

If there are general increases in the interest rate charged by your financial institution resulting in the term of the loan contract being extended, the period of insurance will be extended by up to 6 months at no extra charge.

Significant risks

The following information lists some of the significant risks arising under your Policy. It is important that you take the time to carefully read the policy wording in full before applying for this insurance.

Variation of cover

If you vary any of the terms of your loan contract this policy will be cancelled, and if you want cover, you will need to enter into a new policy to cover the varied loan contract.

Where you vary your loan contract and you propose entering into a new policy, all current terms and conditions of the new policy apply as at the date the new policy is issued.

Waiting periods

A waiting period is a period of time for which no benefit is payable. You may be subject to one or more waiting periods under this policy. A full description of all the waiting periods that may apply can be found in the policy wording.

Interest Rates

The amounts we may pay for claims relating to disability and/or involuntary unemployment are calculated by reference to the repayment as shown in your policy schedule. If during the period of insurance your actual loan repayments are affected by a change in interest rates, any payments under the policy may not provide total cover.

The cost of this policy

Premium is what you pay us for this Policy and it's made up of the amount we've calculated for the risk and any taxes and government charges.

When calculating your premium we take a number of factors into account, including:

- the covers selected, and
- the sum insured as shown on your policy schedule.

Commission

In arranging this insurance your financial institution is acting as an agent of QBE Life (Australia) Limited and QBE Insurance (Australia) Limited not you. The commission paid to your financial institution is 20% of the premium excluding GST and Stamp Duty.

How to make a claim

Full details of what you must do for us to consider your claim are provided in the 'Claims' section at the end of this booklet. To make a claim under this Policy please contact:

- QBE on 1800 226 122.

Cooling-off information

If you are not completely satisfied with this insurance product, you may cancel your policy within 30 days from the commencement date and receive a full premium refund. To take advantage of this offer we must receive a request from you within 30 days of the commencement date. This offer does not apply if you have made, or are entitled to make a claim, within this period.

Resolving complaints & disputes

At QBE we're committed to providing you with quality products and delivering the highest level of service.

We also do everything we can to safeguard your privacy and the confidentiality of your personal information.

Something not right?

We know sometimes there might be something you're not totally happy about, whether it be about our staff, representatives, products, services or how we've handled your personal information.

Step 1 - Talk to us

If there's something you'd like to talk to us about, or if you'd like to make a complaint, speak to one of our staff. When you make your complaint please provide as much information as possible. They're ready to help resolve your issue.

You can also contact our Customer Care Unit directly to make your complaint. Our aim is to resolve all complaints within 15 business days.

Step 2 - Escalate your complaint

If we haven't responded to your complaint within 15 days, or if you're not happy with how we've tried to resolve it, you can ask for your complaint to be escalated for an Internal Dispute Resolution (IDR) review by a Dispute Resolution Specialist.

The Dispute Resolution Specialist will provide QBE's final decision within 15 business days of your complaint being escalated, unless they've requested and you've agreed to give us more time.

Step 3 - Still not resolved?

If you're not happy with the final decision, or if we've taken more than 45 days to respond to you from the date you first made your complaint, you can contact the Financial Ombudsman Service Australia (FOS Australia). FOS Australia is an ASIC approved external dispute resolution body.

FOS Australia resolves insurance disputes between consumers and insurers, at no cost to you. QBE is bound by FOS Australia's decisions - but you're not. You can contact FOS Australia directly and they'll advise you if your dispute falls within their Terms of Reference.

Disputes not covered by the FOS Australia Terms of Reference

If your dispute doesn't fall within the FOS Australia Terms of Reference, and you're not satisfied with our decision then you may wish to seek independent legal advice.

Privacy complaints

If you're not satisfied with our final decision and it relates to your privacy or how we've handled your personal information, you can contact the Office of the Australian Information Commissioner (OAIC).

