



Personal Insurance Portfolio

Product Disclosure Statement (PDS)
Preparation Date: 3 May 2004

This PDS contains information about the following products:

Income Care

income protection insurance

Income Care Plus

income protection insurance

Business Overheads Cover

business expense insurance

Total Care Plan

life, total & permanent disability and trauma insurance

CommInsure



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Commonwealth Bank of Australia and its subsidiaries do not guarantee the Personal Insurance Portfolio products.

The information contained in this PDS is general information only and does not take into account your individual objectives, financial situation or needs. You should assess whether the product is appropriate for you and consider talking to an adviser before making a decision.

You can only apply for a product by completing the Application Form which forms part of this PDS.

The offer made in this PDS is available only to persons receiving this PDS in Australia. Applications from outside Australia will not be accepted. All references to monetary amounts in this PDS are references to Australian dollars.

While every effort has been made to ensure the information in this PDS is reliable, the Policy Documents form the basis of the products and should be read carefully.

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Introduction

What is the Personal Insurance Portfolio?

The personal insurance which is set out in this Product Disclosure Statement (PDS) will help you to protect your current lifestyle and help ensure that your family will be provided for in the event of death, sickness or injury.

This PDS contains information about the following types of insurance:

Income Protection Insurance

What is it?	A replacement income if you can't work at full capacity or at all, due to sickness or injury.
Who needs it?	Anyone who would find it difficult to make ends meet without their regular income.
Why do you need it?	You like your lifestyle but don't have never-ending savings to replace your regular income. To protect the income you earn. You have a family to provide for. You don't know when illness or injury might occur.
What policy is available?	Income Care or Income Care Plus
Where is it explained?	Section 1 – pages 8 and 12 of this PDS

Business Expenses Insurance

What is it?	Reimbursement of fixed operating expenses of your business if you can't work due to sickness or injury.
Who needs it?	Self-employed people with a key role in a small business.
Why do you need it?	Your business will continue to generate expenses even if you're not working. You need your business to keep operating. You don't want to have to sell your business. You don't know when illness or injury might occur.
What policy is available?	Business Overheads Cover
Where is it explained?	Section 1 – page 18 of this PDS

Term Life Insurance

What is it?	A lump sum payable on death or terminal illness.
Who needs it?	Anyone with debt and dependants.
Why do you need it?	If you die, you want to relieve your family of debt. You want to secure your family's financial future.
What policy is available?	Total Care Plan
Where is it explained?	Section 2 – page 22 of this PDS

Total & Permanent Disability Insurance

What is it?	A lump sum payable if you are totally and permanently disabled due to illness or injury.
Who needs it?	Anyone with debt and dependants.
Why do you need it?	If you can't work again, you still need capital to survive. You will have greater expenses. You need to make provision for retirement. You want your family to maintain their lifestyle even if you can't work.
What policy is available?	Total Care Plan
Where is it explained?	Section 2 – page 24 of this PDS

Trauma Insurance

What is it?	A lump sum payable if you suffer a specified medical condition.
Who needs it?	Everyone.
Why do you need it?	Additional expenses are incurred when you have a major illness. You may need time to recuperate without financial stress. You may need to significantly re-structure your lifestyle.
What policy is available?	Total Care Plan
Where is it explained?	Section 2 – page 27 of this PDS



In this PDS, *we*, *us* and *our* refer to The Colonial Mutual Life Assurance Society Limited (CMLA) and *you* and *your* refers to the person to be insured and/or the proposed policy owner (where applicable).

Applying for cover

There is an application form attached to the back of this PDS that must be completed if you decide to apply for insurance.

What if I want more information?

This PDS sets out important things you need to know about the Personal Insurance Portfolio. However, personal insurance can become quite complex, and it is sometimes difficult to decide what and how much insurance is most appropriate for your needs.

It is possible to package together cover for family members or business partners, in which case you should seek advice about the best way to do this.

If you need help with this product range, we suggest that you speak to an adviser. If you don't have an adviser, contact one of our Customer Service Consultants (details are on the back cover of this PDS) and we will arrange for an adviser to contact you at a convenient time.

Section 1

Income Care Range

Summary

Products	
Income Care	Basic income protection at an affordable price. Replaces up to 75% of your income. See page 8.
Income Care Plus	Comprehensive income protection. Provides the basic cover of Income Care, as well as a number of additional benefits designed to help you to get back to work. See page 12.
Business Overheads Cover	Covers the regular fixed operating expenses of your business if you are self-employed and totally disabled. See page 18.

Cover while your application is being considered	
Interim Accident Cover	Covers you for total disability caused by accident while we are processing your application for Income Care, Income Care Plus and/or Business Overheads Cover. See page 43.

Eligibility	
Age	Available to people who are between the ages of 17 and 59, inclusive. If the level premium rate option is selected, cover is only available between the ages of 17 and 54 inclusive.
Factors	Some factors will affect the availability of cover. These include age, occupation, pastimes, financial circumstances and state of health.
Restrictions	Only available to people who are working full-time. Income Care Plus and Business Overheads Cover are not available to people in occupations that we classify as heavy risk.

Benefits under Income Care and Income Care Plus	
Total Disability Benefit	Monthly benefit if you can't work due to sickness or injury. See pages 8 and 12.
Partial Disability Benefit	Monthly benefit if you work at reduced capacity due to sickness or injury. See pages 8 and 12.
Waiver of Premium	Premiums are not charged while you receive certain benefits. See pages 9 and 12.
Reward Cover Benefit	Reward for keeping your cover – free accidental death cover. See pages 9 and 13.
Rehabilitation Benefit	Helps cover the cost of participation in an approved rehabilitation program. See page 9 and 13.

Features of Income Care and Income Care Plus	
Recurrent Disability	The waiting period does not reapply if you go back to work after receiving certain benefits but need to claim again for the same sickness or injury. See pages 8 and 12.
Cover While Unemployed/On Leave	Cover continues even if you are unemployed or on leave. See pages 9 and 13.
Indexation	Aligns cover with inflation by automatically increasing it each year. See pages 9 and 13.

Additional Benefits which apply only to Income Care Plus	
Rehabilitation Expenses Benefit	Helps cover the expenses involved in rehabilitation. See page 13.
Accommodation Benefit	Helps cover the cost of accommodating a family member who is away from home to be with you. See page 13.
Family Support Benefit	Helps cover a family member's lost income if they look after you. See page 13.
Home Care Benefit	Helps pay for a professional housekeeper. See page 14.
Bed Confinement Benefit	Helps pay for a nurse if you are bed-ridden. See page 14.
Transportation Benefit	Helps pay for emergency transport to a hospital within Australia. See page 14.
Overseas Assist Benefit	Helps pay for your return home if you are totally disabled overseas. See page 14.
Specific Injuries Benefit	Pays a set amount if you suffer a specified injury. See page 14.
Crisis Benefit	Pays a benefit for up to six months if you suffer a medical crisis event. See page 15.
Death Benefit	Pays a lump sum if you die while you are entitled to certain benefits. See page 15.

Optional Extras to Income Care and Income Care Plus	
Increasing Claim Option	Benefits paid will increase yearly, in line with inflation. See pages 9 and 15.
Accident Option	Pays a benefit if you are totally disabled during the waiting period as a result of an accident. See pages 10 and 15.
Super Continuance Option	Allows you to cover regular superannuation contributions. See pages 10 and 16.
Cash Back Option	Pays back some premiums when the policy ends, provided you do not claim. See pages 10 and 16.
Premium Saver Option	A premium discount in return for some limits to the cover. See pages 10 and 16.

Benefits under Business Overheads Cover	
Cover for Business Expenses	Reimburses regular fixed operating business costs. See page 18.
Waiver of Premium	Premiums are not charged while you receive certain benefits. See page 18.
Reward Cover Benefit	Reward for keeping your cover – free accidental death cover. See page 19.

Features of Business Overheads Cover	
Indexation	Aligns cover with inflation by increasing it each year. See page 18.

Business Overheads Cover optional extra	
Cash Back Option	Pays back some premiums when the policy ends, provided you do not claim. See page 19.

Factors you need to choose		
Policy Type (Income Care/Income Care Plus)	If you select an <i>agreed value</i> policy, we agree to pay the monthly benefit you have insured (including any indexation increases) regardless of any reduction in your income since you took out the policy. Your average monthly income in the 12 months before applying for cover must justify the amount of cover you are issued with.	If you select an <i>indemnity</i> policy, the monthly benefit we will pay is the lesser of 75% of the average monthly income you earned in the 12 months before the claim and the insured monthly benefit amount (including any indexation increases).
Monthly Benefit (Income Care/Income Care Plus)	Up to 75% of income over the last 12 months, subject to a sliding scale. Subject to a minimum of \$1,500 per month (including any super continuance monthly benefit) and a maximum of \$20,000 per month. (Higher levels of cover are available in some circumstances, on an individual consideration basis).	
Monthly Benefit (Business Overheads Cover)	Indemnity style policy which covers up to 100% of regular fixed operating business expenses. Subject to a minimum of \$1,500 per month.	
Benefit period (Income Care/Income Care Plus)	2 years, 5 years, to age 60, to age 65 If you are in a heavy risk occupation, the maximum benefit period for total disability is 5 years and for partial disability the maximum is 2 years. See page 8.	
Waiting period	Income Care/Income Care Plus: 14 days, 1 month, 2 months, 3 months, 6 months, 1 year, 2 years	Business Overheads Cover: 14 days, 1 month, 2 months, 3 months, 6 months
Premium Rate Option	Stepped Premium Rate: a stepped premium means that generally the cost of your cover will increase as you get older.	Level premium rate: a level premium means your annual premium will not increase as a result of your age increasing each year.
Policy Expiry Date	To age 60 or age 65. See page 7.	

Occupation Groups		
	The information you provide as part of your application will determine which of the following occupation groups we will categorise you into. This will affect the cost of your insurance and how some benefits apply to you. Your occupation group will appear on your Policy Schedule.	
	S – Super Professional	P – Professional
	K – Medical Occupations	G – Managerial
	J – Legal Occupations	C – Clerical
		L – Light Manual
		M – Manual
		H – Heavy Risk

Costs & Limitations	
Premiums	Information about premiums, the policy fee, stamp duty and other aspects of the cost of this policy are on page 30.
Limitations	There are limitations that apply to this cover. See pages 11, 17 and 19 for more information.

Income Care Range – some common terms

What do the terms mean?

Some common terms are used in this PDS in relation to the Income Care Range. This table explains what we mean when we use them. These terms are specifically defined in the policy and our explanations of them are subject to the policy definitions.

Term	Meaning
Benefit period	The maximum amount of time that we will pay you benefits for each claim.
Disability/disabled	This is the word we use to describe your inability to work due to sickness or injury. Totally disabled is when you can't work at all, and partially disabled is when you can only work in a reduced capacity.
Income producing duty	A duty of your occupation that generates 20% or more of your monthly income.
Monthly benefit	This is the amount you insure for, that we will pay you if you make a valid claim. You can insure up to 75% of your income from personal exertion (excluding superannuation contributions and business expenses, but before tax).
Policy expiry date	When you take out a policy, you choose how long you want your cover in place – the available choices are until you reach age 60 or age 65. Cover under your policy will cease on the policy expiry date, which is the anniversary of your policy start date before you reach the selected age.
Waiting period	This is the amount of time you have to be disabled before you can qualify for any disability benefits. You select your waiting period based on how long you can wait before you need a benefit to be paid.

How does the waiting period work?

There are some important aspects of the waiting period which you should understand:

- You need to be totally disabled for at least 14 days out of the first 19 consecutive days of the waiting period.
- You can return to work at full capacity for up to 5 days during the waiting period without having to start the waiting period again. The days you work are added to the end of the waiting period. (If your waiting period is more than one month, you can return to work for up to 10 days).
- You can select the waiting period that best suits you.

The waiting period starts:

- when you first consult a medical practitioner about the condition that is causing total disability, or
- when you first stop working due to that condition (as long as you consult a medical practitioner within seven days and provide reasonable medical evidence about when it began).

Are there different rules for some occupations?

If your Occupation Group is *S*, *K*, *J* or *P* and you take out Income Care Plus and/or Business Overheads Cover, you do not have to be totally disabled in the waiting period to qualify for a disability benefit. Provided you are partially disabled for 14 out of the first 19 consecutive days of the waiting period and you otherwise satisfy the waiting period, you will be eligible to receive a disability benefit.

Income Care – basic income protection cover

Income protection is insurance that covers your ability to earn an income. If, due to sickness or injury, you can't work at all, you will be paid a Total Disability Benefit. If you can work, but only in a reduced capacity, you will be paid a Partial Disability Benefit. These valuable benefits, and some additional benefits, form the basis of the Income Care policy.

What is provided under Income Care?

- Total Disability Benefit
- Partial Disability Benefit
- Recurrent Disability
- Waiver of Premium
- Cover While Unemployed or On Leave
- Indexation
- Reward Cover Benefit
- Rehabilitation Benefit

How Income Care can work for you is explained below.

What is payable to me if I'm unable to work?

The Total Disability Benefit is paid to you if you can't work and you are totally disabled for longer than the waiting period. Benefits can continue until the end of the benefit period, provided you continue to be disabled, but not beyond your policy expiry date.

Total disability means that because of sickness or injury, you are:

- unable to perform at least one income producing duty of your occupation, and
- following the advice of a medical practitioner, and
- not working.

If you are partially disabled after the waiting period has ended, some of the monthly benefit will be paid, based on the reduction in your income. This is the Partial Disability Benefit. Benefits can continue until the end of the benefit period, provided you continue to be disabled, but not beyond your policy expiry date.

Partial disability means that, due to sickness or injury, you are unable to work in your own occupation at full capacity and:

- you are working in your own occupation in a reduced capacity, or working in another occupation, and
- your monthly income is less than your pre-disability income, and
- you are following the advice of a medical practitioner.

What else you should know

- If you are categorised as belonging to our heavy risk occupation group, and you have selected a 5 year benefit period, after 2 years of total disability, total disability will mean that due to sickness or injury you are unable to perform any occupation for which you are reasonably suited by education, training or experience, you are following the advice of a medical practitioner and are not working.
- If you are categorised as belonging to our heavy risk occupation group, the maximum payment period for Partial Disability Benefits is 2 years.
- Certain conditions apply if you are unemployed or on leave at the time of total or partial disability. See below.

What if I can work part time when the waiting period ends?

If you have been totally disabled throughout the waiting period and then return to work on a partial basis, we will pay the Total Disability Benefit instead of the Partial Disability Benefit for up to 3 months from the end of the waiting period if you are earning 20% or less of your pre-disability income.

What if I go back to work too soon, and need more time off?

Under Recurrent Disability, you won't have to go through the waiting period again if you suffer a recurrence of the same, or a related sickness or injury which results in total or partial disability within 12 months of returning to work on a full time basis after receiving Total or Partial Disability Benefits. The recurrence of your sickness or injury will be treated as a continuation of the original claim. If your benefit period is 2 or 5 years, this feature will only apply for recurrences within 6 months from the date you were last on claim.

Do I have to pay premiums while on claim?

You don't have to pay any premiums which fall due while a Total or Partial Disability Benefit is payable. You must continue to pay premiums throughout the waiting period, however, if your waiting period is 3 months or less and a benefit becomes payable, we will refund any premiums which you pay during the waiting period.

Can I continue my cover if I am unemployed or take leave?

Cover will continue if you become unemployed or go on maternity, paternity or long service leave, as long as you continue to pay premiums. However, if you have been unemployed or on leave for 12 months or more immediately preceding a claim, the definitions of total and partial disability which you will need to satisfy will change to take into account the fact that you have not been at work. If you become unemployed or go on leave without pay while a Partial Disability Benefit is payable, the maximum benefit we will pay is 60% of your monthly benefit.

Keeping your cover in line with inflation

Each year we will provide you with an automatic increase in cover to ensure your insurance keeps pace with movements in the Consumer Price Index (CPI). If the CPI increases by less than 3% we will increase your cover by 3%. Your premium will also be adjusted to allow for the higher level of cover. You can elect not to accept the increase in any year.

We will not index your cover if you are receiving any benefits under this policy.

An incentive to keep cover in place

The Reward Cover Benefit rewards you for maintaining your policy with us for 3 years or more. After your cover has been in place for 3 years, we will provide you with \$50,000 of accidental death cover at no additional cost. On each of the following 5 anniversaries, the accidental death cover will increase by \$10,000. Accidental death cover is a benefit that is paid if you die as a result of an accident, within 90 days of the accident, but before the policy ends.

If at the time of your accidental death, you also have a Total Care Plan or a Life Protection policy, we will double the amount paid under the Reward Cover Benefit.

Specific exclusions apply to the Reward Cover Benefit. A benefit will not be paid if death is caused directly or indirectly by suicide or any attempt at suicide, self-inflicted injury or infection, the taking of drugs other than prescribed by a medical practitioner, the taking of alcohol, participation in criminal activity or an act of war (whether declared or not).

Is there help for the cost of a rehabilitation program?

Yes, a Rehabilitation Benefit is payable if you are totally disabled while you participate in an approved rehabilitation program. 50% of the monthly benefit will be paid for up to 12 months, in addition to any other benefit payable. The benefit starts to accrue as soon as you begin the program and is paid monthly in arrears.

An approved rehabilitation program is one approved by us. This excludes programs providing hospital treatment or ancillary health benefits (as defined in the National Health Act 1953) as that legislation prevents us paying a benefit for these programs.

How can I tailor my cover?

You can tailor your Income Care cover further by selecting from the following options.

- Increasing Claim Option
- Accident Option
- Super Continuance Option
- Cash Back Option
- Premium Saver Option

How these options can work for you is explained below.

Making benefits inflation-proof

The Increasing Claim Option is designed to help offset the impact of inflation. Once you have received Total or Partial Disability Benefits for more than 12 months, we will increase the monthly benefit by the indexation factor (up to 7.5%) every 12 months for as long as you continue to receive the benefits.

What else you should know

This option is not available to heavy risk occupations.

Making payments start during the waiting period

If you are totally disabled due to an injury for 3 days in a row during the waiting period, you will be paid a benefit under the Accident Option. The benefit is 1/30th of the monthly benefit for each day that you are totally disabled. The benefit will continue for as long as you are totally disabled, up until the waiting period ends. If you are still totally disabled, your normal monthly benefit will then be paid.

What else you should know

- This option is only available if you have a 14 day or one month waiting period.
- This option is not available to heavy risk occupations.

Covering super contributions

The Super Continuance Option allows you to also insure your regular superannuation contributions, so that your super will continue to accumulate during periods of total and partial disability.

The super continuance monthly benefit is the amount that we will pay to your nominated superannuation plan during periods of disability. You can insure 100% of superannuation contributions made by you or your employer in the 12 months preceding the application, to a maximum of 15% of your annual income. Contributions exceeding 15% of your annual income can be included in income for the purpose of determining the monthly benefit.

When we determine your total cover, we combine any super continuance monthly benefit you apply for with the monthly benefit amount. The maximum is generally \$20,000, however we may consider applications in excess of this.

Any time you receive a Total or Partial Disability Benefit, the super continuance monthly benefit, or a proportion of that benefit, will be paid directly to your nominated superannuation plan. The amount we will pay is the lesser of the insured amount and the actual average monthly contributions made by you or your employer in the 12 months prior to claim.

If the Increasing Claim Option applies, we will also increase the super continuance monthly benefit.

A refund of premiums

If you select the Cash Back Option, you will stand to receive a refund of some premiums paid, provided you do not make a claim on your policy. The potential refund applies after your policy has been in place for 3 years, and the refund is only made to you when your policy ends, other than on your death.

The amount of the refund will depend on how long the policy continues. After 3 years the refund is 13% of premiums, increasing each year until it reaches a maximum of 20% (after the policy continues for 10 years or more).

What else you should know

- If there is more than one person covered by the policy, everyone must have the Cash Back Option.
- The option must be taken out when you first apply for your policy and, if taken out, cannot be cancelled.
- This option cannot be taken if you elect to take the Premium Saver Option.
- No interest is payable on a refund.

Reducing the cost of cover

The Premium Saver Option provides a premium discount in return for certain restrictions on the cover provided.

If you make a claim for a benefit due to *mental illness*, we will only ever make up to 24 monthly benefit payments in total for that sickness over the life of the policy. Once those 24 payments are made, no further benefits will be payable for that mental illness or any other mental illness which is directly or indirectly caused by, or related to, that mental illness.

For the purpose of this option:

- benefit payments mean Total and/or Partial Disability Benefits and may be for one or more periods of disability or for one or more claims, and
- mental illness means any disorder classified in Axis I of the Diagnostic and Statistical Manual of Mental Disorders, Volume IV, published by the American Psychiatric Association (APA) or such successor or replacement publication (or, if none, such comparable publication selected by us) current at the time the disability or condition, to which the relevant claim relates, first became apparent, and
 - includes, but is not limited to, mood and anxiety disorders, depressive illness, eating disorders and disorders related to substance abuse or dependency, but
 - despite the above, excludes Alzheimer's disease, dementia as well as any illness or disorders caused by head injuries (except where the dementia or head injury is related to any substance abuse or dependency).

What else you should know

- If you have selected a benefit period to age 60 or age 65, and you have not selected the Cash Back Option, you can apply for the Premium Saver Option.
- The Premium Saver Option must be taken out when you first apply for cover and, if taken out, cannot be cancelled.
- The Premium Saver Option is not available with a 1 or 2 year waiting period.

What are the limitations?

