



SUNCORP

Suncorp Recovery Protect

Product Disclosure Statement

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This is the Product Disclosure Statement (PDS) for Suncorp Recovery Protect. Suncorp Recovery Protect and this PDS are issued by Suncorp Life & Superannuation Limited ABN 87 073 979 530, AFSL 229880 (SLSL). Before you buy this insurance, please read this PDS carefully.

Any information contained in this PDS has been prepared without taking into account *your* particular objectives, financial situation or needs. For that reason before acting on the information you should consider the appropriateness of the information in regards to *your* objectives, financial situation and needs.

You can help protect your recovery with Suncorp Recovery Protect

Unfortunately, you'll never know when your health might take a turn for the worse. We all think, "It will never happen to me". Other insurance might cover some of your direct medical bills, but Suncorp Recovery Protect can help you concentrate on recovering by giving you the funds to continue paying your expenses and other ongoing costs.

If you have a Suncorp Recovery Protect *policy* (please refer to Who Can Apply? below), we will pay a lump sum (subject to the terms and conditions set out in this *PDS*) in the event you suffer or are diagnosed with a listed *critical condition* (please refer to Recovery Benefit on pages 4-5).

When reading this *PDS*, please refer to the Glossary on pages 13-15 for the meaning of various terms and conditions italicised throughout this *PDS*.

Who Can Apply?

Up to 2 people can apply under the one *policy* for Suncorp Recovery Protect if they:

- have received the *PDS* in Australia;
- are an *Australian resident*; and
- are aged between 17 and 54 (inclusive).

We consider many factors (such as *your* health, occupational duties and participation in pastimes) when making decisions about *your* application for insurance. No medical documentation or tests are required when *you* apply. We will use the information provided by *you* in *your* application to assess whether or not we can provide *you* with insurance cover and on what terms. We will advise at the time of *you* applying whether or not any special conditions apply to *your policy*.

If *you* meet these criteria and *your* application has been accepted by *us* and *your policy* issued, *you* are covered for the insured events 24 hours a day, 365 days a year anywhere in the world and we guarantee to renew *your policy* every year until the *policy anniversary* immediately before *your* 75th birthday (subject to When Does Cover Stop? on page 6).

Cooling Off Period

You have 21 days from the *policy commencement date* to check that this insurance meets *your* needs. This is the cooling off period.

If *you* wish, and provided *you* have not made a claim, *you* can cancel *your policy* during this cooling off period by notifying *us* in writing or verbally. If *you* notify *us* verbally, *you* will need to answer certain questions to confirm *your* identity (for details on How to contact us please refer to the Back Cover). Provided *you* have not made a claim, *you* will receive a refund of any money *you* have paid in full.

Details of Cover

A *policy* may be taken out on *your* life only (a *single life policy*) and on the life of up to one other person (a *joint life policy*).

If *you* are applying for a *single life policy* where only one *insured person* is listed on the *PDN*, *you* are the sole *policy owner* and *you* are entitled to all the Benefits under Suncorp Recovery Protect (please refer to the Recovery, Limited Death, Financial Planning and Automatic Indexation Benefits on pages 4-6).

If *you* are applying for a *joint life policy* where there are two *insured persons* listed on the *PDN*, all *insured persons* will be the *policy owners* and each of *you* as *insured persons* are entitled to all the Benefits under Suncorp Recovery Protect (please refer to the Recovery, Limited Death, Financial Planning and Automatic Indexation Benefits on pages 4-6).

When *you* apply for Suncorp Recovery Protect, *you* can apply for one of the following *sum insured* amounts:

- \$50,000;
- \$75,000;
- \$100,000;
- \$150,000;
- \$200,000; or
- \$250,000.

If *you* are applying for a *joint life policy*, the *sum insured* for each *insured person* does not need to be the same. This means each *insured person* can apply for a different amount, depending on their own personal circumstances.

The most we will pay under the Suncorp Recovery Protect *policy* for any *insured person* is the *sum insured* shown on the *PDN*. The maximum amount payable under all Recovery Protect policies held by *you* is \$250,000 (plus indexation – please refer to the Automatic Indexation Benefit on pages 5-6).

Please Note:

There are circumstances where we will not pay a *benefit* under *your policy*. Please refer to pages 6-7 for detailed information on When We Won't Pay.

