

Qantas Life Insurance

Life Insurance

Total Permanent
Disability Insurance

Trauma Insurance

Income Protection
Insurance

Combined Product Disclosure
Statement & Financial Services Guide

Issue date: 1 April 2021

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QANTAS
INSURANCE

Important information

This combined Product Disclosure Statement and Policy Document (PDS) and Financial Services Guide (FSG) is designed to help you decide whether to buy Qantas Life Insurance. The information contained in this document is general information only and does not take into account your individual objectives, financial situation or needs. Therefore, you should consider how appropriate this insurance is with regard to your objectives, financial situation and needs before making a decision to acquire this product.

The PDS describes the main features and benefits of Qantas Life Insurance. The FSG contains important information about the services provided by the distributor and issuer, the remuneration they receive, and external and internal dispute resolution services.

About the promoter

Qantas Life Insurance is promoted by Qantas Airways Limited
ABN 16 009 661 901 of 10 Bourke Road Mascot NSW 2020 (Qantas).

Qantas has been appointed as an Authorised Representative, Authorised Representative Number (ARN) 261 363 of TAL Direct Pty Limited
ABN 39 084 666 017 AFSL 243 260 (TAL Direct).

About the issuer and distributor

TAL Life Limited ABN 70 050 109 450, AFSL 237 848 (TAL Life) is the issuer of the insurance benefits outlined and takes full responsibility for the whole of this PDS. TAL Direct is responsible for the FSG.

In this PDS, '**Policy**' means the Qantas Life Insurance Policy and the '**Policy Owner**' means the person who legally owns the **Policy**, including the Self-Managed Super Fund (SMSF) if you have purchased your **Policy** through superannuation.

In this document, some words and expressions have special meaning. They are normally bold and begin with capital letters and their meaning is explained in the Glossary on page 45. Also in this document, references to 'you' and 'your' means the person who is **Covered**, the **Life Insured** or the **Policy Owner** as the context requires. In a claim scenario, 'you' may also refer to your legal personal representative if you are the **Life Insured** and you have passed away. References to 'we', 'us' and 'our' mean Qantas, TAL Direct or TAL Life unless the context requires otherwise.

The **Policy** is subject to and governed by the laws of Australia. The singular includes the plural and vice versa. Words of one gender include the other gender. Headings are only for convenience. Apart from the Glossary, headings do not affect the interpretation of the words of the **Policy**.

If you take out a **Policy**, please keep a copy of this document with your **Policy Schedule** in a safe place as together with your application they form the contract between us and the **Policy Owner**. The PDS sets out all of the terms and conditions for the **Policy** and the **Policy Schedule** sets out your **Cover** details and any additional terms and conditions applicable to you. Please read the PDS and the **Policy Schedule** carefully to understand how your **Policy** operates and to ensure all of your details in the **Policy Schedule** are correct. These documents will be required in the event of a claim.

You can call Qantas on 13 49 60 if you would like a copy of your PDS and **Policy Schedule** to be sent to you. There are risks involved with taking out insurance and you should be aware of these. Please refer to page 60 for more information.

From time to time updates about our products which are not materially adverse to you may be found on the Qantas Insurance website at qantas.com/LifeInsurance. You can call us on 13 49 60 if you would like a copy sent to you. This will be free of charge.



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Taking care of you on life's journey

Everyone's life is different - different journeys, relationships, hopes and goals. But all of us need protection. Qantas Life Insurance is here to take care of you with tailored insurance that helps protect the life you lead.

Why Qantas?

Today Qantas Frequent Flyer members can feel confident that they'll be looked after from the moment they take out an insurance policy, right through to when they claim.

What is Qantas Life Insurance?

Qantas Life Insurance is the smart way to protect the life you lead. You could also earn Qantas Points when you take out a policy, pay your premium or when you download and use the Qantas Wellbeing App[^].

Earning Qantas Points

The Qantas Points are allocated over a set period of months from the start date of your **Policy**. This is advised at the time of purchase.

With these points, you can redeem flights, hotels, car hire or a range of other products. See qantas.com for more. For more information on earning points with Qantas Life Insurance please see qantas.com/LifeInsurance.

What about claims?

Qantas Life Insurance is piloted by your favourite airline and powered by TAL, insurance providers for over 150 years. Between 1 April 2019 and 31 March 2020 TAL paid \$2.5 billion in claims, that's over \$46 million a week, so you can see why they are our chosen partner.

The Qantas Life Insurance difference

Just as you decide how to lead your life, you can now take control of the cover you choose and match it to your individual circumstances:

- **Bundle** insurances together
- Earn Qantas Points for your loyalty
- Select what's best for you, including:
 - How you build your **Policy**
 - The extras you'd like to add
 - How you wish to pay



[^] You must be a Qantas Frequent Flyer member to earn points. Membership and points are subject to the Qantas Frequent Flyer program available here: qantas.com/fflyer/dyn/program/terms. There is a minimum monthly premium and holding period required to earn sign-on Qantas Points. To receive each instalment of Qantas Points, premium payments must be up to date and paid in full. Not available to existing Qantas Life Insurance policyholders or those who have held a Qantas Life Insurance policy within the last 12 months. This offer may be withdrawn at any time. Any offer of Qantas Points is at the discretion of Qantas and may change or be withdrawn at any time, including if Qantas ceases to be the promoter of the product. The Qantas Wellbeing App is offered by Qantas and you must be 13 years of age or over to use the App. Conditions apply.

Qantas Life Insurance - at a glance

Qantas Life Insurance takes care of you with four separate **Insurances**, all in the one place – and all in the one **Policy**.

Design your Cover

Qantas Life Insurance lets you design the protection that best suits your lifestyle.

You know more about your life than anyone, so it makes sense for you to decide how to build, pay for, and add to your **Cover**. Even as life evolves, you can easily update your **Policy** to accommodate your changing needs.

If you need assistance while you are building your **Cover** you can call us on 13 49 60 or you can apply online at qantas.com/LifeInsurance but ultimately you make the call so you only pay for the insurance you require – not what someone wants to sell you.

The pillars of Qantas Life Insurance

Create your **Policy** using one, some or all of these insurances:

Life Insurance

Protects your loved ones' futures and gives them options if you're no longer around. More on page 12.

Total Permanent Disability Insurance (TPD)

Helps protect your quality of life if you're permanently disabled and can't work. More on page 16.

Trauma Insurance

Provides you with a lump sum benefit should you suffer from a serious **Illness** or **Accident**. More on page 20.

Income Protection Insurance

Provides you with an income if you temporarily can't work due to **Illness** or **Injury**. More on page 28.

Qantas Life Insurance is made up of four types of **Insurance**, and each **Insurance** is made up of three separate **Covers**. You can add or remove different **Insurances** and **Covers** to build your **Policy**, only paying for what you need.



Take care here

Be aware that some rules and restrictions apply – and that you can only claim on the **Cover** you choose. Be sure to understand what is and isn't **Covered** – see the Taking care of details section, on page 11.

Things to remember when building your Policy

STEP 1

When you select more than one **Insurance**, you can choose to have them **Standalone** or **Bundled**. You'll need to know the advantages and disadvantages of both, detailed on pages 36, 38 and 39.

Standalone

With **Standalone**, each **Insurance** is separate, so if you make a claim there is no effect on the **Benefits** of your other **Insurances**.

Take care here

It sounds awful, but if you purchase **TPD** or **Trauma Insurance** as **Standalone**, you must survive for 14 days after the **Illness or Injury** event for **TPD** or the **Covered** event for **Trauma Insurance** to be eligible to claim.

Bundled

Here your **Insurances** are bundled together and so are the **Benefits**. **Bundling** insurance may initially reduce your premiums, however if you make a claim, there is an impact on the total **Benefit Amount** available across other **Insurances** within the same **Bundle**.

STEP 2

You choose your preferred type of premium

Stepped Premiums:

Stepped Premiums are generally cheaper in the beginning, but will increase each year based on your age. Further information regarding **Stepped Premiums** can be found on page 43.

Level Premiums:

Level Premiums are most likely to be more expensive in the beginning, but generally do not change as you get older – provided you don't have **Inflation Protection** and you haven't increased your level of **Cover** or made changes to your **Policy**. Where **Level Premium** 'to age 65' is shown in your **Policy Schedule**, premiums will revert to **Stepped Premiums** on the **Policy Anniversary** before the **Life Insured's** 65th birthday. Where **Level Premium** 'to age 70' is shown in your **Policy Schedule**, premiums will revert to **Stepped Premiums** on the **Policy Anniversary** before the **Life Insured's** 70th birthday. Further information regarding **Level Premiums** can be found on page 43.



Things to consider when choosing Level Premiums

- Unfortunately, your insurance risk increases as you age – so at the **Policy Anniversary** after age 64, your **Level Premiums** will change to **Stepped Premiums**.
- A word about **Inflation Protection**. **Inflation Protection** helps make sure that you're not underinsured (and caught out) due to the rising costs of living. This means we'll increase your **Benefit Amount** each year to help guard against rising costs, and your premiums will increase in line with this change. Please note, if keeping your cost stable is important to you, you have the option of removing **Inflation Protection** – see page 42 for details.
- Like all insurance providers, we are able to change the base rates for all customers (on both **Level Premiums** and **Stepped Premiums**) if conditions change or we receive more claims than expected. However, we will not single out individual customers for increases once **Cover** is in place. If a change is made to the base rates and your premium is affected, we will give you 30 days notice of the change.

Taking care of you when you claim

Am I **Covered**? Will my insurer pay out when I claim?
These are the questions that run through your head when considering your **Policy**.

Rest assured

Between 1 April 2019 and 31 March 2020, TAL paid \$2.5 billion for **Life Insurance**, **TPD**, **Trauma Insurance** and **Income Protection Insurance** claims.

Making difficult times easier

The last thing you want when you have to claim is more stress. That's why our aim is to make your claims experience as hassle-free as possible.

Dedicated claims consultant

Your claims consultant will be there to support you or your family through the process. They'll explain the steps you need to take and the information you'll need to provide.

Reduced paperwork

Your claims consultant will take as much of the burden off you as possible, including collecting details over the phone where feasible so your claim progresses as quickly and efficiently as possible.

Rehabilitation

Your return to health is paramount, including your rehabilitation. You may be referred to a qualified vocational or occupational specialist to develop a personal rehabilitation program to assist your return to work. See Rehabilitation Expense Benefit on page 30.

Take care here

To ensure your **Policy** is valid, you need to take care and answer the questions we ask you as completely and accurately as you can. See the Duty of Disclosure on page 57.

Claim early

No two claims are the same so the sooner you contact us, the earlier we can look into your claim.



13 49 60



hello@qantasinsurance.com



GPO Box 5380 Sydney NSW 2001



Taking care of details

The most effective policy is one that protects you with the insurance you need and not what you don't need. Please read this section to understand the details that will help you to make an informed, individual decision.

Life Insurance (Page 12)

Accident Cover
Illness Cover
Adventure Sports Cover

Trauma Insurance (Page 20)

Cancer Cover
Critical Injury Cover
Critical Illness Cover

Total Permanent Disability Insurance (Page 16)

Accident Cover
Illness Cover
Sports Cover

Income Protection Insurance (Page 28)

Accident Cover
Illness Cover
Sports Cover



Life Insurance

Life Insurance pays a lump sum **Benefit Amount** upon your death, or on the diagnosis of a **Terminal Illness**, helping to give financial protection to the ones you love and the choices and options you've worked hard to create.

Who can apply

Australian citizens, Australian permanent residents, and New Zealand citizens residing permanently in Australia aged 18 to 74 are eligible to apply. **Level Premiums** are only available to applicants aged 18 to 59.

How much Life Insurance can I have?

The minimum **Cover** amount you can apply for is \$100,000. The maximum **Cover** amount you can apply for is \$2,000,000. Other limits may apply depending on your income and your age. These limits will be detailed in your application.

What would you like to be Covered for?

You can choose which **Covers** you'd like for your **Life Insurance** from the following:

Accident Cover

You will be **Covered** in the event of your **Accidental Death**, subject to any **Special Conditions** specified in your **Policy Schedule**. For example, **Cover** would be provided for death as a result of accidental drowning, or as a result of a car accident.

Illness Cover

You will be **Covered** in the event of death as a result of **Illness**, subject to any **Special Conditions** specified in your **Policy Schedule**. For example, **Cover** would be provided for death due to cancer, circulatory disease, heart disease, neurological disease or organ failure. Illness Cover is intended to cover causes of death other than those as a result of **Accidental Death**.

Illness Cover also includes Terminal Illness Cover. If you are diagnosed by a **Medical Practitioner** with a **Terminal Illness** with a life expectancy of less than 12 months, your **Life Insurance Benefit Amount** will be payable in full. Please see the Glossary for the full definition of **Terminal Illness** on page 50.

Adventure Sports Cover

Adventure Sports Cover is an extension to Accident Cover. In order to hold Adventure Sports Cover, you must also hold Accident Cover.

You will be **Covered** in the event of death as a result of undertaking **Adventure Sports**, subject to any **Special Conditions** specified in your **Policy Schedule**. For example, you could opt to be **Covered** for activities including recreational aviation, hang-gliding, and/or scuba diving.

If you don't select all Cover Options

If you do not take out all three **Life Insurance Covers** you will not receive any **Benefit** if your death is a result of an event for which you don't have **Cover**. For example, if you decide to take out Illness Cover only and you die of injuries sustained in a car accident, then no **Life Insurance Benefit** would be payable. Similarly, if you decide to take out Accident Cover only and you die of a heart attack, no **Life Insurance Benefit** would be payable.

What's included in Life Insurance

Death Benefit

A lump sum payment will be paid to your **Nominated Benefit Recipient** or the **Policy Owner** if you pass away while you are **Covered**.

Terminal Illness

(Only available where you have selected Illness Cover under **Life Insurance**)

A lump sum payment of the **Life Insurance Benefit Amount** will be payable if you are diagnosed with a **Terminal Illness** while you are **Covered** by Illness Cover under Qantas Life Insurance. Your **Life Insurance Cover** will end upon payment. Please refer to the definition of **Terminal Illness** under the Glossary on page 50.

Funeral Advancement

Once a Death Certificate has been provided to us in respect of a **Life Insured** under the **Policy**, we'll make an early payment of 10% of your **Benefit Amount** to a maximum of \$25,000 to assist your estate with final expenses. Any payment made under the Funeral Advancement will reduce your **Life Insurance Benefit Amount** by a corresponding amount. The balance of your **Benefit Amount** will be payable on our acceptance of the claim.

What options can I add?

Premium Relief Option

If you are aged 18 to 61 when applying, you can add Premium Relief to your **Life Insurance**, **TPD** and/or **Trauma Insurance** for an additional premium. If you are covered under this option, we will waive or refund your **Life Insurance**, **TPD** and/or **Trauma Insurance** premiums (as applicable) if you are unable to work for at least three consecutive months due to **Illness** or **Accident**.

This option expires on the **Policy Anniversary** after you turn 64.

To qualify for the Premium Relief Option you will need to be:

- totally unable to work in **Any Occupation** that you could be considered suitable for by training, education or experience;
- not earning an income; and
- following the advice of a **Medical Practitioner**.

No payment will be made under the Premium Relief Option if the event giving rise to the claim is caused:

- directly or indirectly by an intentional, self-inflicted act by the **Life Insured**;
- by pregnancy, unless disability continues for longer than three months after the pregnancy ends, in which case disability will be considered to have started the date the pregnancy ends.

While premiums are being waived or refunded, **Future Life Events** (see page 41 for information on **Future Life Events**) are unable to be activated and your **Cover** and premiums will not increase with **Inflation Protection**. (See page 42 for details on **Inflation Protection**)

Premium waiver or refund under this option will cease on the earlier of your:

- returning to work;
- generating **Earnings**; or
- the **Policy Anniversary** after your 64th birthday.

Who receives the Benefits



You can nominate to whom we will pay your **Life Insurance Benefit** in the event of your death. Your nominee(s) are called **Nominated Benefit Recipient(s)**.

Any selection of **Nominated Benefit Recipient(s)** is binding on us once we've received your nomination and sent written confirmation of the nomination back to you. However, you can ask us to change or cancel a

You can nominate to whom we will pay your Life Insurance Benefit in the event of your death.

nomination at any time. If a nomination is made, details of the **Nominated Benefit Recipient(s)** will be shown in your **Policy Schedule**. If a change or cancellation is made to a nomination, a new **Policy Schedule** will be issued as confirmation of the change.

If a **Nominated Benefit Recipient** passes away before you, the nomination of that **Nominated Benefit Recipient** becomes invalid. If there are other surviving **Nominated Benefit Recipients** then the benefits will be paid to them in accordance with the proportions in your nomination, but with those surviving proportions being scaled up to total 100%.

If there is no surviving **Nominated Benefit Recipient**, then the **Life Insurance Benefit** will be paid to your estate or to your legal personal representative, or a person we are permitted to pay under the Life Insurance Act 1995 (Cth).

What isn't covered



Some **Exclusions** apply to your **Life Insurance** regardless of the **Cover** you have selected.

No payments will be made under **Life Insurance** if the event giving rise to the claim occurs as a direct or indirect result of you visiting a country for which the Australian Department of Foreign Affairs and Trade (DFAT) has issued a 'Do Not Travel' warning advice prior to your travel to that country, and which continues to be in force during the time of your stay in that country.

In addition, specific **Special Conditions** may apply to your **Life Insurance** depending on the **Cover** options that you have selected.

If you have selected Accident Cover only, no claim will be payable in the event of:

- your death as a result of **Illness**;
- your death as a result of suicide; or
- your death as a result of undertaking **Adventure Sports**.