You need to be aware of the following limitations which will affect the cover provided by Income Care.

- A benefit will not be paid where it arises in connection with intentional self-inflicted injury, any attempt at suicide, acts of war, normal and uncomplicated pregnancy or childbirth including threatened miscarriage.
- You cannot claim any benefits for disability resulting from surgery or treatment which you voluntarily undergo in the first 6 months of your policy or within 6 months of reinstatement, such as cosmetic or other elective surgery, or surgery to transplant your body organs to the body of another person.
- We will not pay a benefit for a condition which first occurred, or for a condition the circumstances leading to which first became apparent, before the policy (or any increase in cover) came into effect unless you were unaware of the condition or the circumstances or you told us about the condition or circumstances in your Application and we agreed to provide cover.
- Your benefits may be reduced if you receive other disability payments which exceed 10% of your pre-disability income:
 - as a result of a workers compensation or motor accident claim, or any claim under similar State or Federal legislation, or
 - from any other insurance that provides income payments due to sickness or injury, unless we have expressly agreed not to apply a reduction.

Any lump sum payment you receive will, for the purpose of the reduction, be treated as a series of 60 monthly payments with each monthly payment equal to 1/60th of the lump sum.

The reduction in your benefits will only be made to the extent that:

- a Total Disability Benefit, when combined with any other payment, exceeds the greater of either 75% of your pre-disability income of the total of the monthly benefit and any super continuance monthly benefit.

- a Partial Disability Benefit, when combined with your monthly income and any other payment, exceeds 100% of your pre-disability income.

A reduction will not be made to your benefits if the other payment received is:

- a lump sum compensation payment for pain or suffering or loss of use of part of the body
- a lump sum trauma benefit or total and permanent disablement benefit paid under an insurance body
- a sick, long service or annual leave payment.

If your benefits are reduced, a part of the premium you paid us in the last 12 months will be refunded in proportion to the reduction of the benefit.

Costs

For information on the cost of this policy, see page 30.

Important information

Additional information which applies to this policy is contained in the Important Information section of this PDS, beginning on page 34.

Income Care Plus – income protection cover with extras

Income protection is insurance that covers your ability to earn an income. If, due to sickness or injury, you can't work at all, you will be paid a Total Disability Benefit. If you can work, but only in a reduced capacity, you will be paid a Partial Disability Benefit. In addition to these valuable benefits, a comprehensive list of additional benefits are contained within the Income Care Plus policy.

What is provided under Income Care Plus?

- Total Disability Benefit
- Partial Disability Benefit
- Recurrent Disability
- Waiver of Premium
- Cover While Unemployed or On Leave
- Indexation
- Reward Cover Benefit
- Rehabilitation Benefit
- Rehabilitation Expenses Benefit
- Accommodation Benefit
- Family Support Benefit
- Home Care Benefit
- Bed Confinement Benefit
- Transportation Benefit
- Overseas Assist Benefit
- Specific Injuries Benefit
- Crisis Benefit
- Death Benefit

How Income Care Plus can work for you is explained below.

What is payable to me if I'm unable to work?

The Total Disability Benefit is paid to you if you can't work and you are totally disabled for longer than the waiting period. Benefits can continue until the end of the benefit period, provided you continue to be disabled, but not beyond the policy expiry date.

Total disability means that because of sickness or injury, you are:

- unable to perform at least one income producing duty of your occupation, and
- following the advice of a medical practitioner, and
- not working.

If you are partially disabled after the waiting period has ended, some of the monthly benefit will be paid, based on the reduction in your income. This is the Partial Disability Benefit. Benefits can continue until the end of the benefit period, provided you continue to be disabled, but not beyond your policy expiry date, provided you continue to be disabled.

Partial disability means that, due to sickness or injury, you are unable to work in your own occupation at full capacity and:

- you are working in your own occupation in a reduced capacity, or working in another occupation, and
- your monthly income is less than your pre-disability income, and
- you are following the advice of a medical practitioner.

What else you should know

- If you are categorised as belonging to our heavy risk occupation group, you are not eligible to apply for Income Care Plus.
- Certain conditions apply if you are unemployed or on leave at the time of total or partial disability. See page 13.

What if I can work part time when the waiting period ends?

If you have been totally disabled throughout the waiting period and then return to work on a partial basis, we will pay the Total Disability Benefit instead of the Partial Disability Benefit for up to 3 months from the end of the waiting period if you are earning 20% or less of your pre-disability income.

What if I go back to work too soon, and need more time off?

Under Recurrent Disability, you won't have to go through the waiting period again if you suffer a recurrence of the same, or a related sickness or injury which results in total or partial disability within 12 months of returning to work on a full time basis after receiving Total or Partial Disability, Specific Injuries or Crisis Benefits. The recurrence of your sickness or injury will be treated as a continuation of the original claim. If your benefit period is 2 or 5 years, this feature will only apply for recurrences within 6 months from the date you were last on claim.

Do I have to pay premiums while on claim?

You don't have to pay any premiums which fall due while a Total Disability Benefit, Partial Disability Benefit, Specific Injuries Benefit or Crisis Benefit is payable. You must continue to pay premiums throughout the waiting period,

however, if your waiting period is 3 months or less and a benefit becomes payable, we will refund any premiums which you pay during the waiting period.

Can I continue my cover if I am unemployed or take leave?

Cover will continue if you become unemployed or go on maternity, paternity or long service leave, as long as you continue to pay premiums. However, if you have been unemployed or on leave for 12 months or more immediately preceding a claim, the definitions of total and partial disability which you will need to satisfy will change to take into account the fact that you have not been at work. If you become unemployed or go on leave without pay while a Partial Disability Benefit is payable, the maximum benefit we will pay is 60% of your monthly benefit.

Keeping your cover in line with inflation

Each year we will provide you with an automatic increase in cover to ensure your insurance keeps pace with movements in the Consumer Price Index (CPI). If the CPI increases by less than 3% we will increase your cover by 3%. Your premium will also be adjusted to allow for the higher level of cover. You can elect not to accept the increase in any year. We will not index your cover if you are receiving any benefits under this policy.

An incentive to keep cover in place

The Reward Cover Benefit rewards you for maintaining your policy with us for 3 years or more. After your cover has been in place for 3 years, we will provide you with \$50,000 of accidental death cover at no additional cost. On each of the following 5 anniversaries, the accidental death cover will increase by \$10,000. Accidental death cover is a benefit that is paid if you die as a result of an accident, within 90 days of the accident, but before the policy ends.

If, at the time of your accidental death, you also have a Total Care Plan policy or a Life Protection policy, we will double the amount paid under the Reward Cover Benefit.

Specific exclusions apply to the Reward Cover Benefit. A benefit will not be paid if death is caused directly or indirectly by suicide or any attempt at suicide, self-inflicted injury or infection, the taking of drugs other than prescribed by a medical practitioner, the taking of alcohol, participation in criminal activity or an act of war (whether declared or not).

Is there help for the cost of a rehabilitation program?

Yes, a Rehabilitation Benefit is payable if you are totally disabled while you participate in an approved rehabilitation program. 50% of the monthly benefit will be paid for up to 12 months, in addition to any other benefit payable. The benefit starts to accrue as soon as you begin the program and is paid monthly in arrears.

An approved rehabilitation program is one approved by us. This excludes programs providing hospital treatment or ancillary health benefits (as defined in the National Health Act 1953) as that legislation prevents us paying a benefit for these programs.

What about associated rehabilitation costs?

If you are totally disabled, we will reimburse the expenses of participation in an approved rehabilitation program, or the expenses of working or attempting to return to work. Some examples of expenses covered under the Rehabilitation Expenses Benefit are the cost of travelling to attend a program or the cost of structural changes to your home or office.

This benefit pays up to 6 times the monthly benefit and we must approve the expense before it is incurred. We will not pay you amounts for which you have already been reimbursed.

Can I claim benefits for a family member?

Under the Accommodation Benefit, if you are totally disabled and confined to bed, and on medical advice you stay more than 100 kilometres from home or travel to a place more than 100 kilometres from home, you will be eligible to receive \$150 a day to help cover the costs of accommodating an immediate family member (i.e. your spouse, de facto spouse, parent, parent-in-law or child) who has to be away from home to be near you. This benefit is payable for up to 30 days in any 12 month period.

If, due to total disability, you are totally dependent on an immediate family member for essential everyday home care needs to enable you to live at home (excluding nursing or similar services), and this causes a reduction in the family member's income, we will pay a Family Support Benefit to you to subsidise their income. We will pay the reduction in income or 50% of the monthly benefit (whichever is less) for up to 3 months, starting from the end of the waiting period.



What home care expenses can I claim?

Under the Home Care Benefit, if you are still totally disabled after the waiting period, are confined to or near a bed (other than in a hospital or similar institution) and are totally dependent upon a paid professional housekeeper for essential everyday home care needs (excluding nursing and similar services), we will pay \$150 a day or 100% of the monthly benefit to you (whichever is less) for up to 6 months to help cover the cost, provided you continue to qualify for the benefit and are not receiving the Family Support Benefit or Accommodation Benefit.

If you are totally disabled and confined continuously to bed for at least 3 days during the waiting period and a medical practitioner certifies that the continuous care of a registered nurse is required you will be eligible for the Bed Confinement Benefit, which pays 1/30th of the monthly benefit for each day (including the first 3 days) you continue to meet this definition for up to a maximum of 90 days or the end of the waiting period, if shorter.

What relocation expenses can I claim?

The Transportation Benefit of \$200 will be payable if, as the result of a condition that causes your total disability, you must be transported to a hospital within Australia in an emergency.

The Overseas Assist Benefit will be payable if you are totally disabled for at least a month while outside Australia and decide to return to Australia because of continuing total disability. We will reimburse your return economy airfare to Australia by the most direct route, including connecting flights, less amounts that are reimbursed elsewhere. The maximum payable is 3 times the monthly benefit.

Injuries which result in a payment

Provided you have a waiting period of 3 months or less, the Specific Injuries Benefit is payable if, as a result of an injury, you suffer one of the events in the table below.

Covered specific events	Payment period
Paraplegia Quadriplegia	60 months (if your benefit period is 2 years, the maximum payment period is 24 months)
Total & permanent loss of use of:	
Both hands or both feet or sight in both eyes	24 months
One hand and one foot	24 months
One hand and sight in one eye	24 months
One foot and sight in one eye	24 months
One arm or one leg	18 months
One hand or one foot or sight in one eye	12 months
Thumb and index finger from the same hand	6 months
Fracture requiring a plaster cast or other immobilising device of the following bones:	
Thigh (shaft)	3 months
Pelvis (except coccyx)	3 months
Skull (except bones of the face or nose)	2 months
Arm, between elbow and shoulder (shaft)	2 months
Shoulder blade	2 months
Leg (above the foot)	2 months
Kneecap	2 months
Elbow	2 months
Collarbone	1.5 months
Forearm, between wrist and elbow (shaft)	1.5 months

We will pay the monthly benefit each month up to the payment period shown in the table above, whether you are capable of returning to work or not. Benefits begin from the date of the injury. If you are totally or partially disabled at the end of the payment period, then a Total or Partial Disability Benefit may be payable.

What else you should know

- This benefit will be paid instead of any Total or Partial Disability Benefit or the Bed Confinement Benefit.
- If one injury causes more than one listed event, we will only pay for the event with the longest payment period.
- You cannot claim a Crisis Benefit at the same time as a Specific Injuries Benefit (you will only be paid for the one with the longest payment period).

Medical conditions which result in a payment

The Crisis Benefit is payable if you suffer one of the specified medical conditions listed below. We will pay the monthly benefit for up to 6 months, whether or not you are capable of returning to work.

Heart Disorders

- Heart Attack
- Out of Hospital Cardiac Arrest
- Coronary Artery Disease Requiring By-Pass Surgery
- Replacement of a Heart Valve
- Surgery for Disease of the Aorta
- Cardiomyopathy
- Primary Pulmonary Hypertension
- Open Heart Surgery

Body Organ Disorders

- Cancer
- Chronic Kidney Failure
- Major Organ Transplant
- Severe Burns

Nervous System Disorders

- Stroke
- Major Head Trauma
- Multiple Sclerosis
- Hemiplegia
- Diplegia

Other Events

- Loss of Independent Existence

You need to understand that each of these conditions has a specific medical definition and no claim will be accepted unless that specific definition is met. The specific definitions are contained on pages 38–42.

This benefit will be paid from the date the condition occurs, but only applies if you select a waiting period of 3 months or less.

If you are totally or partially disabled at the end of the 6 month period, then a Total or Partial Disability Benefit may be paid.

What else you should know

- This benefit will be paid instead of any Total or Partial Disability Benefit or the Bed Confinement Benefit.
- You can only claim a Crisis Benefit once in any 12 month period.

- You cannot claim a Specific Injuries Benefit at the same time as a Crisis Benefit (you will only be paid for the one with the longest payment period).

Will my family be eligible for assistance if I don't recover?

If you die while entitled to a Total or Partial Disability Benefit, Crisis Benefit or Specific Injuries Benefit, 3 times the monthly benefit will be paid as a Death Benefit to help meet any expenses at the time.

How can I tailor my cover?

You can tailor your Income Care Plus cover further by selecting from the following options.

- Increasing Claim Option
- Accident Option
- Super Continuance Option
- Cash Back Option
- Premium Saver Option

How these options can work for you is explained below.

Making benefits inflation-proof

The Increasing Claim Option is designed to help offset the impact of inflation. Once you have received Total or Partial Disability Benefits for more than 12 months, we will increase the monthly benefit by the indexation factor (up to 7.5%) every 12 months for as long as you continue to receive the benefits.

Making payments start during the waiting period

If you are totally disabled due to an injury for 3 days in a row during the waiting period, you will be paid a benefit under the Accident Option. The benefit is 1/30th of the monthly benefit for each day that you are totally disabled and not eligible for any Specific Injuries Benefit, Crisis Benefit or Bed Confinement Benefit. The benefit will continue for as long as you are totally disabled, up until the waiting period ends. If you are still totally disabled, your normal monthly benefit will then be paid.

What else you should know

This option is only available if you have a 14 day or one month waiting period.



Covering super contributions

The Super Continuance Option allows you to also insure your regular superannuation contributions, so that your super will continue to accumulate during periods of total and partial disability.

The super continuance monthly benefit is the amount that we will pay on your behalf to your nominated superannuation plan during periods of disability. You can insure 100% of superannuation contributions made by you or your employer in the 12 months preceding the application, to a maximum of 15% of your annual income. Contributions exceeding 15% of your annual income can be included in income for the purpose of determining the monthly benefit.

When we determine your total cover, we combine any super continuance monthly benefit you apply for with the monthly benefit amount. The maximum monthly benefit amount is generally \$20,000, however we may consider applications in excess of this.

Any time you receive a Total or Partial Disability Benefit, the super continuance monthly benefit, or a proportion of that benefit, will be paid directly to your nominated superannuation plan. The amount we will pay is the lesser of the insured amount and the actual average monthly contributions made by you or your employer in the 12 months prior to claim.

If the Increasing Claim Option applies, we will also increase the super continuance monthly benefit. Payment of some other benefits will also result in payment of the super continuance monthly benefit or a proportion of that benefit. They include:

- Rehabilitation Benefit
- Rehabilitation Expenses Benefit
- Family Support Benefit
- Home Care Benefit
- Bed Confinement Benefit
- Overseas Assist Benefit
- Death Benefit
- Specific Injuries Benefit
- Crisis Benefit

A refund of premiums

If you select the Cash Back Option, you will stand to receive a refund of some premiums paid, provided you do not make a claim on your policy. The potential refund applies after your policy has been in place for 3 years, and the refund is only made to you when your policy ends, other than on your death.

The amount of the refund will depend on how long the policy continues. After 3 years the refund is 13% of premiums, increasing each year until it reaches a maximum of 20% (after the policy continues for 10 years or more).

What else you should know

- If there is more than one person covered by the policy, everyone must have the Cash Back Option.
- The option must be taken out when you first apply for your policy and, if taken out, cannot be cancelled.
- This option cannot be taken if you elect to take the Premium Saver Option.
- No interest is payable on a refund.

Reducing the cost of cover

The Premium Saver Option provides a premium discount in return for certain restrictions on the cover provided.

If you make a claim for a benefit due to *mental illness*, we will only ever make up to 24 monthly benefit payments in total for that sickness over the life of the policy. Once those 24 payments are made, no further benefits will be payable for that mental illness or any other mental illness which is directly or indirectly caused by, or related to, that mental illness.

For the purpose of this option:

- benefit payments mean Total and/or Partial Disability Benefits or the Crisis Benefit and may be for one or more periods of disability or for one or more claims, and
- mental illness means any disorder classified in Axis I of the Diagnostic and Statistical Manual of Mental Disorders, Volume IV, published by the American Psychiatric Association (APA) or such successor or replacement publication (or, if none, such comparable publication selected by us) current at the time the disability or condition, to which the relevant claim relates, first became apparent, and

- includes, but is not limited to, mood and anxiety disorders, depressive illness, eating disorders and disorders related to substance abuse or dependency, but
- despite the above, excludes Alzheimer's disease, dementia as well as any illness or disorders caused by head injuries (except where the dementia or head injury is related to any substance abuse or dependency).

What else you should know

- If you have selected a benefit period to age 60 or age 65, and you have not selected the Cash Back Option, you can apply for the Premium Saver Option.
- The Premium Saver Option must be taken out when you first apply for cover and, if taken out, cannot be cancelled.
- The Premium Saver Option is not available with a 1 or 2 year waiting period.

What are the limitations?

You need to be aware of the following limitations which will affect the cover provided by Income Care Plus.

- A benefit will not be paid where it arises in connection with intentional self-inflicted injury, any attempt at suicide, acts of war, normal and uncomplicated pregnancy or childbirth including threatened miscarriage.
- You cannot claim any benefits for disability resulting from surgery or treatment which you voluntarily undergo in the first 6 months of your policy or within 6 months of reinstatement, such as cosmetic or other elective surgery, or surgery to transplant your body organs to the body of another person.
- We will not pay a benefit for a condition which first occurred, or for a condition the circumstances leading to which first became apparent, before the policy (or any increase in cover) came into effect unless you were unaware of the condition or the circumstances or you told us about the condition or circumstances in your Application and we agreed to provide cover.
- In most cases we restrict the payment of benefits to one at a time. Generally, we will pay you the most generous of the benefits.

Your benefits may be reduced if you receive other disability payments which exceed 10% of your pre-disability income:

- as a result of a workers compensation or motor accident claim, or any claim under similar State or Federal legislation, or
- from any other insurance that provides income payments due to sickness or injury unless we have expressly agreed not to apply a reduction.

Any lump sum payment you receive will, for the purposes of the reduction, be treated as a series of 60 monthly payments with each monthly payment equal to 1/60th of the lump sum.

The reduction in your benefits will only be made to the extent that:

- a Total Disability Benefit, when combined with any other payment, exceeds the greater of either 75% of your pre-disability income or the total of the monthly benefit and any super continuance monthly benefit.
- a Partial Disability Benefit, when combined with your monthly income and any other payment, exceeds 100% of your pre-disability income.

A reduction will not be made to your benefits if the other payment received is:

- a lump sum compensation payment for pain or suffering or loss of use of part of the body.
- a lump sum trauma benefit or total and permanent disablement benefit paid under an insurance policy.
- a sick, long service or annual leave payment.

If your benefits are reduced, a part of the premium you paid us in the last 12 months will be refunded in proportion to the reduction of the benefit.

Costs

For information on the cost of this policy, see page 30.

Important information

Additional information which applies to this policy is contained in 'Important Information' on page 34 of this PDS.

Business Overheads Cover – cover for business expenses

Business Overheads Cover can be taken as a stand-alone policy. It can also be taken in conjunction with Income Care or Income Care Plus, in which case a discount of 10% applies to the premiums for Business Overheads Cover.

You may be eligible for this policy if you are self-employed with special skills or expertise and do not work at home. You may also be eligible if you are an income-generating member of a small business where there are no more than 5 income-generating employees.

What is provided under Business Overheads Cover?

- Business Overheads Cover Benefit
- Waiver of Premium
- Indexation
- Reward Cover Benefit

How Business Overheads Cover can work for you is explained below.

When is a benefit payable under Business Overheads Cover?

For each month you are totally disabled beyond the waiting period, we will cover your usual, regular, fixed operating expenses incurred in the month, up to the amount you have insured i.e. the Business Overheads Cover monthly benefit.

Totally disabled means that because of sickness or injury, you are:

- unable to perform at least one income producing duty of your occupation, and
- following the advice of a medical practitioner, and
- not working.

The benefit will be payable after the waiting period has ended and will continue while you remain totally disabled. The maximum payment is 12 times the Business Overheads Cover monthly benefit either for any one continuous period of total disability or for any one sickness or injury.

What else you should know

- If the ownership of the business changes we may vary the amount of the Business Overheads Cover monthly benefit in a way that reflects those changes.
- Some business expenses are not covered.

Which expenses are covered?

The business expenses covered are the usual regular fixed operating expenses of running a business including: principal and interest under a mortgage and loan repayments for the purposes of the business, business insurance premiums, rent, depreciation of the plant and equipment, rates, leasing costs, accounting fees and utility charges.

You may have to hire a locum to take over the day to day operations of your business. Depending on your occupation, you may be eligible to include the cost of a locum as a covered business expense.

Do I have to pay premiums while on claim?