Recovery Benefit

If *you*:

- suffer or are diagnosed (whichever is later) with any of the following *critical conditions* during the life of this *policy*:
 - *cancer**;
 - *coronary artery surgery**;
 - *heart attack**;
 - *loss of limbs or sight*;
 - *paralysis*;
 - *severe accidental injury*;
 - *significant cognitive impairment*; or
 - *stroke**,

- satisfy the definition for that *critical condition* (please refer to the Glossary on pages 13-15);
- are diagnosed by a *registered doctor* approved by us; and
- survive at least 14 days from the occurrence or diagnosis (whichever is later) of that *critical condition*,

we will pay the *sum insured* to you, unless in our opinion, one or more of the exclusions apply (please refer to When We Won't Pay on pages 6-7).

* A 90 day waiting period applies to *critical conditions* marked with an '**'. This means we will not pay if the marked *critical condition* occurred, was diagnosed or the circumstances leading to the diagnosis of the *critical condition* became apparent within 90 days of the *policy commencement date*. In the case of *coronary artery surgery*, we will not pay if the condition requiring the surgery was diagnosed or the circumstances leading to the diagnosis became apparent within the applicable 90 day waiting period.

If you do not survive 14 days from the occurrence or diagnosis (whichever is later) of a *critical condition*, a Limited Death Benefit may be payable (please refer to Limited Death Benefit below).

The Recovery Benefit stops on the *policy anniversary* immediately before your 75th birthday, unless cover stops earlier (please refer to When Does Cover Stop? on page 6).

Limited Death Benefit

If you die during the life of this *policy* and no Recovery Benefit is payable, we will pay your legal personal representative the lesser of:

- the *sum insured*; or
- \$10,000,

unless in our opinion, one or more of the exclusions apply (please refer to When We Won't Pay on pages 6-7).

The Limited Death Benefit is not indexed and it stops on the *policy anniversary* immediately before your 75th birthday unless cover stops earlier (please refer to When Does Cover Stop? on page 6).

Financial Planning Benefit

If you meet the terms and conditions of the Recovery Benefit, we will reimburse up to \$1,000 for accredited financial planning advice. Financial planning advice must be provided by an accredited financial adviser and the *benefit* claimed within 12 months of receiving the Recovery Benefit payment from us.

We will require proof of the advice received, the qualifications of the accredited financial adviser and receipt showing payment made for the financial advice, which is satisfactory to us, before we will agree to make the payment.

Payment of the Financial Planning Benefit does not reduce any other *benefit* under this *policy*.

We will not reimburse any cost incurred when dealing with the claim or implementation of the financial plan, nor do we take any responsibility for the financial advice provided or the implementation of that advice.

The Financial Planning Benefit is not indexed and it stops on the *policy anniversary* immediately before your 75th birthday unless cover stops earlier (please refer to When Does Cover Stop? on page 6).

Automatic Indexation Benefit

We will automatically increase the *sum insured* on each *policy anniversary* in line with movement of the *CPI*. The annual adjustment will range from a minimum of 3% to a maximum of 10%. We will recalculate your *premium* each year to reflect the increase in the *sum insured* as a result of the *CPI* (and your age) and we will advise you of your new *premium* prior to your *policy anniversary* each year.

You can ask us not make an adjustment for the CPI. If so, *your sum insured* will not change. You can also ask us not to increase the cost of *your premium*. In this case, we will reduce the amount of *your sum insured*.

Levels of cover under the Limited Death or Financial Planning Benefits are not indexed.

The Automatic Indexation Benefit stops on the *policy anniversary* immediately before *your* 65th birthday, unless cover stops earlier (please refer to When Does Cover Stop? below).

When Does Cover Start?

As long as each person who is applying for cover satisfies the eligibility requirements in the Who Can Apply? section (please refer to page 3) and we have accepted *your* application and received *your* payment details, cover under *your* Suncorp Recovery Protect *policy* will start immediately (subject to When We Won't Pay below).

You will receive a *policy document notice (PDN)* within 5 working days of *your policy commencement date*, confirming *your policy* with us. This Notice, together with this *PDS*, set out the full terms and conditions of *your* insurance. Please read these documents and store them in a safe place. You will need them if you make a claim. You can obtain a replacement *PDN* at anytime by contacting us (for details on How to contact us please refer to the Back Cover).

