Suncorp MyStyle Life Insurance

Product Disclosure Statement and Policy Document

This is a combined Product Disclosure Statement and Policy Document (PDS). In this document Asteron Life & Superannuation Limited ABN 87 073 979 530, AFSL 229880 (Asteron) part of the TAL group of companies is the insurer other than the Redundancy Benefit. AAI Limited ABN 48 005 297 807, AFSL 230859 (AAI), part of the Suncorp group of companies, is the insurer of the Redundancy Benefit. Asteron is authorised to use the Suncorp brand.

Prepared on: 1 March 2019
Quick facts about Suncorp MyStyle Life Insurance

Sometimes it’s tempting to not read insurance documents from cover to cover. We appreciate that, but we encourage you to read this document because understanding your Suncorp MyStyle Life Insurance policy is important. To help you out, below are some quick facts about your cover, we’ve also included references to where, in this document, you can find more detail.

Recovery Support Plan (full details Section 4.1)

We want to help you get your life back on track after illness or injury. That’s why Suncorp MyStyle Life Insurance policy can help support your recovery and rehabilitation services to give you a helping hand on the road to recovery.

Income Protection Cover (full details Section 4.2)

If you are ill or injured, you may be able to claim on your Disability Benefit. This monthly payment amount will provide an income so you can concentrate on getting better.

Redundancy Benefit (full details Section 4.2.2)

This is an optional benefit that can be taken out in conjunction with Income Protection Cover. It can cover you in the case that you become involuntarily unemployed, allowing you to look for a new role while reducing your worry about day to day expenses.

Death Cover (full details Section 4.3)

This cover pays a lump sum payment or can assist with services if you die or you’re terminally ill, allowing you to arrange your financial affairs.

Promise Benefit (full details Section 4.5)

This benefit is designed to pay $10,000 if you die, regardless of the type or level of cover you have chosen. This means that if you have chosen Income Protection Cover but not Death Cover as well, we will pay you the benefit.

Serious Illness Cover (full details Section 4.4)

This cover pays a lump sum benefit if you suffer a listed condition, which you can then use to help with recovery, such as the costs of medication and treatment.

Kids Cover (full details Section 4.7)

This is an optional cover that can be added to your policy. It provides protection for your child (or children) in the unfortunate instance that they suffer a listed condition (including fractures) or pass away.

Now that you know the key facts, read on to learn more details about your cover and other benefits available.
1.0 Important Information

This combined Product Disclosure Statement and Policy Document (together referred to as ‘PDS’) is designed to help you decide whether to buy or continue to hold this product. This PDS provides important information about the purpose of our product, the key features and benefits available, and the costs, risks and other important aspects of our product. The information contained in this document is general in nature and does not take into account your personal objectives, financial situation or needs. Therefore, before acting on this information, you should consider the appropriateness of our product having regard to those matters and carefully read this PDS before making a decision about our product.

Asteron Life & Superannuation Limited ABN 87 073 979 530, AFSL 229880 (“Asteron”, “we”, “our” or “us”) is related to TAL Life Limited ABN 70 050 109 450, AFSL 237848 (TAL Life) and to the distributor TAL Direct Pty Limited ABN 39 084 666 017, AFSL 243260 (TAL Direct). Asteron, TAL Life and TAL Direct are part of the TAL Dai-ichi Life Australia Pty Limited ABN 97 150 070 483 group of companies (TAL).

This PDS covers two separate financial products, as follows:

— Asteron is the insurer of, and incurs solely the obligations relating to, the life insurance product;

— AAI Limited ABN 48 005 297 807 AFSL 230859 trading as Suncorp (AAI) is the insurer of, and incurs solely the obligations relating to the redundancy benefit a general insurance product (Redundancy Benefit).

In this PDS, AAI is responsible for the wording in relation to the Redundancy Benefit. Asteron is not responsible for, or liable in respect of, insurance cover provided by AAI under this PDS and AAI is not responsible for, or liable in respect of, insurance cover provided by Asteron under this PDS.