Under Waiver of Premium you don't have to pay any premiums which fall due while a Business Overheads Cover benefit is payable. You must continue to pay premiums throughout the waiting period, however, if your waiting period is 3 months or less and a benefit becomes payable, we will refund any premiums which you pay during the waiting period.

Keeping your cover in line with inflation

Each year we will provide you with an automatic increase in cover to ensure your insurance keeps pace with movements in the Consumer Price Index (CPI). If the CPI increases by less than 3% we will increase your cover by 3%. Your premium will also be adjusted to allow for the higher level of cover. You can elect not to accept the increase in any year.

We will not index your cover if you are receiving any benefits.

An incentive to keep cover in place

The Reward Cover Benefit rewards you for maintaining your policy with us for 3 years or more. After your cover has been in place for 3 years, we will provide you with \$50,000 of accidental death cover at no additional cost. On each of the following 5 anniversaries, the accidental death cover will increase by \$10,000. Accidental death cover is a benefit that is paid if you die as a result of an accident, within 90 days of the accident, but before the policy ends.

If, at the time of your accidental death, you also have a Total Care Plan policy we will double the benefit paid under the Reward Cover Benefit.

Specific exclusions apply to the Reward Cover Benefit. A benefit will not be paid if death is caused directly or indirectly by suicide or any attempt at suicide, self-inflicted injury or infection, the taking of drugs other than prescribed by a medical practitioner, the taking of alcohol, participation in criminal activity or an act of war (whether declared or not).

Where you are covered under both Business Overheads Cover and Income Care/Income Care Plus, the Reward Cover Benefit will apply in respect of each.

How can I tailor my cover?

You can tailor your Business Overheads Cover by selecting the Cash Back Option.

If you select the Cash Back Option, you will stand to receive a refund of some premiums paid, provided you do not make a claim on your policy. The potential refund applies after your policy has been in place for 3 years, and the refund is only made to you when your policy ends, other than on your death.

The amount of the refund will depend on how long the policy continues. After 3 years the refund is 13% of premiums, increasing each year until it reaches a maximum of 20% (after the policy continues for 10 years or more).

What else you should know

- If there is more than one person covered by the policy, everyone must have the Cash Back Option.
- The option must be taken out when you first apply for your policy and, if taken out, cannot be cancelled.
- No interest is payable on a refund.

What are the limitations?

You need to be aware of the following limitations which will affect the cover provided by Business Overheads Cover.

- A benefit will not be paid where it arises in connection with intentional self-inflicted injury, any attempt at suicide, acts of war, normal and uncomplicated pregnancy or childbirth including threatened miscarriage.
- You cannot claim any benefits for disability resulting from surgery or treatment which you voluntarily undergo in the first 6 months of your policy, such as cosmetic or other elective surgery, or surgery to transplant your body organs to the body of another person.
- We will not pay a benefit for a condition which first occurred, or for a condition the circumstances leading to which first became apparent, before the policy (or any increase in cover) came into effect unless you were unaware of the condition or the circumstances or you told us about the condition or circumstances in your Application and we agreed to provide cover.
- We may reduce the Business Overheads Cover benefit by:
 - your portion of the business income earned while you are totally disabled,
 - the income generated by any employee(s), hired after you become totally disabled, to perform the work normally performed by you, or
 - any payments from other business expenses insurance, but we will only make this reduction to the extent the total insurance payments would be more than your covered business expenses.

Costs

For information on the cost of this policy, see page 30.

Important information

Additional information which applies to this policy is contained in 'Important Information' on page 34 of this PDS.

Section 2

Total Care Plan

Summary

Cover	
Life Care	Pays a lump sum in the event of your death or terminal illness. This cover is also known as term insurance. See page 22.
TPD Cover	TPD Cover is an abbreviation for <i>Total & Permanent Disability Cover</i> . Pays a lump sum if you become totally & permanently disabled. See page 24.
Trauma Cover	Pays a lump sum on the occurrence of specified medical conditions. See page 27.

Cover while your application is being considered	
Interim Accident Cover	Covers you for accidents while we are processing your application. See page 45.

Eligibility		
Age	Stepped Premium Rate Option	Life Care – available to people between the ages of 17 and 69 inclusive. TPD Cover & Trauma Cover – available to people between the ages of 17 and 59 inclusive.
	Level Premium Rate Option	Life Care – available to people between the ages of 17 and 54 inclusive. TPD Cover & Trauma Cover – available to people between the ages of 17 and 54 inclusive.
Work status	To apply for TPD Cover you must work at least 25 hours per week.	

Benefits under Total Care Plan	
Life Care	Pays a lump sum on your death. See page 22.
Terminal Illness Benefit	Advances the Life Care benefit if you are terminally ill. See page 22.
Life Care Severe Hardship Booster Benefit	Pays a higher Life Care benefit for death or terminal illness due to specific conditions. See page 22.
Financial Planning Benefit	Helps cover the cost of financial planning for loved ones after the Life Care benefit is paid. See page 22.
Life Care Advance Payment Benefit	Advances part of the Life Care benefit to help pay for funeral costs. See page 22.
Life Care Loyalty Bonus Benefit	Rewards you for keeping your cover by paying 5% more Life Care benefit. See page 22.
TPD Cover	Pays a lump sum if you become totally and permanently disabled due to sickness or injury. See page 24.
TPD Cover Severe Hardship Booster Benefit	Pays a higher TPD Cover benefit for TPD due to specific conditions. See page 26.
TPD Cover Loyalty Bonus Benefit	Rewards you for keeping your cover by paying 5% more TPD Cover benefit. See page 26.
Trauma Cover	Pays a lump sum if a specified medical condition occurs. See page 27.
Trauma Cover Severe Hardship Booster Benefit	Pays a higher Trauma Cover benefit for certain medical conditions. See page 28.
Trauma Cover Advance Payment Benefit	Advances part of the Trauma Cover benefit for certain medical conditions. See page 28.
Trauma Cover Loyalty Bonus Benefit	Rewards you for keeping your cover by paying 5% more Trauma Cover benefit. See page 29.

Features of Total Care Plan	
Buy Back	Allows Life Care to be reinstated after 12 months if it is reduced due to a TPD Cover or Trauma Cover claim. See pages 26 and 29.
Indexation	Increases your cover each year in line with inflation. See pages 22, 26 and 29.

Optional extras to Total Care Plan

Guaranteed Insurability Option (Personal Events)	Allows you to increase Life Care without further evidence on specific occasions. See page 23.
Guaranteed Insurability Option (Business Events)	Allows you to increase Life Care and, if applicable, TPD Cover without further evidence in line with the value of your business. See page 23.
Accidental Death Cover Option	Allows you to top up Life Care with accident cover at low cost. See page 23.
Plan Protection Option	Ensures you don't have to pay premiums if you are totally disabled. See page 24.
Evidence of Severity Option	A premium discount in return for some restrictions to Trauma Cover. See page 29.

Available cover combinations

	Life Care
	Life Care & TPD Cover
	Life Care, TPD Cover & Trauma Cover
	Life Care & Trauma Cover
	Trauma Cover

Limits

Expiry age	Life Care – policy anniversary date before your 99th birthday TPD Cover – policy anniversary date before your 80th birthday Trauma Cover – policy anniversary date before your 80th birthday If the level premium rate option is selected, all cover ceases on the policy anniversary date before your 65th birthday. Where Trauma or TPD Cover applies on or after the policy anniversary date before your 65th birthday, only Loss of Independent Existence is covered.
Maximum cover	Life Care – no limit TPD Cover – \$2.5 million Trauma Cover – \$1.5 million

Life Care

Life Care provides a lump sum payment on death. It also provides some other benefits which are designed to assist your family at a difficult time.

What is provided under Life Care?

- Life Care (death cover)
- Terminal Illness Benefit
- Life Care Severe Hardship Booster Benefit
- Financial Planning Benefit
- Life Care Advance Payment Benefit
- Indexation
- Life Care Loyalty Bonus Benefit

How Life Care can work for you is explained below.

What is Life Care?

Life Care is death cover, which pays a lump sum in the event of your death.

What else you should know

- The Life Care benefit is not payable if death is due to suicide within the first year of the commencement, reinstatement or increase of the cover (but only in relation to the increased amount).
- The Life Care benefit ceases on the policy anniversary date before your 99th birthday, except where you select the level premium rate option in which case the benefit ceases on the policy anniversary date before your 65th birthday.

Early payment on terminal illness

The Terminal Illness Benefit is an advance of the death benefit, allowing you to access the benefit upon being diagnosed with a terminal illness. Medical evidence satisfactory to us must confirm that you have less than 12 months to live for this benefit to be paid.

What else you should know

- If this benefit is payable, your cover for Life Care, Trauma Cover and TPD Cover will be reduced by the total benefit payable.
- The maximum benefit that may be advanced is \$2 million.
- This benefit will not be payable after the Life Care benefit ceases.

Benefits are boosted for some conditions

Under the Life Care Severe Hardship Booster Benefit, if we pay a Life Care or Terminal Illness Benefit, and your death or terminal illness is due to Meningococcal Disease, Legionnaires' Disease or Motor Neurone Disease, we will

increase the amount of the Life Care or Terminal Illness Benefit paid to you by 100%.

What else you should know

- The boosted Life Care benefit is limited to a maximum of \$250,000.
- The Life Care Severe Hardship Booster Benefit will only apply to either terminal illness or death – the benefit will not be boosted twice.

Will my beneficiaries get help with the benefit payment?

The Financial Planning Benefit is available to recipients of your Life Care benefit to reimburse the cost of approved financial planning advice.

If we pay the Life Care benefit, we will also reimburse the cost of approved financial planning advice obtained from an accredited adviser within 12 months, up to a maximum of \$2,500.

Will money be available quickly to pay for a funeral?

The Life Care Advance Payment Benefit will provide a cash advance of up to \$20,000 of the Life Care benefit to assist with the cost of a funeral or other similar expenses, on production of a death certificate. The Life Care benefit is reduced by the amount advanced.

What else you should know

- Payment of this benefit is not an admission of our liability to pay the Life Care benefit.
- This benefit will not be payable if death is due to suicide within the first year of the commencement, reinstatement or increase of the cover.

Keeping your cover in line with inflation

Each year we will provide you with an automatic increase in cover to ensure your insurance keeps pace with movements in the Consumer Price Index. Your premium will also be adjusted to allow for the higher level of cover. You can elect not to accept the increase in any year. Indexation will not apply while premiums are waived under the Plan Protection Option.

An incentive to keep cover in place

The Life Care Loyalty Bonus Benefit rewards you for maintaining your policy with us over time by increasing your cover at no additional cost. After your policy has been in place for 5 years or more, if the Life Care or Terminal Illness Benefit is payable it will automatically be increased by 5%.

How can I tailor my Life Care?

You can tailor your Life Care further by selecting any of the following options.

- Guaranteed Insurability Option (Personal Events)
- Guaranteed Insurability Option (Business Events)
- Accidental Death Cover Option
- Plan Protection Option

How these options can work for you is explained below.

How to increase cover when I need to

The Guaranteed Insurability Option (Personal Events) allows you to increase your cover at a later point in time when you need it, without having to provide any further medical information.

Up to the policy anniversary date before your 46th birthday, you can increase your Life Care up to 5 times, following certain events.

In the event of your marriage or the birth or adoption of a child, your Life Care can be increased by up to 25% of the original benefit (plus any applied indexation increases) to a maximum of \$100,000 per event.

In the event that you mortgage a home or increase a home mortgage, the maximum increase you can make is limited to the lesser of the following:

- 50% of the original benefit (plus any indexation increases),
- the value of the new mortgage,
- the value of the latest increase to an existing mortgage, and
- \$200,000.

What else you should know

- You can only exercise a right to increase your cover by writing to us within 30 days of the relevant event, and you must provide us with satisfactory evidence of the event.
- The increase in cover will take effect from the next policy anniversary date.
- If you take this option, you cannot take the Guaranteed Insurability Option (Business Events).

Keeping cover in line with the growth of my business

The Guaranteed Insurability Option (Business Events) allows you to apply for an annual increase in your Life Care and, if applicable, your TPD Cover, without supplying further medical information, helping keep your insurance in line with the growing value of your business.

Up to the policy anniversary date before your 66th birthday, you can increase your Life Care and, if applicable, your TPD Cover in line with the value of the business without further evidence of insurability. To determine the increase available, you need a revised business valuation which we agree to. There is no limit to the number of increases you can make.

The maximum increase you can make to your Life Care benefit is limited to the lesser of the following:

- 20% of the Life Care benefit,
- \$2,000,000 per annum, and
- the actual increase in the value of the business.

The maximum increase you can make to your TPD Cover benefit (if applicable) is limited to the lesser of the following:

- 20% of the TPD Cover benefit,
- \$2,000,000 per annum, and
- the actual increase in the value of the business.

What else you should know

- The maximum period between each increase is 3 years, after which medical underwriting may be requested.
- The maximum age at which this option can be taken out is 59.
- You must apply for an increase within 30 days of the policy anniversary date.
- The maximum Life Care available per proprietor before underwriting is required is \$10 million.
- The maximum TPD Cover available per proprietor before underwriting is required is \$2.5 million.
- If you have both Life Care and TPD Cover, you must increase each type of cover in the same proportion subject to the maximum increases as outlined above.
- Your TPD Cover benefit cannot exceed your Life Care benefit.
- If you have selected the level premium rate option, this benefit expires on the policy anniversary date before your 65th birthday.
- If you take this option, you cannot take the Guaranteed Insurability Option (Personal Events).

Extra cover at low cost

You can select Accidental Death Cover to go with your Life Care (provided you have at least \$200,000 of Life Care).

Accidental Death Cover is designed to be a cover top-up and does not replace the need for sufficient Life Care. It will only apply while Life Care remains in force.



The option pays a lump sum in the event of your death by accident, provided death occurs within 90 days of the accident but before your cover under the policy ends. The lump sum is payable in addition to any Life Care benefit payable.

What else you should know

- The maximum amount of Accidental Death Cover you can select is \$1 million.
- A benefit will not be paid under this option if death is caused directly or indirectly by suicide or any attempt at suicide, self-inflicted injury or infection, the taking of drugs other than prescribed by a medical practitioner, the taking of alcohol, participation in criminal activity, or an act of war (whether declared or not).

Optional premium waiver

Selection of the Plan Protection Option means that you will not have to pay any premiums for your policy which fall due while you are totally disabled.

Provided you are under age 60, and are totally disabled for 6 months or more, we will waive premiums that fall due after the first 6 months of total disability, up to the policy anniversary date before your 65th birthday.

Under this option, you are totally disabled if due to sickness or injury you:

- have been continually and substantially unable to perform your occupation for a period of 6 consecutive months, and
- have been throughout the 6 month period, and continue to be, under the regular care and treatment of, or following treatment prescribed by, a medical practitioner, and
- are not engaged in any occupation for wage or profit during that time.

What else you should know

- This option is not available to occupations we categorise as manual or heavy risk.
- The option does not apply if total disability is caused directly or indirectly by any intentional self-inflicted injury or any attempt at suicide or an act of war (whether declared or not).

Costs

For information on the cost of Life Care, see page 30.

Important information about Life Care

Additional information which applies to Life Care is contained in 'Important Information' on page 34 of this PDS.

Total & Permanent Disability (TPD) Cover

TPD Cover provides a lump sum in the event that you suffer total & permanent disability. It is available only in conjunction with Life Care, and cannot exceed the amount of Life Care.

What is provided under TPD Cover?

- TPD Cover
- TPD Cover Severe Hardship Booster Benefit
- Buy Back
- Indexation
- TPD Cover Loyalty Bonus Benefit

How TPD Cover can work for you is explained below.

When is a TPD Cover payment made?

A TPD Cover benefit is payable if you are totally & permanently disabled, which means that you:

- have been absent from active employment as a result of sickness or injury for a period of 6 consecutive months, and
 - are under the regular treatment, and following the advice, of a medical practitioner, and
 - satisfy the *any occupation* or *own occupation* definition, as selected by you,
- or
- have suffered *Loss of Limbs or Sight* (as defined below).

Loss of Limbs or Sight

You suffer Loss of Limbs or Sight if you sustain, as a direct result of injury or sickness:

- the complete and irrecoverable loss of use of both hands, or
- the complete and irrecoverable loss of use of both feet, or
- the complete and irrecoverable loss of use of one hand and one foot, or
- blindness in both eyes, whether aided or unaided, or
- the complete and irrecoverable loss of use of one foot and blindness in one eye, whether aided or unaided, or
- the complete and irrecoverable loss of use of one hand and blindness in one eye, whether aided or unaided

where *blindness* means the permanent loss of sight to the extent that visual acuity is 6/60 or less, or to the extent that the visual field is reduced to 20 degrees or less of arc.

Choice of definition

At the time of applying for cover, you can choose whether the *any occupation* or *own occupation* definition will apply to you. Your selection will affect the cost of your TPD Cover and will affect when a benefit is payable. The *own occupation* definition is the more generous definition as it is specific to your occupation, however, it is also more expensive and is only available to professional and clerical occupations. The 2 definitions you can choose from are as follows:

Choice of Definition	What does it mean?
Any occupation	Throughout the 6 months you have been absent from active employment, you have been unable to engage in (whether or not for reward) any occupation for which you are reasonably suited by education, training or experience and you will be so disabled for life.
Own occupation	After you have been absent from active employment for 6 months, you continue to be incapacitated to such an extent that you will not be able to engage in your own occupation again.

If you are unemployed or on leave without pay for 6 months or more before the event causing the claim, the *any occupation* definition will automatically apply.

However, there is a *home makers* TPD definition which will automatically apply instead of the TPD definitions set out above, if you are performing full-time domestic duties or child rearing at the time of the event causing the claim. The *home makers* TPD definition is as follows:

TPD Definition	What does it mean?
Home makers	<ul style="list-style-type: none"> – You have been through sickness or injury unable to perform domestic duties or child rearing and have been confined to the home for 6 consecutive months, and – You are under the regular treatment, and following the advice, of a medical practitioner, and – You continue to be so incapacitated to the extent that you are unable to engage in (whether or not for reward) any occupation for which you are reasonably suited by education, training or experience, and – You will be so disabled for life. <p>or</p> <ul style="list-style-type: none"> – You have suffered Loss of Limbs or Sight (as defined on page 24).

If you still have TPD Cover on or after the policy anniversary date before your 65th birthday, a Loss of Independent Existence TPD definition will automatically apply instead of the TPD definitions set out above.

The Loss of Independent Existence TPD definition is as follows:

TDP Definition	What does it mean?
Loss of Independent Existence	<p>As a result of sickness or injury:</p> <ul style="list-style-type: none"> ■ there is permanent and irreversible inability on your part to perform without assistance any 2 of the Activities of Daily Living or all of the Defined Home Duties or ■ you suffer cognitive impairment that results in you requiring permanent and constant supervision which must be established, and the diagnosis reaffirmed, after a continuous period of 6 months of such impairment. <p>Activities of Daily Living</p> <ol style="list-style-type: none"> 1. Dressing – the ability to put on and take off clothing without assistance. 2. Toileting – the ability to use the toilet, including getting on and off without assistance. 3. Mobility – the ability to get in and out of bed and a chair without assistance. 4. Continence – the ability to control bowel and bladder function. 5. Feeding – the ability to get food from a plate into the mouth without assistance. <p>Defined Home Duties</p> <ul style="list-style-type: none"> ■ Unassisted cleaning of the house ■ Purchasing household food and items used for cleaning without assistance ■ Unassisted preparation of meals for the household ■ Unassisted laundry services such as washing or ironing. <p>'Assistance' means the assistance of another person.</p>

What else you should know

- No TPD Cover benefit is payable if total & permanent disablement is caused directly or indirectly by any intentional self-inflicted injury or any attempt at suicide or an act of war (whether declared or not).
- TPD Cover ceases on the policy anniversary date before your 80th birthday, except where you select the level premium rate option in which case cover ceases on the policy anniversary date before your 65th birthday.
- The maximum TPD Cover available is \$2.5 million.

Benefits are boosted for some conditions

If you suffer Loss of Limbs or Sight (as defined on page 24) as a direct result of injury and the TPD Cover is payable in respect of that disability, we will double the amount of benefit payable under the TPD Cover Severe Hardship Booster Benefit.

What else you should know

- The boosted TPD Cover benefit is limited to a maximum of \$250,000.
- The TPD Cover Severe Hardship Booster Benefit cannot boost your TPD Cover above your Life Care insured amount.

What happens to my policy if TPD Cover is paid?

If you are paid a TPD Cover benefit, TPD Cover will cease and the amount of your Life Care will automatically be reduced by the total amount of benefit paid. However, under Buy Back, 100% of the amount of any Life Care reduced by the claim will be reinstated, one year from the date your TPD Cover claim was accepted.

Keeping your cover in line with inflation

Each year we will provide you with an automatic increase in cover to ensure your insurance keeps pace with movements in the Consumer Price Index. Your premium will also be adjusted to allow for the higher level of cover. You can elect not to accept the increase in any year. Indexation will not apply while premiums are waived under the Plan Protection Option.

An incentive to keep cover in place

The TPD Cover Loyalty Bonus Benefit rewards you for maintaining your policy with us over time by increasing your cover at no additional cost. After your policy has been in place for 5 years or more, any TPD Cover benefit which becomes payable will automatically be increased by 5%.

Costs

For information on the cost of TPD Cover, see page 30.

Important information about TPD Cover

Additional information which applies to TPD Cover is contained in 'Important Information' on page 34 of this PDS.