When Does Cover Stop?

Once an *insured person* reaches the *policy anniversary* immediately before their 75th birthday, cover for that *insured person* stops.

Cover will also stop under this *policy* on the earliest of the following events:

- the date the Recovery or Limited Death Benefit is paid; or
- the date the *insured person* dies.

If *your policy* is a joint life *policy* and cover stops for one of the *insured persons* because they have reached the *policy anniversary* immediately before their 75th birthday or they have had a Recovery or Limited Death Benefit paid, the *premium* will be adjusted to cover the remaining *insured person* only.

Cover will also stop for all *insured persons* under this *policy* on the earliest of the following events:

- you ask us in writing to cancel the *policy* (please note: if there is more than one *policy owner*, each *policy owner* must sign the request); or
- the date of cancellation of *your policy* due to non-payment of outstanding *premiums*.

If cover stops for a reason other than payment of the Recovery or Limited Death Benefit, we will not consider any claim, unless the event giving rise to the claim occurred while *your policy* was still in force.

When We Won't Pay

We will not pay any *benefit* or refund any *premiums* if the event giving rise to the claim, directly or indirectly is as result of:

- an intentional self-inflicted act;
- a *war* or an *act of war*, whether or not war has been declared; or
- any *pre-existing condition*. This means any sickness, injury, condition or related symptom, for which, in the five years before the *policy commencement date*:

- symptoms existed that would cause a reasonable and prudent person to seek diagnosis, care or treatment from a *registered doctor*; or
- medical advice or treatment was recommended by, or received from a *registered doctor*.

We will not pay any Recovery Benefit in the case of:

- *cancer*;
- *coronary artery surgery*;
- *heart attack*; or
- *stroke*,

if the *critical condition* occurred, was diagnosed, or the circumstances leading to the diagnosis of the *critical condition* became apparent, within 90 days after:

- the *policy commencement date*; or
- the most recent reinstatement of the insurance (please refer to Reinstatement on page 8).

We will also not pay any *benefit* if the condition requiring *coronary artery surgery* occurred, was diagnosed, or the circumstances leading to the diagnosis became apparent, within that applicable 90 day period.

Your Premium

Your *premium* pays for your insurance cover, Government fees and charges and administration costs.

The *premium* you pay is determined by multiplying your *sum insured* by the applicable premium rate. Your premium rate is based on the following factors: your age, gender and smoking status. Depending on your health and occupational duties, a loading may also apply to your *premium* from the *policy commencement date*. If you are applying for a joint life *policy*, you will be entitled to a discount on your *policy*. A discount will also apply if you hold three or more Suncorp Group products. Please contact us to get a quote (for details on How to contact us please refer to the Back Cover).

Your *premiums* are payable monthly from the bank account or credit card you nominate. We will confirm your payment details by way of a letter to you once your *policy* commences (please refer to page 6 for details on When Does Cover Start?).

You have up to 30 days from the date each *premium* is due to pay your first and subsequent *premiums*. This period is called the days of grace. If you are entitled to claim within the days of grace, we will pay the *benefit* if otherwise payable on the terms explained in this PDS, less the amount of any unpaid *premium*.

If you do not pay your *premium* during the days of grace, we will send a notice to you specifying the date we will cancel the *policy* without any refund of *premium*. If the *premium* remains unpaid, we will also provide written notice of cancellation to all *insured persons* under the *policy* at the address last advised to us. We will not be liable for any claims after the date of cancellation.

Your premium rate is guaranteed not to change for 12 months from your *policy commencement date*. After this *premium* rate guarantee period, your *premium* will generally increase each year with age and increases in the *sum insured* as a result of the Automatic Increase Benefit on pages 5-6. We can also change the premium rate for all policies at any time. In the event we apply an increase to policies of the same kind, we will provide you with at least 30 days notice and you will be charged the new *premium* from your next *policy anniversary*.

All *premiums* received are paid into the Capital Guaranteed Life No. 1 portfolio of the Suncorp Life No. 1 Statutory Fund (Fund) and do not participate in any surplus arising in any of our Statutory Funds. All *benefits* are also paid from this Fund.