Contacting QBE Customer Care, FOS or the OAIC

How to contact QBE Customer Care

Phone	1300 650 503 (Monday to Friday from 9am to 5pm, Sydney time, except on public holidays). Calls from mobiles, public telephones or hotel rooms may attract additional charges.
Email	<ul style="list-style-type: none"> • complaints@qbe.com, to make a complaint. • privacy@qbe.com, to contact us about privacy or your personal information. • customercare@qbe.com, to give feedback or pay a compliment.
Post	Customer Care, GPO Box 219, PARRAMATTA NSW 2124

How to contact FOS Australia

Phone	1800 367 287 (Monday to Friday from 9am to 5pm, Melbourne time, except on public holidays)
Email	info@fos.org.au
Online	www.fos.org.au

How to contact the OAIC

Phone	1300 363 992 (Monday to Friday from 9am to 5pm, Sydney time, except on public holidays). Calls from mobiles, public telephones or hotel rooms may attract additional charges.
Email	enquiries@oaic.gov.au
Online	www.oaic.gov.au

Financial claims scheme

Your Policy is a protected policy under the Financial Claims Scheme (FCS), which protects certain insureds and claimants in the event of an insurer becoming insolvent. In the unlikely event of QBE becoming insolvent you may be entitled to access the FCS, provided you meet the eligibility criteria.

More information may be obtained from the Australian Prudential Regulation Authority (APRA).

How to contact APRA

Phone	1300 558 849 (Monday to Friday from 9am to 5pm, Sydney time, except on public holidays). Calls from mobiles, public telephones or hotel rooms may attract additional charges.
Online	www.apra.gov.au

Policy Wording

Your Policy is made up of covers underwritten by different insurers. Each insurer only accepts liability in respect to the insurance cover of which they insure.

The insurer of disability and involuntary unemployment covers

QBE Insurance (Australia) Limited ABN 78 003 191 035 AFS Licence 239545.

The insurer of death and trauma covers

QBE Life (Australia) Limited ABN 83 089 981 073 AFSL 245492.

Our agreement with you

Your Policy is an agreement between you and us, made up of:

- This Policy Wording
- Your Policy Schedule, which sets out the cover you've chosen and any terms specific to you.

The cover under this Policy is provided during the period of insurance, once you've paid us your premium. There are also:

- Conditions and exclusions which apply to specific covers or sections;
- General exclusions, which apply to any claim you make under this Policy;
- General conditions, which set out your responsibilities under this Policy;
- Claims conditions, which set out our rights and your responsibilities when you make a claim; and
- Other terms, which set out how this Policy operates.

Excesses

You must pay any excesses which apply to your claim. The excesses which you have to pay are set out in this Policy Wording or on your Policy Schedule.

How much we'll pay

The most we'll pay for a claim is the sum insured which applies to the cover or section you're claiming under, less any excess.

Your Policy

Your Policy consists of the Policy Wording in this booklet and the Policy Schedule we give you. Please keep them in a safe place for future reference.

Please check the Policy Schedule details to ensure it accurately states what you have insured. Be sure to check that the limits and sums insured are adequate.

The 'general exclusions' and 'general conditions' apply to all sections of this Policy.

Paying your premium

The premium for this Policy may be paid by including it as part of your loan contract or by you as a separate amount. If you have not paid this premium the Policy will not operate and there will be no cover.

Words with special meaning

The words and terms used throughout this Policy have special meanings set out below.

Where other words and terms are only used in one section of the Policy, we'll describe their special meaning in that section.