Asteron is the issuer of this PDS and has been authorised to issue this PDS under the Suncorp brand.

Important terms and words

When reading this PDS, please refer to Section 12.0 Glossary which shows the meaning of various terms italicised throughout.
Your contract with us

If you are issued a Suncorp MyStyle Life Insurance policy, this PDS, together with the information you provide in your application and the schedule, constitutes your insurance policy and is evidence of your insurance contract with us. You should read this document in conjunction with the schedule because together they contain important information relating to your policy. Please keep this PDS and your schedule in a safe place. Your schedule is issued to you based on the information provided by you to us on your application for insurance.

Suncorp MyStyle Life Insurance is not a savings plan. The primary purpose is to provide a benefit under the terms and conditions of the policy in the occurrence of a claimable event.

Making changes to this PDS

All the information contained in this PDS is current at the time of issue. We may change or update any information in this PDS from time to time. If the change is not materially adverse, we may notify you about that change by preparing an update on the website, www.suncorp.com.au/insurance/life-insurance/mystyle. You can also obtain a printed copy of this free of charge by contacting us (please refer to the back page for details). If the change is a material or significant one, we will notify you 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 before the change took place.

When you’re covered

You are covered subject to the terms and conditions of your policy 24 hours a day, 365 days a year. If premiums payable under the policy are paid (please refer to Section 5.3 Your premium), your policy will continue unless your policy stops (please refer to Section 5.1 When your policy starts and ends).

Before you buy this insurance, please read this PDS carefully, including under each cover where we explain when a benefit would not be paid.

For details on how to contact us, please refer to the back page.
2.0 Who can apply?

To apply for a Suncorp MyStyle Life Insurance policy you must:

— be aged between 18 and 60 years (inclusive)
— have received this PDS in Australia, and
— be an Australian or New Zealand Citizen or permanent resident, residing in Australia at the time of applying.

Once you have provided us with correct payment details and we have accepted your application, you will be covered for the benefits which are stated on your schedule and outlined in this document 24 hours a day, every day of the year.

3.0 Your cooling off period

From the policy commencement date you have 30 days to check that this insurance meets your needs. This is the cooling off period.

You can cancel your policy during this period by notifying us, and confirming your identity, in writing or verbally. If you haven’t made a claim, you will receive a refund of any premium you have paid.

4.0 Details of cover and benefits

When you apply for a Suncorp MyStyle Life Insurance policy, you choose the combination of covers you believe best suits your needs at the time of application and the level of cover you think you need.

<table>
<thead>
<tr>
<th>Cover type</th>
<th>Minimum</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income Protection Cover</td>
<td>$1,000 monthly payment amount $1,000 monthly payment amount</td>
<td>$20,000 monthly payment amount $4,000 monthly payment amount</td>
</tr>
<tr>
<td>— Optional – Redundancy Benefit</td>
<td>$1,000 monthly payment amount</td>
<td>$20,000 monthly payment amount</td>
</tr>
<tr>
<td>Death Cover (including Early Payment)</td>
<td>$50,000</td>
<td>$2,000,000</td>
</tr>
<tr>
<td>Serious Illness Cover</td>
<td>$25,000</td>
<td>$350,000 for a listed condition or upon death</td>
</tr>
<tr>
<td>Kids Cover (optional)</td>
<td>$500 for fractures</td>
<td>$25,000 for a listed condition or upon death</td>
</tr>
</tbody>
</table>

Payment of a cover or benefit is subject to our acceptance of your claim (please refer to Section 6.0 Making a claim). The most we will pay under this Suncorp MyStyle Life Insurance policy is the sum insured for each insured person plus any Promise Benefit that may be applicable (refer to Section 4.5).
Ownership of your policy

Single life policies

If you are the only insured person listed on the schedule, you are the sole owner of the policy. As the sole owner of the policy, you will also be the insured person.

Joint life policies

Your schedule will show two insured persons who will be joint policy owners. The cover and sum insured or monthly payment amount for each insured person can be different.