How to Make Changes to Your Policy

If *you* would like to make any changes to *your policy*, including a change to *your address* or to *your payment type*, please contact *us*. *You* can also apply to increase or decrease *your sum insured* on an existing Suncorp Recovery Protect *policy* by contacting *us* (for details on How to contact *us* please refer to the Back Cover).

If *you* wish to apply for an increase to an existing *policy*, *you* will need to apply for a new *policy* for the increased amount only. The maximum *sum insured* level will apply across all Suncorp Recovery Protect policies for the same *insured person* (please refer to Details of Cover on page 4). Please Note: the five year period for *pre-existing conditions* and the 90 day waiting period for some *critical conditions* will apply from the *policy commencement date* for the increased portion only.

If *you* wish to apply for a decrease to an existing *policy*, an alteration can be made to *your existing policy* (subject to the *sum insured* levels set out on page 4). *Your premium* will be adjusted and an updated *PDN* will be sent to *you* showing the new *sum insured* and *premium payable*.

Reinstatement

If *your policy* is cancelled because *premiums* have not been paid, it may be reinstated if *you* complete an application for reinstatement.

An application for reinstatement can be requested within 2 years following the date of cancellation. *We* will consider such a request but *we* are not obliged to reinstate the *policy* on the same terms or at all. If *we* accept *your* application for reinstatement, the five year period for *pre-existing conditions* and the 90 day waiting period for some *critical conditions* will recommence (please refer to When We Won't Pay on pages 6-7), from the date of reinstatement.

Risks

You should be aware of the risks involved before buying any life insurance *policy*. Please read this *PDS* carefully before making any decision regarding this *policy* or the extent of cover *you* require.

Some of the risks associated with holding this life insurance *policy* include:

- *your policy* may not suit *your* needs; or
- *your* level of cover may be insufficient; or
- *you* may not be paid a *benefit* if in the event of a claim *you* are subject to one of the exclusions explained in this *PDS* (please refer to When We Won't Pay on pages 6-7).

It's important that *your policy* meets *your* needs both now and in the future. *You* may need to seek assistance from an adviser if the terms are not consistent with *your* needs or they do not suit *your* personal circumstances.

Commission

The person or company selling *you* this *policy* (Distributor) might be paid a commission by *us*. The *premiums* *you* pay take into account any commission payable so it is not an additional charge to *you*. The amount of commission will vary and could be up to the maximum of *your* first year's *premium*. If *your* insurance is cancelled in the first year, the Distributor may have to repay some, or all, of the commission to *us*.

Taxation

Usually, *premiums* are not tax deductible and *benefit* payments are not assessable for tax purposes. These comments are a guide only and do not take into account changes in taxation laws or *your* particular circumstances. Ask *your* tax adviser or the Australian Taxation Office about *your* own individual circumstances.

Making a Claim

If *you* are entitled to make a claim, *you* can contact *our* Claims Call Centre on 1800 114 172 and we will then send a claim pack that needs to be completed and returned to us.

You or *your legal personal representative* is required to notify *us* within:

- 30 days from the date of *your* diagnosis of a listed *critical condition*; or
- 12 months from the date of *your* death.

We can ask for information we might reasonably need and obtain medical and other records to ensure that the terms and conditions of the *policy* as set out in this *PDS* are satisfied.

To make a claim under the Recovery Benefit, the following information will be required:

- claim form completed by *you* and *your* medical practitioner;
- *policy document notice*; and
- certified proof of identity (birth certificate, drivers licence or passport).

To make a claim under the Limited Death Benefit, the following information will be required:

- claim form completed by the *legal personal representative* of the deceased *insured person*;
- certified copy of the Death certificate;
- *policy document notice*;
- certified proof of identity (birth certificate, drivers licence or passport); and
- certified copy of the Will.

Depending upon individual circumstances, additional information may be required by *us*. We may require *you* or *your legal personal representative* to pay for the cost of obtaining this information.

To assess *your* claim promptly, we need to ensure the information provided to *us* at the time of application is correct, for example *your* age and smoking status. If we have received any false information, we may be able to adjust the *premiums* paid by *you* or the *benefit* payable by *us*.

We may refuse the claim if:

- we are not told of the event giving rise to the claim within 30 days (for a Recovery Benefit claim) or 12 months (for a Limited Death Benefit claim); and
- we are disadvantaged because of the delay.

All payments are made as a lump sum in Australian currency.