Word or term	Meaning
Application	the proposal or application form, and any personal statements, submitted by you or by another person on your behalf.
Cancer*	the first unequivocal diagnosis of any internal malignant tumour requiring treatment by surgery, radiotherapy, hormone therapy or chemotherapy. Included will be any malignant tumour considered to be too advanced or too serious for specific treatment to be warranted, but excluding: <ol style="list-style-type: none"> tumours treated by endoscopic procedures alone and tumours classed as carcinoma in situ and prostate tumours that have not invaded the muscle layer tumours of the skin with the exception of malignant melanoma where there is evidence of spread to lymph nodes or distant tissue, and Kaposi's sarcoma and other tumours caused by HIV or AIDS.
Commencement date	the inception date of the period of insurance stated on the policy schedule you received from us in connection with this policy, or the date the loan funds are advanced to you, whichever is the later.
Coronary Artery Surgery*	a coronary artery bypass grafting surgery performed via a Thoracotomy.
Cover or covers	the protection provided by this Policy.
Date of the trauma	the date on which, in the opinion of a medical practitioner and/or pathologist, the trauma event has been proven to have occurred.

Word or term	Meaning
Disablement, disabled, or disability	your inability due to illness or injury (as certified by a medical practitioner) to perform duties of your usual occupation. Where disablement caused by illness or injury extends beyond 6 months, then disablement means your inability to perform the duties of any occupation for which you are reasonably qualified by education, training or experience and so certified by a medical practitioner.
Heart attack*	a diagnosed acute myocardial infarction resulting from inadequate cardiac blood supply that has been documented by the occurrence of chest pain and electro-cardiographic evidence and elevation in cardiac enzymes.
Illness	any illness, sickness or disease.
Injury	bodily injury caused solely by violent, accidental, external and visible means.
Involuntary unemployment or unemployed	you are unable to continue your permanent employment as a direct result of involuntary dismissal or retrenchment by an employer and you are registered as unemployed with Centrelink or the Department of Social Security and you are actively seeking work.
Kidney Failure*	end stage renal failure, which presents chronic irreversible failure of both kidneys to function, as a result of which regular renal dialysis is initiated or renal transplant is carried out.
Loan contract	the mortgage between you and your financial institution.
Major Organ Transplant*	actually having undergone, as a recipient, a medically necessary transplant procedure involving one or more of the following organs: kidney, heart, liver, lung, bone marrow and pancreas.
Medical practitioner	a legally qualified and independent medical practitioner, physician or surgeon (other than you or a member of your family or your business partner) that is registered and practising medicine in Australia.
Outstanding balance	the amount outstanding under your loan contract and for which you are indebted to your financial institution at the relevant date excluding any loan payments which are two months or more in arrears.
Period of insurance	the period we cover you for. Its commencement date is shown on the policy schedule and it expires on the earlier

Word or term	Meaning
	of the expiry date shown on the policy schedule and such other time cover ceases in accordance with the General Conditions, Automatic cessation of cover. In no case does it commence prior to the commencement date of the loan contract or continue beyond 5 years. However, if there are general increases in the interest rate charged by your financial institution resulting in the term of the loan contract being extended, the expiry date shown on the policy schedule will be extended by up to 6 months at no extra charge.
Permanent employment	working on a regular basis for remuneration or profit for not less than 15 hours per week for a six month period prior to commencement of the policy. Such work cannot be of a seasonal nature.
Permanent resident of Australia	a person not living outside Australia for more than 12 months at a time unless you are a member of the Australian Defence Force posted overseas.
Policy	the contract of insurance and includes the application, this PDS and the policy schedule.
Policy Schedule	your most recent schedule. We give you a schedule when you buy a policy from us.
Pre-existing condition	any injury or illness (whether diagnosed or treated by a medical practitioner or not) of which you were aware, or a reasonable person in your circumstances could be expected to have been aware, existed at the time you applied for this insurance.
Premium	the amount paid for the covers you have selected.
Product Disclosure Statement	this document which incorporates your policy wording, and is designed to help you understand the policy and to decide whether to purchase this insurance product.
Repayment	the lesser of the insured repayment amount selected by you as shown in your policy schedule and \$3,000 per month.
Replacement Policy	this policy if it replaces a Mortgage Insure policy that has been cancelled within 90 days of the commencement date of this policy.
Stroke*	any infarction of brain tissue due to a cerebrovascular incident and which is associated with evidence of a neurological deficit that creates permanent functional

Word or term	Meaning
	impairment. It does not mean infarct of brain tissue as a result of bodily injury caused by violent, accidental, external and visible means or vascular disease affecting the eye or optic nerve.
Trauma	the positive diagnosis of any of the diseases or disabilities as listed on page 20 which occur during the period of insurance occurring after the first 90 days of the commencement date.
We, our, us	QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239545 in respect of the disability and involuntary unemployment cover; and QBE Life (Australia) Limited ABN 83 089 981 073 AFSL 245492 in respect of the death and trauma.
You, your	The insured(s) name in your policy schedule.