If you have selected Illness Cover only, no claim will be payable in the event of:

- your **Accidental Death**;
- your death as a result of undertaking **Adventure Sports**; or

- your death as a result of suicide in the first 13 months of your **Cover** commencing and in the first 13 months following any increases in **Cover**, in respect of the increased amount.

If you have selected Accident Cover and Illness Cover, but not Adventure Sports Cover, no claim will be payable in the event of:

- your death as a result of suicide in the first 13 months of your **Cover** commencing and in the first 13 months following any increases in **Cover**, in respect of the increased amount; or
- your death as a result of undertaking **Adventure Sports**.

If you have selected Accident Cover and Adventure Sports Cover, but not Illness Cover, no claim will be payable in the event of:

- your death as a result of **Illness**; or
- your death as a result of suicide.

Refer to your **Policy Schedule** for details of any additional **Special Conditions** that apply to your **Policy**.

A woman with blonde hair tied in a bun, wearing a black tank top, is seen from behind in a wheelchair. She is looking out over a scenic coastal landscape featuring a large, grassy hill, a rocky beach, and the ocean under a clear sky.

Total Permanent Disability Insurance

Total Permanent Disability Insurance (TPD) provides a lump sum **Benefit** if you become **Totally Permanently Disabled**.

Who can apply

Australian citizens, Australian permanent residents, and New Zealand citizens residing permanently in Australia aged 18 to 59, who are in paid employment for a minimum of 20 hours a week, are eligible to apply.

How much TPD Insurance can I have?

The **Standalone** minimum **Cover** amount is \$100,000. Maximum **Cover** amount is up to \$2,000,000.

When **Bundled** with **Life Insurance**, minimum **Cover** amount is \$10,000. Maximum **Cover** amount must not exceed **Life Insurance Cover**.

The maximum **Cover** amounts applied are subject to acceptance and are determined by income and age. If you have some **TPD** as **Standalone**, and some **Bundled** with **Life Insurance**, the total of this **TPD** must not exceed \$2,000,000.

Any or Own Occupation

It's important to understand how we define **Total Permanent Disability** because you will need to meet the criteria in this definition to be eligible for a **TPD Benefit**. What we consider **Totally Permanently Disabled** differs dependent on whether you chose **Any Occupation** or **Own Occupation**.

Depending on your occupation, you can choose whether you want to be insured for no longer being able to work in any capacity taking into account your education, training or experience (**Any Occupation**), or in the occupation you were working in immediately prior to the **Sickness** or **Injury** causing disability (**Own Occupation**). If you select and qualify for **Own Occupation**, premiums will generally be higher than **Any Occupation**.

Please refer to the definition of **Total Permanent Disability** on page 50 in the Glossary for more details.

What would you like to be Covered for?

As with **Life Insurance**, you can choose which **Covers** you'd like for **TPD**.

Accident Cover

You will be **Covered** in the event of your **Total Permanent Disability** as the result of an **Accident** subject to any **Special Conditions** specified in your **Policy Schedule**. For example **Cover** would be provided for **Total Permanent Disability** as a result of injuries sustained in a car accident.

Illness Cover

You will be **Covered** in the event of **Total Permanent Disability** as a result of **Illness**, subject to any **Special Conditions** specified in your **Policy Schedule**. For example **Cover** would be provided for **Total Permanent Disability** due to **Illnesses** such as cancer (of a specified criteria), circulatory disease, heart disease, neurological disease or organ failure.

Sports Cover

In order to hold this **Cover**, you must also take out Accident Cover.

You will be **Covered** in the event of **Total Permanent Disability** as a result of a **Sports Injury**, subject to any **Special Conditions** specified in your **Policy Schedule**. For example, **Cover** would be provided for an **Injury** such as a broken back sustained while playing football, which leaves you **Totally Permanently Disabled**.

If you are **Bundling TPD** with **Life Insurance**, you may only select **Covers** similar to those that you have selected under **Life Insurance**. This means that:

- if you wish to take out Illness Cover under **TPD**, you must also take out Illness Cover for **Life Insurance**;
- if you wish to take out Accident Cover under **TPD**, you must also take out Accident Cover for **Life Insurance**;
- if you wish to take out Sports Cover under **TPD**, you must also take out Adventure Sports Cover under **Life Insurance**.

If you don't select all Cover Options

If you do not take out all three **TPD Covers**, you will not receive any **Benefit** if your **Total Permanent Disability** is a result of an event for which you don't have **Cover**. For example, if you decide not to take out Accident Cover and you become **Totally Permanently Disabled** as a result of injuries sustained in a car accident, then no **TPD Benefit** will be payable.

What's included in TPD Insurance

Total Permanent Disability Benefit

Total Permanent Disability Insurance provides a lump sum payment if you become **Totally Permanently Disabled**.

What options can I add?

Premium Relief Option

For details, please see page 14.

Life Buy Back Option

(Only available where you have **Bundled TPD** with **Life Insurance**).

If you have chosen to **Bundle** your **TPD** with your **Life Insurance**, if a claim is paid for **TPD**, your **Life Insurance Cover** amount and **Trauma Insurance Cover** amount (if this is also **Bundled**) will reduce by the same amount as the **TPD Benefit** you are paid. If this occurs, the corresponding premium will also reduce.

However, for an additional premium, you can have the option to buy back any **Life Insurance** that has been reduced after payment of a full claim on your **Bundled TPD** – up to the equivalent of the **Benefit Amount** paid. This increase in **Cover** is not subject to health and lifestyle assessment.

The ability to buy back **Cover** is available for 30 days from the first anniversary (12 months) of you submitting a claim for which a full claim payment was subsequently made. If you have not notified us in writing during this 30 day period, the **Buy Back Option** will expire.

If payment of your **TPD** claim occurs more than 12 months after the submission of claim, the 30 day period will begin on the date of payment.

The **Life Buy Back Option** will expire at your **Policy Anniversary** after age 64.

The premium for the bought back **Life Insurance** will be calculated using our standard premium rates for your age at the time the option is exercised and will take into account any extra premiums charged (loadings) and any **Exclusions** that apply to your **Life Insurance**.

You may not buy back any **Life Insurance** which has already been bought back under the **Trauma Insurance Life Buy Back** option.

Any **Life Insurance** bought back under the **Buy Back Option** will not be eligible for increases under:

- **Inflation Protection**; or
- **Future Life Events**.

Who receives the Benefits



The **Total Permanent Disability Benefit** will be paid to you, as the **Policy Owner**.

What isn't covered



Some **Exclusions** apply to your **Total Permanent Disability Insurance** regardless of the **Cover** options you have selected – these are:

- where **Cover** is **Standalone**, no payment will be made under **TPD Insurance** unless you survive for at least 14 days after suffering the **Illness** or **Injury** that directly or indirectly caused the **Total Permanent Disability**; and
- no **Benefit** payment will be made under **TPD** if the event giving rise to the claim is caused directly or indirectly by an intentional, self-inflicted act.

Specific **Exclusions** will apply to your **Total Permanent Disability Insurance** depending on the **Cover** that you have selected.

If you have selected Accident Cover only, no claim will be payable in the event of:

- your inability to work as a result of any **Illness**; or
- your inability to work as a result of a **Sports Injury** or other **Dangerous Pastimes**.

If you have selected Illness Cover only, no claim will be payable in the event of:

- your inability to work as a result of an **Accidental Injury**; or
- your inability to work as a result of a **Sports Injury** or other **Dangerous Pastimes**.

If you have selected Illness Cover and Accident Cover only, no claim will be payable in the event of your inability to work as a result of a **Sports Injury** or other **Dangerous Pastimes**.

If you have selected Accident Cover and Sports Cover only, no claim will be payable in the event of your inability to work as a result of any **Illness**.

When **Cover** is purchased through superannuation, you must also satisfy the Superannuation Industry (Supervision) Act (SIS) definition of **Permanent Incapacity**.

Refer to your **Policy Schedule** for details of any additional **Special Conditions** that apply to your **Policy**.



Trauma Insurance

We pay a lump sum if you are diagnosed with a specified medical condition or Injury such as **Cancer (of a specified criteria)**, **Heart Attack (of a specified severity)**, **Stroke (resulting in neurological deficit)** or **Loss of use of a Single Limb (permanent)**. There are specific criteria that your diagnosis will need to meet to qualify for payment. The conditions covered are listed below, but the full details for each condition, and the level of severity required to claim is in the **Trauma Insurance** Event Definitions on page 52.

Who can apply

Australian citizens, Australian permanent residents, and New Zealand citizens residing permanently in Australia aged 18 to 59 are eligible to apply.

How much Trauma Insurance can I have?

The **Standalone** minimum **Cover** amount is \$100,000. Maximum **Cover** amount is \$500,000.

Bundled with Life Insurance minimum **Cover** amount is \$10,000. Maximum **Cover** amount must not exceed the **Life Insurance Cover** amount or \$500,000.

If you have some **Trauma Insurance** as **Standalone**, and some **Bundled with Life Insurance**, the total of these **Covers** must not exceed \$500,000.

What would you like to be Covered for?

You can choose which **Covers** you'd like for **Trauma Insurance**:

Cancer Cover

Cover is based on the medically-tested severity of the **Cancer**. You will be covered in the event of:

- **Cancer (of a specified criteria);**
- **Benign Brain Tumour (resulting in irreversible neurological deficit),** subject to any **Exclusions** and **Special Conditions** specified in your **Policy Schedule**.

Cancer (of a specified criteria) means any malignant tumours diagnosed with histological or cytological confirmation and characterised by:

- the uncontrolled growth of malignant cells; and
- invasion and destruction of normal tissue beyond the basement membrane.

The term malignant tumour includes lymphoma (including Hodgkin's and non-Hodgkin's disease), leukaemia, multiple myeloma and malignant bone marrow disorders. All tumours which are histologically described as pre-malignant, non-invasive (includes tumours that are classified as Tis, Cis or pTa unless stated otherwise), high-grade dysplasia or borderline/low malignant potential are excluded.

Refer to the Glossary of **Trauma Insurance** Event Definitions on page 52 for the full definition and conditions of **Cancer Cover**.

Critical Injury Cover

You will be **Covered** in the event of **Critical Injury** as the result of an **Accident**, subject to any **Exclusions** and **Special Conditions** outlined in your **Policy Schedule**.

The conditions covered under Critical Injury Cover as a result of an **Accident** include:

- **Severe Burns (covering at least 20% of the body's surface area);**
- **Major Head Trauma (with permanent neurological deficit);**
- **Loss of use of a Single Limb (permanent);** or
- **Blindness (permanent), Loss of Hearing (permanent), Loss of Independent Existence (permanent) or Loss of Speech (permanent).**

Critical Illness Cover

You will be **Covered** in the event of a **Critical Illness** other than **Cancer** such as organ or neurological disorders subject to any **Exclusions** and **Special Conditions** outlined in your **Policy Schedule**.

Partial benefits are payable for some conditions. Please see page 24 for further details about full and partial payment conditions.

Take care here

As **Cover** is based on medically-tested severity, you should refer to the **Trauma Insurance** Event Definitions on page 52 for the full definition of conditions.



If you are **Bundling Trauma Insurance** with **Life Insurance**:

- if you wish to take out **Critical Injury Cover** under **Trauma Insurance**, you must also take out **Accident Cover** under **Life Insurance**, and
- if you wish to take out **Critical Illness** or **Cancer Cover** under **Trauma Insurance**, you must take out **Illness Cover** under **Life Insurance**.

If you don't select all Cover Options

If you do not take out all three **Trauma Insurance Covers**, you will not receive any **Benefit** if your **Critical Illness**, **Critical Injury** or **Cancer (of a specified criteria)** is a result of an event for which you don't have **Cover**. For example, if you decide not to take out **Critical Injury Cover** and you suffer paraplegia as a result of injuries sustained in a car accident, then no **Trauma Insurance Benefit** will be payable.

If you select only **Critical Illness Cover**, then no **Cover** is provided in the event of **Cancer** or **Critical Injury**. For example, no **Cover** would be provided for skin cancers showing evidence of metastases, or for an **Accident** that results in **Blindness (permanent)** or **Severe Burns (covering at least 20% of the body's surface area)**.

Critical Illness Cover Conditions

In order for a benefit to be paid, the insured condition must meet the full criteria and severity requirements for that condition.

For many insured conditions, this means the condition will be required to progress beyond a diagnosis.

Diagnosis means the process of a **Medical Practitioner** or specialist **Medical Practitioner** determining which **Sickness** or **Injury** explains an individual's symptoms.

Severity means the seriousness of an insured condition in order for a **Benefit** to be paid.

Please note that these conditions are **Covered** only as the result of **Illness**. If you wish to be **Covered** for conditions as the result of an **Accident**, you will need to select Critical Injury Cover.

Heart Conditions

- Angioplasty^{1,3}
- Aortic Surgery (for specified conditions)
- Cardiomyopathy (permanent)
- Coronary Artery Bypass Surgery³
- Heart Attack (of a specified severity)³
- Heart Valve Surgery³
- Minor Heart Attack^{2,3}
- Open Heart Surgery³
- Idiopathic Pulmonary Arterial Hypertension (of specified severity)
- Triple Vessel Angioplasty^{1,3}

Blood Disorders

- Aplastic Anaemia (requiring treatment)

Neurological Conditions

- Coma (of specified severity)
- Dementia, including Alzheimer's Disease (permanent)
- Encephalitis (resulting in permanent neurological deficit)
- Meningitis (resulting in permanent neurological deficit)
- Meningococcal Disease (resulting in significant permanent impairment)
- Progressive and Debilitating Motor Neurone Disease
- Multiple Sclerosis (with multiple episodes of neurological deficit and persisting neurological abnormalities)³
- Muscular Dystrophy
- Paralysis (permanent)
- Parkinson's Disease (permanent)
- Stroke (resulting in neurological deficit)³

Permanent Conditions

- Blindness (permanent)
- Loss of Hearing (permanent)
- Loss of Independent Existence (permanent)
- Loss of use of a Single Limb (permanent)
- Loss of Speech (permanent)

Organ Disorders

- Chronic Kidney Failure (requiring transplantation or dialysis)
- Chronic Liver Failure (resulting in permanent symptoms)
- Chronic Lung Failure (requiring permanent oxygen therapy)
- Major Organ Transplant (of specified organs)
- Pneumonectomy
- Severe Diabetes Mellitus

¹. Please note that any claim for **Angioplasty** will be paid at 25% of the **Benefit Amount** to a maximum of \$50,000 for each occurrence unless a **Benefit** is payable under **Triple Vessel Angioplasty**, and will reduce the **Trauma Insurance Benefit Amount** by the amount paid. More than one payment can be made for **Angioplasty**, up to a maximum of three payments if:

- the first **Angioplasty** procedure you ever undergo occurs after the **Cover Commencement Date**; and
- each subsequent **Angioplasty** procedure occurs at least six months after the previous **Angioplasty**.

². Any claim for **Minor Heart Attack** will be paid at 25% of the **Benefit Amount** to a maximum of \$50,000 and can only be claimed once. The **Trauma Insurance Benefit Amount** will reduce by the amount paid.

³. In the case of **Angioplasty**, **Coronary Artery Bypass Surgery**, **Heart Attack (of a specified severity)**, **Heart Valve Surgery**, **Minor Heart Attack**, **Multiple Sclerosis**, **Open Heart Surgery**, **Stroke (resulting in neurological deficit)** or **Triple Vessel Angioplasty**, a three month **Qualifying Period** applies from the **Cover Commencement Date** or, the date of any increase of **Cover**, but only in respect of the increase in **Cover**, or the date of any reinstatement before a claim can be made.

Critical Illness Conditions – full payment

- Aortic Surgery (for specified conditions)
- Cardiomyopathy (permanent)
- Coronary Artery Bypass Surgery
- Heart Attack (of a specified severity)
- Heart Valve Surgery
- Idiopathic Pulmonary Arterial Hypertension (of specified severity)
- Triple Vessel Angioplasty
- Aplastic Anaemia (requiring treatment)
- Coma (of specified severity)
- Dementia including Alzheimer's Disease (permanent)
- Encephalitis and Meningitis (resulting in permanent neurological deficit)
- Meningococcal Disease (resulting in significant permanent impairment)
- Progressive and Debilitating Motor Neurone Disease
- Multiple Sclerosis (with multiple episodes of neurological deficit and persisting neurological abnormalities)
- Muscular Dystrophy
- Paralysis (permanent)
- Parkinson's Disease (permanent)
- Stroke (resulting in neurological deficit)
- Blindness (permanent)
- Loss of Hearing (permanent)
- Loss of Independent Existence (permanent)
- Loss of use of a Single Limb (permanent)
- Loss of Speech (permanent)
- Chronic Kidney Failure (requiring transplantation or dialysis)
- Chronic Liver Failure (resulting in permanent symptoms)
- Chronic Lung Failure (requiring permanent oxygen therapy)
- Major Organ Transplant
- Pneumectomy
- Severe Diabetes Mellitus

Critical Illness Conditions – partial payment

- Angioplasty
- Minor Heart Attack

What's included in Trauma Insurance

We pay a lump sum for any conditions you have **Cover** for where your condition meets the severity criteria specified. Please refer to the **Trauma Insurance** Event Definitions on page 52 for the full definitions and conditions.

Cancer Advancement Benefit (for Cancer Cover only)

We will make an advance payment to you if you suffer one of the listed conditions (defined in the Glossary on page 45):

- **Carcinoma In Situ;**
- **Diagnosed Benign Brain Tumour;**
- **Early Stage Chronic Lymphocytic Leukaemia;**
- **Early Stage Skin Melanoma (excluding Melanoma in Situ); or**
- **Early Stage Prostate Cancer.**

The amount to be paid is 25% of the **Benefit Amount**, up to \$50,000.