Trauma Cover

Trauma Cover provides a lump sum on the occurrence of a specified medical condition, regardless of whether you are prevented from working or not. It is available either on its own, or in conjunction with Life Care.

What is provided under Trauma Cover?

- Trauma Cover
- Trauma Cover Severe Hardship Booster Benefit
- Trauma Cover Advance Payment Benefit
- Buy Back
- Indexation
- Trauma Cover Loyalty Bonus Benefit

How Trauma Cover can work for you is explained below.

What is Trauma Cover?

Trauma Cover pays a lump sum on your survival for 14 days after a particular medical condition or event occurs. You need to understand that each condition or event has a specific medical definition and no claim will be accepted unless that specific definition is met. The specific definitions are contained on page 38–42.

You are covered for 41 medical conditions or events up to the policy anniversary date before your 65th birthday. If you still have Trauma Cover on or after the policy anniversary date before your 65th birthday, only Loss of Independent Existence is covered by the Trauma Cover benefit and this cover will cease on the policy anniversary date before your 80th birthday.

Events covered under Trauma Cover

Heart Disorders

- Heart Attack
- Out of Hospital Cardiac Arrest
- Coronary Artery Disease Requiring By-pass Surgery
- Coronary Artery Angioplasty
- Replacement of a Heart Valve
- Surgery for Disease of the Aorta
- Cardiomyopathy
- Primary Pulmonary Hypertension
- Open Heart Surgery

Nervous System Disorders

- Stroke
- Major Head Trauma
- Motor Neurone Disease
- Multiple Sclerosis
- Muscular Dystrophy

- Paraplegia
- Quadriplegia
- Hemiplegia
- Diplegia
- Tetraplegia
- Dementia and Alzheimer's Disease
- Coma
- Encephalitis
- Parkinson's Disease

Body Organ Disorders

- Cancer
- Benign Brain Tumour
- Blindness
- Chronic Kidney Failure
- Major Organ Transplant
- Severe Burns
- Loss of Speech
- Loss of Hearing
- Chronic Liver Disease
- Chronic Lung Disease
- Severe Rheumatoid Arthritis

Blood Disorders

- Occupationally Acquired HIV
- Medically Acquired HIV
- Aplastic Anaemia

Other Events

- Serious Injury
- Critical Care
- Loss of Limbs or Sight
- Loss of Independent Existence

Once you make a valid claim for one of these events, the total benefit is paid and the Trauma Cover ends. However, some conditions can result in a partial benefit without ending the cover. See page 28.

What else you should know

- Some of these conditions are not covered in the first 3 months of cover (i.e. Coronary Artery Disease Requiring By-pass Surgery, Coronary Artery Angioplasty, Cancer, Stroke or Heart Attack). This 3 months is known as the qualifying period.
- The qualifying period begins on the date insured from, or the date cover is reinstated.
- Similarly, if you increase the amount of Trauma Cover, the qualifying period applies to the increased amount of benefit.

- You can only claim for Serious Injury or Critical Care (but not both) for the same injury.
- No Trauma Cover benefit is payable if the insured condition is caused directly or indirectly by any intentional self-inflicted injury or any attempt at suicide.
- Trauma Cover ceases on the policy anniversary date before your 80th birthday, except where you select the level premium rate option in which case cover ceases on the policy anniversary date before your 65th birthday. Where Trauma Cover applies on or after the policy anniversary date before your 65th birthday, only Loss of Independent Existence is covered.

When does a partial payment apply?

The conditions and benefits which result in a partial Trauma Cover benefit are Coronary Artery Angioplasty, Serious Injury, Critical Care and Trauma Cover Advance Payment Benefit. When a partial benefit is paid, the Trauma Cover will be reduced by the amount paid. As long as the remaining cover is \$25,000 or more, it will continue in force.

Trauma condition	Multiple claims	Amount payable
Serious Injury	No	Higher of 10% of the Trauma Cover benefit and \$10,000.
Critical Care	No	Higher of 10% of the Trauma Cover benefit and \$10,000.
Coronary Artery Angioplasty	Yes, provided each procedure for which a benefit is payable is at least 6 months apart	10% of the benefit (subject to a minimum of \$10,000 and a maximum of \$25,000).
Trauma Cover Advance Payment	No	25% of the Trauma Cover benefit to a maximum benefit of \$50,000.

Will a higher benefit be paid for serious conditions?

If we pay a Trauma Cover benefit for some covered conditions, we will double the amount of benefit payable under the Trauma Cover Severe Hardship Booster Benefit.

The Trauma Cover conditions which are covered under this benefit are as follows:

- Severe burns
- Diplegia
- Hemiplegia
- Quadriplegia
- Paraplegia
- Tetraplegia
- Loss of Limbs or Sight

What else you should know

- The boosted Trauma Cover benefit is limited to a maximum of \$250,000.
- This benefit cannot boost your Trauma Cover above your Life Care insured amount (if any).

Can I be paid under Trauma Cover in advance?

Some degenerative conditions which are covered under Trauma Cover will only result in payment of a benefit when there is a certain degree of impairment or loss of body function. However, the Trauma Cover Advance Payment Benefit will advance you 25% of the Trauma Cover benefit

if you suffer from one of 5 specific degenerative conditions even though the condition you suffer has not yet resulted in the required degree of impairment or loss of body function.

The conditions for which we will pay the benefit are:

- Motor Neurone Disease
- Multiple Sclerosis
- Muscular Dystrophy
- Dementia and Alzheimer's Disease
- Parkinson's Disease

To qualify for the benefit you must satisfy all the requirements of the policy (including surviving the condition for at least 14 days from diagnosis and supplying us with satisfactory medical evidence of the diagnosis).

What else you should know

- This benefit does not apply if the Evidence of Severity Option is selected.
- This benefit only applies until the policy anniversary date before your 60th birthday.
- No benefit is payable if the condition is caused directly or indirectly by any intentional self-inflicted injury or any attempt at suicide.
- The maximum Trauma Cover Advance Payment Benefit is \$50,000.
- We will only pay this benefit once.

What happens to my policy if Trauma Cover is paid?

Trauma Cover will cease when a benefit becomes payable (except where a partial payment applies, as explained on page 28). If you have a policy which combines Life Care and Trauma Cover, the amount of your Life Care will automatically be reduced by the total amount of Trauma Cover benefit paid. However, under Buy Back, 100% of the amount of any Life Care reduced by the claim will be reinstated, one year from the date your Trauma Cover claim was accepted.

What else you should know

You cannot buy back any Life Care which is reduced after the Trauma Cover Advance Payment Benefit is paid.

Keeping your cover in line with inflation

Each year we will provide you with an automatic increase in cover to ensure your insurance keeps pace with movements in the Consumer Price Index. Your premium will also be adjusted to allow for the higher level of cover. You can elect not to accept the increase in any year. Indexation will not apply while premiums are waived under the Plan Protection Option.

An incentive to keep cover in place

The Trauma Cover Loyalty Bonus Benefit rewards you for maintaining your policy with us over time by increasing your cover at no additional cost. After your policy has been in place for 5 years or more, any Trauma Cover benefit or Trauma Cover Advance Payment Benefit which becomes payable will automatically be increased by 5%.

How can I tailor my Trauma Cover?

You can tailor your Trauma Cover by selecting the Evidence of Severity Option.

The Evidence of Severity Option provides a premium discount if you choose to restrict your Trauma Cover by having to satisfy additional requirements to qualify for a Trauma Cover benefit.

The additional requirements are as follows. You must:

- survive the condition for at least 56 days,
- as a result of the condition, be absent from active employment for at least 56 days,
- throughout those 56 days, be unable to engage in any occupation (whether or not for reward), and
- be under the regular treatment, and following the advice of, a medical practitioner.

If you are unemployed or engaged in full-time domestic duties or child rearing when you first suffer the trauma condition, the additional requirements you must satisfy are different to those set out above. In this case you must:

- survive the condition for at least 56 days,
- as a result of the condition, be unable to perform domestic duties or child rearing and be confined to the home for at least 56 days, and
- throughout those 56 days be under the regular treatment, and following the advice of, a medical practitioner.

To make a claim for Stroke, apart from satisfying the requirements set out above, the Stroke must result in a neurological deficit causing at least 25% permanent impairment of the whole person function.

Once the Evidence of Severity Option is taken out it cannot be cancelled.

When will payments be reduced?

We may reduce the amount of the Trauma Cover benefit if you receive a benefit under any other similar policies which we were not told about at the time of application.

What happens if I am replacing an existing trauma policy?

If you already have a trauma insurance policy, either with us or with another company, provided we agree to issue you with a new policy, we will consider waiving the qualifying period.

If the amount of cover has not increased, and you have already been through the qualifying period under your existing policy, you will not have to go through another qualifying period for the same medical conditions.

If you have not already satisfied the qualifying period under your existing policy, you will still need to wait the unexpired qualifying period of that policy or satisfy the qualifying period under your new Trauma Cover (whichever is shorter).

Where the benefit amount of your new Trauma Cover exceeds that of the policy being replaced, the full qualifying period will apply to the increased amount.

Costs

For information on the cost of Trauma Cover, see page 30.

Important information about Trauma Cover

Additional information which applies to Trauma Cover is contained in 'Important Information' on page 34 of this PDS.



Section 3

What are the costs?

What premium rate options are available

When you apply for a policy there are 2 premium rate options you can select from, namely:

- Level premium rate
- Stepped Premium Rate

The option you select will apply to all lives insured under your policy and will apply for the duration of the policy. You can't, therefore, change from the level premium rate to the Stepped Premium Rate and vice-versa.

Level premium rate option

If you select the level premium rate option, we will calculate your annual premium based on your age at the time we accepted your application for cover. This means your annual premium will not increase as a result of your age increasing each year.

The level premium rate option is only available if all lives insured are aged 55 or less. If this option is selected, all cover for a life insured will expire on the earliest to occur of the following:

- the policy anniversary date prior to the life insured's 65th birthday,
- any other expiry date applicable to the life insured (for example, if the policy expiry date to age 60 is selected for an Income Care Range policy).

Change in your level of cover

Where your cover is increased due to indexation, we will calculate the premium payable for the increase in cover based on your age at the time we accepted your application for cover.

Where, however, you decide to increase your cover, we will calculate the premium payable for the increase in cover based on your age at the date of the increase; while the premium payable for your existing cover will continue to be based on your age at the time we accepted your application for that cover.

Stepped Premium Rate option

If you select the Stepped Premium Rate option, the cost of cover increases as you get older. This is because we calculate your annual premium when you first take out cover and then every year we recalculate it using your new age.

Change in your level of cover

Where you increase your cover or it is increased as a result of indexation, we will calculate the premium payable for the increase in cover based on your age at the date of the increase.

How your premium is calculated

We calculate your premium when you take cover. The premium covers the cost of the insurance and is based on a number of factors. Depending on the cover applied for, the factors affecting the cost of insurance include:

- Age
- Health
- Gender
- Occupation
- Smoker status
- Sporting or recreational activities
- Policy features you select
- The premium rate option you select
- Combination of cover
- Type and amount of cover
- Any options selected
- Stamp duty
- Any loadings applied to the policy

Sample premiums

To give you an idea of cost, some premium examples are provided below. It is important you understand that a quote will need to be tailored to you, and that the cost of insurance will vary significantly depending on the factors mentioned above.

Tables of premium rates are available on request, however the easiest way to access our premium rates is to speak to an adviser who can show you our quotation software, and provide an individually tailored quote for you.

The following premiums are samples only, and are based on a person who resides in NSW and apply as at the preparation date of this PDS. In each case a basic quote is provided, then the effect of altering one factor is shown to give you an indication of how premiums vary.

Income Care				
<ul style="list-style-type: none"> ■ 35 year old ■ male ■ non smoker ■ accountant ■ benefit period 5 years ■ policy expiry date age 65 ■ monthly benefit \$3,125 ■ waiting period 1 month ■ agreed value ■ includes Increasing Claim Option 	<ul style="list-style-type: none"> ■ 35 year old ■ male ■ non smoker ■ accountant ■ benefit period 5 years ■ policy expiry date age 65 ■ monthly benefit \$3,125 ■ waiting period 1 month ■ indemnity cover ■ includes Increasing Claim Option 	<ul style="list-style-type: none"> ■ 35 year old ■ male ■ non smoker ■ accountant ■ benefit period to age 65 ■ policy expiry date age 65 ■ monthly benefit \$3,125 ■ waiting period 1 month ■ agreed value ■ includes Increasing Claim Option 	<ul style="list-style-type: none"> ■ 35 year old ■ female ■ non smoker ■ accountant ■ benefit period 5 years ■ policy expiry date age 65 ■ monthly benefit \$3,125 ■ waiting period 1 month ■ agreed value ■ includes Increasing Claim Option 	<ul style="list-style-type: none"> ■ 35 year old ■ male ■ non smoker ■ electrician ■ benefit period 5 years ■ policy expiry date age 65 ■ monthly benefit \$3,125 ■ waiting period 1 month ■ agreed value ■ includes Increasing Claim Option
Stepped Premium Option: \$32.92 per month Level Premium Option: \$51.09 per month	Stepped Premium Option \$30.00 per month Level Premium Option \$41.92 per month	Stepped Premium Option \$45.35 per month Level Premium Option \$66.48 per month	Stepped Premium Option \$45.76 per month Level Premium Option \$66.45 per month	Stepped Premium Option \$82.71 per month Level Premium Option \$133.61 per month

Income Care Plus				
<ul style="list-style-type: none"> ■ 35 year old ■ male ■ non smoker ■ accountant ■ benefit period 5 years ■ policy expiry date age 65 ■ monthly benefit \$3,125 ■ waiting period 1 month ■ agreed value ■ includes Increasing Claim Option 	<ul style="list-style-type: none"> ■ 35 year old ■ male ■ non smoker ■ accountant ■ benefit period 5 years ■ policy expiry date age 65 ■ monthly benefit \$3,125 ■ waiting period 1 month ■ indemnity cover ■ includes Increasing Claim Option 	<ul style="list-style-type: none"> ■ 35 year old ■ male ■ non smoker ■ accountant ■ benefit period to age 65 ■ policy expiry date age 65 ■ monthly benefit \$3,125 ■ waiting period 1 month ■ agreed value ■ includes Increasing Claim Option 	<ul style="list-style-type: none"> ■ 35 year old ■ female ■ non smoker ■ accountant ■ benefit period 5 years ■ policy expiry date age 65 ■ monthly benefit \$3,125 ■ waiting period 1 month ■ agreed value ■ includes Increasing Claim Option 	<ul style="list-style-type: none"> ■ 35 year old ■ male ■ non smoker ■ electrician ■ benefit period 5 years ■ policy expiry date age 65 ■ monthly benefit \$3,125 ■ waiting period 1 month ■ agreed value ■ includes Increasing Claim Option
Stepped Premium Option: \$39.22 per month Level Premium Option: \$57.87 per month	Stepped Premium Option \$32.43 per month Level Premium Option \$47.33 per month	Stepped Premium Option \$51.26 per month Level Premium Option \$75.38 per month	Stepped Premium Option \$57.47 per month Level Premium Option \$75.98 per month	Stepped Premium Option \$113.74 per month Level Premium Option \$173.29 per month

Business Overheads Cover				
<ul style="list-style-type: none"> ■ 35 year old ■ male ■ non smoker ■ accountant ■ policy expiry date age 65 ■ monthly benefit \$6,000 ■ 1 month waiting period 	<ul style="list-style-type: none"> ■ 45 year old ■ male ■ non smoker ■ accountant ■ policy expiry date age 65 ■ monthly benefit \$6,000 ■ 1 month waiting period 	<ul style="list-style-type: none"> ■ 35 year old ■ male ■ non smoker ■ accountant ■ policy expiry date age 65 ■ monthly benefit \$6,000 ■ 3 month waiting period 	<ul style="list-style-type: none"> ■ 35 year old ■ female ■ non smoker ■ accountant ■ policy expiry date age 65 ■ monthly benefit \$6,000 ■ 1 month waiting period 	<ul style="list-style-type: none"> ■ 35 year old ■ male ■ non smoker ■ electrician ■ policy expiry date age 65 ■ monthly benefit \$6,000 ■ 1 month waiting period
Stepped Premium Option: \$44.85 per month Level Premium Option: \$59.88 per month	Stepped Premium Option \$70.52 per month Level Premium Option \$95.14 per month	Stepped Premium Option \$32.96 per month Level Premium Option \$43.49 per month	Stepped Premium Option \$60.23 per month Level Premium Option \$78.76 per month	Stepped Premium Option \$131.71 per month Level Premium Option \$179.76 per month

Total Care Plan				
<ul style="list-style-type: none"> ■ 35 year old ■ male ■ non smoker ■ accountant ■ Life Care \$200,000 	<ul style="list-style-type: none"> ■ 35 year old ■ male ■ non smoker ■ accountant ■ Life Care \$500,000 	<ul style="list-style-type: none"> ■ 35 year old ■ male ■ non smoker ■ accountant ■ Life Care \$200,000 ■ TPD \$200,000 	<ul style="list-style-type: none"> ■ 35 year old ■ male ■ non smoker ■ accountant ■ Life Care \$200,000 ■ TPD \$200,000 ■ Trauma \$200,000 	<ul style="list-style-type: none"> ■ 35 year old ■ female ■ non smoker ■ accountant ■ Life Care \$200,000
Stepped Premium Option: \$25.00 per month Level Premium Option: \$34.16 per month	Stepped Premium Option \$34.70 per month Level Premium Option \$66.65 per month	Stepped Premium Option \$27.68 per month Level Premium Option \$51.08 per month	Stepped Premium Option \$50.90 per month Level Premium Option \$126.14 per month	Stepped Premium Option \$25.00 per month Level Premium Option \$25.70 per month

Please note:

- Unless otherwise stated no optional benefits have been included in these premium calculations.
- Where TPD Cover is included it is assumed that the any occupation definition applies.
- The premium calculations include the policy fee and frequency charge.
- The premium calculations assume no loadings are applied due to health, occupation or pastime risks.

Minimum premiums

The minimum premiums for each policy (including the policy fee) are as follows.

Frequency	Minimum premium (including policy fee)	
	Income Care Range	Total Care Plan
Annual	\$300	\$250
Half-yearly	\$160	\$130
Quarterly	\$85	\$70
Monthly	\$30	\$25

Stamp duty

Your premium also includes stamp duty where charged. The overall premium charged will reflect the duty we believe is payable, having regard to stamp duty laws and practices in force at the time the premium is paid.

Premium payment options and frequency charges

Premiums can be paid as set out in the table below. If you decide to pay by direct debit, your financial institution may charge you for setting up and making direct debit payments. Your financial institution can provide more information.

If you choose to pay your premiums more frequently than annually, a frequency charge will be applied to the annual premium amount to cover the additional cost of administration. That charge is set out below, and is current as at the date this PDS was prepared.

Premium payment frequency	Cheque	Direct debit	Credit card	Frequency charge
Monthly		✓	✓	8% of annual premium excluding policy fee
Quarterly		✓	✓	8% of annual premium excluding policy fee
Half-yearly	✓	✓	✓	4% of annual premium excluding policy fee
Annually	✓	✓	✓	Nil

Non-payment of premiums

The policy will lapse and cover will cease if premiums are not paid within 30 days of the premium due date.

Policy fee

A policy fee is charged which covers some of the administration costs of setting up and maintaining your policy. The policy fee is set out below and is current as at the date this PDS was prepared.

Premium Payment Frequency	Policy fee (per premium payment)
Monthly	\$5.00
Quarterly	\$15.00
Half-yearly	\$27.00
Annually	\$50.00

Increases in cost to you

Future premium rates are not guaranteed to be the same as current rates. We reserve the right to change the rates for all policies in a group regardless of which premium rate option you select. However, we guarantee that the premium payable under your policy will not increase in the first year as a result of a change in premium rates.

The frequency charge may be increased at our discretion, whereas the policy fee may be increased in line with the Consumer Price Index. We may also increase fees and charges to reflect new or changed Government levies or taxes. For instance, individual states and territories do vary their rates of stamp duty from time to time, and we may pass on any change to you.

We will notify you in writing at least three months before any change to fees and charges.

Commission

We pay commissions and other benefits to our advisers. Any amounts paid to advisers are factored into the cost of the insurance, and are not additional amounts you have to pay.

What do we do with your premiums?

The premiums for benefits outlined in this PDS will be placed in CMLA's No. 5 Statutory Fund and insurance benefits will be paid from that fund.

No surrender value

The products set out in this PDS do not acquire a surrender or cash-in value at any point, but the Cash Back Option may apply under the Income Care Range.

Section 4

Important information

Cooling-off period

From the date the policy is issued, you have 28 days to check that it meets your needs. This is known as the cooling-off period. Within this period you can cancel the policy and receive all your money back. If you wish to cancel, please put your request in writing and send it to us with your policy schedule and policy document. Our mailing address is on the inside back cover of this PDS.

Who can be covered?

You can take out cover on your own life, in which case you are the *Life Insured* as well as the *policy owner*. You can also take out cover to insure someone else's life (e.g. a family member or business partner) in which case the other person is the life insured and you are the policy owner.

You can also combine cover for family members or business partners on one policy. The policy owner(s) will receive the benefits of the policy, except where you have nominated a beneficiary for a death benefit under Life Care (see page 6 of the application form), or a super continuance monthly benefit is payable under the Income Care Range.

Interim accident cover

While we are considering your application, we will provide interim accident cover for up to 90 days. This cover is provided free of charge and begins when we receive your fully completed application and valid payment details.