* These special meanings are only relevant if you have selected the Trauma Cover option.

Section 2A - Death Cover

This cover only applies if you have selected to insure for death cover, and this is shown on your Policy Schedule and you have paid the relevant premium for that cover.

What we will pay for

If you die during the period of insurance, we will pay your financial institution the outstanding balance at the date of your death up to a maximum of \$350,000. In the event that the loan contract is in your joint names and both of you die, only one claim will be covered.

If you die (other than by suicide), during the period of time between the date your loan is approved and when the funds are advanced we will pay the death cover provided that:

- an application to us for death cover has been completed by you, and
- your application is acceptable to us, and
- your death occurs within 120 days after your financial institution approves your loan.

Continuity of cover

If this is a replacement policy, we will accept a claim for illness or injury first manifested under the replaced policy, but only for the cover(s) and up to the limits provided prior to the commencement date of this policy.

What we won't pay for

We will not pay for any claim for death cover, if your death is:

1. a result of suicide within 13 months of the commencement date of this insurance
2. caused or contributed to by any pre-existing condition, or
3. caused or contributed to by alcohol, drugs or narcotics (except where administered by or taken in accordance with the advice of a medical practitioner).

If, at the date of your death, your financial institution has any form of insurance for the repayment of this loan the outstanding balance is to be reduced by the benefit provided or by any payment received by your financial institution from the insurance.

Section 2B – Disability (Illness and Injury) Cover

This cover only applies if you have selected to insure for disability cover, and this is shown on your policy schedule and you have paid the relevant premium for that cover.

What we will pay for

A benefit is payable for disability cover as follows:

1. If you become disabled during the period of insurance and you are disabled for at least 29 consecutive days, we will pay your repayments to your financial institution to a maximum of \$3,000 per month up to a maximum amount equivalent to 36 monthly repayments, whilst you remain disabled.
2. If, due to a variation to the interest rate stated in the loan contract, the actual repayments vary, we will calculate the benefits payable on the basis of the repayment amount shown in your Policy Schedule.
3. Whether this policy covers one or more people, the maximum amount we will pay fortnightly/monthly (as relevant), is the repayment shown on your Policy Schedule to a maximum aggregate monthly benefit of \$3,000.

Continuity of Cover

If this is a replacement policy, we will accept a claim for illness or injury first manifested under the replaced policy, but only for the cover(s) and up to the limits provided prior to the commencement date of this policy.

Recurrent disability

If you return to permanent employment for less than 6 months following a period of disablement, any further claim for disablement will be considered as a continuation of the prior period(s) of disablement.

What we won't pay for

No benefit is payable for disability cover:

1. for the first 28 consecutive days of any disability
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2. for claims arising out of a depression, stress and/or an anxiety condition
3. for any period where your inability to return to work (whether duties of your usual occupation in the first 6 months of disability or, after that period, duties of any occupation for which you are reasonably qualified by education, training or experience) is due to your failure to actively seek and undergo medical attention and/or rehabilitation in respect of the disability
4. if you fail to attend a medical examination with an independent medical practitioner requested by us. This examination will be at our expense
5. if you return to employment in any occupation for reward or profit
6. if your disability is a result of:
 - (a) any pre-existing condition
 - (b) a deliberately self-inflicted injury or condition whilst sane or insane
 - (c) any illness or injury which is caused by or exacerbated by alcohol, drugs or narcotics (except where your disability is as a result of a drug administered by, or taken in accordance with the advice of a medical practitioner)
 - (d) you not obtaining and/or following medical advice provided by a qualified medical practitioner or rehabilitation specialist
 - (e) your decision to cease work that is not supported by an independent medical assessment of your disability. (The mere fact that you are medically discharged from your usual occupation does not qualify as such an assessment), or
 - (f) childbirth, pregnancy or abortion or any conditions contributed to by them.