You should refer to the **Trauma Insurance** Event Definitions on page 52 for the full definitions for these conditions. The same **Exclusions** apply as for Cancer Cover. You can find these on page 26.

Any Cancer Advancement Benefit will reduce the overall **Trauma Insurance Benefit** by a corresponding amount. If the Cancer Advancement Benefit is paid and the **Trauma Insurance** is **Bundled**, the payment will reduce the **Benefit Amount(s)** for the other **Bundled Covers**. If this occurs, the corresponding premium will also reduce.

What options can I add?

Life Buy Back Option

(Only available where you have **Bundled Trauma Insurance with Life Insurance**)

If you have chosen to **Bundle** your **Trauma Insurance** with your **Life Insurance** and a claim is paid for **Trauma Insurance**, your **Life Insurance** and **TPD Cover** amount (if this is also **Bundled**) will reduce by the same amount as the **Trauma Insurance** you are paid. If this occurs, the corresponding premium will also reduce.

However, for an additional premium, you can have the option to buy back any **Life Insurance** that has been reduced after payment of a full claim on your **Bundled Trauma Insurance** – up to the equivalent of the **Benefit Amount** paid. This increase in **Cover** is not subject to health and lifestyle assessment. The ability to buy back **Cover** is available for 30 days from the first anniversary (12 months) of you submitting a claim for which a full claim payment was subsequently made. If you have not notified us in writing during this 30 day period, the **Buy Back Option** will expire.

If payment of your **Trauma Insurance** claim occurs more than 12 months after the submission of claim, the 30 day period will begin on the date of payment.

The **Life Buy Back Option** will expire at your **Policy Anniversary** after age 69.

The premium for the bought back **Life Insurance** will be calculated using our standard premium rates for your age at the time the option is exercised and will take into account any extra premiums charged (loading) and any **Exclusions** that apply to your **Life Insurance**. You may not buy back any **Life Insurance** which has already been bought back under the **TPD Life Buy Back Option**.

Any **Life Insurance Cover** bought back under the **Buy Back Option** will not be eligible for increases under:

- **Inflation Protection;** or
- **Future Life Events.**

Premium Relief Option

Full details can be found on page 14.

Who receives the Benefits



Your **Trauma Insurance Benefit** will be paid to you, as the **Policy Owner**.

What isn't covered



Some **Exclusions** apply to your **Trauma Insurance** regardless of the **Cover** options you have selected – these are:

- where **Cover** is **Standalone**, no payment will be made under **Trauma Insurance** unless you survive a **Covered** condition for at least 14 days;
- no payment will be made under **Trauma Insurance** if the event giving rise to the claim is caused directly or indirectly by an intentional, self-inflicted act; and
- if a claim arises directly or indirectly as a result of these events a **Qualifying Period** applies (see below):

- Angioplasty
- Coronary Artery Bypass Surgery
- Cancer (of a specified criteria)
- Heart Attack (of a specified severity)
- Heart Valve Surgery
- Minor Heart Attack
- Open Heart Surgery
- Out of Hospital Cardiac Arrest
- Triple Vessel Angioplasty
- Stroke (resulting in neurological deficit)
- Carcinoma In Situ
- Diagnosed Benign Brain Tumour
- Early Stage Chronic Lymphocytic Leukaemia
- Early Stage Skin Melanoma (excluding Melanoma in Situ)
- Early Stage Prostate Cancer.

Qualifying Period

No payment will be made under **Trauma Insurance** if a condition listed above occurred or was diagnosed, or the signs or symptoms leading to diagnosis became apparent or would have become apparent to a reasonable person in your position:

- before the **Cover Commencement Date**; or
- within three months after the **Cover Commencement Date**; or
- within three months after the date of an increase in **Cover** but only in respect of the increase.

We will waive the above three-month period if, immediately prior to the commencement of cover, we or another insurer **Covered** you for the same specified events and you have transferred your **Cover** to **Trauma Insurance** (and the transfer was not within our or the other insurer's three-month period). The waiver will only apply up to the level of similar **Cover** that you had with us or the other insurer. Should you reinstate your **Cover**, the three-month period will recommence from the date of reinstatement.

Specific Exclusions will apply to your **Trauma Insurance** depending on the **Cover** that you have selected.

If you have selected Cancer Cover only, no claim will be payable in the event of:

- your diagnosis with a **Critical Illness**; or
- a **Critical Injury** as the result of an **Accident**.

Qualifying Period applies:

In the case of **Cancer (of a specified criteria)**, **Carcinoma In Situ**, **Diagnosed Benign Brain Tumour**, **Early Stage Chronic Lymphocytic Leukaemia**, **Early Stage Skin Melanoma** or **Early Stage Prostate Cancer**, a three month **Qualifying Period** applies from the **Cover Commencement Date**, the date of any increase in **Cover** but only in respect of the increase, or the date of any reinstatement of **Cover** before a claim can be made. There is no cover for these conditions if they first occur during the **Qualifying Period**.

If you have selected Critical Illness Cover only, no claim will be payable in the event of:

- your being diagnosed with **Cancer**; or
- a **Critical Injury** as the result of an **Accident**.

Qualifying Period applies:

In the case of **Angioplasty, Coronary Artery Bypass Surgery, Heart Attack (of a specified severity), Heart Valve Surgery, Minor Heart Attack, Multiple Sclerosis (with multiple episodes of neurological deficit and persisting neurological abnormalities), Open Heart Surgery, Out of Hospital Cardiac Arrest, Stroke (resulting in neurological deficit) or Triple Vessel Angioplasty**, a three month **Qualifying Period** applies from the **Cover Commencement Date**, the date of any increase in **Cover** but only in respect of the increase, or the date of any reinstatement of **Cover** before a claim can be made. There is no cover for these conditions if they first occur during the **Qualifying Period**.

If you have selected **Critical Injury Cover** only, no claim will be payable in the event of your diagnosis with:

- **Cancer;**
- any **Critical Injury** which occurred while participating in **Dangerous Pastimes;** or
- a **Critical Illness.**

If you have selected **Cancer Cover** and **Critical Injury Cover** only, no claim will be payable in the event of your diagnosis with:

- a **Critical Illness;** or
- any **Critical Injury** which occurred while participating in **Dangerous Pastimes.**

If you have selected **Cancer Cover** and **Critical Illness Cover** only, no claim will be payable in the event of a **Critical Injury** as the result of an **Accident**.

If you have selected **Critical Injury** and **Critical Illness Cover** only, no claim will be payable in the event of your diagnosis with **Cancer**.

Refer to your **Policy Schedule** for details of any additional **Special Conditions** that apply to your **Policy**.



Income Protection Insurance

Income Protection Insurance provides an income in the event that you are **Totally Disabled** or **Partially Disabled**.

Your **Income Protection Benefit** is calculated so that the **Benefit** you will receive, including that detailed under Adjustments and Offsets (page 34), will be the lesser of 75% of your **Pre-Disability Earnings** or your selected **Benefit Amount** up to \$12,000 per month. Other limits may apply depending on your income and your age. These limits will be detailed in your application.

Your **Benefit** payments start to accrue when your claim is admitted and your **Waiting Period** has expired. Payments are paid monthly in arrears after the end of the **Waiting Period**. **Benefit** payments will continue for as long as you are **Totally Disabled** or **Partially Disabled** in accordance with the terms and conditions of your **Policy** until the end of the **Benefit Period** or **Cover** expiry, whichever is earlier.

Who can apply

Australian citizens, Australian permanent residents, and New Zealand citizens residing permanently in Australia aged 18 to 59 are eligible to apply. You must be working in paid employment or self-employed for a minimum of 20 hours a week.

For some occupations, generally those with a focus on manual work, eligibility will be limited to age 54. Examples of manual occupations include: truck and courier drivers, farmers, labourers, gardeners, handymen, carers, enrolled nurses, chefs, waiters, security guards, machine operators and toolmakers.

How much Income Protection Insurance can I have?

The minimum **Benefit Amount** you can apply for is \$1,000 per month. The maximum **Benefit Amount** we will pay is limited to the lesser of 75% of your **Pre-Disability Earnings** or up to \$12,000 per month depending on your age. This means that the **Benefit Amount** together with any Adjustments and Offsets (page 34) cannot exceed 75% of your **Pre-Disability Earnings** or your selected **Benefit Amount** up to \$12,000 per month, depending on your age.

Benefit Periods and Waiting Periods

A choice of **Waiting Periods** applies from the **Date of Disablement** before your **Benefit** starts to accrue:

- 2 weeks;
- 4 weeks;
- 13 weeks; or
- 2 years (104 weeks).

You can also select the length of your **Benefit Period** (subject to eligibility). This is the maximum length of time we will pay you a **Benefit** once we have accepted your claim and the monthly **Benefit** starts to accrue:

- 1 year;
- 2 years; or
- 5 years.

A maximum **Benefit Period** of two years applies for claims arising from **Mental Health Related Illnesses** even if a longer **Benefit Period** has been selected.

What would you like to be Covered for?

You can choose which **Covers** you'd like for **Income Protection Insurance**:

Accident Cover

You will be **Covered** in the event of **Total Disability** or **Partial Disability** as a result of **Accidental Injury**, subject to any **Special Conditions** outlined in your **Policy Schedule**. For example, **Cover** would be provided for **Accidental Injury** such as a broken leg sustained in a household accident which leaves you **Totally Disabled** or **Partially Disabled**.

Illness Cover

You will be **Covered** in the event of **Total Disability** or **Partial Disability** as a result of **Illness**, subject to any **Special Conditions** outlined in your **Policy Schedule**. For example, **Cover** would be provided for **Illness** such as a **Heart Attack (of a specified severity)** which leaves you **Totally Disabled** or **Partially Disabled**.

Any claim as a result of **Mental Health Related Illness** will be limited to a maximum **Benefit Period** of two years only.

Sports Cover

In order to hold this **Cover**, you must also take out Accident Cover.

You will be **Covered** in the event of **Total Disability** or **Partial Disability** as a result of a **Sports Injury**, subject to any **Special Conditions** outlined in your **Policy Schedule**. For example, **Cover** would be provided for an **Injury** such as a torn hamstring sustained while playing tennis, or a broken leg sustained while playing football, which leaves you **Totally Disabled** or **Partially Disabled**.

If you don't select all Cover Options

If you do not take out all three **Income Protection Insurance Covers** you will not receive any **Benefit** if your **Total Disability** or **Partial Disability** is a result of an event for which you don't have **Cover**. For example, if you decide not to take out Accident Cover and you suffer **Total Disability** as a result of injuries sustained in a motor vehicle accident, then no **Income Protection Benefit** would be payable.

What's included in Income Protection Insurance

Total Disability Benefit

Income Protection pays you a monthly **Benefit** in the event that you are **Totally Disabled** as a result of a **Covered** event.

This means that solely because of a **Covered** event, you are:

- not working in any **Gainful Occupation**; and
- following the advice of a **Medical Practitioner**; and
- unable to perform one or more of the important income-producing duties in your **Own Occupation**.

To be eligible for a Total Disability Benefit you must be **Totally Disabled** for the entire **Waiting Period**.

Partial Disability Benefit

Income Protection pays you a monthly **Benefit** if you are **Partially Disabled** solely because of the **Illness** or **Accident** you are **Covered** for as long as you:

- are working or capable of working in a **Gainful Occupation**, but in a reduced capacity; and
- are under the ongoing care of, and following the advice of a **Medical Practitioner**; and
- have suffered a reduction of 20% or more in your ability to generate monthly **Earnings**.

You must have been **Totally Disabled** for the entire **Waiting Period**. The **Benefit Amount** takes into consideration your **Pre-Disability Earnings** in the 12 months prior to your **Disability** and the **Earnings** you received in the claimed period.

Recurrent Disability

If a **Total Disability** or **Partial Disability** recurs from the same or a related cause within 12 months of a claim ending, we treat it as a continuation of the original claim, which means no **Waiting Period** applies before payments recommence. Please note all claim periods will be added together to determine whether the **Benefit Period** has ended.

Concurrent Disability

Where you become **Totally** or **Partially Disabled** as a result of two separate and distinct **Illnesses** or **Injuries**, only one **Benefit** is payable under **Income Protection** at any time. The **Benefit** paid will be that which provides the highest payment.

Waiver of Premium Benefit

We will waive or refund your **Income Protection** premiums while you are receiving a **Benefit** payment for **Total Disability** or **Partial Disability**.

- Waiver of Premium applies immediately after the **Waiting Period** and any premiums paid during the **Waiting Period** will also be reimbursed.
- Waiver of Premium will stop on the earlier of:
 - you no longer being **Totally Disabled** or **Partially Disabled**; or
 - the end of the **Benefit Period**.

Rehabilitation Expense Benefit

If you spend money directly towards the effective rehabilitation of the **Life Insured** through a **Rehabilitation Program**, these funds may be reimbursed (less amounts reimbursed from elsewhere) subject to:

- our approval of the expenditure; and
- a maximum allowable reimbursement of six times the monthly **Benefit Amount**.

The cost of medication, medical consultations and medical therapy consultations, including but not limited to, physiotherapy, psychotherapy and hydrotherapy, will not be reimbursed.

Scheduled Injury Benefit

[Available for Accident Cover (page 29) and Sports Cover (page 29) only.]

The Scheduled Injury Benefit is not available on **Cover** through an SMSF.

The Scheduled Injury Benefit is paid for a specific period for the **Injury** events shown below. If you suffer from multiple Scheduled Injuries in a single event, only one Scheduled Injury Benefit will be paid based on the longest payment period in the table below.

Note: Your selected **Waiting Period** for **Income Protection** does not apply to the Scheduled Injury Benefit.

Scheduled Injury Fracture [^] of the:	Payment period (months)
Thigh or pelvis	3
Leg (talus, tibia or fibula only), knee cap, upper arm (humerus or scapula only) or jaw	2
Forearm (radius or ulna only), collarbone (clavicle only) or heel	1
Wrist/carpal bones (excluding metacarpal and phalanges)	1
Vertebrae	1
Skull (excluding bones of the nose and face)	2

[^]Fracture means a bone fracture requiring immobilisation with the application of a pin, traction, plaster cast or an immobilising device by a **Medical Practitioner**, or **Totally Disabled** for 28 days. Immobilisation is not required for fracture of the jaw, vertebrae or skull.

The Scheduled Injury Benefit is paid monthly in advance and will stop on the earlier of:

- the expiry of the payment period as set out in the table above; or
- the date **Cover** ends.

If you are eligible for a benefit payment under **Day One Accident Option**, or **Total Disability Benefit**, **Partial Disability Benefit** or **Scheduled Injury Benefit** at the same time, the greater of these benefits will be paid.

What extra cost options can I add?

Day One Accident Option

[Available for Accident Cover and Sports Cover only]

You can choose to add the **Day One Accident Option** for an additional premium. If you choose **Cover** under this option, in the event of an **Accidental Injury** or **Sports Injury** that results in **Total Disability** for the entire **Waiting Period**, we will backdate your monthly **Benefit** payments to the **Date of Disablement**. Your monthly **Benefit** payments will begin after the **Waiting Period** and will be made monthly in arrears.

This option is only available if a two or four week **Waiting Period** has been selected and will not be available for selected occupations which we consider carry increased risks of accidents or are hazardous, for example: construction worker, road traffic controller.

Increasing Claims Option

You can choose to add the **Increasing Claims Option** for an additional premium if you have selected **Inflation Protection**. The **Increasing Claims Option** ensures your **Benefit** keeps up with inflation while you are receiving payments.

We will increase **Benefit** payments in line with the **Indexation Factor** on the anniversary of the commencement of continuous **Benefit** payments. This annual increase is capped at 3%.

The **Increasing Claims Option** will not be available if you have not selected **Inflation Protection**.

What isn't covered



Some **Exclusions** apply to your **Income Protection** regardless of the **Cover** you have selected.

No payment will be made under **Income Protection** if the event giving rise to the claim is caused:

- directly or indirectly by an intentional, self-inflicted act by you;
- by pregnancy, giving birth, miscarrying or having a pregnancy termination unless **Total Disability** or **Partial Disability** continues for longer than three months after the pregnancy ends in which case **Disability** will be considered to have started at the date the pregnancy ends;
- directly or indirectly by war, terrorism, civil commotion or unrest; guerrilla or insurgent activities in countries outside Australia;
- as a direct or indirect result of you visiting a country for which the Australian Department of Foreign Affairs and Trade (DFAT) has issued a 'Do Not Travel' warning advice prior to your travel to that country, and which continues to be in force during the time of your stay in that country;
- directly or indirectly by any **Illness, Injury or Sports Injury** that occurs as a result of, or during the course of, committing or attempting to commit a criminal offence; or
- **Mental Health Related Illness** or any **Mental Health Related Illness** as a result of an **Accidental Injury, Sports Injury or Illness**, after a **Benefit** has been paid for two years.

In addition, specific **Exclusions** and **Special Conditions** may apply to your **Income Protection Insurance** depending on the **Cover** that you have selected.

If you have selected **Accident Cover** only, no claim will be payable in the event of:

- your inability to work as a result of any **Illness**;
- your inability to work as a result of a **Sports Injury or Dangerous Pastimes**.

If you have selected **Illness Cover** only, no claim will be payable in the event of:

- your inability to work as a result of an **Accidental Injury**;
- your inability to work as a result of a **Sports Injury or Dangerous Pastimes**; or
- any claim directly or indirectly as a result of **Mental Health Related Illness**, after a **Benefit** has been paid for two years.

If you have selected **Illness Cover** and **Accident Cover** only, no claim will be payable in the event of:

- your inability to work as a result of a **Sports Injury or Dangerous Pastimes**; or
- any claim directly or indirectly as a result of **Mental Health Related Illness**, after a **Benefit** has been paid for two years.