Interim accident cover will provide different benefits depending on the cover you have applied for. More information can be found on the interim accident cover certificates on pages 43 and 45.

Your duty of disclosure

When you complete an application for insurance you have an obligation to answer all of our questions truthfully, and to provide any information which may affect our decision to insure you. A detailed explanation of the Duty of Disclosure can be found on page 2 of the application form.

Worldwide cover

Once your policy is issued, subject to any specific exclusions, it will cover you 24 hours a day wherever you are in the world.

Guaranteed renewable

Provided you pay your premiums and comply with the policy conditions, the policy is guaranteed renewable up until the policy expiry date. This means that we will not cancel it or increase the premium because of the number of claims you make or any change to your state of health, occupation or pastimes.

Upgrade provision

If future versions of these policies are introduced, all policies in a group will be upgraded to include the improved terms and conditions within a reasonable timeframe, but only if no policy in that group will be disadvantaged. However, you do not have to take advantage of any upgrade in your benefits.

Improved terms and conditions may not apply in respect of any pre-existing conditions at the time the improvement took place.

How do you make a claim?

Our claims philosophy is simple. We pay all genuine claims as soon as possible after all the necessary documentation has been received and assessed.

You should notify us of any claims within 3 months of the event occurring.

If you need to make a claim with us, you can either do that via your adviser, or you can call our Claims Assist Line on 1800 221 516. The call will be directed to the case manager who will be responsible for managing your claim.

Following the initial discussion we will send you a Claims Kit. Depending on the type of claim, this kit may contain:

- details of the claims management process,
- answers to commonly asked questions,
- forms that are relevant to your situation, and
- our requirements for assessing the claim.

The assessment decision – to accept or decline the claim – can be made once the case manager has received and assessed all the relevant information. We will advise you promptly of our decision on the claim.

How do you make changes?

At some stage you may need to change your personal details. All you need to do is notify one of our Customer Service Consultants in writing at the mailing address on the inside back cover of this PDS.

You may also wish to apply for an increase to the amount of cover you have to reflect your changing needs. To do this you should speak to your adviser, or phone one of our Customer Service Consultants who will be pleased to send you an application for an increase in cover.

Complaint handling procedures

If you have a complaint about Personal Insurance Portfolio we want to know. So please tell us and we promise to follow this up and get back to you. If you have a complaint, please follow these steps:

1. Gather all supporting documents about your complaint, think about the questions you want answered and decide what you want us to do.
2. Call our Customer Service Centre on 13 10 56 between 8am and 8pm (Sydney time), Monday to Friday. One of our Customer Service Consultants will either deal with the matter personally or refer the matter to the appropriate person for attention. A quick chat is all that is required to resolve most complaints.

If you would prefer to put your complaint in writing, you can either email us on customerrelations@cba.com.au or you can write to:

Complaints Manager
Customer Relations
Commonwealth Bank Group
GPO Box 41
SYDNEY NSW 2001

The Complaints Manager will strive to ensure that your complaint is resolved fairly and promptly. Within 45 days of receiving your complaint, we will write to you with either a suggested resolution or an explanation of why your complaint will take more than 45 days to resolve.

3. If you are not satisfied with the proposed resolution or your complaint is not resolved within 90 days, you can contact the Financial Industry Complaints Service Limited.

The Financial Industry Complaints Service Limited

The Financial Industry Complaints Service Limited (FICS) is an independent service that handles complaints involving life insurance companies. It is able to offer free, informed assistance to help resolve your complaint. FICS will advise you of any complaints it cannot consider when you contact them.

You can contact FICS on:

Phone: 1300 78 08 08

Facsimile: (03) 9621 2291

Postal address:

FICS

PO Box 579 Collins Street West

MELBOURNE VIC 8007

Tax and your personal insurance

This section provides general information about tax implications. As your individual circumstances may be quite different, you should discuss any taxation issues with your tax adviser. All taxation information is based on the continuance of taxation laws and their interpretation that were current at the date this PDS was prepared.

Income Care Range

The premium for your policy will generally be an allowable deduction from your assessable income under Section 8-1 of the Income Tax Assessment Act 1997. In the case of Income Care/Income Care Plus, this deductibility applies regardless of whether you are self-employed or an employed person.

Any Income Care/Income Care Plus benefits (including any Super Continuance Monthly Benefit) and Business Overheads Cover benefits will be treated as income and taxed accordingly. The exception to this is the Cash Back Option. If selected, the additional premium paid for this option is not tax deductible. When we refund premiums to you under this option, the refund is comprised of two components:

1. a refund of a percentage of premiums paid for the option, which is not assessable as income, and
2. the balance of the refund, which is assessable as income and should be included in your income tax return.

Life Care, TPD Cover and Trauma Cover under Total Care Plan

Generally, premiums for your policy are not tax deductible. However, in most situations, benefits paid to the policy owner or their estate are not subject to personal tax.

In some circumstances it is possible to claim a tax deduction for premiums, and benefits paid could be assessable. This could apply if an employer or business owns the policy and is paying the premiums.

Privacy of your personal information

Collection of personal information

We (CMLA) collect personal information (including customers' full name, address and contact details) so that we may administer our customer relationships and provide customers with the products and services they request as well as information on the Commonwealth Bank Group's (the Group) products and services.

Where it is necessary to do so, we also collect information on individuals such as company directors and officers (where the company is our customer), as well as customers' agents and persons dealing with us on a one-off basis.

The law can also require us to collect personal information.

We may take steps to verify the information we collect, e.g. a birth certificate provided as identification may be verified with records held by the Registry of Births, Death and Marriages to protect against impersonation, or we may verify with an employer that employment and remuneration information provided in an application is accurate.

You need to provide us with accurate and relevant information

If you provide us with incomplete or inaccurate information, we may not be able to provide you with the products or services you are seeking.

Other members of the Group

We are permitted by the Privacy Act to disclose personal information to other members of the Group. This enables the Group to have an integrated view of its customers.

Other Disclosures

Personal information may be disclosed to:

- brokers and others who refer your business to us,
- any person acting on your behalf, including your adviser, solicitor or accountant, executor, administrator, trustee, guardian or attorney,
- medical practitioners (to verify or clarify, if necessary, any health information you may provide), claims investigators and reinsurers (so that any claim you make can be assessed and managed), insurance reference agencies (where we are considering whether to accept an application for insurance from you and if so on what terms),
- other insurers to which your insurance is transferred by you, and
- organisations, including overseas organisations, to whom we outsource certain functions.

In all circumstances where our contractors, agents and outsourced service providers become aware of personal information, confidentiality arrangements apply. Personal information may only be used by our agents, contractors and outsourced service providers for our purposes.

We may also disclose personal information to other financial institutions and organisations at their request if you seek credit from them.

We may be allowed or obliged to disclose information by law, e.g. under Court Orders or Statutory Notices pursuant to taxation or social security laws.

Access

You may (subject to permitted exceptions) access your information.

Requests for access, where you are consenting for information to be provided by others, can generally be handled by CMLA and you should contact CMLA direct.

For all other requests for access, please contact:

Customer Relations,
Commonwealth Bank Group,
Reply Paid 41,
SYDNEY NSW 2001

We may charge you for providing access.

Further information

For further information on our privacy and information handling practices, please refer to our Privacy Policy Statement, which is available at commbank.com.au or upon request from any Commonwealth Bank branch.

Details of our contact addresses are on the inside back cover of this PDS.

Straightforward insurance with CommInsure

CommInsure offers a fresh approach to insurance through innovation, simplicity, competitive products and responsive service. As well as Personal Insurance Portfolio, we provide a wide range of products to help with your insurance needs. CommInsure is a leader in the Australian insurance industry and part of the Commonwealth Bank Group.

How to contact us

Our Customer Service Consultants are available on 13 10 56 between the hours of 8am and 8pm (Sydney time), Monday to Friday.

Section 5

How to apply

To apply for any cover under the Personal Insurance Portfolio, you need to complete the forms contained at the back of this PDS. This will take you some time to do, and you may need the help of an adviser.

Try to always provide more information where you can. We want to get a good picture of your situation, so any extra detail you can give us is useful. Brief answers will generally result in more information being requested, and a delay in processing your application.

Please use the checklist on the front of the application to make sure that you fill in all the information we need to process your application as soon as possible.

Premium quote

Your adviser will be able to provide a premium quote based on the cover you have selected.

Additional information

Depending on what type of cover you are applying for, and how much cover you want, we may need you to provide us with some financial information or may require you to undergo some blood tests. Your adviser will be able to explain any additional requirements to you.

What happens next?

When we receive your application, it will be assessed by our underwriters. Underwriting is the process of working out how likely you are to make a claim, based on health, occupation, lifestyle and sporting activities. In some cases, we will require more information to help make an accurate assessment, in others we may have to exclude some dangerous pastimes or health problems in order to offer you cover for all other situations.

If your application is accepted, we will send you a policy document which sets out the terms and conditions of the policy. We will also send you a policy schedule which is an individual summary of how much cover you have, and what selections you have made.

From the date we issue you the policy, you begin the 28 day cooling-off period. See page 34.



Section 6

Medical condition definitions

Heart Disorders

Heart Attack

The death of part of the heart muscle (myocardium) as a result of inadequate blood supply. The diagnosis must be based on either:

- a clinical electrocardiogram (ECG) and biochemical assessments with the following criteria being present:
 - (i) an electrocardiogram showing changes resulting from this occurrence and
 - (ii) a pathology test which confirms that cardiac enzymes have been elevated above generally accepted laboratory levels of normal

or

- a reduction in the Left Ventricular Ejection Fraction to less than 50% measured 3 months or more after the event and an elevation of Cardiac Troponin in excess of the level representing Minimal Myocardial Damage. For the purpose of this definition, Minimal Myocardial Damage is represented by a level of Cardiac Troponin I of 2 micrograms/litre or less, or Cardiac Troponin T of 0.6 micrograms/litre or less, or the equivalent.

Simple angina pectoris is excluded.

Out of Hospital Cardiac Arrest

Cardiac arrest which is not associated with any medical procedure and is documented by an electrocardiogram, occurs out of hospital and is due to:

- cardiac asystole or
- ventricular fibrillation with or without ventricular tachycardia.

Coronary Artery Disease Requiring By-pass Surgery

The actual undergoing of by-pass surgery (including saphenous vein or internal mammary graft/s) for the treatment of coronary artery disease. Any other operations are specifically excluded from this definition.

Coronary Artery Angioplasty

The undergoing of angioplasty, atherectomy, laser therapy or insertion of a stent to the coronary arteries that is considered necessary by a cardiologist to treat coronary artery disease.

Other intra arterial procedures or non-surgical techniques are specifically excluded.

Replacement of a Heart Valve

The undergoing of open heart surgery to replace or repair heart valves as a consequence of heart valve defects or abnormalities.

Surgery for Disease of the Aorta

The actual undergoing of surgery for a disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition, aorta means the thoracic and abdominal aorta but not its branches.

Minimally invasive, keyhole surgery or surgery performed using catheter techniques only are excluded. Surgery for an injury of the aorta is also excluded.

Cardiomyopathy

Condition of impaired ventricular function of variable aetiology (often not determined) resulting in significant physical impairment, i.e. Class 3 on the New York Heart Association classification of cardiac impairment.

Primary Pulmonary Hypertension

Primary Pulmonary Hypertension associated with right ventricular enlargement established by cardiac catheterisation resulting in significant permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.

Open Heart Surgery

Open Heart Surgery for treatment of cardiac defect(s), cardiac aneurism or benign cardiac tumour(s).

Nervous System Disorders

Stroke

A cerebrovascular accident or incident producing neurological sequelae. This includes infarction of brain tissue, intracranial and/or subarachnoid haemorrhage, or embolisation from an extracranial source. The following are excluded:

- Cerebral symptoms due to:
 - transient ischaemic attacks
 - reversible ischaemic neurological deficit
 - migraine.
- Cerebral injury resulting from:
 - trauma
 - hypoxia
 - vascular disease affecting the eye, optic nerve or vestibular function.

Major Head Trauma

Injury to the head resulting in neurological deficit causing a permanent loss of at least 25% whole person function as certified by a consultant neurologist.

Motor Neurone Disease

Motor Neurone Disease diagnosed by a consultant neurologist, with persistent neurological deficit resulting in the permanent loss of 25% of whole body function.

Multiple Sclerosis

The unequivocal diagnosis of Multiple Sclerosis by a consulting neurologist as confirmed by CT or MRI scan, where the condition is characterised by the demyelination in the brain and spinal cord. There must be more than one episode of well-defined neurological deficit with persisting neurological abnormalities resulting in a permanent loss of at least 25% whole body function.

Muscular Dystrophy

The unequivocal diagnosis of Muscular Dystrophy resulting in a permanent 25% impairment of whole body function.

Paraplegia

The permanent loss of use of both legs or both arms, resulting from spinal cord Sickness or Injury.

Quadriplegia

The permanent loss of use of both arms and both legs resulting from spinal Sickness or Injury.

Hemiplegia

The total loss of function of one side of the body due to Sickness or Injury, where such loss of function is permanent.

Diplegia

The total loss of function of both sides of the body due to Sickness or Injury where such loss of function is permanent.

Tetraplegia

The total and permanent loss of use of both arms and both legs, together with loss of head movement, due to brain Sickness or Injury, or spinal cord Sickness or Injury.

Dementia and Alzheimer's Disease

Clinical diagnosis of Dementia (including Alzheimer's Disease) as confirmed by a consultant neurologist, psycho-geriatrician, psychiatrist or geriatrician. The diagnosis must confirm permanent irreversible failure of brain function resulting in significant cognitive impairment for which no other recognisable cause has been identified. Significant cognitive impairment means a deterioration or loss of intellectual capacity that results in a requirement for continual supervision to protect the Life Insured or others. Dementia related to alcohol, drug abuse, or AIDS is excluded.

Coma

A state of unconsciousness with no reaction to external stimuli or internal needs, persisting continuously with the use of life support systems for at least four consecutive days and resulting in a neurological deficit causing at least 25% permanent impairment of the whole person function.

Encephalitis

Severe inflammation of brain substance which results in significant neurological sequelae causing a permanent loss of at least 25% whole person function. Encephalitis occurring in a Life Insured with HIV infection is excluded.

Parkinson's Disease

The unequivocal diagnosis of Parkinson's Disease by a consultant neurologist where the condition shows signs of progressive impairment, and results in the permanent loss of at least 25% whole person function whether or not the Life Insured is on medication to control the condition.

The Life Insured must be following the advice and treatment of a specialist neurologist.

Body Organ Disorders

Cancer

Any malignant tumour characterised by the uncontrolled growth and spread of malignant cells that requires treatment by surgery, radiotherapy, chemotherapy, biological response modifiers, or any other major interventionist treatment and includes cancers that are completely untreatable.

The following are included:

- Leukaemia
- Hodgkin's Disease
- Malignant lymphoma
- Malignant bone marrow disorders
- Melanomas which have a depth of invasion of Clark Level 3 or 1.5mm or more in Breslow thickness.

The following are excluded:

- tumours showing the malignant changes of 'carcinoma-in-situ' or which are histologically described as premalignant. The following are examples of tumours categorised as either being carcinoma-in-situ or premalignant and are excluded:
 1. Cervical dysplasia, CIN1, CIN2 and CIN3.
 2. All skin cancers including hyperkeratoses, basal cell carcinomas, squamous cell carcinomas, unless there has been evidence of metastases.
 3. Prostatic cancers which are histologically described as TNM Classification T1 (including T1a and T1b) or are of another equivalent or lesser classification.
 4. Dukes A Stage colorectal cancer.
 5. Papillary Micro-Carcinoma of the thyroid or bladder.
 6. Carcinoma in situ of the breast unless it results directly in the removal of the entire breast (with or without removal of lymph nodes). The procedure must be performed specifically to arrest the spread of malignancy, and be considered the appropriate and necessary treatment.
- all AIDS related malignancies
- tumours treated by endoscopic procedures alone
- chronic Lymphocytic Leukaemia Rai Stage 0–1.

Benign Brain Tumour

A non-cancerous tumour in the brain giving rise to characteristic symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment as confirmed by a Medical Practitioner who is a consultant neurologist. The tumour must result in permanent neurological deficit:

- causing at least a permanent 25% impairment of whole person function or
- requiring cranial surgery for its removal.

The presence of the underlying tumours must be confirmed by imaging studies such as CT Scan or MRI. Cysts, granulomas, malformations in or of the arteries or veins of the brain, haematomas, and tumours in the pituitary gland or spine are excluded.

Blindness

The permanent loss of sight in both eyes, whether aided or unaided, due to Sickness or Injury to the extent that visual acuity is 6/60 or less in both eyes, or to the extent that the visual field is reduced to 20 degrees or less of arc.

Chronic Kidney Failure

End stage renal failure presenting as chronic irreversible failure of both kidneys to function as a result of which regular renal dialysis is instituted or renal transplantation is performed.

Major Organ Transplant

The human to human organ transplant from a donor to the Life Insured of one or more of the following organs:

- kidney
- lung
- pancreas
- heart
- liver or
- the transplantation of bone marrow.

The transplantation of all other organs or parts of organs or any other tissue transplant is excluded.

Severe Burns

Tissue Injury caused by thermal, electrical or chemical agents causing third degree burns to at least:

- 20% or more of the body surface area as measured by The Rule of 9 of the Lund & Browder Body Surface Chart or
- both hands, requiring surgical debridement and/or grafting or
- the face, requiring surgical debridement and/or grafting.

Loss of Speech

The complete and irrecoverable loss of the ability to speak as a result of Sickness or Injury which must be established and the diagnosis reaffirmed after a continuous period of 6 months of such loss.

Loss of Hearing

Complete and irrecoverable loss of hearing, both natural and assisted, from both ears as a result of Sickness or Injury, as certified by an appropriate medical specialist.

Chronic Liver Disease

Permanent liver failure, together with permanent jaundice, ascites and encephalopathy. Disease related to alcohol abuse or intravenous drug use is excluded.

Chronic Lung Disease

Permanent end stage respiratory failure, with FEV1 test results of consistently less than one litre, requiring continuous permanent oxygen therapy.

Severe Rheumatoid Arthritis

The unequivocal diagnosis of Severe Rheumatoid Arthritis by a Rheumatologist. The diagnosis must be supported by, and evidence, all of the following criteria:

- at least a 6 week history of Severe Rheumatoid Arthritis which involves 3 or more of the following joint areas:
 1. proximal interphalangeal joints in the hands
 2. metacarpophalangeal joints in the hands
 3. metatarsophalangeal joints in the foot, wrist, elbow, knee, or ankle
 - simultaneous bilateral and symmetrical joint soft tissue swelling or fluid (not bony overgrowth alone)
 - typical rheumatoid joint deformity
- and at least 2 of the following criteria:
- morning stiffness
 - rheumatoid nodules
 - erosions seen on x-ray imaging
 - the presence of either a positive rheumatoid factor or the serological markers consistent with the diagnosis of Severe Rheumatoid Arthritis.

Degenerative osteoarthritis and all other arthritides are excluded.

Blood Disorders

Occupationally Acquired HIV

Infection with Human Immunodeficiency Virus (HIV) where it was acquired as a result of an accident occurring during the currency of the Policy. The accident must occur during the course of carrying out normal occupational duties, with sero-conversion indicating HIV infection occurring within 6 months of the accident. Infection in any other manner, including sexual activity or recreational intravenous drug use, is specifically excluded.

A HIV antibody test must be taken within 7 days after the accident and reported within 30 days and produce negative results. Access to all blood samples taken is required for independent tests, with the right to take additional samples as necessary.

The benefit will not apply if:

- before the Injury the Australian Government has recommended an HIV vaccine for use in the occupation of the Life Insured but the Life Insured has not taken this vaccine or
- the Australian Government has approved a treatment which renders the HIV virus inactive and non-infectious to others.

Medically Acquired HIV

Accidental infection with Human Immunodeficiency Virus (HIV) which we believe, on the balance of probabilities, arose from one of the following medically necessary events which must have occurred to the Life Insured in Australia by a recognised and registered health professional:

- a blood transfusion
- transfusion with blood products
- organ transplant to the Life Insured
- assisted reproductive techniques or
- a procedure or operation performed by a medical/paramedical practitioner or dentist.

Access to all blood samples taken is required for independent tests, with the right to take additional samples as necessary.

A Trauma Cover benefit will not be payable in respect of Medically Acquired HIV if, before the accidental infection occurred, the Australian Government approved a medical treatment which if applied to the Life Insured would:

- render the Life Insured's HIV inactive and non-infectious to others or
- prevent the Life Insured from developing AIDS or
- where the Life Insured has developed AIDS, cure the AIDS.

Aplastic Anaemia

This means bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment, with at least one of the following:

- blood product transfusions
- marrow stimulating agents
- immunosuppressive agents or
- bone marrow transplantation.

Other Events

Serious Injury

An Injury that has for the first time resulted in the Life Insured being confined to an acute care hospital for a period of 30 consecutive days (24 hours per day) under the full-time care of a registered Medical Practitioner. Injury as a result of alcohol or non-prescribed drug intake or other self-inflicted means is excluded.

Critical Care

An Injury or Sickness that has for the first time resulted in the Life Insured requiring continuous mechanical ventilation by means of tracheal intubation for 10 consecutive days (24 hours per day) in an authorised intensive care unit of an acute care hospital. Injury or Sickness as a result of alcohol or non-prescribed drug intake, or other self-inflicted means is excluded.