Section 2C - Trauma Cover

This cover only applies if you have selected to insure for trauma cover, and this is shown on your policy schedule and you have paid the relevant premium for that cover.

Trauma Cover includes the following diseases and disabilities:

- Heart Attack
- Coronary Artery Surgery
- Stroke
- Cancer
- Kidney Failure
- Major Organ Transplant

What we will pay for

If you suffer a trauma, we will pay to you the lesser of the outstanding balance at the date you suffered the trauma and \$50,000.

Continuity of cover

If this is a replacement policy, we will accept a claim for illness or injury first manifested under the replaced policy, but only for the cover(s) and up to the limits provided prior to the commencement date of this policy.

What we won't pay for

No benefit is payable for trauma cover:

1. for a trauma that occurs within 90 days after the commencement date of this insurance
2. if death occurs within 28 days after the date of the trauma
3. for more than one trauma during the period of insurance
4. for any disease or disability diagnosed as a trauma which was caused by alcoholism, drug addiction, narcotics or the influence of intoxicating liquor, drugs or narcotics, or
5. for a trauma that occurs as a result of a pre-existing condition.

Section 2D - Involuntary Unemployment Cover

This cover only applies if you have selected to insure for involuntary unemployment cover and this is shown on your policy schedule and you have paid the premium for that cover.

What we will pay for

What we will pay for

1. If you experience involuntary unemployment during the period of insurance, we will pay to your financial institution your repayment from the 29th day after you register as unemployed with Centrelink to a maximum of \$3,000 per month.
2. We will only pay up to a maximum of 3 months involuntary unemployment benefit during any consecutive 12-month period.
3. The maximum amount we will pay for all involuntary unemployment claims made during the period of insurance is \$10,000.

What we won't pay for

We won't pay for

1. for any period of involuntary unemployment which occurs within 28 days of the commencement date of this insurance
 2. for the first 28 days of any involuntary unemployment period, with benefits being calculated from the 29th day after you are registered with Centrelink
 3. if you have not been in permanent employment for 60 consecutive working days immediately prior to experiencing involuntary unemployment
 4. if you were unemployed or you were aware that you would become unemployed at the time of applying for this insurance
 5. if you are employed on a fixed term contract and it expires
 6. if you are an apprentice and your period of apprenticeship ends
 7. if you are self-employed or employed by a company or business over which you or your family can exercise control
 8. if you are a seasonal worker
 9. whether this policy covers one or more people, the maximum amount we will pay is the amount of the fortnightly/monthly repayment
 10. if you are dismissed for any form of wilful or other misconduct which resulted in your immediate dismissal
 11. if you return to employment in any occupation for reward or profit.
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General conditions

There are conditions set out in this General conditions section, in the Claims section and under each particular cover and section. If any of these conditions aren't met, we may refuse a claim, reduce the amount we pay or in some circumstances we may cancel your Policy. When making a claim, you must have met and then continue to comply with the conditions of your Policy. Any person covered by your Policy, or claiming under it, must also comply with these conditions.

If you, or someone covered under your Policy, don't meet these conditions or make a fraudulent claim we may:

- Refuse to pay your claim or reduce what we pay for your claim
- Cancel your Policy.

Automatic cessation of cover

Your cover will automatically cease to be in force and all benefit payments being made to you by us in respect of disability and involuntary unemployment will stop as soon as any one of the following occurs:

- (a) you reach 65 years of age
- (b) you die
- (c) you cease to be a permanent resident of Australia
- (d) the period of insurance expires
- (e) the policy is cancelled by you or us
- (f) your loan contract is varied or repaid or is discharged or cancelled for any other reason.