If you have selected **Accident Cover** and **Sports Cover** only, no claim will be payable in the event of:

- your inability to work directly or indirectly as a result of any **Illness**.

For **Cover** purchased through superannuation, you must also satisfy the SIS definition of **Permanent Incapacity** or **Temporary Incapacity**. You should also be aware that if your cover is purchased through superannuation, no **Benefits** will be payable if you are unemployed in the period immediately prior to **Total Disability** or **Partial Disability**.

Refer to your **Policy Schedule** for details of any additional **Exclusions** or **Special Conditions** that apply to your **Policy**.

Residing outside of Australia

A maximum **Benefit Period** of 90 days will apply while you reside outside of Australia.

If you are in Australia and become disabled and subsequently travel or reside outside Australia, claim payments will only be made if, while travelling or residing outside Australia, you are following the advice of the treating **Medical Practitioner**, and will cease after 90 days. Your claims consultant must be advised in advance of your start date of travel.

If you are outside Australia and become disabled, your entitlement to claim will be suspended if we are unable to appraise the medical opinion or data relied upon by you, or after 90 days. If this happens, you will have to return to Australia for the claim to be assessed.

Where time has elapsed between the end of the 90 day period and your return to Australia, the onus will be on you to provide sufficient evidence for us to assess your eligibility for claim payments.



Adjustments and Offsets

Income Protection Adjustments and Offsets

Adjustments and Offsets reduce your **Income Protection Benefit**, if you receive or are due any other payment or payments (including on a periodic or lump sum basis), which together with the **Benefit** exceed 75% of your **Average Monthly Earnings**.

Other payment means any payment or payments received or payable:

- from any other individual or group Income Protection policy where these other payment(s) relate to a **Sickness or Injury** covered by your **Policy**; or
- under social security laws where these other payment(s) relate to a **Sickness or Injury** covered by your **Policy**; or
- pursuant to any workers' compensation or accident claim made under any state or federal legislation or under common law where these other payment(s) relate to a **Sickness or Injury** covered by your **Policy** and the amount of these other payment(s) do not account for **Benefits** paid or payable under your **Policy**; or
- for sick leave greater than 60 days, paid in the period of your claim under your **Policy**.

Your **Income Protection Benefit** will be reduced to account for any **Other Payment** or payments that are paid or payable to you on a periodic basis, or in the form of one or more lump sums, or is commuted to one or more lump sums.

If any **Other Payment** is received or payable as one or more lump sums, these will be converted to income on the basis of 1% of the lump sum for each month that a **Benefit** is paid or payable. The **Benefit** will be calculated taking this figure into account for a maximum of eight years.

If it can be shown that a portion of the lump sum represents payment for pain and suffering, or the loss of use of a part of the body, we will not take that portion into account for the purpose of adjusting your **Income Protection Benefit**.

In the case of any legal judgment, workers' compensation or statutory payment received or payable as one or more lump sums, where pain and suffering cannot be isolated from loss of earnings, the whole amount of that lump sum will be taken into account for the purpose of adjusting your **Income Protection Benefit**.

If an adjustment is made to reduce your payments under the **Income Protection Benefit** we will not refund any portion of the premiums you have paid.

This **Policy** is designed to protect a proportion of the **Life Insured's** income up to a maximum of 75%. It is not designed to provide the **Life Insured** with a windfall whereby they receive **Benefits** in excess of 75% of their income.



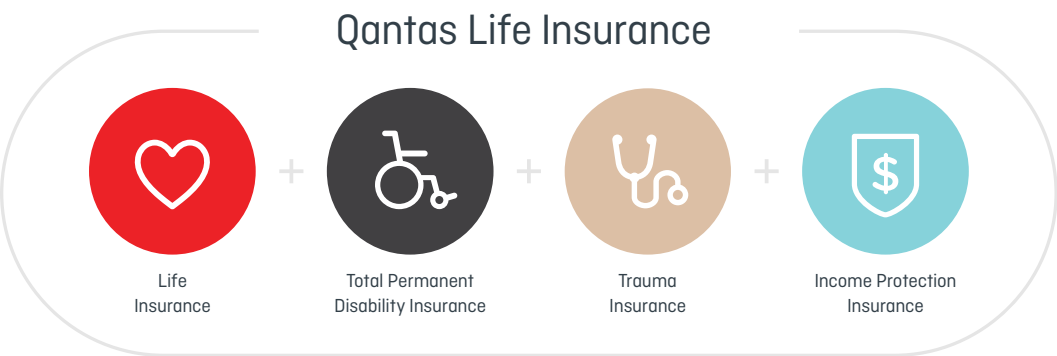
Choosing between Standalone and Bundled Insurance

As you tailor your own **Cover**, there are a number of choices you'll need to make.

Standalone

You can keep all your insurance independent — purchase just one, two, three or all four insurances independently and receive the full **Benefit Amount** on acceptance of each claim.

You will pay more for **Standalone**, but the advantage is that if you make a claim, the **Benefit Amount** of your remaining insurances will not be reduced, unlike **Bundled insurance**.



Bundled

To keep the cost down, you can **Bundle TPD and Trauma Insurance** with your **Life Insurance**.

Insurance	Life Insurance
Bundled Insurance	Total Permanent Disability Insurance
	Trauma Insurance

If you make a claim on a **Bundled Cover**, the **Benefit Amount** of any other **Cover** in the **Bundle** will be reduced by the amount of the claim payment. Structuring your **Policy** in this way means that generally the cost of **Cover** will be reduced. Once you have claimed and your **Benefit Amount** is reduced, your premiums will also reduce accordingly.

Each insurance you bundle with **Life Insurance** needs to have a lower or equal **Benefit Amount** than your **Life Insurance Benefit Amount** and any **Inflation Protection**

must be applied consistently across all **Covers**. For example, if you wish to turn **Inflation Protection** off for your **Life Insurance**, it must also be turned off for other insurances within the same bundle.

If your **Life Insurance Cover** has been reduced due to a **TPD** or **Trauma Insurance** claim, and you have selected the **Life Buy Back Option** you may buy back the **Life Insurance Cover** to its original level. See page 25 for information about our **Life Buy Back Option**.



How Bundled Cover works when you make a claim

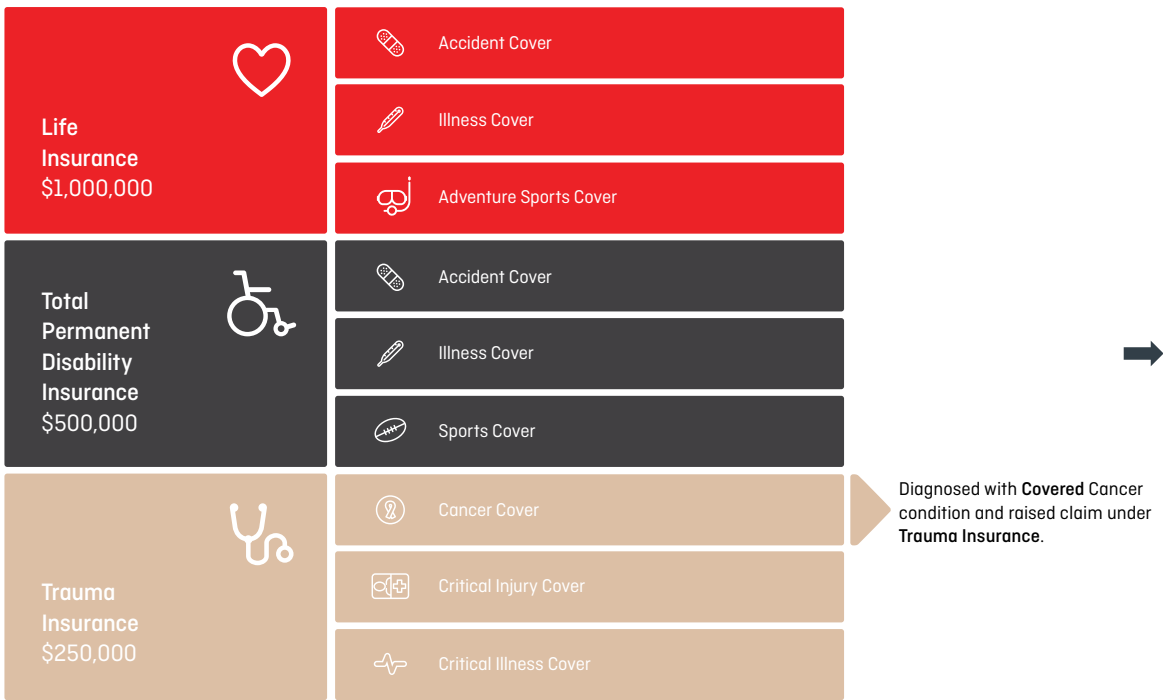
If you **Bundle TPD or Trauma Insurance** with **Life Insurance Cover**, the payout of one **Cover** will reduce the **Benefit Amount** of the **Covers** within the **Bundle** by a corresponding amount.

Example:

You take out \$1,000,000 of **Life Insurance** and **Bundle** this with \$500,000 **TPD** and \$250,000 **Trauma Insurance**. Two years later, you are diagnosed with a **Benign Brain Tumour (resulting in irreversible neurological deficit)** and make a claim on **Trauma Insurance** under Cancer Cover.

Step 1

Policy before claim on **Trauma Insurance** Cancer Cover

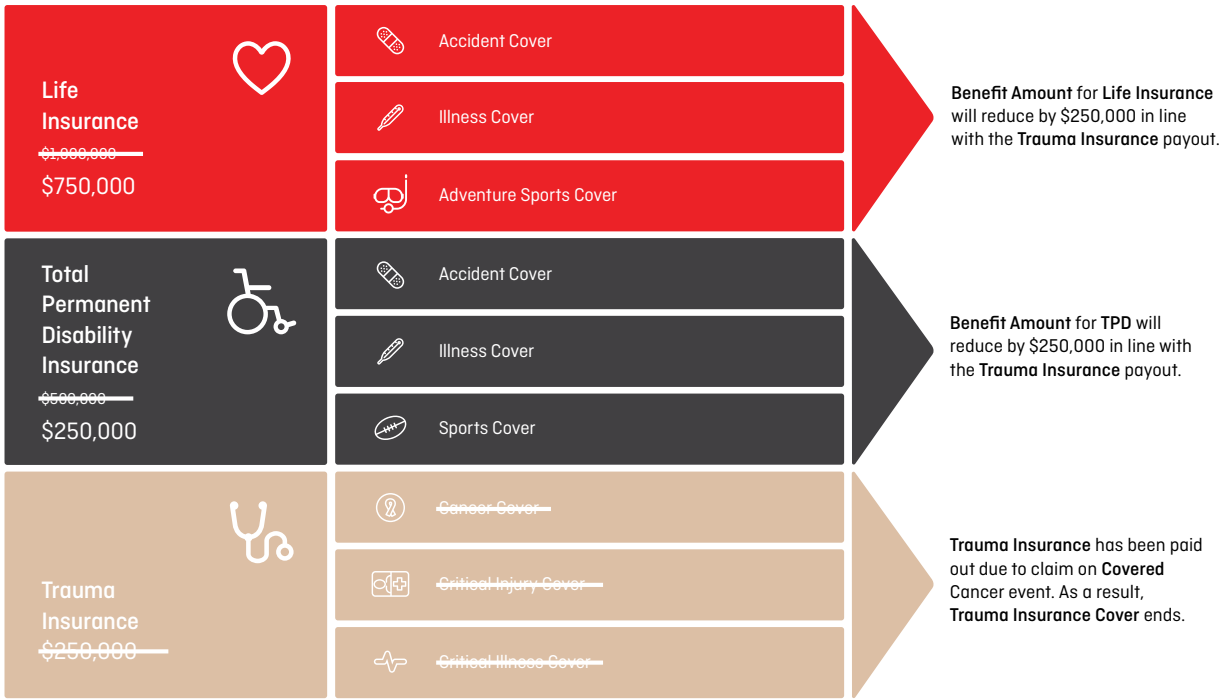


When your claim is approved and \$250,000 has been paid to you, you are no longer Covered by Trauma Insurance and the **Benefit Amount** for the other **Covers** within the same **Bundle** reduces in line with the **Benefit Amount** paid. In this case:

- your **Life Insurance Cover** amount reduces to \$750,000, and
- your **TPD Cover** amount reduces to \$250,000.

Step 2

Policy after payout of claim on **Trauma Insurance Cancer Cover**



Your premium will also reduce in line with the reduced **Benefit Amounts**.

If you hold a **Life Buy Back Option**, you have the opportunity to buy back the \$250,000 of **Life Insurance Cover** after 12 months from date of claim submission. For more information about this option, see page 25.



Other things you need to know

Future Life Events

Future Life Events means you can increase your **Life Insurance**, **TPD** or **Trauma Insurance Benefit Amount(s)** without evidence of your health or pastimes when specific life events occur as outlined in the table below. For example, getting married or divorced, obtaining or increasing a mortgage or increasing your financial interest in a business.

Future Life Event	Maximum allowable Increase
<ul style="list-style-type: none"> You or your spouse becoming a new parent through birth or adoption Your marriage or divorce Your dependent child starting secondary school Your completion of a post-graduate degree You becoming a full-time carer An increase in your financial interest in a business to which the Policy is related via a buy-sell, share purchase or succession agreement An increase in the loan liability of the business for which you are the primary guarantor An increase in your value to a business in which you are a key person 	25% of the Benefit Amount at Policy commencement, or \$200,000, whichever is the lesser.
Taking out or increasing a mortgage on your home.	The amount of the mortgage being taken out, or the increased portion of an existing mortgage, to a maximum of \$200,000.
Your annual income increasing by \$10,000 or more.	Five times the annual salary increase, or \$200,000, whichever is the lesser.

The following terms and conditions apply to Future Life Events:

- you must be under the age of 55 at the time of the **Future Life Event**;
 - applications for increasing **Cover** must be made within 30 days of a specified **Future Life Event**, or within 30 days of the **Policy Anniversary** following the **Future Life Event**. Increases are at our discretion based on evidence acceptable to us, acting reasonably;
 - the amount of an increase cannot exceed the maximum **Cover** amounts and combined **Cover** limits specified for each insurance;
 - Future Life Events** may be exercised only once in a 12 month period (designated by the last time the option was exercised);
 - cumulative increases from **Future Life Events** may not exceed \$1,000,000 for **Life** and **TPD Insurance** and \$500,000 for **Trauma Insurance**, or the original **Benefit Amount**, whichever is the lesser.
- Future Life Events** cannot be exercised where:
 - you have lodged or are eligible to lodge a claim under any policy with us or any other insurer; or
 - a medical loading or medical **Exclusion** applies to you; or
 - premiums are being waived under the Premium Relief Option; or
 - the **Cover** has resulted from applying for the **Life Buy Back Option**.
 - In the event you suffer from a claimable event within the first six months following the date of increase, the increased portion of the **Benefit** will not be paid under the following **Covers**:
 - for **Life Insurance** – Illness Cover;
 - for **TPD** – Illness Cover; or
 - for **Trauma Insurance** – Critical Illness Cover and Cancer Cover.

Cover Pause

We understand that not everything will go as planned. That's why we allow you to request to pause your **Cover** for up to three months in the event of financial hardship. During a Cover Pause you will not have to pay premiums.

You need to be aware that no **Cover** will be provided while the Cover Pause is in effect – so if you request a Cover Pause, you will not be **Covered** should you die or your condition occurs or becomes apparent during the time your **Cover** is paused and you are not paying premiums.

You can re-start **Cover** within three months of Cover Pause commencement without needing to go through health and lifestyle assessment again.

Once your **Cover** is restarted by paying your premium, a **Qualifying Period** of three months will apply. A **Benefit Amount** will not be payable and you will not be eligible to claim should your death, **Illness** or **Injury** leading to your death occur or become apparent during the **Qualifying Period**.

Inflation Protection

If you choose **Inflation Protection** your **Cover** will increase each year (on your **Policy Anniversary**) in line with the Consumer Price Index (CPI). CPI measures the changes, over time, in retail prices of a basket of goods and services purchased by the average metropolitan household. If you choose indexation (the process through which your **Cover** is increased) your premium will increase each year in line with the increase in **Cover**.

Indexation rate for **Life Insurance**, **TPD** and **Trauma Insurance** is the Consumer Price Index (CPI) or 5%, whichever is greater. For **Income Protection Insurance**, the indexation rate is the actual CPI rate. The CPI rate is published each October and applied from the beginning of the following calendar year. Where the CPI rate is negative, we will not apply a change to your level of **Cover**.

The amount of the increase will be shown each year on your anniversary statement. It is important to remember that even with **Inflation Protection**, **Income Protection** benefits payable will be limited to 75% of your **Pre-Disability Earnings** with any Adjustments or Offsets.

The default setting for all Qantas Life Insurance Policies is to have **Inflation Protection** applied which can be turned off on request. If you are **Bundling TPD** or **Trauma Insurance** with your **Life Insurance**, you will need to have **Inflation Protection** switched on or off for all your insurances within the same bundle.

An **Inflation Protection** increase can be declined each year on your **Policy Anniversary** or switched on or off on an ongoing basis at any time. When **Inflation Protection** increases are declined for a given year, the most recently increased portion of the **Cover** is cancelled. The rest of the **Cover** (pre-indexation) remains the same, and the premium relating to this **Cover** will be recalculated based on your age, depending on the options you have selected. If you have requested to switch off **Inflation Protection**, you may be asked further health and lifestyle questions before this can be switched back on. Otherwise **Inflation Protection** will apply until the expiry of your insurance.

Inflation Protection will not apply while premiums are being waived or refunded under the Premium Relief Option.

What are the costs?