Complaints Resolution

If *you* have a complaint about this product or *our* services, *you* can contact *our* Customer Relations Unit by:

- phone on 1800 689 762 (freecall*)
- fax on 1300 767 337
- email at customer.relations@suncorp.com.au
- writing to *us* at Reply Paid 1453
Suncorp Customer Relations Unit (RE058)
GPO Box 1453
Brisbane QLD 4001

*A higher charge may apply for public telephones and mobile phones.

We will try to settle *your* complaint within 1 working day. If we can't do this, we will tell *you* within 3 working days that we have received *your* complaint and will try to settle it within 21 days. For more information on *our* complaints handling process, please contact *our* Customer Relations Unit on the details above.

If *you* are dissatisfied with *our* decision or the way we handled *your* complaint, *you* can also contact the Financial Ombudsman Service Limited (ABN 67 131 124 448) (FOS). FOS is an external dispute resolution scheme that provides free services to customers and is a totally independent and impartial body who will deal with *your* complaint directly or follow up the matter on *your* behalf in accordance with its terms of reference.

You can contact FOS by:

- phoning: 1300 780 808 (for the cost of a local call*) or 03 9613 7366
- writing to: Financial Ombudsman Service Limited
GPO Box 3
MELBOURNE VIC 3001
- faxing: 03 9613 6399
- visiting: www.fos.org.au
- emailing: info@fos.org.au

*A higher charge may apply for public telephones and mobile phones.

Privacy Statement

Suncorp Life & Superannuation Limited ABN 87 073 979 530, AFSL 229880 is a member of the Suncorp Group. The Privacy Act 1988 (Cth) requires us to inform you that:

Purpose of collection

Personal information is information about an identifiable individual and includes facts or an opinion about you which identifies you or by which your identity can be reasonably determined. We collect your personal information so we can conduct our business and offer and provide you with our range of financial products and services.

We collect personal information for the purposes of:

- identifying you when you do business with us;
- protecting your personal information from authorised access;
- establishing your requirements and providing, administering and managing the products or services you request;

- assessing and investigating, and if accepted managing a claim made by you under one or more of our products; and
- understanding your circumstances and improving our financial products and related services.

We may be required by taxation and other relevant laws to collect your personal information.

Consequences if personal information is not provided

If we request personal information about you and you don't provide it, we won't be able to provide you with and manage the financial product or service you request, or manage and pay any benefit or insurance claim you make.

Disclosure

We use and disclose your personal information for the purposes we collected it. We may also use and disclose your personal information for a secondary purpose related to the purpose for which we collected it, where you would reasonably expect us to use or disclose your personal information for that secondary purpose. In the case of sensitive information, any secondary purpose, use or disclosure will be directly related to the purpose of collection.

When necessary and in connection with purposes listed above, we may disclose your personal information to and/or collect your personal information from:

- hospitals, medical or health professionals or various professional advisers who assist us;
- mail service organisations who create and despatch our documentation and correspondence, including our direct marketing material;
- document storage facility providers;
- information technology providers, including hardware and software vendors and consultants such as programmers;
- claims reference providers and investigative service providers;
- customer research organisations;
- where required or authorised under our relationship with our joint venture partners; and
- other companies within the Suncorp Group.

Disclosure overseas

There are also instances where we may have to send your personal information overseas or collect personal information from overseas. These instances include:

- when you have asked us to do so;
- when it is necessary in order to facilitate a transaction on your behalf;
- when we are authorised or required by law to do so;
- when we have outsourced a business activity or function to an overseas service provider with whom we have a contractual arrangement;
- certain electronic transactions; or
- sending your personal information to companies in the Suncorp Group.

We will only send your personal information overseas or collect personal information about you from overseas for the purposes in this statement and in compliance with the privacy regime.

Access

You can ask us to provide you with the personal information we hold about you. In some circumstances, we can deny your request for access. If we deny your request, we will tell you why. If it will take us time to access and supply your personal information, we will inform you of the likely delay. More detailed access requests, eg access to information held in archives, may incur a fee to cover our costs.

Marketing

We would like to use and disclose your personal information to keep you up to date with the range of products and services available from the Suncorp Group. Generally, the companies in our Group will use and disclose your personal information for Suncorp's marketing purposes.

If you do not want us to use and disclose your personal information for these marketing purposes please contact us and tell us.