Loss of Limbs or Sight

The Life Insured has sustained, as a direct result of Injury or Sickness:

- the complete and irrecoverable loss of use of both hands or
- the complete and irrecoverable loss of use of both feet or
- the complete and irrecoverable loss of use of one hand and one foot or
- blindness in both eyes, whether aided or unaided or
- the complete and irrecoverable loss of use of one foot and blindness in one eye, whether aided or unaided or
- the complete and irrecoverable loss of use of one hand and blindness in one eye, whether aided or unaided.

For the purpose of this definition, 'blindness' means the permanent loss of sight to the extent that visual acuity is 6/60 or less, or to the extent that the visual field is reduced to 20 degrees or less of arc.

Loss of Independent Existence

As a result of Sickness or Injury:

- there is permanent and irreversible inability to perform without assistance any 2 of the Activities of Daily Living or all of the Defined Home Duties or
- the Life Insured suffers cognitive impairment that results in the Life Insured requiring permanent and constant supervision which must be established, and the diagnosis reaffirmed, after a continuous period of 6 months of such impairment.

Loss of Independent Existence due to alcohol or drug abuse or AIDS is excluded.

Activities of Daily Living

1. Dressing – the ability to put on and take off clothing without assistance.
2. Toileting – the ability to use the toilet, including getting on and off without assistance.
3. Mobility – the ability to get in and out of bed and a chair without assistance.
4. Continence – the ability to control bowel and bladder function.
5. Feeding – the ability to get food from a plate into the mouth without assistance.

Defined Home Duties

- Unassisted cleaning of the house.
- Purchasing household food and items used for cleaning without assistance.
- Unassisted preparation of meals for the household.
- Unassisted laundry services such as washing or ironing.

'Assistance' means the assistance of another person.



Interim Accident Cover Certificate Personal Insurance Portfolio Income Care Range (Income Care, Income Care Plus and Business Overheads Cover)

The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 (CMLA)

Name of Life to be Insured 1

Name of Policy Owner 1

Application date

 / /

We provide interim accident cover (cover) while we are considering your application for Income Care, Income Care Plus or Business Overheads Cover.

Cover is provided on the terms and conditions set out in this Interim Accident Cover Certificate. You do not have to pay an extra premium for this cover. To the extent that they are relevant, the conditions relating to payment of a claim in the Income Care, Income Care Plus or Business Overheads Cover policy you applied for, apply to your cover.

This cover does not apply to you:

- if the Income Care, Income Care Plus or Business Overheads Cover policy you are applying for is intended to replace another policy you have with CMLA, or
- if, at the time this certificate is issued, cover of the same type exists in respect of the life to be insured and that cover relates to an application for a policy which is the same as, or similar to, the policy the subject of the application to which this cover relates.

1. Commencement of cover

Cover commences on the date your fully completed application and payment of the first premium, or an effective direct debit request/credit card authority, have been received at CMLA's office. Cover is subject to your premium payment being credited to CMLA by the relevant financial institution.

2. Period of cover

Your cover will automatically end on the earliest of the following dates:

- 90 days from the date this cover commences,
- the date we accept your application on standard or special terms,
- the date we decline your application,
- the date your application is withdrawn, and
- the date we advise you that this cover is cancelled.

3. Monthly Accident Benefit

Income Care/Income Care Plus

If your application is for Income Care or Income Care Plus, we will on a monthly basis pay you a monthly accident benefit if the life to be insured suffers total disability as a result of an accident. We will start paying the monthly accident benefit if total disability as a result of the same accident continues after the waiting period selected in your application for the relevant policy and the benefit will only be paid for the period of total disability or 6 months, whichever is the lesser. The monthly accident benefit is payable for only one period of total disability and is not payable for any subsequent period.

The monthly accident benefit in this case is the lesser of the following amounts:

- \$5,000,
- the total of the monthly benefit and any super continuance monthly benefit you applied for in your application for the relevant policy in respect of the life to be insured,
- the total of the monthly benefit and any super continuance monthly benefit which would normally be offered by us based on underwriting rules.

Business Overheads Cover

If your application is for Business Overheads Cover, we will, on a monthly basis, pay you a monthly accident benefit if the life to be insured suffers total disability as a result of an accident. We will start paying the monthly accident benefit if total disability as a result of the

Name of Life to be Insured 2

Name of Policy Owner 2

same accident continues after the waiting period selected in your Business Overheads Cover application and the benefit will only be paid for the period of total disability or 6 months, whichever is the lesser. The monthly accident benefit is payable for only one period of total disability and is not payable for any subsequent period.

The monthly accident benefit in this case is the lesser of the following amounts:

- \$5,000,
- the business overheads monthly benefit you applied for in your application for the policy in respect of the life to be insured,
- the business overheads monthly benefit which would normally be offered by us based on underwriting rules.

We will pay the monthly accident benefit in the month immediately following the month during which you became entitled to it. Where the benefit is payable for part of a month, the monthly accident benefit is divided by 30 to arrive at a daily benefit.

4. Definitions

For the purposes of this cover:

- Accident means bodily injury which is caused solely and directly by accidental and visible means, independent of any other cause and which occurs while this cover applies.
- Total disability has, to the extent relevant, the meaning set out in the policy you applied for, but must be the result of an accident.
- Waiting period is the waiting period you selected in your application for the relevant policy and otherwise has, to the extent relevant, the meaning set out in that policy.

5. Exclusions

A monthly accident benefit will not be paid under this cover if the total disability is caused directly or indirectly by:

- suicide or any attempt at suicide,
- self-inflicted injury or infection,
- the taking of drugs other than prescribed by a medical practitioner,
- the taking of alcohol,
- a physical condition which you knew about before this cover commenced,
- engaging in any pursuit or occupation that we would not normally cover on standard terms,
- participation in criminal activity, or
- an act of war (whether declared or not).

6. Application for insurance

If you are eligible to make a claim under this cover, it may not prevent your application from being accepted. However, we will take into account the change in the health of the life to be insured when assessing your application and we may decline your application or apply special loadings, conditions and exclusions.

Name of adviser

Signature of adviser

Date

 / /

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Interim Accident Cover Certificate

Personal Insurance Portfolio

Total Care Plan

The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 (CMLA)

Name of Life to be Insured 1

Name of Policy Owner 1

Application date / /

We provide interim accident cover (cover) while we are considering your application for Total Care Plan.

Cover is provided on the terms and conditions set out in this Interim Accident Cover Certificate. You do not have to pay an extra premium for this cover. To the extent that they are relevant, the conditions in the Total Care Plan Policy you applied for relating to payment of a claim apply to your cover.

This cover does not apply to you if the policy you are applying for is intended to replace another policy you have with CMLA.

1. Commencement of cover

Cover commences on the date your fully completed application and payment of the first premium, or an effective direct debit request/credit card authority, have been received at CMLA's office. Cover is subject to your premium payment being credited to CMLA by the relevant financial institution.

2. Period of cover

Your cover will automatically end on the earliest of the following dates:

- 90 days from the date this cover commences,
- the date we accept your application on standard or special terms or decline your application,
- the date your application is withdrawn, and
- the date we advise you that this cover is cancelled.

3. Cover provided

The circumstances in which we will pay a benefit under this cover and the amount of the benefit varies according to the benefits you applied for in your application, as set out below. A benefit is payable only once under this cover.

Life Care

If you applied for Life Care, we will pay a benefit if the life to be insured dies as a result of an accident. Death must occur within 90 days of the accident.

The amount of the benefit is the lesser of:

- \$1,000,000, and
- the amount of Life Care you applied for.

Trauma Cover

If you applied for Trauma Cover, we will pay a benefit if the life to be insured survives for 14 days after suffering one of the following medical conditions as a result of an accident:

- | | |
|---------------------|--------------------------|
| ■ Major Head Trauma | ■ Tetraplegia |
| ■ Paraplegia | ■ Blindness |
| ■ Quadriplegia | ■ Severe Burns |
| ■ Hemiplegia | ■ Loss of Limbs or Sight |
| ■ Diplegia | |

These medical conditions have the meanings set out in the Total Care Plan policy you applied for, but the medical condition must be the result of an accident.

The amount of the benefit is the lesser of:

- \$1,000,000, and
- the amount of Trauma Cover you applied for.

Name of Life to be Insured 2

Name of Policy Owner 2

Total & Permanent Disablement (TPD) Cover

If you applied for TPD Cover, we will pay a benefit if the life to be insured is totally & permanently disabled as a result of an accident. The TPD definition that applies is either own occupation or any occupation, as you applied for in your application but TPD must be the result of an accident.

The amount of the benefit payable is the lesser of:

- \$1,000,000, and
- the amount of TPD Cover you applied for.

Accident

For the purposes of this cover, accident means bodily injury caused solely and directly by accidental and visible means, independent of any other cause.

4. Exclusions

A benefit will not be paid if death, a medical condition or disablement is caused directly or indirectly by:

- suicide or any attempt at suicide,
- self-inflicted injury or infection,
- the taking of drugs other than prescribed by a medical practitioner,
- the taking of alcohol,
- a physical condition which the policy owner/s or the life to be insured knew about before this cover commenced,
- engaging in any pursuit or occupation that we would not normally cover on standard terms,
- participation in criminal activity, or
- an act of war (whether declared or not).

5. Application for insurance

If you are eligible to make a claim under this cover, it will not prevent your application from being accepted. However, we will take into account the change in the health of the life to be insured when assessing your application and we may decline your application or apply special loadings, conditions and exclusions.

Name of adviser

Signature of adviser

Date / /

This certificate must be retained by the Applicant/Life to be Insured.

This page has been left blank intentionally.

Notes



Notes

Application Personal Insurance Portfolio

CommInsure



Before you sign this Application, you should have been provided with a Product Disclosure Statement (PDS) dated 3 May 2004 containing a summary of the important information in relation to the product you are applying for. This information will help you to understand the product and to decide whether it is appropriate to your needs.

Issued by The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 AFS Licence No. 235035 (CMLA) the Insurer.

This form is for Applications dated from 3 May 2004 until this Application is withdrawn.

In this Application, 'you' and 'I/We' refers to the proposed policy owner/s or life/lives to be insured or both as indicated.

Adviser use only ☐ New business

☐ Increase to policy

☐ Replacement policy

☐ Continuation option

Policy number

Checklist for applicants

To ensure this application for insurance is processed as quickly as possible, please use this checklist when completing and submitting all relevant paperwork.

Duty of Disclosure

Read the information on page 2.

☐

Complete the Application

To include more than 2 lives insured on one policy, attach additional forms (available from your adviser).

☐

Complete the Personal Statement

If there is to be more than one life insured, complete an additional Personal Statement (available from your adviser).

☐

CAFÉ Quote

- Please ensure your CAFÉ quote is **attached** to your Application.

☐

Medical Authorities

Sign both Medical Authority forms on page 25 so that we can ask your doctor for a report about your health if needed.

☐

Declarations

There are several declarations where the policy owner/s and life/lives to be insured must sign. These are all marked with a cross for easy identification.

☐

Interim Accident Cover

Complete an Interim Accident Cover Certificate for each cover you are applying for. Please refer to pages 43–45 of the PDS.

☐

Premium payment:

• Direct Debit

Read the Direct Debit Request Customer Service Agreement and complete the Direct Debit Request on page 33.

☐

• Credit Card

Complete the Credit Card Authority on page 35.

☐

• Cheque

Attach a cheque made payable to 'CMLA Personal Insurance' and attach it to the Application.

☐

Adviser Details Section

Your adviser must complete, sign and date the Adviser details section on page 37 of the Application.

☐

Mailing your Application to us

Where the adviser is a Commonwealth Bank employee, please send the Application to:

CommInsure
Underwriting Department
PO Box 324
SILVERWATER NSW 2128

Please indicate by ticking (✓) the applicable box below, which state the Commonwealth Bank employee is from:

☐ NSW or ACT ☐ VIC or TAS ☐ QLD ☐ SA or NT ☐ WA

All other Applications should be mailed to the CommInsure Underwriting Department in your state or territory.

☐ **NSW or ACT**

CommInsure
Underwriting Department
PO Box 324
SILVERWATER NSW 2128

☐ **SA or NT**

CommInsure
Underwriting Department
Reply Paid GPO Box 1766
ADELAIDE SA 5001

☐ **VIC or TAS**

CommInsure
Underwriting Department
Reply Paid 783
PO Box 397
SOUTH MELBOURNE DC VIC 3205

☐ **WA**

CommInsure
Underwriting Department
PO Box Z5039,
66 ST GEORGES TERRACE WA 6831

☐ **QLD**

CommInsure
Underwriting Department
CMLA Underwriting Department
PO Box 101
BRISBANE, ALBERT STREET QLD 4002

1 Duty of Disclosure

Before you enter into a contract of life insurance with an insurer you have a duty, under the **Insurance Contracts Act 1984**, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you extend, vary or reinstate your insurance.

Your duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of its business, ought to know; or
- as to which compliance with your duty is waived by the insurer.

Non-disclosure

If you fail to comply with your Duty of Disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within 3 years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within 3 years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

Income Care Range

2 Policy owner/s details

If the policy owner is the life to be insured, do not complete this section, go to section 3 (however, if the mailing address is different from the residential address, please use this section to advise the mailing address).

If there are two or more policy owners, they will own the policy as **joint tenants**.

Policy owner 1	Title	Surname	Given name/s
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Mailing address		
	<input type="text"/>		
	State Postcode		
Home phone number	<input type="text"/>	Mobile phone number	<input type="text"/>
Business phone number	<input type="text"/>	Fax number	<input type="text"/>

Policy owner 2	Title	Surname	Given name/s
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Mailing address		
	<input type="text"/>		
	State Postcode		
Home phone number	<input type="text"/>	Mobile phone number	<input type="text"/>
Business phone number	<input type="text"/>	Fax number	<input type="text"/>

Or company (if applicable)	Company name/s	ABN	
	<input type="text"/>	<input type="text"/>	
	Mailing address		
	<input type="text"/>		
State		Postcode	
Phone number	<input type="text"/>	Fax number	<input type="text"/>

3 Life/lives to be insured details

Life to be insured 1	Title	Surname	Given name/s	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Residential address			
	<input type="text"/>			
	State Postcode			
	Home phone number	<input type="text"/>	Date of birth	<input type="text"/>
	Business phone number	<input type="text"/>	Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
Mobile phone number	<input type="text"/>	Smoker	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Fax number	<input type="text"/>	Previous surname/s	<input type="text"/>	

Life to be insured 2	Title	Surname	Given name/s	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Residential address			
	<input type="text"/>			
	State Postcode			
	Home phone number	<input type="text"/>	Date of birth	<input type="text"/>
	Business phone number	<input type="text"/>	Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
Mobile phone number	<input type="text"/>	Smoker	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Fax number	<input type="text"/>	Previous surname/s	<input type="text"/>	

Income Care Range

4 Product details Please tick (✓) where appropriate.

Income Care/Income Care Plus

If this is an increase to an existing policy, please show the **new total monthly benefit**

Income Care

Life to be insured 1

Life to be insured 2

Agreed Value	<input type="text" value="\$"/>	<input type="text" value="\$"/>
Indemnity	<input type="text" value="\$"/>	<input type="text" value="\$"/>
Income Care Plus		
Agreed Value	<input type="text" value="\$"/>	<input type="text" value="\$"/>
Indemnity	<input type="text" value="\$"/>	<input type="text" value="\$"/>
Super Continuance Option (SCO)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Super Continuance monthly benefit	<input type="text" value="\$"/>	<input type="text" value="\$"/>
Occupation group quoted	<input type="text"/>	<input type="text"/>
Waiting period	<input type="checkbox"/> 14 days <input type="checkbox"/> 6 months <input type="checkbox"/> 1 month <input type="checkbox"/> 1 year <input type="checkbox"/> 2 months <input type="checkbox"/> 2 years <input type="checkbox"/> 3 months	<input type="checkbox"/> 14 days <input type="checkbox"/> 6 months <input type="checkbox"/> 1 month <input type="checkbox"/> 1 year <input type="checkbox"/> 2 months <input type="checkbox"/> 2 years <input type="checkbox"/> 3 months
Benefit period	<input type="checkbox"/> Age 65 <input type="checkbox"/> 5 years <input type="checkbox"/> Age 60 <input type="checkbox"/> 2 years	<input type="checkbox"/> Age 65 <input type="checkbox"/> 5 years <input type="checkbox"/> Age 60 <input type="checkbox"/> 2 years
Policy expiry date	<input type="checkbox"/> 65 <input type="checkbox"/> 60	<input type="checkbox"/> 65 <input type="checkbox"/> 60
Premium rate option	<input type="checkbox"/> Level premium rate option <input type="checkbox"/> Stepped premium rate option	

Optional benefits

Increasing Claim Option	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Accident Option	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Cash Back Option	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Premium Saver Option	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

Business Overheads Cover

Life to be insured 1

Life to be insured 2

Business Overheads Cover monthly benefit	<input type="text" value="\$"/>	<input type="text" value="\$"/>
Waiting period	<input type="checkbox"/> 14 days <input type="checkbox"/> 3 months <input type="checkbox"/> 1 month <input type="checkbox"/> 6 months <input type="checkbox"/> 2 months	<input type="checkbox"/> 14 days <input type="checkbox"/> 3 months <input type="checkbox"/> 1 month <input type="checkbox"/> 6 months <input type="checkbox"/> 2 months
Policy expiry date	<input type="checkbox"/> 65 <input type="checkbox"/> 60	<input type="checkbox"/> 65 <input type="checkbox"/> 60
Premium rate option	<input type="checkbox"/> Level premium rate option <input type="checkbox"/> Stepped premium rate option	
Optional benefits		
Cash Back Option	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

5 Premium details

Method of payment ☐ Direct Debit ☐ Credit Card ☐ Direct to CMLA (cheque must be attached). This payment method is only available for yearly and half-yearly premiums.

If direct debit or credit card is selected, the premium will not be debited until the Application is accepted.

Payment frequency ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly

Please choose a day of the month for premium payments to be debited from your bank or credit card account. If you do not select a day, the current date will be used.

☐ 1st ☐ 7th ☐ 14th ☐ 21st ☐ 28th

Is payment to be included in an existing CMLA direct debit? ☐ No ☐ Yes

If 'Yes' please provide existing policy number

Income Care Range instalment premium

Total Care Plan

Are the policy owner/s details and life/lives to be insured details the same as in section 3 and 4?

☐ No

☐ Yes

If 'Yes' go to section 9, otherwise please complete sections 6 and 7.

6 Policy owner/s details

If the policy owner is the life to be insured, do not complete this section, go to section 7 (however, if the mailing address is different from the residential address, please use this section to advise the mailing address).

If there are two or more policy owners, they will own the policy as **joint tenants**.

Where the policy owner is a superannuation fund Trustee, please ensure the Superannuation Fund Application on page 7 is completed.

Policy owner 1	Title	Surname	Given name/s
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Mailing address		
	<input type="text"/>		
	State Postcode		
Home phone number	<input type="text"/>	Mobile phone number	<input type="text"/>
Business phone number	<input type="text"/>	Fax number	<input type="text"/>

Policy owner 2	Title	Surname	Given name/s
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Mailing address		
	<input type="text"/>		
	State Postcode		
Home phone number	<input type="text"/>	Mobile phone number	<input type="text"/>
Business phone number	<input type="text"/>	Fax number	<input type="text"/>

Or company (if applicable)	Company name/s	ABN	
	<input type="text"/>	<input type="text"/>	
	Mailing address		
<input type="text"/>			
State Postcode			
Phone number	<input type="text"/>	Fax number	<input type="text"/>

7 Life/lives to be insured details

Life to be insured 1	Title	Surname	Given name/s	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Residential address			
	<input type="text"/>			
	State Postcode			
	Home phone number	<input type="text"/>	Date of birth	<input type="text"/>
	Business phone number	<input type="text"/>	Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
Mobile phone number	<input type="text"/>	Smoker	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Fax number	<input type="text"/>	Previous surname/s	<input type="text"/>	

Life to be insured 2	Title	Surname	Given name/s	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Residential address			
	<input type="text"/>			
	State Postcode			
	Home phone number	<input type="text"/>	Date of birth	<input type="text"/>
	Business phone number	<input type="text"/>	Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
Mobile phone number	<input type="text"/>	Smoker	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Fax number	<input type="text"/>	Previous surname/s	<input type="text"/>	

Total Care Plan

8 Product details

Please tick (✓) where appropriate

Life Care - sum insured

Life to be insured 1

\$

Life to be insured 2

\$

Trauma Cover - sum insured

\$

\$

TPD Cover - sum insured

Own Occupation

\$

\$

or

Any Occupation

\$

\$

Occupation group quoted for TPD Cover

☐ 1 ☐ 2 ☐ 3

☐ 1 ☐ 2 ☐ 3

Premium rate option

☐ Level premium rate option

☐ Stepped premium rate option

Optional benefits

Plan Protection Option

☐ No ☐ Yes

☐ No ☐ Yes

Evidence of Severity Option

☐ No ☐ Yes

☐ No ☐ Yes

Accidental Death Cover Option

\$

\$

Guaranteed Insurability Option (Personal Events)

☐ No ☐ Yes

☐ No ☐ Yes

Guaranteed Insurability Option (Business Events)

☐ No ☐ Yes

☐ No ☐ Yes

9 Premium details

Method of payment ☐ Direct Debit ☐ Credit Card ☐ Direct to CMLA (cheque must be attached). This payment method is only available for yearly and half-yearly premiums.

If direct debit or credit card is selected, the premium will not be debited until the Application is accepted.