The cost of your **Policy** depends on a range of factors, including but not limited to the type of **Cover**, your age and gender, whether or not you smoke, the length of time you have had your **Policy** and how often you choose to pay your premiums. We may also take your occupation, health, income, personal pastimes, lifestyle and other factors into account in determining insurance premium amounts.

We ask for this information so that the premiums we charge take into account the different levels of risk presented by different customer groups.

Sometimes discounts may apply to certain policies; however, these may not apply for the full term of your **Policy**.

Once we know a little bit about you and the **Cover** you require, we can provide you with an indicative quote for your premium. The quoted premium may change once we have all the information we require to complete our assessment of an application for **Cover**.

When you take out a **Policy**, you will receive welcome documentation and a **Policy Schedule**. You should read it carefully. The welcome documentation will show you the first premium payable and due date. The premium amount will also include any extra amounts charged to you when we accepted your application or re-issued your **Policy**.

You can choose to pay Stepped or Level Premiums

Stepped Premiums

If you choose **Stepped Premiums**, the premium is calculated based on your total **Benefit Amount**, the length of time you have had your **Policy** and your age as at each **Policy Anniversary**. This means your premium will generally increase at each **Policy Anniversary**.

Level Premiums

Level Premiums are not fixed. They can change. If you choose **Level Premiums**, the premium is based on your age at the **Policy Commencement Date**. Where you choose to increase your **Cover** or **Inflation Protection** applies, the premium rates used to calculate premiums for the alteration will be based on the **Life Insured's** age at that time.

Level Premiums can give you more certainty on cost when planning ahead for the future and if you're planning to keep your **Cover** for many years. If keeping your costs stable is important to you, you also have the option of removing **Inflation Protection**.

Where **Level Premium** 'to age 65' is shown in your **Policy Schedule**, premiums will revert to **Stepped Premiums** on the **Policy Anniversary** before the **Life Insured's** 65th birthday. Where **Level Premium** 'to age 70' is shown in your **Policy Schedule**, premiums will revert to **Stepped Premiums** on the **Policy Anniversary** before the **Life Insured's** 70th birthday.

Premium payable

All premiums are payable in advance, by the due date shown in your **Policy Schedule**. We will inform you of the premium payable in subsequent years before each **Policy Anniversary**.

Changes to your premiums

For both **Stepped** and **Level Premiums**, your premiums and the amount you pay will change if:

- you vary your **Policy**, for example when you add a new type of insurance or **Benefit** option;
- there is a change in your **Benefit Amount**, for example when your **Benefit Amount** increases (including through **Inflation Protection** and **Future Life Events**);
- you make changes to your **Policy**, any discount that applies may change, or cease to apply;
- government duties or charges change; or
- we change our premium rates (see below).

If your premiums change there may be options available to help you manage the cost of your **Cover**. Please call us to discuss.

We can change our premium rates

The cost of your **Cover** is not guaranteed to remain the same each year. We can change the premium rates we use to determine your premium.

Decisions to change premium rates do not occur because of changes to an individual customer's own circumstances, but rather are determined in relation to the group of customers that we insure.

We will act reasonably when making decisions to change our premium rates and will only make changes to the extent reasonably necessary to protect our legitimate business interests.

Our premiums are determined so that the total premium for our group of insured customers is sufficient to cover our expected future claims costs, meeting our associated costs of doing business and margins in providing **Cover** to you.

We review associated factors on an ongoing basis which may include, but are by no means limited to, our assessment of regulatory or legislative requirements, our operating costs or the commercial environment. These are only some examples of factors that we may consider, and others may apply. The outcome of any premium review performed by us may result in a change to the premium rates we charge you. If we change the premium rates, you will be advised of the change to your premiums at least 30 days before the change takes effect.

If your premiums increase, you will always have the option to reduce the premium by reducing your **Cover**, subject to any minimum premiums or sum insured applicable to your **Policy**.

You will also always have the right to cancel your **Cover**, at any time and for any reason, including a premium increase. There may be other options available to help you manage the cost of your **Cover**. Please call us for assistance. There are no cancellation fees or penalties for cancelling your **Policy**.

Your **Policy** cannot be singled out for a change in how a premium is charged because of an adverse change in the health or circumstances of the **Life Insured** after the **Policy Commencement Date**.

Payment methods and frequency

Premiums are payable monthly, quarterly, half-yearly or yearly by direct debit or credit card (MasterCard, Visa or AMEX). Cheque and BPAY® payments may be available if requested over the phone.

Non-payment or late payment of premiums

If we do not receive premiums by the due date, you will be sent a Payment Not Received notice and we may attempt to collect your outstanding premium on your next due date. If we do not receive the payment by the final due date shown in your Payment Not Received notice, you will be sent a reminder notice confirming that if you do not pay your premium by the due date, your **Policy** will be cancelled on the date specified in the notice and you will not be insured. If this happens, you will receive a confirmation informing you that your **Cover** has ended. If a claim is payable after your premium is due, but before your **Policy** ends, we will pay the claim in line with the respective **Policy** conditions. When this occurs, any outstanding premiums will be deducted from the claim amount.

When your Policy is cancelled

If your **Policy** is cancelled due to non-payment of premiums or you request to cancel the **Policy/Cover**, you may apply for a new **Policy** subject to eligibility criteria. You will need to complete an application form and it will be subject to a full underwriting assessment. We reserve the right to:

- decline an application based on our underwriting assessment, or
- offer amended terms for the new **Policy/Cover**.

We may offer reinstatement of your cancelled **Policy** in limited circumstances. This is subject to our approval and your payment of outstanding premiums. Any reinstatement offered by us may be subject to other terms and conditions, and we will inform you of any such terms at the time this option is offered.

Australian Currency

All **Benefits** payable under the **Policy** must be paid in Australian currency.

Your health and lifestyle assessment

Loadings and Exclusions

When you apply for Qantas Life Insurance, you will be asked a number of questions. Your Duty of Disclosure (described on page 57) applies to your answers to these questions and your answers may mean that you have increased risk factors. In some cases we will be unable to provide you with all or some parts of the **Cover** for which you have applied. In other cases, **Cover** may be subject to conditions such as a premium loading, or an **Exclusion**. A premium loading will mean that you pay a higher premium for the **Cover**.

An **Exclusion** will mean that you will not be **Covered** if you suffer a specified excluded medical condition, or you are injured or die as a result of participating in an excluded pastime or activity.

Cover changes and expiry

When does my Cover start and end?

Once your application is accepted by us, as long as you have complied with the **Duty of Disclosure** and you have paid premiums when due, we guarantee to continue your **Cover** until the insurance expiry date (set out below). This guarantee applies regardless of any change in your personal circumstances.

Your **Cover** will end when:

- the full lump sum **Benefit Amount** is paid;
- **Cover** is removed from your **Policy**;
- **Cover** is cancelled through non-payment of premiums; or
- you reach the insurance expiry date for that **Cover**.

The insurance will expire on the **Policy Anniversary** date after:

- age 99 for **Life Insurance**;
- age 69 for **Trauma Insurance**; and
- age 64 for **TPD and Income Protection Insurance**.

Some **Cover** is not able to be kept on its own. If certain **Covers** expire or are removed from your Qantas Life Insurance so that a **Cover** remains which cannot be held on its own then that **Cover** must be cancelled. We will notify you if this is the case.

Changes to Policy terms and conditions

The terms and conditions of the **Policy** may be changed if required, but only if agreed to by both you and us. Any change must be confirmed in writing by us.

Obsolete criteria due to medical advancement

If the method for diagnosing the specified medical condition has been superseded by a revised clinical protocol, and the appropriate Australian medical body has recognised this revised criteria for diagnostic practice, we will apply the revised clinical protocol subject to our verification that the specified medical condition is conclusively diagnosed and to at least the same severity.

Glossary

A

Accident means an event where Injury or death is caused directly and solely by accidental, violent, external and visible means.

Accidental Death means a death caused solely and directly by an Accident while Cover is in force. It does not include death arising from:

- actual or attempted intentional self-injury or suicide;
- sickness, medical or surgical treatment.

It does not include death as a result of participating in an Adventure Sport, unless Adventure Sports Cover has been selected by you.

Accidental Injury means a new physical Injury caused by an Accident, as confirmed by a Medical Practitioner, while Cover is in force. It does not include Injury arising from:

- attempted intentional self-injury or suicide;
- sickness, medical or surgical treatment.
- **Drug or alcohol related Sickness or Injury:** any Sickness or Injury directly or indirectly caused or exacerbated by alcohol abuse, or the use of drugs other than as prescribed by a Medical Practitioner and taken in the correct dose.

It also excludes Accidents which occur through undertaking Sports unless Sports Cover has been selected by you.

Activities of Daily Living (ADL) are:

- Bathing – the ability to shower and bathe;
- Dressing – the ability to put on and take off clothing;
- Toileting – the ability to get on and off and use the toilet;
- Mobility – the ability to get in and out of bed and a chair; and
- Feeding – the ability to get food from a plate into the mouth.

Adventure Sports means sports, pastimes or activities which carry an inherently higher risk of death or Injury to the participant and include but are not limited to recreational aviation, hang-gliding, scuba diving, rock fishing, rock climbing, surfing, skydiving, jet skiing and motor racing.

Any Occupation means work of any capacity taking into consideration your education, training or experience.

Average Monthly Earnings means the average of your monthly Earnings calculated on the 12 months immediately prior to the Accidental Injury, Illness or Sports Injury that led to the claimable event.

B

Benefit or Benefit Amount means the monthly amount or lump sum amount, as shown on your Policy Schedule, we will pay you upon a claim accepted by us for the respective Cover type on your Policy.

Benefit Period means the maximum time period for which an Income Protection Benefit is payable, as shown in your Policy Schedule.

Blindness (permanent) means the total and irrecoverable loss of sight in both eyes (whether aided or unaided) as a result of Sickness or Injury to the extent that:

- (a) visual acuity in both eyes, on a Snellen Scale after correction by suitable lens is less than 6/60, or
- (b) the visual field is reduced to 20 degrees or less of arc.

Bundled, Bundle or Bundling means where under one Policy:

- TPD Insurance is added to Life Insurance; and/or
- Trauma Insurance is added to Life Insurance.

A payment under one will effect a corresponding reduction in the Benefit Amount payable under the other Covers within the same bundle and a reduction in the total premium payable.

C

Commencement Date means the date your Policy started or Cover was added to your Policy.

Cover or Covered refers to the circumstances in which a Benefit Amount is payable in accordance with your Policy. The Cover your Policy provides is shown in your Policy Schedule.

Critical Illness means the diagnosis or undergoing of the following specified medical condition events, or the underlying Illness becoming apparent after the Commencement Date or, in the case of an increase to a Benefit, after the commencement of the increase:

- heart conditions including Angioplasty, Aortic Surgery (for specified conditions), Cardiomyopathy (permanent), Coronary Artery Bypass Surgery, Heart Attack (of a specified severity), Heart Valve Surgery, Open Heart Surgery, Idiopathic Pulmonary Arterial Hypertension (of specified severity), or Triple Vessel Angioplasty; or
- neurological conditions including Coma (of specified severity), Dementia including Alzheimer's Disease (permanent), Encephalitis (resulting in permanent neurological deficit); Meningitis (resulting in permanent neurological deficit); or Meningococcal Disease (resulting in significant permanent impairment), Progressive and Debilitating Motor Neurone Disease, Multiple Sclerosis (with multiple episodes of neurological deficit and persisting neurological abnormalities), Muscular Dystrophy, Paralysis (permanent), Parkinson's Disease (permanent) or Stroke (resulting in neurological deficit); or
- permanent conditions of Blindness (permanent), Loss of Hearing (permanent), Loss of Independent Existence (permanent), Loss of use of a Single Limb (permanent) or Loss of Speech (permanent); or
- organ disorders including Chronic Kidney Failure (requiring transplantation or dialysis), Chronic Liver Failure (resulting in permanent symptoms), Chronic Lung Failure (requiring permanent oxygen therapy), Major Organ Transplant (of specified organs), Pneumonectomy or Severe Diabetes Mellitus; or
- Aplastic Anaemia (requiring treatment).

Critical Injury means a specified Accidental Injury suffered by you after the Commencement Date or, in the case of an increase to a Benefit, after the commencement of the increase which results in:

- Severe Burns (covering at least 20% of the body's surface area);
- Major Head Trauma (with permanent neurological deficit);

- Blindness (permanent);
- Loss of Hearing (permanent);
- Loss of Independent Existence (permanent);
- Loss of use of a Single Limb (permanent);
- Loss of Speech (permanent).

D

Dangerous Pastimes are those pastimes, sports and activities that involve an inherent degree of danger and increased risk, including but not limited to:

- engaging in or training for professional sporting activities or stunts that are undertaken professionally;
- engaging in or training for sporting activities involving animals or the use of weapons; boxing, competitive fighting, martial arts or combative sports of any kind;
- solo hang gliding, skydiving or parachuting;
- flying in an aircraft, except as a fare-paying passenger on a commercial airline;
- being at depths below 30 metres underground or underwater;
- speed racing or contests of any kind involving any type of motor vehicle, motor cycle, or power boat;
- the riding of trail, dirt, pit or motocross bikes; quad bike riding; or riding any other type of power-assisted off-road buggy, kart or other vehicle; and
- rock fishing, back-country skiing or snowboarding, extreme white-water canoeing or kayaking, mountain climbing, BASE (buildings, antennas, spans and earth) jumping.

Date of Disablement means the later of:

- the date the Insured Person ceases work due to Illness or Injury; or
- the date a Medical Practitioner examines the Insured Person and certifies in writing that he or she suffers from the Illness or Injury that is the principal cause of their inability to work.

Day One Accident Option has the meaning given to that term on page 31.

Disability or Disablement means either Total Disability or Partial Disability.

Disability Benefit means either Total Disability Benefit or Partial Disability Benefit.

Duty of Disclosure means your duty as set out on page 57.

E

Earnings means:

- (a) if you directly or indirectly own all or part of the business in which your work is performed (ignoring shares in publicly listed companies), your share of income earned in the conduct of the business or profession less your share of business expenses necessarily incurred in the conduct of the business or profession; or
- (b) if you are an employee (and paragraph (a) does not apply), salary, wages, superannuation, commissions, bonuses and any other income considered part of your remuneration package, earned by you for services performed.

In either case, Earnings does not include any income which is not generated by your vocation.

Income and payments paid from other disability income policies, retirement plans, lump sum disability payments, rental income and investment income are some examples of income we would not consider part of Earnings.

Exclusion or Exclusions means an event or circumstances leading to a claim which are not Covered under your Policy. Exclusions can be found within the definitions under the Glossary, and under the heading 'What isn't covered' on page 15 for Life Insurance, page 19 for TPD, page 26 for Trauma Insurance, page 32 for Income Protection Insurance, and on your Policy Schedule.

F

Future Life Event or Future Life Events refers to a specified event or circumstances that may allow you to increase your Life Insurance Benefit without the need for evidence of health or pastimes. Refer to page 41 for more details.

G

Gainful Occupation means an occupation in which you are working and as a result your physical exertion generates Earnings.

I

Illness:

- under Income Protection and TPD means sickness or diseases such as cancer (of a specified criteria), trauma such as heart attack (of a specified severity), degenerative conditions and infections that have not resulted from Accidental Injury, Sports Injury or any additional Exclusions as shown on your Policy Schedule.
- under Life Insurance means sickness or diseases such as cancer (of a specified criteria), trauma such as heart attack (of a specified severity), degenerative conditions and infections that have not resulted from Accidental Injury, Accidental Death or death occurring due to your participation in Adventure Sports, or any additional Exclusions as shown on your Policy Schedule.

Immediate Family Member means a spouse, de facto, partner (same or opposite sex), child, grandchild, parent, grandparent, sibling, aunt, uncle, cousin, niece or nephew.

Income Protection Insurance means Qantas income protection insurance, the terms and conditions of which are detailed on pages 28–34.

Increasing Claims Option has the meaning given to that term on page 31.

Indexation Factor is the percentage change in the Consumer Price Index (Weighted Average All Capital Cities) as last published by the Australian Bureau of Statistics in respect of the 12 month period finishing on 30 September of each year. This factor will be determined at 30 November each year and applied, where indicated, for the following year. If it is not published by 30 November, the Indexation Factor will be calculated based upon a retail price index we consider replaces it. If the percentage change in the Consumer Price Index, or any substitute for it, is negative, the Indexation Factor will be taken as zero.

Inflation Protection has the meaning given to that term on page 42.

Injury means an Accidental bodily Injury suffered by you after the Commencement Date or in the case of an increase to a Benefit, after the commencement of the increase. The Injury must be caused directly and solely by an Accident.

Insurance means either Life Insurance, Total Permanent Disability Insurance, Trauma Insurance or Income Protection Insurance as the context requires.

L

Level Premiums means the amount you pay will be based on your age at the Policy Commencement Date and the premium rate will remain the same until the Policy Anniversary immediately after your 64th birthday, at which point Level premiums change to Stepped Premiums. If your Benefit Amount increases for any reason, including increases arising from Inflation Protection, then, while Level Premiums apply, your premiums will also increase in line with the increase in the sum insured.

If you select Level Premiums, the amount you pay will be based on your age at the Cover start date. This generally means your premium will only increase if:

- you include a new Cover or option in your Policy;
- your Benefit Amount increases, including through Inflation Protection;
- Level Premiums change to Stepped Premiums due to your age;
- the Policy fee increases;
- we change base premium rates for all customers if conditions change;
- Policy discounts no longer apply; or
- government duties or charges increase.

Where you choose to increase your Cover, the rates used to calculate premiums for the alteration will be based on your age at that time.

Where Level Premiums to age 65 are shown in your Policy Schedule, they will change to Stepped Premiums on the Policy Anniversary after your 64th birthday.