Contact

Please contact us if you change your mind at any time about receiving marketing material or you want to request access to the personal information we hold about you. If you would like more information about our privacy practices, please ask us for a copy of our Privacy Policy. You can contact us by calling 13 11 55. Our Privacy Policy can also be found on our website at www.suncorp.com.au.

Other Important information about Suncorp Recovery Protect

Suncorp Recovery Protect is issued by Suncorp Life & Superannuation Limited ABN 87 073 979 530, AFSL 229880 (*SLSL*). *SLSL* is a subsidiary of the Suncorp Group. The obligations of *SLSL* are not guaranteed by any other company within the Suncorp Group. Suncorp Recovery Protect is not a bank deposit or other bank liability of *Suncorp-Metway*.

Suncorp Recovery Protect is not a savings plan. All the information in this *PDS* is current at the time of issue.

We will let you know of special offers that may be available from time to time. If we make a special offer, we can provide you with a separate terms and conditions brochure about the offer on your request. The offers may only be available to you for a short time and we can withdraw them at any time.

We may change any information in the *PDS*. If we make a change in the *PDS* that is material or significant, we will generally notify you about the change within 3 months of the change occurring. We may also make improvements to your policy without any increase to your premium. If we make a change to your policy which, in your opinion was adverse to you, we will, if you make a claim, assess your claim on the terms of the policy in existence before the change took place.

We may change or update information from time to time that is not materially adverse by preparing an update on our website at www.suncorp.com.au. You can also obtain a printed copy of any information update, at no cost, by contacting us (for details on How to contact us please refer to the Back Cover).

Glossary

Where any words appear in this *PDS*, whether the first letter is in upper or lower case, then their meanings are listed below.

Where applicable with respect to definitions, singular includes the plural and vice versa.

Please Note: A 90 day waiting period applies to *critical conditions* marked with an '*'. Please refer to When We Won't Pay on pages 6-7 for full details.

Australian resident: includes all Australian Citizens and anyone who is a holder of a Permanent Resident Visa.

benefit: means the *sum insured* payable under the terms and conditions of this *policy*.

cancer*: means the presence of one or more malignant tumours including malignant lymphoma, Hodgkin's Disease, leukaemia, malignant bone marrow disorders and melanomas greater than or equal to Clark Level 3 or greater than or equal to 1.5mm depth of invasion as determined by histological examination.

The tumour must be characterised by:

- the uncontrolled growth and spread of malignant cells; and
- the invasion and destruction of normal tissue.

The tumour must also:

- require treatment by surgery, radiotherapy, chemotherapy, biological response modifiers, or any other major treatment; or
- be totally incurable.

The following tumours are excluded:

- a) tumours which are histologically described as pre-malignant or show the malignant changes of 'carcinoma in situ'; carcinoma in situ of the breast is not excluded if the entire breast is removed specifically to arrest the spread of malignancy, and this procedure is the appropriate and necessary treatment.
- b) melanomas which are both less than Clark Level 3 and less than 1.5mm depth of invasion as determined by histological examination;
- c) all other types of skin cancers unless they have metastasised; and
- d) prostatic cancers which are both histologically described as TNM Classification T1 or lesser (or any other equivalent or lesser classification) and have a Gleason score of 5 or less.

coronary artery surgery*: means coronary artery surgery to treat coronary artery disease but does not include angioplasty, intra-arterial procedures or other non-surgical techniques.

CPI: the Consumer Price Index: All Groups Australia that is published by the Australian Bureau of Statistics.

critical condition: the following *critical conditions* are covered under the Recovery Benefit:

- *cancer**;
- *coronary artery surgery**;
- *heart attack**;
- *loss of limbs or sight*;
- *paralysis*;

- severe accidental injury;
- significant cognitive impairment; or
- stroke*,

* A 90 day waiting period applies to *critical conditions* marked with an ‘*’. This means we will not pay if the marked *critical condition* occurred, was diagnosed or the circumstances leading to the diagnosis of the *critical condition* became apparent within 90 days of the *policy commencement date*. In the case of *coronary artery surgery*, we will not pay if the condition requiring the surgery was diagnosed or the circumstances leading to the diagnosis became apparent within the applicable 90 day waiting period.

expiry date: the date *your policy* ends as stated on the *PDN*.

heart attack*: means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The basis for the diagnosis of a heart attack will include either of the following:

- confirmation of new electrocardiogram (ECG) changes or a left ventricular ejection fraction of less than 50%; and
- elevation (other than as a result of cardiac or coronary intervention) of; cardiac enzymes CK-MB above standard laboratory levels of normal, or levels of Troponin I greater than 2.0 ug/l or Troponin T greater than 0.6 ug/l, or their equivalent.