Payment frequency ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly

Please choose a day of the month for premium payments to be debited from your bank or credit card account. If you do not select a day, the current date will be used.

☐ 1st ☐ 7th ☐ 14th ☐ 21st ☐ 28th

Is payment to be included in an existing CMLA direct debit?

☐ No ☐ Yes

If 'Yes' please provide existing policy number.

Total Care Plan instalment premium

\$

10 Nomination of beneficiaries (Optional)

Under section 48A of the Insurance Contracts Act 1984, you may nominate up to 5 beneficiaries to receive death claim proceeds from the Total Care Plan Policy. Your valid nomination will ensure that any death claim proceeds payable under the policy will be paid in the designated portions directly to the nominated beneficiary/ies such that the proceeds will not be paid to you or your estate. Your nomination is subject to the following rules:

- a nominated beneficiary can be a natural person, corporation or trust;
- conditional nominations cannot be made;
- you may change a nominated beneficiary or revoke a previous nomination at any time prior to a claim event occurring;
- if a nominated beneficiary dies before a claim is made under the policy and no change in nomination has been made, then any money payable will be paid to the nominated beneficiary's legal personal representative;
- if ownership of the policy is assigned to another person or entity, then any previous nomination is automatically superseded (ie the nomination is revoked); and
- a nominated beneficiary has no rights under the policy, other than to receive the nominated policy proceeds after a claim has been admitted by CMLA. He or she cannot authorise or initiate any policy transaction.

Note: Do not include the life to be insured as one of the nominated beneficiaries as it will make the nomination invalid.

Title	Full name of beneficiary	Address	Date of birth	Relationship to policy owner/s	% Split
			/ /		
			/ /		
			/ /		
			/ /		

Total 100%

Total Care Plan

11 Superannuation Fund Application (if applicable)

Please complete only if the policy/ies are to be issued to a Trustee of a superannuation fund.

When selecting benefits please ensure that the benefits can be paid from a superannuation fund in accordance with the Superannuation Industry (Supervision) Act 1993 (SIS Act). Please note, there may be situations where even though a benefit, such as a TPD benefit is paid to the Trustee of the superannuation fund, superannuation legislation or the rules of the superannuation fund may prevent the release of the benefit until the preservation rules are satisfied.

Declaration

To be signed by a director/secretary in the case of a 'company Trustee', or by each individual Trustee.

I/We, the Trustee/s of the superannuation fund named below, request CMLA to issue the insurance policy/ies described on this form. The policy document/s will be held subject to the trusts of the superannuation fund.

I/We agree to be bound by the terms and conditions set out in the policy document and the trust deed governing the superannuation fund.

I/We confirm that the superannuation fund of which I am/we are Trustee is a complying superannuation fund within the meaning of the SIS Act and the Income Tax Assessment Act (Tax Act).

I/We undertake to advise CMLA immediately if the superannuation fund at any time ceases to be a complying fund as defined in the SIS Act and/or the Tax Act.

I/We confirm that I/we have the power under the trust deed governing the superannuation fund to effect the policy/ies described on this form.

Details of policy owner/s

To be completed by the Trustee/s of the superannuation fund which will own the policy/ies.

Full name of the superannuation fund

Superannuation fund number

--	--

Trustee's address for communications

	State	Postcode
--	-------	----------

Home phone number

()

Business phone number

()

Trustee details

Company Trustee name

ABN

--	--

If applicable, the common seal of:
(name of corporate Trustee)

--

was hereto affixed in accordance with the Constitution of the company in the presence of:

Director

Director/Secretary

Date

--

--

/	/
---	---

and/or

Individual Trustee names (if more than 4 individuals, please attach further names).

First individual Trustee

Title

Surname

Given name/s

--

--

--

Signature

X

Date

/	/
---	---

Second individual Trustee

Title

Surname

Given name/s

--

--

--

Signature

X

Date

/	/
---	---

Third individual Trustee

Title

Surname

Given name/s

--

--

--

Signature

X

Date

/	/
---	---

Fourth individual Trustee

Title

Surname

Given name/s

--

--

--

Signature

X

Date

/	/
---	---

Income Care Range and Total Care Plan

12 General Declaration and Application for policy

Replacement Business

Do you expect that this insurance will replace all or part of an existing policy sold by a company that has since become part of the Commonwealth Bank Group? ☐ No ☐ Yes

If **'Yes'** please name previous insurer/s

please provide policy number/s

On CMLA's acceptance of this application :

Proceed with cancellation of full policy? ☐ No ☐ Yes

Proceed with the cancellation of the following benefits for the following lives? ☐ No ☐ Yes

I/We wish to apply to The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 (CMLA) for the life insurance policy/ies selected in this Application.

I/We have read and understood:

- the Personal Insurance Portfolio Product Disclosure Statement (PDS) dated 3 May 2004. My/Our decision to apply for this insurance is based on the material received and my/our understanding of the information included in the PDS; and
- my/our **Duty of Disclosure** in section 1 of this Application and I am/we are aware of the consequences of non-disclosure. I/We understand that my/our duty to disclose continues after I/we have completed this Application until CMLA has accepted the Application in writing.

I/We acknowledge that my/our Duty of Disclosure applies to Interim Accident Cover and that I/we may not be entitled to Interim Accident Cover if I/we or the life/lives to be insured fail to comply with the Duty of Disclosure in relation to this Application.

I/We declare that:

- the answers to all questions and declarations in this Application are true and correct including those not in my/our own handwriting;
- the answers given, together with any special conditions, will form the basis of the contract of insurance; and
- no information has been withheld which may affect CMLA's decision to provide insurance.

I/We understand that:

- insurance cover will not commence until CMLA accepts the insurance proposed in writing, or receives a signed acceptance of such alternative conditions as may be offered, and the first premium is received;
- benefits provided by Income Care, Income Care Plus, Business Overheads Cover and Total Care Plan are liabilities of CMLA. Commonwealth Bank of Australia and its subsidiaries do not guarantee these Personal Insurance Portfolio products.

I/We authorise:

- the insurer to refer any statements that have been made in connection with the Application and any medical reports, to other entities involved in providing or administering the insurance (eg reinsurers, medical consultants, legal advisers); and
- the insurer and any person appointed by the insurer to obtain information on my/our medical, claims and financial history from the Insurance Reference Association and any other body holding information on me/us.

I have read and understood the section **Privacy Of Your Personal Information** on page 36 of the PDS.

I acknowledge and consent to the use and disclosures of my personal information as detailed in that section.

By ticking (✓) the box beside my signature below I indicate that I do not want to receive marketing information.

Signature of policy owner 1

X ☐

Date

/ /

Signature of policy owner 2

X ☐

Date

/ /

Position in company (if policy owner is a company)

Position in company (if policy owner is a company)

If the policy owner is a company, this declaration is to be signed by:

- a** two directors of the company; or
- b** a director and a company secretary; or
- c** for a proprietary company, which has a sole director who is also the company secretary, then that director can sign the Application as owner.

Personal Statement

Personal Insurance Portfolio

CommInsure



The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 (CMLA)

Life to be insured

Surname

Given name/s

Date of birth

A Occupation details

The life to be insured must answer questions 1–7.

1 What is the principal occupation in which you are currently working?

Industry

2 Name of business/employer

Mailing address

State

Postcode

3 How long since you commenced in your **current** business/employment?

years

months

4 Current package or salary

\$

5 Please provide details of your employment history/positions over the last 5 years.

Previous occupation	Date from	Date to	Employed/Self-employed
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	

6 Please list the main income producing duties of your principal occupation, the approximate percentage of time spent on each duty and the percentage of income it generates.

Duty	Time	Income
	%	%
	%	%
	%	%
	%	%
	%	%
	%	%

7 Are any of your duties hazardous eg working at heights, working with explosives?

☐ No

☐ Yes

If 'Yes' please provide details including percentage of time spent on each duty.

A Occupation details (continued)

Are you applying for Income Care, Income Care Plus, Business Overheads Cover or TPD cover?

No ☐ Go to section D General details on page 14.

Yes ☐ Please complete questions below

8 Are you working in a business you own or partly own?

No ☐ **Go to Q12** Yes ☐

If 'Yes' how long have you been self employed?

Years Months

9 Please provide full details of all your business/private entities.

10 What percentage of the business do you own?

%

11 How many people do you employ?

Full time

Part time

12 Have you ever been bankrupt or has a company, in which you owned an interest, been wound up or dissolved or a liquidator appointed to it?

☐ No ☐ Yes

If 'Yes' date/s Please provide details below.

/ /	
/ /	

13 What is the average number of hours worked each week in your main occupation?

Currently

Over the last 12 months

14 Do you intend changing occupations?

☐ No ☐ Yes

If 'Yes' please provide details below.

15 Do you have a second occupation?

☐ No ☐ Yes

If 'Yes' hours worked per week

Annual income \$

Please provide further details of second occupation, including duties, below.

16 Do you work from home?

No ☐ **Go to Q19** Yes ☐

If 'Yes' please **complete questions 17 and 18.**

17 What percentage of your time is spent working from home?

%

18 Is your work area:

a open to the public?

☐ No ☐ Yes

b separate to your place of residence?

☐ No ☐ Yes

A Occupation details (continued)

19 Do you have any recognised trade, professional or tertiary qualifications?

☐ No ☐ Yes

If **'Yes'** please provide details

20 What was your annual income from personal exertion, **less business expenses, but before tax** (excluding superannuation, investment income or income earned from your personal exertion distributed to your partner, spouse, other person or entity) over the last 3 financial years?

a Last 12 months (less super)	\$
b Previous 12 months (less super)	\$
c Previous 12 months (less super)	\$

21 Do you receive any **other** income from investments, dividends etc?

☐ No ☐ Yes

If **'Yes'** please advise how much and from which source.

Amount p.a.

Dividends and interest	\$
Net real estate income (before depreciation)	\$
Other (please specify)	\$

22 If you have:

a applied for an agreed value Income Care or Income Care Plus policy and are working in a business you own or partly own
or

b applied for an indemnity Income Care or Income Care Plus policy with a monthly benefit in excess of \$15,000

please complete the Benefit Maximiser in section B on the following page otherwise, **go to section C Business Overheads Cover questionnaire, on page 13.**

* If you have applied for an agreed value policy **and** you are not working in a business you own or partly own, depending on your occupation group and your requested monthly benefit you may have to complete section **B Benefit Maximiser**. Please see your adviser for details.

B Benefit Maximiser

- 1 Is any income earned from your personal exertion distributed to your partner/spouse or another person or entity? ☐ No ☐ Yes

If 'Yes' please provide details below
(The amount stated should exclude the value worked by the other party).

Person/Entity	Relationship	Total amount
		\$
		\$
		\$
Total A		\$ p.a.

- 2 Does your business or employer provide fringe benefits in addition to those already stated? ☐ No ☐ Yes

If 'Yes' please provide details below

Type	Expense	FBT	Total amount
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total B			\$ p.a.

- 3 Amount from section A Occupation details, Q20a

Total C \$ p.a.

- 4 Super contributions above 15% of annual income (complete this only if you are applying for the Super Continuation Option.)

Total D \$ p.a.

(A + B + C + D)

Total E \$ p.a.

Apply the following formula to the Total E above

75% of the first \$250,000 p.a.

\$

50% of the next \$150,000 p.a.

\$

25% of the remainder

\$

Total F \$

Total monthly benefit available (Total F ÷ 12)

\$

- 5 To be completed if your Income Care or Income Care Plus monthly benefit exceeds \$15,000.

Net assets

Real estate (excluding personal residence) \$

Business interests \$

Other (please specify)

\$

If Accountant's Declaration is required you must provide details below.

Accountant's Declaration

To be completed by your accountant if you are applying for an indemnity Income Care Plus or Income Care policy with a monthly benefit in excess of \$15,000 or in such other circumstances as explained by your adviser.

I confirm that I have satisfied myself that the above particulars and answers regarding the financial situation of the life/lives to be insured are true and complete.

Signature

Date

X

/ /

Name

Firm

Address of firm State Postcode

Your qualifications

C Business Overheads Cover questionnaire

1 Are you applying for Business Overheads Cover?

☐ No ☐ Yes

If 'Yes' please complete questions below otherwise, **go to section D General details** on page 14

Note: Personal remuneration, depreciation of real estate, costs of goods or merchandise, equipment, fixtures or fittings, cost of implements of profession, and salaries of employees who would continue to produce revenue during the disability of the life to be insured, cannot be covered.

Expense	Monthly Average
Rent	\$
Mortgage/loan payments on business	\$
Electricity, gas, water, heating, cleaning and laundry	\$
Telephone	\$
Insurance premiums	\$
Leasing of equipment and motor vehicle	\$
Property rates and taxes	\$
Depreciation expense for plant and equipment	\$
Membership fees to professional bodies	\$
Accountant's and auditor's fees	\$

Salaries and associated costs (eg superannuation contributions, payroll tax, workers' compensation) for employees not producing revenue. Details of such employees are to be included in question 3 below.

\$

Please provide details of other fixed expenses usually incurred in the conduct of the business.

	\$
	\$
	\$
	\$

Total	A	\$
What percentage of the total business expenses are met by income earned by you?	B	%
Monthly amount of Business Overheads Cover required	A x B	\$

2 Please provide a brief explanation of what would happen with the business if you were to become disabled (including ongoing trade capacity eg 50%).

3 Details of all employees and/or partners

Name of employee/partner	Duties/Occupation	Monthly remuneration	% of interest in business
		\$	%
		\$	%
		\$	%
		\$	%
		\$	%
		\$	%

D General details

1 Are there any policies, existing or proposed, that insure your life?

☐ No ☐ Yes

If 'Yes' please provide details below

Company or fund	Sum insured	Type of policy (death, trauma, etc)	Will the policy/ies applied for replace it?
	\$		<input type="checkbox"/> No <input type="checkbox"/> Yes
	\$		<input type="checkbox"/> No <input type="checkbox"/> Yes
	\$		<input type="checkbox"/> No <input type="checkbox"/> Yes
	\$		<input type="checkbox"/> No <input type="checkbox"/> Yes

2 Have you ever had insurance for life, disability, trauma, accident or sickness declined, deferred or accepted on special terms?

☐ No ☐ Yes

If 'Yes' please provide dates and details below.

3 Have you ever made a claim for any injury or sickness through Workers' Compensation, sickness benefit, invalid pension or any insurance policy providing accident or sickness cover?

☐ No ☐ Yes

If 'Yes' please provide dates and details below.

4 a Place of birth

--

b If you were not born in Australia, do you have Permanent Resident status?

☐ No ☐ Yes

5 How long have you lived in Australia?

Years	Months
-------	--------

6 Do you intend to travel, work or reside in another country?

☐ No ☐ Yes

If 'Yes' please tell us when do you plan to travel?

--

Where do you plan to go?

--

What is the purpose, eg holidays, business?

--

For how long do you plan to travel?

--

E Personal and medical details

1 What is your **height** cm and current **weight** kg ?

2 Have you smoked tobacco or any other substance at any time during the last 12 months? ☐ No ☐ Yes
If '**Yes**' please state type and daily quantity.

3 Do you consume alcohol? ☐ No ☐ Yes
If '**Yes**' please state type and average daily quantity (advising 'social' is not sufficient).

4 Have you ever used or injected yourself with any drug not prescribed by a doctor or received counselling or treatment for the use of alcohol or drugs? ☐ No ☐ Yes
If '**Yes**' please provide details.

5 What is the full name and address of your usual doctor or medical centre?

Name

Address

State

Postcode

Phone number

Doctor's ABN (this is required for pre-payment of Doctor's report)

6 How long have you been attending this surgery or practice? Years Months

7 What was the date of your last consultation? / /

Reason for consultation

Result

8 Have you ever had or sought advice or treatment for:

a chest pain? ☐ No ☐ Yes

b asthma, bronchitis, coughing of blood, tuberculosis or any other lung complaint? ☐ No ☐ Yes

c gastric or duodenal ulcer, or persistent indigestion? ☐ No ☐ Yes

d diabetes or other pancreas disorder? ☐ No ☐ Yes

e epilepsy, fainting or fits? ☐ No ☐ Yes

f cancer, tumour or cyst? ☐ No ☐ Yes

g neuritis, sciatica or disease or injury to the muscles, tendons, bones or joints, including neck and back? ☐ No ☐ Yes

h mental illness or psychiatric disorder including depression, anxiety, stress, eating disorder, chronic tiredness, panic or phobic disorder? ☐ No ☐ Yes

i arthritis, gout or rheumatism? ☐ No ☐ Yes

j high blood pressure, heart, vein or circulatory disorder (eg heart attack, high cholesterol, varicose veins, rheumatic fever)? ☐ No ☐ Yes

Have you answered 'Yes' to any part of section E, Q8 above?

Yes ☐ Complete the rest of section E then go to and complete **section F Supplementary risks questionnaire on pages 18-19**

No ☐ Complete the rest of section E then go to and complete **section G Pastimes and activities questionnaire on pages 20-23**

E Personal and medical details (continued)

9 Has a medical examination been arranged for the purposes of this Application?

No ☐ **Go to Q10** Yes ☐ **Go to Q14 on page 17**

10 Have you ever had or sought advice or treatment for:

a stomach, intestinal or rectal disorder, haemorrhoids, gall bladder or liver disorder, including hepatitis? ☐ No ☐ Yes

b stroke, paralysis or disorder of the brain or spinal cord? ☐ No ☐ Yes

c any skin disorder (eg dermatitis, eczema or psoriasis)? ☐ No ☐ Yes

d kidney disease (eg renal colic), bladder disorder? ☐ No ☐ Yes

e any defect in sight, hearing or speech, or any other physical deformity or abnormality? ☐ No ☐ Yes

f any blood disorder (eg leukaemia, haemophilia, or anaemia)? ☐ No ☐ Yes

g any sexually transmitted disease? ☐ No ☐ Yes

h other than already stated, have you within the last 5 years

• received any other medical examinations, advice, treatment or been in hospital? ☐ No ☐ Yes

• had an ECG, x-ray or other tests, including blood tests, for which you have received a consultation (excluding ailments such as cold and flu)? ☐ No ☐ Yes

i Females: Are you currently pregnant?

No ☐ Yes ☐ Date due / /

11 Did you answer 'Yes' to any part of section E, Q10 above?

No ☐ **Go to Q13 on page 17** Yes ☐ **Please complete Q12, below**

12 Details of 'Yes' answers to any part of section E, Q10 (If insufficient space, please use Notes section on page 38)

Q10 () Illness, injury or tests including reason for tests

Date commenced	Time off work	Date of last symptoms	Degree of recovery
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> %

Type of treatment

Full name of doctor or hospital (if any) that treated you

Address State Postcode

Q10 () Illness, injury or tests including reason for tests

Date commenced	Time off work	Date of last symptoms	Degree of recovery
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> %

Type of treatment

Full name of doctor or hospital (if any) that treated you

Address State Postcode

Q10 () Illness, injury or tests including reason for tests

Date commenced	Time off work	Date of last symptoms	Degree of recovery
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> %

Type of treatment

Full name of doctor or hospital (if any) that treated you

Address State Postcode

E Personal and medical details (continued)

Q10 () Illness, injury or tests including reason for tests

Date commenced	Time off work	Date of last symptoms	Degree of recovery
/ /		/ /	%

Type of treatment

Full name of doctor or hospital (if any) that treated you

Address

State

Postcode

13 a Are you contemplating surgery in the future?

☐ No ☐ Yes

If 'Yes' please provide details and dates.

b Have you regularly taken any stimulants, sedatives, tranquillisers, antibiotics, medications or drugs (not including contraceptives and medications for colds and flu) within the last 5 years?

☐ No ☐ Yes

If 'Yes' please provide reason.

Types taken

Daily dosage

Date treatment ceased if applicable

c To the best of your knowledge, have any of your parents, brothers, sisters or grandparents (living or dead) suffered from:

- heart disease (including cardiomyopathy)
- stroke
- high blood pressure
- diabetes
- kidney disease
- cancer
- hereditary/familial disorder such as Huntington's Disease, muscular dystrophy, polycystic kidney disease, cystic fibrosis, haemophilia, etc?

☐ No ☐ Yes

If 'Yes' please complete the following table.

Family member	Condition	Age at diagnosis	Age at death

14 a Have you any reason to believe that you are suffering from Acquired Immune Deficiency Syndrome (AIDS) or any AIDS related illness, or that you are carrying the virus that causes AIDS, or that your spouse or any sexual partner is suffering from AIDS or carrying the virus that causes AIDS?

or

b Have you been treated with any blood products or permanently been refused as a blood donor?

or

c Since 1980, have you

- engaged in anal sexual activity?
- injected yourself with any drug not prescribed by a medical practitioner?
- worked as or engaged in sexual activity with a prostitute?

☐ No ☐ Yes

If 'Yes' please provide full details in the section below (you may also be asked to complete a Confidential Questionnaire).

F Supplementary risks questionnaire

Did you answer 'Yes' to any part of section E, Q8?