Life Buy Back Option or Buy Back Option means the option to buy back your Life Insurance Cover that has been drawn down as a result of the payment of a claim on a Bundled Cover.

Life Insurance means Qantas Life Insurance product, the terms and conditions of which are detailed on pages 12–15.

Life Insured means the insured person under your Policy.

Limb means an arm, leg, hand or foot. In respect of this definition, the hand or foot starts from the wrist or ankle joint, respectively.

Loss of Independent Existence (permanent) means Significant Cognitive Impairment or the total and irrecoverable loss of ability, due to Illness or Injury, to perform at least two of the Activities of Daily Living without the physical assistance of another person.

Loss of Sight in One Eye (permanent) means the total and irrecoverable loss of sight (whether aided or unaided) in one eye, as a result of Illness or Injury to the extent that:

- (a) visual acuity in the eye, on a Snellen Scale after correction by a suitable lens is less than 6/60, or
- (b) the visual field is reduced to 20 degrees or less of arc.

Loss of use of a Single Limb (permanent) means the total and irrecoverable loss of use of one Limb.

Loss of use of Limbs (permanent) means the total and irrecoverable loss of use of two or more Limbs.

M

Medical Practitioner means a person who is registered in Australia as a Medical Practitioner by the Medical Board of Australia, other than:

- you;
- your business partner; or
- your immediate family members.

If practicing other than in Australia, the Medical Practitioner must be approved by us, acting reasonably, and have qualifications equivalent to Australian standards.

Note - Physiotherapists, nurse practitioners, and/or alternative therapy providers, chiropractors, acupuncturists, for example, are not considered by us to be Medical Practitioners.

Mental health related condition means a mental health illness, disorder or condition diagnosed by a Medical Practitioner that interferes with the Life Insured's cognitive, emotional or social abilities.

N

Nominated Benefit Recipient means the person or persons nominated by you to receive all or part of the Death Benefit. Any nomination is binding on us. However, you may revoke or change a nomination at any time. Any nomination, revocation or change in the details of a Nominated Benefit Recipient has no effect unless it is in writing and we have issued a written confirmation to you.

O

Other payment includes any payment received or payable:

- from any other individual or group income protection policy where these other payment(s) relate to a sickness or injury covered by your policy; or
- under social security laws where these other payment(s) relate to a sickness or injury covered by your policy; or
- pursuant to any workers' compensation or accident claim made under any state or federal legislation or under common law where these other payment(s) relate to a sickness or injury covered by your policy and the amount of these other payment(s) do not account for benefits paid or payable under your policy; or
- for sick leave greater than 60 days, paid in the period of your claim under your policy.

Own Occupation under Income Protection is the occupation in which you were working immediately prior to the Illness or Injury causing Disability, unless you:

- were working in that occupation for less than ten hours a week; or
- were unemployed or on sabbatical, long service, maternity or paternity leave for more than 12 months, in which case Own Occupation will be any occupation for which you are reasonably suited by training, education or experience.

If you have been working in more than one occupation, 'Own Occupation' will include all of those occupations.

Own Occupation under Total Permanent Disability Insurance is the occupation in which you were working immediately prior to the sickness and injury causing disability.

If you were working in more than one occupation, Own Occupation will include all of those occupations.

P

Partial Disability and Partially Disabled under Income Protection mean that, solely because of a Covered event, you are:

- working or capable of working in a Gainful Occupation; and
- under the ongoing care of, and following the advice of a Medical Practitioner; and
- have suffered a reduction of 20% or more in your ability to generate Pre-Disability Earnings.

To be eligible for a Partial Disability Benefit, you must be Totally Disabled for the entire Waiting Period.

The Partial Disability Benefit Amount to be paid will be:

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

less any adjustments that may be applicable, where:

A = your Pre-Disability Earnings;

B = your Monthly Income while claiming the Partial Disability Benefit; and

C = the lesser of your Benefit Amount or 75% of your Pre-Disability Earnings.

If you are not working solely because of Illness or Injury, but are able to perform an important income producing duty of your Own Occupation to earn income, 'B' will be calculated on the monthly income for which it would be reasonable for you to earn if working. We will take into account all medical and other appropriate evidence.

Permanent Incapacity in relation to a member of a superannuation fund means ill-health (whether physical or mental), where the trustee is reasonably satisfied that the member is unlikely, because of the ill-health, to engage in gainful employment for which the member is reasonably qualified by education, training or experience.

Policy means the legal contract between the Policy Owner and us. This document, the application (whether in writing, verbally or online), the Policy Schedule and any Special Conditions or endorsements make up the Policy.

Policy Anniversary means each anniversary of the Policy Commencement Date.

Policy Owner means the person shown in the Policy Schedule as the person to who the Policy has been issued. If your Policy is purchased through superannuation, the Trustee of the fund is the Policy Owner.

Policy Schedule means the document which will be provided to you by us, containing details of your Cover under a Policy. Your Policy Schedule will be updated by us as a result of:

- any changes you make to your Policy and agreed to by us; and/or
- any changes made by us in accordance with the conditions contained in this document.

Pre-Disability Earnings means your average monthly Earnings for the consecutive 12-month period immediately prior to the start of the Waiting Period. We may accept your average Monthly Earnings for the last financial year prior to the start of your Waiting Period only if financial documentation for the 12 consecutive months immediately prior to the start of the Waiting Period is not available. When you are disabled, Pre-Disability Earnings will be increased by the Indexation Factor after every 12 consecutive payments under Total Disability or Partial Disability, following the date Disability started.

Q

Qualifying Period means the period of time from Cover Commencement or Cover restart for which you will not be covered for specified claimable events.

R

Rehabilitation Program means a program or plan:

- designed to assist you in returning to work in your Own Occupation; and
- developed by an appropriately qualified vocational or occupational rehabilitation specialist.

General medical consultations and medical therapy consultations, including but not limited to, physiotherapy, psychotherapy and hydrotherapy, are excluded.

S

Significant Cognitive Impairment means a deterioration or loss of intellectual capacity that results in a requirement for a full-time permanent caregiver.

Special Conditions means events or circumstances leading to a claim which need to be satisfied for a Benefit to be payable under your Policy. Special Conditions are specific to your Policy and can be found on your Policy Schedule.

Sport means a regular activity involving physical exertion and skill which an individual or team participates in, or competes against another or others for entertainment, enjoyment or fitness. It includes but is not limited to football, cricket, running, cycling, tennis, golf, basketball, surfing, wind-surfing, recreational aviation, rock climbing, martial arts, horse riding and yoga.

Sports Injury means an Injury that you suffer during the participation in, or training for, any Sport.

Standalone means either Life Insurance, TPD, Trauma Insurance or Income Protection which is not Bundled with any other insurance.

Stepped Premiums means the amount you pay will generally increase at each Policy Anniversary in line with your age.

T

Temporary Incapacity in relation to a member of a superannuation fund who has ceased to be gainfully employed (including a member who has ceased temporarily to receive any gain or reward under a continuing arrangement for the member to be gainfully employed), means ill-health (whether physical or mental) that caused the member to cease to be gainfully employed but does not constitute Permanent Incapacity.

Terminal Illness means an Illness where, after having regard to the current treatment or such treatment as you may reasonably be expected to receive, you will not survive more than 12 months.

Two Medical Practitioners, at least one who is a specialist Medical Practitioner who specialises in your Illness, or an area related to your Illness, must certify in writing (either jointly or separately), that despite reasonable medical treatment, you are suffering a Terminal Illness which will lead to your death within 12 months of the date of certification.

The Terminal Illness and certification must occur while you have Cover under Life Insurance Illness Cover.

Total Disability and Totally Disabled under Income Protection mean that, solely because of a Covered event, you are:

- not working in any Gainful Occupation; and
- following the advice of a Medical Practitioner; and
- unable to perform one or more of the important income-producing duties in your Own Occupation.

To be eligible for a Total Disability Benefit, you must meet this definition for the entire Waiting Period.

Totally Permanently Disabled/Total Permanent Disability/TPD has a different meaning depending on whether you chose Any Occupation or Own Occupation.

If you select **Any Occupation**, and you were in paid employment in the 12 months immediately prior to the Illness or Injury that gives rise to the claimable event, TPD means that:

1. solely because of an Illness or Injury, you have not been working in Any Occupation for three consecutive months and, after consideration of medical and any other evidence, we are of the opinion that you are incapacitated to such an extent as to render you unlikely ever to be able to work in Any Occupation for which you are reasonably suited by training, education or experience that would pay remuneration at a rate greater than 25% of your Earnings during your last 12 months of work; or

2. solely because of an Illness or Injury, you have suffered Whole Person Impairment of at least 25% and have not been working in Any Occupation and, after consideration of medical and any other evidence, we are of the opinion that you are incapacitated to such an extent as to render you unlikely ever to be able to work in Any Occupation for which you are reasonably suited by training, education or experience that would pay remuneration at a rate greater than 25% of your Earnings during your last 12 months of work; or

3. you are suffering:

- Blindness (permanent); or
- Loss of use of Limbs (permanent); or
- Loss of Sight in One Eye and use of a Single Limb (permanent); or
- an Illness or Injury and your Medical Practitioner certifies, and we agree (acting reasonably), that you are unlikely ever to be able to perform at least two of the five Activities of Daily Living without the physical assistance of another person.

If you were **not in paid employment in the 12 months** immediately prior to the Illness or Injury that gives rise to the claimable event, a TPD benefit may still be payable if your Medical Practitioner certifies, and we agree (acting reasonably), that you are unlikely ever to be able to perform at least two of the five Activities of Daily Living without the physical assistance of another.

When Cover is purchased through superannuation, you must also satisfy the SIS definition of Permanent Incapacity.

If you select **Own Occupation** (not available through superannuation), and you were in paid employment in the 12 months immediately prior to the Illness or Injury that gives rise to the claimable event, TPD means that:

1. solely because of an Illness or Injury, you have not been working in your Own Occupation for three consecutive months and, after consideration of medical and any other evidence, we are of the opinion that you are incapacitated to such an extent as to render you unlikely ever to be able to work in your Own Occupation; or

2. solely because of an Illness or Injury, you have suffered Whole Person Impairment of at least 25% and have not been working in Any Occupation and, after consideration of medical and any other evidence, we are of the opinion that you are incapacitated to such an extent as to render you unlikely ever to be able to work in Any Occupation for which you are reasonably suited by training, education or experience that would pay remuneration at a rate greater than 25% of your Earnings during your last 12 months of work; or

3. you are suffering:

- Blindness (permanent); or
- Loss of use of Limbs (permanent); or
- Loss of Sight in One Eye and use of a Single Limb (permanent); or
- an Illness or Injury and your Medical Practitioner certifies and we agree (acting reasonably) that you are unlikely ever to be able to perform at least two of the five Activities of Daily Living without the physical assistance of another person.

If you were **not in paid employment in the 12 months** immediately prior to the Illness or Injury that gives rise to the claimable event, a TPD benefit may still be payable if your Medical Practitioner certifies, and we agree (acting reasonably), that you are unlikely ever to be able to perform at least two of the five Activities of Daily Living without the physical assistance of another.

Total Permanent Disability Insurance or TPD means Qantas total permanent disability insurance, the terms and conditions of which are detailed on pages 16–19.

Trauma Insurance means Qantas trauma insurance, the terms and conditions of which are detailed on pages 20–27.

W

Waiting Period means the period of time between you suffering Total Disability or Partial Disability and Benefits starting to accrue. The Waiting Period commences on the Date of Disablement.

Whole Person Impairment means where a payment depends on you meeting criteria based on the Whole Person Impairment, the calculation is to be based on the current edition of the American Medical Association publication titled Guides to the Evaluation of Permanent Impairment until an equivalent Australian guide, sanctioned by the Australian Medical Association, has been produced, at which time the calculation in the relevant Australian guide will apply.



Trauma Insurance Event Definitions

A

Angioplasty means the actual undergoing of Coronary Artery Angioplasty to correct a narrowing or blockage of one or more coronary arteries.

Aortic Surgery (for specified conditions) means surgery to repair or correct an aortic aneurysm, an aortic dissection, an obstruction of the aorta, a coarctation of the aorta or traumatic Injury to the aorta. For the purpose of this definition, aorta means the aortic arch, ascending aorta and descending aorta, but not its branches.

Aplastic Anaemia (requiring treatment) means bone marrow failure, which results in at least two of the following:

- anaemia;
 - neutropenia; or
 - thrombocytopenia; and
- requiring one of the following:
- blood product transfusions;
 - marrow stimulating agents;
 - immunosuppressive agents; or
 - bone marrow transplantation.

B

Benign Brain Tumour (resulting in irreversible neurological deficit) means a non-cancerous tumour in the brain (excludes cranial nerves), pituitary gland, meninges or spinal cord, resulting in an irreversible neurological deficit which has caused:

- a permanent Whole Person Impairment of at least 25%; or
- the Life Insured to be totally and permanently unable to perform any one of the Activities of Daily Living.

The presence of the underlying tumour must be confirmed by CT Scan, MRI or other imaging studies. Cysts, granulomas, vascular aneurysms or haematomas are not covered.

Blindness (permanent) means the permanent and irrecoverable loss of sight in both eyes (whether aided or unaided) as a result of Sickness or Injury to the extent that:

- (a) visual acuity in both eyes, on a Snellen Scale after correction by suitable lens is less than 6/60, or
- (b) the visual field is reduced to 20 degrees or less of arc.

C

Cancer (of a specified criteria) means any malignant tumours diagnosed with histological or cytological confirmation and characterised by:

- the uncontrolled growth of malignant cells; and
- invasion and destruction of normal tissue beyond the basement membrane.

The term malignant tumour includes lymphoma (including Hodgkin's and non-Hodgkin's disease), leukaemia, multiple myeloma and malignant bone marrow disorders.

The following are not covered:

- All tumours which are histologically described as any of the following or lower:
 - (a) pre-malignant;
 - (b) non-invasive (includes tumours that are classified as Tis, Cis or pTa unless stated otherwise);
 - (c) high-grade dysplasia; or
 - (d) borderline or low malignant potential.
- All Carcinoma in Situ except the following:
 - (a) Carcinoma in Situ of the breast which requires the removal of the entire breast or breast conserving surgery with either radiotherapy or chemotherapy.
 - (b) Carcinoma in Situ of the testicle that requires removal of the entire testicle.
- All skin melanomas unless:
 - (a) it has evidence of metastasis;
 - (b) the melanoma is at least Clark level 3;
 - (c) the melanoma is showing signs of ulceration; or
 - (d) the melanoma is greater than 1.0mm maximum thickness using the Breslow method.
- All non-melanoma skin cancers unless they have spread to the bone, lymph node or other distant organs.
- Chronic lymphocytic leukaemia unless it has progressed to Rai stage 1 or more.
- All prostatic cancers unless it:
 - (a) has a Gleason score of 6 or more; or
 - (b) requires major interventional therapy including radiotherapy, chemotherapy, biological response modifiers or any other major treatment to arrest the spread of malignancy.

If a surgical procedure is performed, it must be considered appropriate and necessary to arrest the spread of malignancy.

Carcinoma In Situ (of specified site) means you have a Carcinoma in Situ, characterised by a focal autonomous new growth of carcinomatous cells, which has not yet resulted in the invasion and destruction of normal tissues beyond the basement membrane.

Invasion means an infiltration and/or active destruction of normal tissue beyond the basement membrane

The tumour must be classified as TNM stage Tis or FIGO Stage 0.

Only Carcinoma In Situ of the following sites is covered:

- breast;
- cervix uteri (Cervical Intraepithelial Neoplasia (CIN)) classified as CIN-1 and CIN-2 are not covered
- endometrium;
- fallopian tube (the tumour must be limited to the tubal mucosa)
- ovary;
- penis;
- perineum;
- testicle;
- vagina; or
- vulva

Cardiomyopathy (permanent) means a disease of heart muscle characterised by structural, functional and/or electrophysiological dysfunction of the heart muscle, resulting in significant permanent and irreversible cardiac impairment to the degree of at least Class 3 of the New York Heart Association functional classification system.

Chronic Kidney Failure (requiring permanent dialysis) means impairment of total kidney function to a severity constituting end stage kidney failure that in the opinion of a renal physician requires permanent renal dialysis.

Chronic Liver Failure (resulting in permanent symptoms) means end-stage liver failure resulting in permanent jaundice, ascites and/or encephalopathy.

Chronic Lung Failure (on permanent oxygen therapy) means end-stage lung disease with a consistent pulmonary function test result of:

- FEV1 less than 40% predicted; or
- a DLCO less than 40% predicted; and
- requiring permanent oxygen therapy.

Coma (of specified severity) means a state of unconsciousness which requires mechanical ventilation by means of tracheal intubation for at least three consecutive days (72 hours).

Coronary Artery Bypass Surgery means bypass grafting performed to correct or treat coronary artery disease.

D

Dementia including Alzheimer's Disease (permanent) means the unequivocal diagnosis of dementia by a consultant neurologist or geriatrician. The diagnosis must confirm dementia or Alzheimer's Disease due to permanent failure of brain function with associated cognitive impairment. A Mini-Mental State Examination score of 24 or less out of 30 is required.

Diagnosed Benign Brain Tumour (of specified severity) means a non-cancerous tumour in the brain (excludes cranial nerves), meninges, pituitary gland or spinal cord giving rise to symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures, sensory impairment or motor impairment.

The presence of the tumour must be confirmed by CT Scan, MRI or other imaging studies.

Cysts, granulomas, vascular aneurysms and haematomas are not covered.

E

Early Stage Chronic Lymphocytic Leukaemia means the diagnosis of chronic lymphocytic leukaemia with pathological confirmation of Rai Stage 0, which is defined to be in the blood and bone marrow only.