If a diagnosis cannot be made on the basis of that criteria, we will pay a claim based on satisfactory evidence that you have unequivocally been diagnosed as having suffered a heart attack resulting in a reduction in the left ventricular ejection fraction to less than 50%, measured 3 months or more after the event or new pathological Q waves.

injury: means physical damage to *your body* caused solely and directly by an accident which occurs while cover for the applicable *benefit* was in force under this *policy*.

insured person(s): person(s) who has been accepted by us and listed on the *PDN* as an *insured person(s)* under this *policy*.

legal personal representative: the executor of the will or administrator of the estate of a deceased person. We must be satisfied that the person is authorised to administer the estate.

loss of limbs or sight: means the total and permanent loss of use of:

- both feet;
- both hands;
- the sight in both eyes (to the extent of 6/60 or less); or
- any combination of at least two of: a hand, a foot or sight in one eye (to the extent of 6/60 or less).

non-smoker: anyone who has not smoked tobacco or any other substance in the last 12 months. This includes cigarettes, cigars, pipes and any illegal substance.

paralysis: means the total and permanent loss of use of one or more limbs resulting from spinal cord *injury* or disease, or from brain *injury* or disease.

Included in this definition are Paraplegia, Quadriplegia, Tetraplegia, Diplegia or Hemiplegia.

PDN: the *Policy Document Notice*.

PDS: the *Product Disclosure Statement*.

policy: *your insurance*, which consists of this *PDS*, *your application* and the *PDN*.

policy anniversary: the anniversary of the *policy commencement date*.

policy commencement date: the date we accept your application for cover as shown on the *PDN*.

policy document notice (PDN): a document which shows important information about your *policy* including your *policy* number, *premium* and *policy commencement date*.

policy owner: person or people shown as *policy owner(s)* on the *PDN* or another person or group that takes over legal ownership of the *policy*. The *policy owner(s)* and the *insured person(s)* are the same.

premium: the amount you pay us for the insurance.

pre-existing condition: means any sickness, injury, condition or related symptom, for which, in the five years before the *policy commencement date*:

- symptoms existed that would cause a reasonable and prudent person to seek diagnosis, care or treatment from a *registered doctor*; or
- medical advice or treatment was recommended by, or received from, a *registered doctor*.

registered doctor: a doctor who is legally qualified and properly registered. The doctor cannot be:

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

If practising outside Australia, the doctor must have qualifications equivalent to Australian standards.

severe accidental injury: means an *injury* that has resulted in the *insured person* being confined to an acute care hospital for a period of 30 consecutive days (24 hours per day) under the full-time care of a *registered doctor*.

An acute care hospital is one which is set up to deal with emergencies and for patients whose illness develops suddenly.

significant cognitive impairment: means a permanent deterioration or loss of intellectual capacity that requires you to be under the continuous care and supervision by someone else.

SLSL: Suncorp Life & Superannuation Ltd ABN 87 073 979 530, AFSL 229880.

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

sum insured: means the amount you apply for and we accept as varied (for example, if you apply for a decrease or through increases under the Automatic Increase Benefit) by agreement.

Suncorp-Metway: Suncorp-Metway Limited ABN 66 010 831 722 and it's related companies.

war or an act of war: means armed aggression by a country resisted by another country or organisation.

we, us or our: SLSL.

you or your: the *insured person(s)*.



How to contact us

To contact us about Suncorp Recovery Protect, simply

- Call us on 13 11 55 and ask for 'Life & Super'
- Fax us on (07) 3002 3259
- Email us at life&super@suncorp.com.au
- Find us on the web at suncorp.com.au
- Write to us at Suncorp Life & Superannuation Ltd (LS004)

GPO Box 1453

Brisbane QLD 4001

Suncorp Recovery Protect and this PDS is issued by:

Suncorp Life & Superannuation Limited

ABN 87 073 979 530, AFSL 229880

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