No ☐ Go to section G Pastimes and activities questionnaire on page 20

Yes ☐ Please complete the relevant sections of this questionnaire

	Condition/Illness 1	Condition/Illness 2																
1 Type of injury or complaint	<input type="text"/>	<input type="text"/>																
Date of onset of symptoms	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>																
Date symptoms ceased	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>																
2 What part of the body was affected?	<input type="text"/>	<input type="text"/>																
3 What was the cause?	<input type="text"/>	<input type="text"/>																
4 State (if applicable):																		
a frequency of symptoms	<input type="text"/> per year	<input type="text"/> per year																
b date of your last symptoms	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>																
c severity of the symptoms	<input type="text"/>	<input type="text"/>																
d duration of the symptoms	<input type="text"/>	<input type="text"/>																
5 a What treatment have you received?	<input type="text"/>	<input type="text"/>																
When did the treatment cease (if applicable)?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>																
b What treatment are you currently receiving?	<input type="text"/>	<input type="text"/>																
How often?	<input type="text"/>	<input type="text"/>																
6 Time off work	From <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/>	To <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/>																
7 Have you ever been admitted to hospital for this complaint?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes																
If 'Yes' please state when and period of time.	<table border="1"><thead><tr><th>Date</th><th>Period of time</th></tr></thead><tbody><tr><td><input type="text"/> / <input type="text"/> / <input type="text"/></td><td><input type="text"/> days/months</td></tr><tr><td><input type="text"/> / <input type="text"/> / <input type="text"/></td><td><input type="text"/> days/months</td></tr><tr><td><input type="text"/> / <input type="text"/> / <input type="text"/></td><td><input type="text"/> days/months</td></tr></tbody></table>	Date	Period of time	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> days/months	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> days/months	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> days/months	<table border="1"><thead><tr><th>Date</th><th>Period of time</th></tr></thead><tbody><tr><td><input type="text"/> / <input type="text"/> / <input type="text"/></td><td><input type="text"/> days/months</td></tr><tr><td><input type="text"/> / <input type="text"/> / <input type="text"/></td><td><input type="text"/> days/months</td></tr><tr><td><input type="text"/> / <input type="text"/> / <input type="text"/></td><td><input type="text"/> days/months</td></tr></tbody></table>	Date	Period of time	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> days/months	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> days/months	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> days/months
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<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> days/months																	
Name of hospital	<input type="text"/>	<input type="text"/>																
Address of hospital	<input type="text"/>	<input type="text"/>																
	<input type="text"/> Postcode	<input type="text"/> Postcode																
Name of doctor who provided treatment	<input type="text"/>	<input type="text"/>																
8 Were any tests conducted?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes																
If 'Yes' state type (eg x-ray, blood tests).	<input type="text"/>	<input type="text"/>																
Please provide results of tests	<input type="text"/>	<input type="text"/>																
Date tests were conducted	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>																

F Supplementary risks questionnaire (continued)

	Condition/Illness 1	Condition/Illness 2
9 Have you fully recovered?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
If ' No ' give details of treatment recommended and/or continuing symptoms.	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
10 When did you last consult your doctor for this?	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;">/ /</div>	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;">/ /</div>
Name of doctor last consulted for this	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Address of doctor last consulted for this	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	Postcode	Postcode
11 Does your usual doctor or medical centre have details of this condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

Questions to be completed in addition to the above if answered 'Yes' to Asthma, Back Disorders, Epilepsy or Diabetes in section E, Q8.

1 Asthma

Have you used oral steroids (eg Prednisone) in the last 2 years? ☐ No ☐ Yes

If '**Yes**' please state when

and for how long

If inhaler is used, how long does one last?

2 Back disorders

What part of the back was affected (eg lower, middle, upper, neck)?

Did pain radiate to other areas (eg down legs or arms)?

☐ No ☐ Yes

If '**Yes**' please provide details.

3 Epilepsy

Please state type of epilepsy you have experienced (eg grand mal, petit mal, temporal lobe etc)?

How frequently do/did you experience fits/seizures?

per year

When was the last fit/seizure?

Date

/ /

4 Diabetes

Do you perform home testing?

☐ No ☐ Yes

If '**Yes**' please state dates and results of the last three blood sugar tests (eg with glucometer)

Blood sugar	Date
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;">/ /</div>
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;">/ /</div>
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;">/ /</div>

and

Urine tests (eg with dip stick)

Urine	Date
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;">/ /</div>
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;">/ /</div>
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;">/ /</div>

G Pastimes and activities questionnaire

Do you currently engage in or intend to engage in any sporting or recreational activities eg football, aviation (other than as a fare paying passenger), motor racing, rock climbing, etc?

☐ No ☐ Yes

If 'Yes' please complete the relevant section/s of this questionnaire otherwise, **go to section 'H Declaration' on page 25.**

Underwater activities

Please tick (✓) boxes where applicable

1 Are you an amateur or professional diver?

☐ Amateur

☐ Professional – please state nature of work.

2 Type of diving you engage in? (Please state certification)

☐ Scuba

☐ Snorkel

☐ Hookah

☐ Other – please provide details.

3 How long have you been diving?

Years

Months

4 Do you usually dive

☐ Alone ☐ In a pair ☐ In a group

5 Where do you usually dive?

☐ Close to shore ☐ Off-shore ☐ Rocky areas ☐ Lakes ☐ Rivers ☐ Caves

☐ Other (please state)

6 Please advise the following

a average number of dives per year

b average depth of dives

c maximum depth of dives

7 How often do you dive deeper than 35 metres?

Aviation

Please tick (✓) boxes where applicable

1 Do you hold an Air Services Licence?

☐ No ☐ Yes

If 'Yes' please state type and how long held.

2 Do you intend to change the scope of your present licence?

☐ No ☐ Yes

If 'Yes' please state to what?

G Pastimes and activities questionnaire (continued)

Aviation (continued)

3 Have you ever had an accident or been charged with violating Civil Aviation regulations?

☐ No ☐ Yes

If 'Yes' please provide details.

4 Do you intend to engage in any form of aviation other than the categories shown below?

☐ No ☐ Yes

If 'Yes' please provide details

What are the anticipated routes to be flown?

5 Please complete the following table.

Hours flown under the following categories

	Total hours	Last 12 months	Future yearly average
Privately owned aircraft			
Chartered aircraft within Australia			
Chartered aircraft outside Australia			
Commercial airline			
Agricultural			
Ultralight/Microlight			
Armed Services			
Aerobatics/Stunts			
Helicopter			
Gliding			

Motor racing

Please tick (✓) boxes where applicable.

1 Do you compete as an amateur or professional?

☐ Amateur

☐ Professional

2 How long have you engaged in motor racing?

years

months

3 What type of licence do you hold?

--

If CAMS, state the classification.

--

4 Are you sponsored?

☐ No ☐ Yes

If 'Yes' please provide details.

--

G Pastimes and activities questionnaire (continued)

Motor racing (continued)

5 Has your licence ever been suspended or temporarily restricted for any reason?

☐ No ☐ Yes

If 'Yes' please provide details.

6 Please complete the following tables.

Vehicle	Make	Engine capacity	CAMS category

Type of event (eg circuit racing)	Track/Circuit location	Number of events per year	Maximum speeds attained

Mountaineering, rock climbing and abseiling

Please tick (✓) boxes where applicable.

1 What activity do you participate in?

2 Are you a member of a club or organisation?

☐ No ☐ Yes

If 'Yes' please provide details.

3 How many years have you been involved in the activity?

4 Where do you normally climb?

5 Up to what standard do you climb (eg easy, moderate, difficult, severe, very severe)?

6 Do you use ropes, ice axes and other aids?

☐ No ☐ Yes

If 'Yes' please provide details.

7 Are you involved in lead climbing, solo climbing, top roping etc?

☐ No ☐ Yes

If 'Yes' please provide details.

8 What is the maximum height you climb, or abseil down?

G Pastimes and activities questionnaire (continued)

Mountaineering, rock climbing and abseiling (continued)

9 Do you climb outside Australia, or have any intention of climbing outside Australia?

☐ No ☐ Yes

If 'Yes' please provide details

10 Have you ever had any accidents while mountain climbing, rock climbing or abseiling?

☐ No ☐ Yes

If 'Yes' please provide details.

Other

1 What activity do you engage in? Give a full description (including hazards involved, safety precautions taken etc.)

2 Give details of:

a frequency

--

b length of time you have participated in this activity

--

c locations

--

3 Do you engage in the activity as an/a

☐ Amateur

☐ Professional – please provide details

--

Next Step

Sign the Declaration on page 25.

Complete both Medical Authorities on page 25.

This page has been left blank intentionally

H Declaration

This section must be completed in all circumstances.

I have read the **Duty of Disclosure** in section 1 of this Application and I am aware of the consequences of non-disclosure. I understand that the Duty of Disclosure continues after I have completed this statement until this Application has been accepted by The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 (CMLA) in writing.

I authorise:

- the insurer to refer any statements that have been made in connection with this Application and any medical reports, to other entities involved in providing or administering the insurance (for example reinsurers, medical consultants, legal advisers).
- the insurer and any person appointed by the insurer to obtain information on my medical, claims and financial history from the Insurance Reference Association and any other body holding information on me.

I declare that:

- the answers to all the questions and the declarations on this Personal Statement are true and correct (including those not in my own handwriting);
- the answers given together with any special conditions will form the basis of the contract of insurance; and
- no information has been withheld which may affect CMLA's decision to provide insurance.

I have read and understood the section **Privacy Of Your Personal Information** on page 36 of the PDS.

I acknowledge and consent to the use and disclosures of my personal information as detailed in that section.

By ticking (✓) the box beside my signature below I indicate that I do not want to receive marketing information.

Signature of life to be insured

X

Date

/ /

Policy owner's signature (if different to life to be insured)

X

Date

/ /

Please complete both Medical Authorities below

Medical Authority Personal Insurance Portfolio

The Colonial Mutual Life Assurance Society Limited
ABN 12 004 021 809 (CMLA)

Dear

I hereby authorise you to give to CMLA all information with respect to any illness, injury, medical history, consultation, prescription or treatment and copies of all hospital or medical or medical records. A photocopy of this authorisation is as effective and valid as the original.

Signature of life to be insured

X

Name of life to be insured

Previous surname (if applicable)

Date

/ /

Medical Authority Personal Insurance Portfolio

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Previous surname (if applicable)

Date

/ /

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Pathology Request for Insurance Purposes Personal Insurance Portfolio

CommInsure



The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 (CMLA)

It is essential to present this consent form to your doctor/pathologist if you need to undergo any pathology test.

Adviser instructions

- 1 With your client, complete the **Pathologist**, **Client details**, **Current doctor** and **Adviser details** sections. Ensure the tests requested have been selected (please tick (✓) boxes).
- 2 Give your client this Pathology Request and confirm the **Client Instructions** sections with them.
- 3 Clients having an AIDS test must read the section **Important Information relating to AIDS (HIV)** on page 29.
- 4 If an AIDS test is being arranged, the pathologist should forward the test results to the appropriate address below, marked attention to the Chief Medical Officer, Risk New Business.

Adviser details (To be completed by adviser)

Name	Agency number	Application number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone number	Mobile	Email
() <input type="text"/>	<input type="text"/>	<input type="text"/>

Application submitted

- ☐ Total Care Plan
☐ Income Care Range
☐ Other (please specify)

Please tick (✓) the applicable box below where results and account should be sent.

Results and accounts for all Applications where the adviser is a Commonwealth Bank employee, should be sent to:

CommInsure
Underwriting Department
PO Box 324
SILVERWATER NSW 2128

Please indicate by ticking (✓) the applicable box below, which state the Commonwealth Bank employee is from:

- ☐ NSW or ACT ☐ VIC or TAS ☐ QLD ☐ SA or NT ☐ WA

Results and accounts for all other Applications should be mailed to the CommInsure Underwriting Department in your state or territory.

☐ **NSW or ACT**
CommInsure
Underwriting Department
PO Box 324
SILVERWATER NSW 2128

☐ **SA or NT**
CommInsure
Underwriting Department
Reply Paid GPO Box 1766
ADELAIDE SA 5001

☐ **VIC or TAS**
CommInsure
Underwriting Department
Reply Paid 783
PO Box 397
SOUTH MELBOURNE VIC 3205

☐ **WA**
CommInsure
Underwriting Department
PO Box Z5039,
66 ST GEORGES TERRACE WA 6831

☐ **QLD**
CommInsure
Underwriting Department
CMLA Underwriting Department
PO Box 101
BRISBANE, ALBERT STREET QLD 4002

Life to be insured instructions

- 1 Please complete this form but **do not sign the client consent prior to attending the pathologist appointment.**
- 2 Telephone the pathology branch for an appointment and ask if any special instructions apply.
- 3 If a Multiple Biochemical Analysis (MBA) is required, you should fast for 12 hours before the test.

Pathologist

Name Phone number () Hours

Address State Postcode

**Please send results and account to the CommInsure address indicated on the previous page.
Please attach a copy of this request with results and account when sent to us.**

Life to be insured details

Surname Given name/s

Gender ☐ Female ☐ Male Date of birth / / Referral date / /

Test requested

Please tick (✓) the appropriate test/s

- ☐ Multiple Biochemical Analysis (MBA) - Cholesterol (High and Low Density), Triglycerides, Glucose, Creatinine, Uric Acid and LFTs
- ☐ Hepatitis B and C serologies
- ☐ HIV antibodies (please read the section **Important Information relating to AIDS** on page 29)
- ☐ Full blood count and ESR
- ☐ Other (please specify)

Current doctor

Name Phone number () Hours

Address State Postcode

Life to be insured consent

Not to be signed prior to attendance at pathology clinic or doctor.

- I,
- request and authorise the pathologist mentioned on the previous page to perform the tests requested by CMLA in connection with my Application for insurance and forward such report to CMLA's Chief Medical Officer;
 - consent to have my blood tested for the presence of antibodies to the AIDS virus where requested by CMLA. I have read the information provided on the following page on the implications of CMLA's AIDS test and understand its significance; and
 - request that, in the event of the test for HIV antibodies being positive, CMLA's Chief Medical Officer communicates the result to my doctor as nominated above for communication to me, in person.

Signature of life to be insured Date / /

X

Important information relating to AIDS (HIV)

What is AIDS?

AIDS (Acquired Immune Deficiency Syndrome) is the name given to a condition in which the immune system is attacked by the Human Immunodeficiency Virus (HIV). AIDS is a viral disease which destroys white blood cells in the body. The white blood cells help protect the body against infections and cancers.

How do people contract AIDS?

HIV can be transmitted by:

- 1 Unprotected sex with a partner who has the virus.
- 2 Receiving blood, semen or organs which have been infected with HIV.
- 3 Intravenous drug users who share needles and syringes.
- 4 Mother to children during pregnancy or breastfeeding.

Is there a cure?

The most recent evidence suggests that the virus will persist in the body indefinitely. As yet, there is no known cure for AIDS.

Why do people need an AIDS test for insurance?

As there is no known cure for AIDS, it is essential that CMLA protects the interests of existing policy owners. It must also ensure long-term viability for the benefit of not only current but also future policy owners. AIDS has become a critical risk factor as is heart disease, cancers, dangerous occupations, hazardous activities and the like. Accordingly, an AIDS questionnaire has been introduced as part of the Personal Statement. Additionally, a blood test will be required.

What are your options?

You may choose not to have the test or you may wish to have further information first. If so, we recommend you discuss this with your own doctor or specialist counsellor.

If you choose not to have the test, CMLA may not be able to proceed with the application for insurance.

What does a negative result mean?

If you receive a negative result it means that you have not been infected with HIV or that you may have been infected recently but your body has not produced the antibodies signalling the presence of the virus. The body can take between 7 and 12 weeks to manufacture the antibodies for HIV.

What does a positive result mean?

If the result is positive it means that you have been infected with the virus and thus the infection is permanent. Please be aware of how the infection is transmitted so that you do not pass it on. People who have been infected with HIV may develop full-blown AIDS at some stage and the long-term outlook is uncertain. For this reason insurance will not be available to these people.

Where do the results go?

Everyone undergoing an AIDS test must sign a release form. All results will be sent under confidential cover to CMLA's Chief Medical Officer to preserve your privacy.

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Notes for Underwriters

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Direct Debit Request Personal Insurance Portfolio

CommInsure



The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 (CMLA)

Policy number/s
(if known)

Personal Details

Surname

Given name/s

or
Company/Business
name giving Direct
Debit Request

ABN

Customer's
address

State

Postcode

I/We authorise and request

CMLA 115 (APCA User ID) until further notice in writing to arrange for funds to be debited from my/our account, at the Financial Institution identified and as described in The Schedule below, any amounts which CMLA may debit or change me/us through the Bulk Electronic Clearing System.

The Schedule

Name of account
to be debited

Details of Financial Institution at which your account is held

Account details

BSB

Account number

Name

Address

State

Postcode

Direct Debit Request Authorisation

I/We have read the **Customer Service Agreement** on page 35 of this Application and acknowledge and agree with its terms and conditions. I/We request this arrangement to remain in force in accordance with details set out in The Schedule described above and in compliance with the **Customer Service Agreement**.

Customer/s name

Customer/s
signature

Date

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Credit Card Authority Personal Insurance Portfolio

CommInsure



The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 (CMLA)

Please tick (✓) the appropriate box and complete all details.

☐ Bankcard ☐ MasterCard ☐ Visa Please charge my credit card the amount of \$

(or adjusted amount as advised to me from time to time) at the frequency selected below until this ongoing authority is cancelled in writing, by either myself or the insurer.

Frequency ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly

Cardholder's name

Cardholder's number Expiry date /

Cardholder's signature ☒ Date / /

BR144 0204

CommInsure is a registered business name of The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809

Direct Debit Request Customer Service Agreement Personal Insurance Portfolio

CommInsure



The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 (CMLA)

We, The Colonial Mutual Life Assurance Society Limited, note our commitment to you, as follows:

- We will advise you by notice, statement or invoice of the drawings.
- Where the drawing date falls on a non-business day, we will draw the amount on the next business day.
- We will provide written notice of any proposed changes to your drawing arrangement, (other than those detailed in your policy conditions) providing no less than 14 days notice.
- We reserve the right to cancel the drawing arrangement if drawings are continually returned unpaid by your nominated Financial Institution. Where drawings are returned unpaid we will arrange an alternate payment method. A fee may apply for drawings that are returned unpaid.
- We will keep all information provided by you and details of your nominated account at the Financial Institution, private and confidential. However, we may disclose information that we have about you to the extent specifically permitted by the law or for the purpose of this agreement (including disclosing information in connection with any query, dispute or claim).
- We will investigate and deal promptly with any queries, claims or complaints regarding debits, providing a response within 20 business days.

You, the customer, note your commitment to us as the following:

- It is your responsibility to check with your Financial Institution before completing the Direct Debit Request, that direct debiting is available on that account.
- It is your responsibility to ensure that the authorisation on the Direct Debit Request is identical to the account

signing instruction held by the Financial Institution of the nominated account.

- It is your responsibility to ensure that at all times, sufficient funds are available in the nominated account to meet a drawing on the due date for payment.
- It is your responsibility to advise us if the account nominated by you, to receive the drawings is altered, transferred or closed.
- It is your responsibility to arrange with us a suitable alternate payment method, if the drawing arrangements are stopped, either by you or the nominated Financial Institution.
- It is your responsibility to meet any charges resulting from the use of the Direct Debit System. This may include fees charged to us as a result of returned drawings.

You may request to defer or alter the agreed drawing schedule, by giving written notice to us. Such notice should be received by us at least 14 business days prior to the drawing date.

You may stop your individual debit by giving written notice to us. Such notice should be received by us at least 14 business days prior to the drawing date.

You may cancel the Direct Debit arrangement at any time by giving written notice to us. Such notice should be received by us at least 14 business days prior to the drawing date. Your nominated Financial Institution is unable to cancel your Direct Debit arrangement.

All transaction disputes, queries and claims should be raised directly with us. We will provide a verbal or written response within 20 business days from the date of the notice. If the claim/dispute is successful, we will reimburse you by way of cheque or electronic credit to your nominated account.

BR144 0204

This section must be retained by the customer.

Page 35 of 40

CommInsure is a registered business name of The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809

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Adviser details

Adviser 1

Name

Agency number

Company name of adviser (if applicable)

Referral branch name (if applicable)

Referral branch BSB (if applicable)

Contact name

Phone number

Fax number

Adviser 2

(if applicable)

Name

Agency number

English literacy

Can the proposed policy owner/s and/or life/lives to be insured read and understand English?

☐ No☐ Yes

If 'No' what language was used to explain the policy?

Customer contact

If required, do you give permission for CommInsure to contact your client direct to clarify any matter in relation to this Application?

☐ No☐ Yes

If 'Yes' please provide daytime contact phone number

and preferred time of contact

 am/pm

Adviser declaration

I certify that I have provided the Applicant with the current Personal Insurance Portfolio PDS

Signature of adviser 1

Date

Signature of adviser 2

Date

Remuneration structure

All Commonwealth Bank customer applications

☐

Franchise owner

☐

Advisers/Brokers

☐

Income Care Range

☐

Initial

☐

Hybrid

☐

Level

Total Care Plan

☐

Initial

☐

Hybrid

☐

Level

Remuneration split

(Complete if there is more than one adviser)

Adviser 1

 %

Adviser 2

 %

Syndicate plan codes

Income Care Range

Total Care Plan

Notes

[illegible]

Notes

[illegible]

Contact Details

Phone Enquiries	Customer Service Consultants Telephone 13 10 56 Between 8am and 8pm (Sydney time), Monday to Friday
Claim Enquiries	Claims Assist Line Telephone 1800 221 516 Between 8am and 8pm (Sydney time), Monday to Friday
Postal Address	Personal Insurance Portfolio PO Box 319 SILVERWATER NSW 2128
Web site	comminsure.com.au

Speak with your adviser
or call us now on

13 10 56

comminsure.com.au

CommInsure