Early Stage Prostate Cancer means the diagnosis of a malignant tumour confined within the prostate, with pathological confirmation of a Gleason Score of either 2, 3, 4 or 5.

Early Stage Skin Melanoma (excluding Melanoma In Situ) means the diagnosis of one or more malignant skin melanomas with histological confirmation of the tumour which is:

- of 1.0mm or less maximum thickness using the Breslow method; or
- classified as Clark level 2 (Clark level 1 is not covered).

Encephalitis (resulting in permanent neurological deficit) means the unequivocal diagnosis of encephalitis, characterised by severe inflammation of the brain resulting in permanent neurological deficit causing:

- permanent Whole Person Impairment of at least 25%; or
- the Life Insured being totally and permanently unable to perform any one of the Activities of Daily Living.

The diagnosis must be confirmed by structural brain imaging, EEG and/or cerebrospinal fluid analysis.

H

Heart Attack (of a specified severity) means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area.

The diagnosis must be supported by diagnostic rise and/or fall of cardiac biomarkers with at least one value above the 99th percentile of the upper reference limit, and at least two of the following:

(a) signs and symptoms of ischemia consistent with myocardial infarction;

(b) ECG changes indicative of new ischemia (new ST-T changes or new left bundle branch block [LBBB]);

(c) development of pathological Q waves in the ECG; or

(d) imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.

If the tests specified in (a) to (d) above are inconclusive, other appropriate and medically recognised tests will be considered or, if at least three months after the heart attack (of a specified severity) is diagnosed the insured's left ventricular ejection fraction is less than 50 per cent, then the definition will be met.

The following are not covered:

- a rise in cardiac biomarkers due to an elective percutaneous procedure for coronary artery disease; or
- a rise in cardiac biomarkers not caused by a heart attack including but not limited to unstable angina.

Heart Valve Surgery means surgery to replace or repair a cardiac valve as a consequence of a cardiac valve abnormality or a cardiac aneurysm or other cardiac defects.

I

Idiopathic Pulmonary Arterial Hypertension (of specified severity) means idiopathic pulmonary arterial hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterisation, resulting in physical permanent impairment to the degree of at least Class III of New York Heart Association classification of cardiac impairment. The condition must be diagnosed by an appropriate specialist Medical Practitioner.

L

Limb means an arm, leg, hand or foot. In respect of this definition, the hand or foot starts from the wrist or ankle joint, respectively.

Loss of Hearing (permanent) means the irrecoverable profound loss of all hearing in both ears, resulting in an auditory threshold of 91 decibels or greater, averaged at frequencies 500, 1000 and 3000 hertz, both natural and assisted, as a result of Sickness or Injury. The condition must be diagnosed by an appropriate specialist Medical Practitioner.

Loss of Independent Existence (permanent) means that due to Sickness or Injury, the Life Insured:

- is totally and permanently unable to perform at least two of the five Activities of Daily Living without the physical assistance of another person; or
- suffers permanent Significant Cognitive Impairment.

Loss of Sight in One Eye (permanent) means the permanent and irrecoverable loss of sight (whether aided or unaided) in one eye, as a result of Illness or Injury to the extent that visual acuity in the eye, on a Snellen Scale after correction by a suitable lens is less than 6/60, or to the extent that the visual field is reduced to 20 degrees or less of arc.

Loss of Speech (permanent) means the total and irrecoverable loss of the ability to produce intelligible speech, as a result of:

- (a) permanent damage to the larynx, due to Illness or Injury; or
- (b) its nerve supply, due to Illness or Injury; or
- (c) to the speech centres of the brain, due to Illness or Injury.

Loss of use of a Single Limb (permanent) means the total and irrecoverable loss of use of one Limb.

Loss of use of Limbs (permanent) means the total and irrecoverable loss of use of two or more Limbs.

M

Major Head Trauma (with permanent neurological deficit) means Accidental head Injury resulting in neurological deficit causing:

- permanent Whole Person Impairment of at least 25%; or
- you being totally and permanently unable to perform any one of the Activities of Daily Living.

Major Organ Transplant (of specified organs) means either the undergoing of, or upon the advice of a specialist Medical Practitioner the placement on a waiting list of a Transplantation Society of Australia and New Zealand recognised transplant unit for, the human to human transplant from a donor (who is not the Life Insured) to you of:

- bone marrow;

or one of the following organs:

- kidney;
- heart;
- lung;
- liver;
- pancreas; or
- small bowel.

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

Meningitis (resulting in permanent neurological deficit) means the unequivocal diagnosis of meningitis, characterised by severe inflammation of the meninges resulting in permanent neurological deficit causing:

- permanent Whole Person Impairment of at least 25%; or
- the Life Insured being totally and permanently unable to perform any one of the Activities of Daily Living.

The diagnosis must be confirmed by structural brain imaging, EEG and/or cerebrospinal fluid analysis.

Meningococcal Septicaemia (resulting in significant permanent impairment) means the unequivocal diagnosis of meningococcal septicaemia resulting in:

- permanent Whole Person Impairment of at least 25%; or
- you being totally and permanently unable to perform any one of the Activities of Daily Living.

The diagnosis must be confirmed by blood culture analysis.

Minor Heart Attack means the death of a portion of heart muscle as a result of inadequate blood supply to the relevant area. The basis of the diagnosis will be at least one of the following:

- confirmatory new electrocardiogram (ECG) changes; or
- a diagnostic rise and/or fall of cardiac biomarkers with at least one reading above the 99th percentile of the upper reference limit.

We will also consider any other medical test result provided by a cardiologist that unequivocally diagnoses myocardial infarction of the degree of severity documented above.

If the clinical diagnosis and disease management on hospital discharge for any medical event or investigation is not consistent with an acute myocardial infarction as confirmed by a consultant cardiologist, then a claim is not payable under this Policy.

Multiple Sclerosis (with multiple episodes of neurological deficit and persisting neurological abnormalities) means a disease characterised by demyelination in the brain and/or spinal cord. Multiple Sclerosis must be unequivocally diagnosed by an appropriate specialist Medical Practitioner. There must be more than one episode of well-defined neurological deficit with persisting neurological abnormalities.

Neurological investigations such as lumbar puncture, MRI (Magnetic Resonance Imaging) evidence of lesions in the central nervous system, evoked visual responses, and evoked auditory responses are required to confirm diagnosis.

Muscular Dystrophy means the unequivocal diagnosis of muscular dystrophy by an appropriate specialist Medical Practitioner. The diagnosis must be supported by appropriate clinical investigations including genetic test, muscle biopsy or electromyography.

O

Open Heart Surgery means the undergoing of open chest surgery for the surgical treatment of a cardiac defect, cardiac aneurysm or benign cardiac tumour.

P

Paralysis (permanent) means the total and permanent loss of function of two or more Limbs through Illness or Injury causing permanent damage to the nervous system. This includes, but is not limited to, quadriplegia, paraplegia, diplegia and hemiplegia.

Parkinson's disease (permanent) means the unequivocal diagnosis of degenerative idiopathic Parkinson's disease by an appropriate specialist Medical Practitioner, caused by degeneration of the nigrostriatal system and as characterised by the clinical manifestation of one or more of the following:

- rigidity;
- tremor; and
- akinesia.

All other types of Parkinsonism are excluded (e.g. secondary to medication).

Pneumonectomy means the undergoing of surgery to remove an entire lung. This treatment must be deemed the most appropriate treatment and medically necessary.

Progressive and Debilitating Motor Neurone Disease means the unequivocal diagnosis of a progressive form of debilitating Motor Neurone Disease by an appropriate specialist Medical Practitioner.

The diagnosis must be supported by ancillary testing (e.g. clinical neurophysiology) and exclusion of other causes by imaging and appropriate investigations.

S

Severe Burns (covering at least 20% of the body's surface area) means tissue Injury caused by thermal, electrical or chemical agents causing full thickness burns to at least:

- 20% of the body surface area as measured by the Lund and Browder Body Surface Chart;
- 50% of both hands, requiring surgical debridement and/or grafting; or
- 50% of the face, requiring surgical debridement and/or grafting.

Severe Diabetes Mellitus (of specified severity) means that an appropriate specialist Medical Practitioner has confirmed that at least two of the following complications have occurred as a direct result of diabetes:

- severe diabetic retinopathy resulting in visual acuity (whether aided or unaided) and corrected of 6/36 or worse in both eyes;
- severe diabetic neuropathy causing motor and/or autonomic impairment;
- diabetic gangrene leading to surgical intervention; or
- severe diabetic nephropathy causing chronic irreversible renal impairment as demonstrated with a glomerular filtration rate of 15 to 30 ml/min (Stage 4 kidney disease).

Stroke (resulting in neurological deficit) means a cerebrovascular event producing neurological deficit confirmed through clinical examination. This requires clear evidence on a CT, MRI or similar, appropriate scan or investigation that a stroke has occurred and of infarction of brain tissue, intracranial and/or subarachnoid haemorrhage.

The following are not covered:

- Transient ischaemic attacks
- Non-stroke related reversible neurological deficit
- Cerebral symptoms due to migraine
- Cerebral injury resulting from trauma or hypoxia
- Vascular disease affecting the eye or optic nerve
- Ischaemic disorders of the vestibular system
- Migraine
- Hypoxic events

T

Triple Vessel Angioplasty means the actual undergoing for the first time of coronary artery Angioplasty to correct a narrowing or blockage of three or more coronary arteries within the same procedure.

In the event that not all coronary arteries can be corrected in a single procedure and a second procedure is required, a benefit will be payable provided the second procedure occurs no more than one month after the first.

General information

Your Duty of Disclosure

Before you enter into a life insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If the insurance is for the life of another person and that person does not tell us everything he or she should have, this may be treated as a failure by you to tell us something that you must tell us.

If you do not tell us something

In exercising the following rights, we may consider whether different types of cover can constitute separate contracts of life insurance. If they do, we may apply the following rights separately to each type of **Cover**.

If you do not tell us anything you are required to, and we would not have insured you if you had told us, we may avoid the contract within three years of entering into it.

If we choose not to avoid the contract, we may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told us everything you should have. However, if the contract has a surrender value, or provides cover for death, we may only exercise this right within three years of entering into the contract.

If we choose not to avoid the contract or reduce the amount you have been insured for we may at any time vary the contract in a way that places us in the same position we would have been in if you had told us everything you should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

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

To assess whether we can provide you with life insurance cover under this product we rely on your complete and accurate disclosures. Therefore, where relevant to your application or to any claim you make, we have the right to request you to provide access to relevant medical, financial, employment and other relevant records. We also have the right to request you to provide your consent or grant us authority to obtain access to such records.

If you do not provide the above relevant records or you do not provide consent or authority for us to access relevant records, we may not be able to provide this product to you or assess any claim you make (in which case we may not pay a claim which we have not been able to assess).

Misstatement of age

If your age has been understated on the application for this **Policy**, then the **Benefit** will be recalculated based on the **Benefit** that the premium you paid would have purchased if the correct age had been provided. If your age has been overstated we will refund any excess premium paid. Where the terms and conditions of **Cover** vary depending on age, your correct age, if applicable, will be used to determine whether a **Benefit** is payable. We may also vary the end date of the **Policy** to what it would have been had the correct date of birth been provided by you.

Common questions

When does my Policy start?

We will notify you when your application has been approved, and from that point you will be **Covered** by the Insurance for which you have been accepted.

Will the premium go up every year?

If you choose **Stepped Premiums**, your premiums will rise each year as your age increases. You can also choose whether you want your **Cover** to increase each year in line with the cost of living – this will mean that your premium will also increase each year as the **Cover** is increased through a process called **Inflation Protection**.

If you choose **Level Premiums**, your premiums will only increase in line with your **Cover** increase as a result of **Inflation Protection**. If you have **Inflation Protection** switched off, your premiums will stay the same every year until the Policy Anniversary after age 64, and unless there is an increase in base premiums.

All insurance providers are legally entitled to alter the base rate if conditions change, and if we do, and your rates change as a result, we'll give you 30 days notice. Individual customers won't be singled out for a premium increase once the **Cover** is in place.

What if I change my mind? (Cooling off period)

If you change your mind about purchasing insurance with us within 30 days of the date your **Policy** is issued, you can cancel the **Policy** and receive a full refund of the premium you've paid. This only applies if you haven't made a claim. To receive your refund, simply contact us on the details below with a request to cancel the **Policy** within the 30 days. And you don't have to tell us why you've changed your mind.

Who receives the Benefit?

All payments made by us under the **Policy** will be made to the **Policy Owner**, or if you have died, to your **Nominated Benefit Recipients** or legal personal representative or a person we are permitted to pay under any relevant law.

Claims

How to make a claim

If you wish to make a claim under the **Policy**, you should contact us at the earliest possible opportunity. Once a claim has been lodged, we will begin the assessment process and identify any opportunities where further assistance can be provided.

GPO Box 5380 Sydney NSW 2001
Claims Team 13 49 60
qantas.com/LifeInsurance
hello@qantasinsurance.com

Notifying us of a claim

We will support you through the process of making a claim. If you wish to make a claim against the **Policy**, we strongly encourage you to contact us at the earliest possible opportunity. A delay in notifying us may mean it could take longer for us to process your claim, as it may be difficult for us to access information we need to finalise our decision.

Our contact details can be found on the back cover of this PDS. When we are notified that you wish to make a claim, we will provide the forms that must be completed and explain in detail our requirements and what the next steps are.

The claim

The event for which you are claiming must occur while you are **Covered**. **Benefit** payments will commence once we are satisfied you have met the terms and conditions of your **Policy**.

To ensure we are able to assist you in an efficient manner, you must notify us in writing or by telephone, of any events that give rise to a claim. This should be done as soon as reasonably possible otherwise claim payments may be reduced to the extent our ability to assess the claim has been prejudiced by the delay.

Payment of premiums

Whilst we assess your claim and unless we tell you otherwise, it is important to continue to pay premiums to ensure your **Cover** is not cancelled. If you are experiencing financial hardship, please get in touch with our Customer Service team on 13 49 60 to understand options that may be available to help you. Or, you may wish to speak with your financial adviser. You may also need to provide supporting documentation to assist with your financial hardship application.

Claim requirements

Meeting the costs of claim requirements

Where we request an examination or assessment by a person we nominate, we will pay the cost for this service. You will be responsible for other costs which may be incurred for example, having your claim forms completed by your attending doctor, and financial information as required (e.g. the cost of completing tax returns, profit and loss statements).

Claim requirements at your expense

You must provide us with anything we reasonably consider necessary to assess your claim. Upon notification of a claim, we will provide specific details of these claim requirements.

As an example, we will require the following information:

- notice of any claim or potential claim being provided to us as soon as reasonably possible;
- the initial **Medical Practitioner's** report;
- a certified copy of your identification and proof of age;
- the **Policy Schedule**;
- all standard claim forms and other documentation or reports required by us to continue the initial and ongoing assessment, including but not limited to progress medical reports, records of your income and other personal financial documentation; and
- other such information relating to the claim that we may reasonably request.

Financial requirements

For **Income Protection Insurance** you will be advised if you are required to provide:

- verification of your **Pre-Disability Earnings**, stated in the application; and
- verification of your monthly **Earnings**, before and after the event giving rise to your claim.

This may include auditing documents that constitute a legal requirement such as business and personal taxation returns and profit and loss statements.

We will not reimburse any costs incurred by you in obtaining documents to verify your **Pre-Disability Earnings**, monthly **Earnings** or any auditing of your business or personal financial circumstance as required by us. This includes any transaction costs or other associated costs incurred by you in providing documents that we can reasonably rely upon.

Claim requirements at our expense

We may arrange for you to be medically examined in connection with your claim:

- the person who examines you will be an appropriate registered **Medical Practitioner** or other health practitioner;
- you must use your best endeavours to attend the examination; and
- we will pay the **Medical Practitioner's** fees.

If we arrange for you to be medically examined and you fail to attend the examination and we incur a non-attendance fee, this fee must be paid by you.

We may also require you to:

- attend interviews with a member of our staff or someone appointed by us as often as is reasonably required to fully consider your claim; and
- attend and engage with occupational rehabilitation services by an appropriately qualified person selected by us.

If you are outside Australia and become **Disabled**, the entitlement to your claim may be suspended where we are unable to appraise the medical opinion or data relied upon by you. Consequently, you may have to return to Australia for the claim to be assessed, at your expense, before we are able to determine our liability for the claim.

We may cancel a Policy for a fraudulent claim

If you make a fraudulent claim under your **Policy** or another policy you have with us, we may cancel your **Policy**.

Your obligation regarding Disability duration and severity

We insure you on the basis of the agreed **Cover**. While we have accepted the risks associated with any potential loss, you must not deliberately contribute to the severity or longevity of your **Disablement**. For **Income Protection** claims, we will continually assess your claim and will make a decision to cease paying your **Benefit** if we determine that you no longer meet the terms and conditions for the payment of the **Benefit**.

Claims assessment

Both the eligibility and extent of any claim payments relating to your **Illness, Injury or Disablement** will be based solely on the medical factors contributing to the **Illness, Injury or Disablement**. Under the terms of this **Policy**, we will exclude any claims made on the basis of additional impact due to economic, seasonal or any other non-medical factors.

If **Cover** is provided under **Income Protection** and a claim is made for a period of **Disability** of less than one month following the **Waiting Period**, it will be paid on a pro-rata basis. The payment will be made at a rate of 1/30 of the **Benefit Amount** for each day you are **Disabled**, except for any Adjustments or Offsets. This is subject to any **Waiting Periods**.

Payment of a claim

If you are judged not to be legally competent, we will pay any **Benefits** to whomever we are legally permitted to make payments. We will not be liable to you for any loss you suffer (including consequential or special loss) caused by the fact that we are required by law to delay, block, freeze or refuse to process a transaction, where applicable.