Cancelling your Policy

If you want to cancel the policy:

- (a) You can cancel this policy at any time by giving us written notice.
- (b) If you request cancellation of the policy later than 30 days after the commencement date we will refund to you a proportion of the premium. The amount of premium to be refunded will satisfy any relevant legislation and will include the GST and any government charges you have paid to the extent we reasonably believe we will be entitled to a refund or credit for that GST and any government charges.
- (c) No refund of premium will be paid once any claim has paid out the outstanding balance.

Any premium refund will be paid to your financial institution. Your financial institution is required to pay you or credit you with a proportionate rebate of premium paid.

If we want to cancel the policy:

We may cancel this policy at any time, for any reason allowed under the law, by giving you written notice.

Notices

Any notice we give you will be in writing, and will be effective once it's delivered to you personally or to your last known address (including when it's an electronic one).

It's important for you to tell us of any change of address as soon as possible.

Taxation information

If you're a business you must tell us if you're registered, or are required to be registered, for GST. When you do this, we need you to give us:

- Your ABN
- The percentage of any input tax credit you will claim, or will be entitled to claim, on your premium.

When we pay a claim, your GST status will determine the amount we pay you. Your claim settlement amount will be adjusted to allow for any ITC entitlement.

Unless we say otherwise, all amounts in your Policy are inclusive of GST. There may be other taxation implications affecting you, depending upon your own circumstances. We recommend you seek professional advice.

Any payments made by us for claims may have an impact on your income for the purposes of the Income Tax Assessment Act. You should obtain independent advice to see how this may affect you.

General exclusions

The insurance we offer to you under this policy provides cover for certain events. There will be situations where this policy provides no cover at all. Those situations are set out in the policy wording. For full particulars of all these exclusions, you must take the time to read this in detail.

The following lists some of the events which will not be covered under your Policy.

For a comprehensive list and further details on these, refer to the Policy Wording , under the headings "What we won't pay for".

- any claim if your death is the result of a suicide within 13 months of the commencement date of the period of cover
 - any period of involuntary unemployment which occurs within 28 days of the commencement date of this insurance
 - the first 28 days of any involuntary unemployment period
 - any claim for involuntary unemployment if you are self-employed or employed by a company or business over which you or your family can exercise control
 - any claim if you have not been in permanent employment for 60 consecutive working days immediately prior to experiencing involuntary unemployment
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- the first 28 days of any disability period, and
- any claim for death, disability or trauma arising out of a pre-existing condition.

Sanctions limitation and exclusion clause

You're not insured under any section of this Policy where a claim payment breaches any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of Australia, the European Union, United Kingdom or United States of America.

Claims

For all claims, you or your estate's legal representative must:

1. advise us in writing as soon as possible after the claim event, and
2. complete a Claim Form supplied by us.

In addition the following must be provided:

For Death claims:

1. your estate's legal representative must provide proof of your identity, cause of death and existence of the loan contract in a form satisfactory to us.

For Disability claims:

1. you must, at your own expense, support your claim with completion of a Monthly Progress Report, and any other medical information we may request.
2. we may request a medical examination by a doctor of our choice and you must comply with any such request. We will pay for any examination that we request be undertaken.
3. we may require you to attend rehabilitation during the claim period (at our expense) with the view of you returning to the work force. A refusal to attend rehabilitation may result in your claim being rejected.

For Involuntary unemployment claims:

1. you must, at your cost, obtain and supply us with any relevant documents we request, including advice of your employment being terminated by your employer and a Certificate of Unemployment from Centrelink or Department of Social Security or the relevant body.
2. you must, at your cost, obtain and provide ongoing proof of involuntary unemployment.

For Trauma claims:

1. you must support your claim with medical information and such medical certificates as we may request.
 2. we may request a medical examination by a doctor of our choice and you must comply with such a request. We will pay for any examination that we request is undertaken.
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