Risks

There are risks involved with taking out Qantas Life Insurance that you should be aware of.

Risk of not taking out all three Covers under each insurance

Each insurance under Qantas Life Insurance has three **Covers**. When building your unique **Policy** it's important to make an informed decision because you can only claim based on the **Cover** you choose. If you choose to take up only one or two **Covers** within an insurance, we cannot pay your claim if an event happens to you that you don't have **Cover** for. Please refer to the Taking Care of Details section for clarification of **Cover** you can select under each insurance and possible **Exclusions** that may apply as a result of your selection.

You will not be covered for anything listed as a standard **Exclusion** within this **Policy**. Additional **Exclusions** may apply based on the information you provide during underwriting.

In addition, when choosing life insurance you should take into account:

- that the insurance you have chosen might be inadequate to protect you in your circumstances, for example you may not have selected **Cover** suitable for your circumstances or have not selected sufficiently high **Benefit Amounts**;
- if you are replacing another insurance policy, you should consider the terms and conditions of each insurance policy before deciding to make the change as, for example, the coverage may be different;
- that claims may not be paid and this **Policy** may be cancelled where you have failed to comply with the Duty of Disclosure set out on page 57, or you have made a fraudulent claim;
- that the **Policy** may be cancelled if you have failed to pay your premium by the due date, in the circumstances described on page 44; and
- if you purchase Qantas Life Insurance through superannuation:
 - the cost of premiums paid may gradually reduce your superannuation over time, leading to a lower balance at retirement;
 - Qantas Life Insurance has been designed primarily for ordinary business, i.e. paid for out of your general accounts and has not considered the requirements of SIS Act in its design. Accordingly, both your retirement and protection objectives should be kept in mind when purchasing insurance through superannuation.

You should consider if the **Policy** meets your needs both now and in the future. You may need to seek assistance from a financial adviser to assist you to determine if the terms are consistent with your objectives, financial situation and needs.

No cash value

None of the benefits outlined in this PDS have a cash value (including any surrender value) if the **Policy** is cancelled. The premiums paid represent the amounts due for undertaking the risk of the insured event occurring.

Taxation

If you are considering the tax implications of purchasing **Cover**, it is important you seek independent, professional taxation advice. The complexity of taxation laws and rulings is such that this advice should be specific to your circumstances.

The following information regarding the Australian taxation rules in force at the date of this PDS is provided as a general guide only and relates to our interpretation of the rules for individuals who are the **Policy Owner** and **Life Insured** and are residents of Australia for income tax purposes and to SMSFs that are complying superannuation funds as defined in sections 42A and 45 of the SIS Act 1993. No general guidance in relation to the application of foreign tax rules or the application of the Australian tax rules to other persons or entities is provided. As recommended above, it is important you seek independent, professional taxation advice that is specific to your circumstances regarding the implications of purchasing insurance, receiving benefits or investing in or contributing to superannuation.

We reserve the right to make changes to Qantas Life Insurance and premium rates in response to any taxation, duty, government charge or other legal changes.

Goods and Services Tax

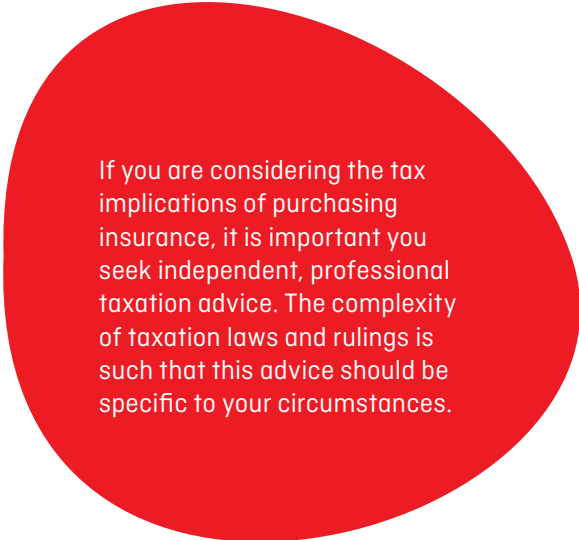
Qantas Life Insurance is treated as input taxed under the Goods and Services Tax Act 1999 (Cth) and any cost of GST will be included in the premium rates. No input tax credit will be available to you.

Stamp duty

Any cost of stamp duty will be included in the premium rates.

Tax withholding

Where we are required by law to deduct any tax from the payment of a **Benefit**, we will deduct the required amount from the payment and forward it to the relevant authority.



If you are considering the tax implications of purchasing insurance, it is important you seek independent, professional taxation advice. The complexity of taxation laws and rulings is such that this advice should be specific to your circumstances.

Tax treatment of insurance premiums and benefits for Australian resident individuals who are the policy owner and life insured

For **Income Protection**, premiums for insuring against loss of income are generally tax deductible and benefits paid which substitute for lost income are generally assessable as income. For **Life Insurance, Total and Permanent Disability Insurance and Trauma Insurance**, premiums are generally not tax deductible, nor are **Benefits** paid generally assessable as income. This may vary if insurance is taken out for business purposes and you should seek professional taxation advice.

Capital Gains Tax for Australian resident individuals not purchasing through superannuation

Benefits payable under **Life Insurance** may be assessed under the capital gains provisions if you are not the original beneficial owner of the **Policy** and you acquired an interest in the **Policy** by paying money or providing some other consideration. If you are the original owner of the **Policy** or acquired an interest in the **Policy** for no consideration, then a **Benefit** payment under the **Policy** for **Life Insurance** should not give rise to an assessable capital gain. **Benefits** received under a **Policy** by the **Life Insured** for **Total and Permanent Disability Insurance** and **Trauma Insurance** should not give rise to assessable capital gains.

Tax treatment of insurance for SMSFs that are complying superannuation funds

If you are the trustee of a complying superannuation fund, the premiums you pay under this product may be deductible. The proceeds payable under the **Policy** to you as trustee to facilitate the provision of benefits to members should not form part of the assessable income of the SMSF. Payments out of the SMSF in respect of such members are not deductible to the SMSF.

Tax treatment of insurance benefits received as a member through superannuation

The following is a discussion of the general tax treatment of insurance benefits paid to you as a member of your SMSF where the SMSF purchases the insurance from us.

Death benefits

In the event of the death of a member who is a **Life Insured** and where a lump sum **Benefit** is paid by the SMSF, no tax is payable where that **Benefit** is paid to a death benefit dependant as defined under the taxation law. Note that the definition of a death benefit dependant under the taxation law is slightly different to the definition under the superannuation law. Death benefits paid to a non-death benefit dependant for tax purposes may be taxed at up to 30% plus the Medicare Levy.

Terminal illness benefits

Lump sum **Terminal Illness** benefits paid to members are tax free.

Total and permanent disability benefits

Total Permanent Disability Benefits are taxed at different rates, depending on the amount, the member's age when they were disabled and their age at the date of payment. These provisions are complex and you should consult your taxation adviser if you require more detail.

Income protection benefits

When an **Income Protection Benefit** that substitutes for lost income is paid, this constitutes assessable income in the hands of the recipient and will be taxed at the recipient member's marginal tax rate (plus Medicare Levy where applicable).

Statutory Fund

The assets of TAL's Statutory Fund Number 1 will alone be liable for the payment of the benefits under this **Policy**. Your **Policy** will not participate in any distribution of any surplus of TAL's Statutory Fund Number 1. You also have no rights in or in connection with the assets of any other TAL Statutory Fund.

Privacy

Qantas and TAL Direct are well aware of the importance of maintaining the confidentiality of the personal information you provide to us and we take all reasonable steps to handle the information you provide in accordance with the Privacy Act 1988 (Cth), the 13 Australian Privacy Principles and any relevant privacy codes.

Personal and sensitive information is collected from you to enable Qantas, TAL Direct and TAL Life to provide their products and services to you. Further information may be requested from you at a later time, such as if you want to make alterations to your insurance **Policy** or when you make a claim. If you do not provide the requested information to us we may not be able to provide our products and services to you or pay your claim.

The way in which your information is collected, used, secured, disclosed and managed is set out in our respective Privacy Policies at qantas.com/LifeInsurancePrivacy and tal.com.au/privacy-policy and is free of charge on request.

In processing and administering your insurance (including at the time of claim) your personal information may be disclosed to third parties, including, but not limited to, general practitioners or health professionals to verify any health information you may provide, and other companies within Qantas Insurance and the TAL group of companies.

The accuracy of the information you provide is important and if you need to update or correct any information, please let us know. Generally you are entitled to obtain access to the information which we hold about you, subject to limited exceptions and should you require access to information please let us know.



If you have any questions regarding the privacy of your personal information or questions about our information handling practices you can contact us to discuss. However, should you want to know more about privacy rights and other privacy issues, there are a number of useful resources available at the website of the Office of the Australian Information Commissioner at oaic.gov.au.

Life Insurance Code of Practice

As a member of the Financial Services Council, we have adopted the Life Insurance Code of Practice (the Code). The Code sets out the life insurance industry's key commitments and obligations to customers on standards of practice, disclosure and principles of conduct for their life insurance services, such as being open, fair and honest. It also sets out timeframes for insurers to respond to claims, complaints and requests for information from customers. The Code covers many aspects of a customer's relationship with their insurer, from buying insurance to making a claim, to providing options to those experiencing financial hardship or requiring additional support.

The Code can be found at: www.fsc.org.au

Opt-out

From time to time we may use your information to promote and market our products and services to you. If you do not want to receive telemarketing calls, or would prefer to receive telemarketing calls at certain times or days, please call us on 13 49 60. If you do not want to receive any information on other products or services offered by us or the insurer, please contact us.

Complaints

If you have a complaint in relation to Qantas Life Insurance, you can write to:



The Manager,
Internal Dispute Resolution Team
Qantas Life Insurance
GPO Box 5380, Sydney NSW 2001



qantas.com/LifeInsurance

We will attempt to resolve your complaint within 45 days of the date it is received. If we are unable to resolve your complaint within that period, we will inform you of the reasons for the delay and let you know when we expect to provide a response to your complaint.

If an issue has not been resolved to your satisfaction, you can lodge a complaint with the Australian Financial Complaints Authority (AFCA). AFCA provides fair and independent financial services complaint resolution that is free to consumers.



afca.org.au



info@afca.org.au



1800 931 678 (free call)



In writing to:
Australian Financial Complaints Authority
GPO Box 3, Melbourne VIC 3001

Time limits may apply to complaints to AFCA. You may wish to consult the AFCA website or contact AFCA directly to find out if there is a time limit on lodging a complaint with AFCA.





Direct Debit Request Service Agreement

This Agreement is issued by TAL Life, to enable you to understand your rights and responsibilities as a new customer when making premium payments by direct debit. It allows TAL Life to debit your nominated account to meet the premiums for your **Policy**. Please keep this Agreement in a safe place for future reference.

Our commitment to you

We will ensure that we:

- will give you at least 14 days written notice if there are any changes to the terms of this Agreement; and
- will keep all information relating to your nominated financial institution account confidential, except where required for the purposes of conducting direct debits with your financial institution, or otherwise as required by law.

Your commitment to us

Please ensure that:

- the account you have nominated can accept direct debits;
- all account holders for this nominated account agree to this Agreement; and
- that there are sufficient funds available in the nominated account, on the due dates, to cover the premiums. If there aren't, you may incur dishonour fees from your financial institution and your **Policy** may lapse. Dishonour fees will not be charged by TAL Life.

If a premium due date falls on a weekend or a public holiday, we will automatically debit the payment on the next business day.

How to make changes

Please give us at least seven days notice before your next premium due date for either:

- altering any of your direct debit or financial institution details, or
- stopping or suspending any debits, or cancelling the Agreement completely. If you do any of these, you will need to make alternative arrangements for future premiums to continue your **Policy**.

If you want to change or cancel this agreement, or dispute a debit, please contact our Customer Service Centre on 13 49 60. We will always respond to your query or dispute in the first instance.



Financial Services Guide

This financial services guide is provided by TAL Direct Pty Limited ABN 39 084 666 017 ('TAL Direct', 'the Licensee', 'we', 'us' and 'our'). TAL Direct holds an Australian Financial Services Licence (AFSL 243260) and is related to the insurer TAL Life Limited ABN 70 050 109 450 AFSL 237848 ('TAL Life'). TAL Direct and TAL Life are part of the TAL Dai-ichi Life Australia Pty Limited ABN 97 150 070 483 group of companies ('TAL').

Qantas Airways Limited ABN 16 009 661 901 ('Qantas', 'the Promoter') has been appointed as an Authorised Representative (Authorised Representative Number 261363) of TAL Direct. TAL Direct has authorised Qantas to provide general financial product advice about life insurance that appears in the advertising and marketing materials only.

Purpose of this Financial Services Guide

We are required by law to provide you with this Financial Services Guide (FSG). This document outlines important legal information as required by the Corporations Act 2001. It contains important information about the authorised services we offer, the remuneration received by us, our service providers and our internal and external dispute resolution services. This FSG is designed to assist you in deciding whether to use any of the authorised services. TAL Direct is responsible for the content of this FSG and has authorised its distribution.

Who are our representatives?

A number of representatives have been appointed by TAL Direct to provide a financial service over the telephone and via web chat. These people have received specialist training to discuss the products we offer.

Our services

When you are referred to Qantas and speak to a representative, that person represents TAL Direct which is authorised under its Australian Financial Services Licence to:

- provide financial product advice on life risk, and superannuation to retail clients;
- provide general advice only on general insurance products to retail clients;
- deal in life risk, superannuation and general insurance products to retail clients; and
- arrange superannuation products for retail clients.

What does general financial product advice mean?

It is important that you understand that we only provide general advice. We do not provide personal advice or make recommendations about the suitability of the product for you. Therefore, you should carefully review the Product Disclosure Statement (PDS), having regard to your own objectives, financial situation and needs before deciding to purchase a product. The PDS sets out the important information you should consider when deciding to acquire a certain product, including the insurer and the benefits, features and associated costs of the product. You can find this online at qantas.com/LifeInsurance.

Who we act for

Qantas Life Insurance is distributed by TAL Direct. TAL Direct is acting for itself when providing a financial service. Policy administration is carried out by TAL Life Limited.

Disclosure of remuneration

When you purchase insurance, you will be required to pay a premium and this will be paid to the insurer of the product. The premium includes any commission payable by the insurer for distributing the product so you do not need to pay any extra. Where a representative arranges a policy for you over the telephone, that representative may in addition to their salary receive a commission from TAL. The amount of commission is dependent on a number of factors including the number of policies issued and the quality of the representative's conduct. If we provide you with a financial service you are entitled to request details of this remuneration, and may do so by contacting us on the number specified in this FSG. There may be circumstances where additional commissions, bonuses and non-cash incentives are paid and these will accrue from time to time. These are not an additional cost to you.

We may also pay referral fees or commission to people or organisations that refer new customers to us. The referral fee may be paid in the form of an upfront commission and/or periodical trail fees. This will be at no additional cost to you. In addition to paying referral fees, TAL may from time to time give other non-cash benefits to referral partners. Qantas is remunerated by TAL Direct for life insurance policies sold under the Qantas brand. The commission is up to 30% inclusive of GST of each premium paid while the policy is in force. These commission payments are of no additional cost to you.

Dispute resolution process

We offer an internal dispute resolution service in relation to any concerns you may have about us or any of our representatives. If a dispute is not resolved to your satisfaction through our internal dispute resolution service, you may then refer your concern to an external dispute resolution service. These services are free of charge to you.

Internal dispute resolution service

In the first instance, we hope that our representatives can handle any concern you may have. Please call or write to us first. If you are not satisfied with our initial response, please ask to speak to the Internal Dispute Resolution Team who will handle your matter personally, or write to our Complaints Officer at:



The Manager,
Internal Dispute Resolution Team
Qantas Life Insurance
GPO Box 5380, Sydney NSW 2001



qantas.com/LifeInsurance



13 49 60

External dispute resolution service

We will attempt to resolve your complaint within 45 days of the date it is received. If we are unable to resolve your complaint within that period, we will inform you of the reasons for the delay and ask for your consent to attempt to resolve it within a further set period.

If an issue has not been resolved to your satisfaction within 45 days of lodging your initial complaint, you can lodge a complaint with the Australian Financial Complaints Authority (AFCA). AFCA provides fair and independent financial services complaint resolution that is free to consumers.



afca.org.au



info@afca.org.au



1800 931 678



Australian Financial Complaints Authority
GPO Box 3
Melbourne VIC 3001

Time limits may apply to complaints to AFCA. You may wish to consult the AFCA website or contact AFCA directly to find out if there is a time limit on lodging a complaint with AFCA.

Professional indemnity insurance

TAL Direct is part of TAL and we confirm that TAL retains professional indemnity (PI) insurance to cover the activities of licensees within TAL, including TAL Direct. This PI cover is maintained in accordance with the law, is subject to its terms and conditions and provides indemnity up to the sum insured for the activities of the representatives of TAL and TAL Direct.

How to contact us



13 49 60



hello@qantasinsurance.com



Qantas Life Insurance
GPO Box 5380, Sydney NSW 2001

Promoter

Qantas Airways Limited
ABN 16 009 661 901 ARN 261363
10 Bourke Road, Mascot NSW 2020

Distributor

TAL Direct Pty Limited (TAL Direct)
ABN 39 084 666 017 AFSL 243260
Level 16, 363 George St, Sydney NSW 2000

Issuer

TAL Life Limited
ABN 70 050 109 450 AFSL 237848
Level 16, 363 George St, Sydney NSW 2000

Issue Date: 1 April 2021





TALC1080 04/21 ISS6

How to contact us



13 49 60



hello@qantasinsurance.com



Qantas Life Insurance
GPO Box 5380, Sydney NSW 2001

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