As the joint owner of the policy and an insured person, you can change the details and benefits of the policy that are relevant to you without the need of the other policy owner’s signature. For example, if you wish to decrease the level of your Death Cover sum insured, you can get in touch with our customer service team and they can help you.

However, there are some instances where both policy owners will need to approve changes, such as when altering a Kids Cover Benefit, if applicable.

Each insured person in an application for a joint life policy must meet the eligibility criteria. Each policy owner can choose different sums insured or monthly benefits that are suitable for them. In the case of Income Protection Cover, this means that the Disability Benefit (and Redundancy Benefit, if applicable) is payable only to the policy owner with which the particular benefit relates.

More information can be found throughout the PDS.

Transfer of Ownership

While you hold this policy, you cannot assign ownership or transfer of this policy to any other person or party.

You may elect to remove one policy owner and life insured from the policy in the future, and this would require you to advise our customer service team in writing.

4.1 Recovery Support Plan

We want to help you and your family get your life back on track after illness or injury. That’s why Suncorp MyStyle Life Insurance policy can help support restorative and rehabilitation services to give you a helping hand on the road to recovery.

The Recovery Support Plan includes but is not limited to:

- setting the return to work goals and/or date, or
- setting the date when you can return to domestic duties, and
- you receiving optimal medical treatment, including rehabilitation, identified, consistent with best practice guidelines for management for the condition.
We have a range of services that may be available to you during disablement, as recommended by your treating registered medical practitioner to assist you to return to work and/or domestic duties and agreed by your Case Manager.

Examples of what your Case Manager may help facilitate include:

— Transportation service. This could provide the transport (e.g. taxi) cost to assist with getting you to and from medical appointments
— Rehabilitation service. We may assist in contributing towards retraining and rehabilitation fees
— Counselling services. We may arrange counselling sessions for you and/or your family.

Unfortunately, we are not able to contribute towards the cost of any medical expenses.

If the Recovery Support Plan that is recommended by your treating registered medical practitioner and your Case Manager is not followed, your benefit payment may be stopped until you recommence the Recovery Support Plan.

4.2 Income Protection Cover

Income Protection Cover is designed to help you if you are disabled, regardless if you are working or not when you apply for cover.

If you are classified as disabled because you are ill or injured, you may be able to claim on your Disability Benefit.

In addition to the eligibility criteria in Section 2.0, Who can apply, if you are applying for the optional Redundancy Benefit (see Section 4.2.2) under Income Protection Cover, you also need to be working at least 20 hours a week in your gainful occupation, averaged over the last 3 consecutive months immediately prior to your policy commencement date and/or cover commencement date.

4.2.1 Disability Benefit

Choosing your monthly payment amount

If you are working more than 20 hours a week at the time of your application, you can choose to insure up to 75% of your monthly income from $1,000 up to a maximum monthly payment amount of $20,000.

If you don’t work, perform domestic duties full-time, or are working less than 20 hours a week at the time of your application, you can choose the level of cover you think you’ll need with monthly payment amounts ranging from $1,000 to $5,000.
Choosing your maximum payment period

Your maximum payment period is the maximum period for which you can be paid, for any one illness or injury under Income Protection Cover.

You can choose to be paid a benefit for an eligible claim for:

— up to 1 year;
— up to 5 years; or
— up to age 70.

The maximum payment period that you can choose will be dependent on your occupation and hours worked per week.

If you select the maximum payment period of 5 years or to age 70, any claim as a result of mental disorder or mental illness will be limited to a maximum payment period of 2 years.

Choosing your non-payment period

The non-payment period is the time that must pass before a monthly amount can be paid. However, it’s really important to notify us of a potential claim as soon as possible, that way we can start helping you with your recovery by working with you and your registered medical practitioner on the best recovery support plan.

The non-payment periods you can choose for Income Protection Cover are 30 days or 90 days.

If you are eligible to be paid a monthly payment amount, payments are made monthly in arrears after the end of the non-payment period. Benefits will not be paid during the non-payment period.

The non-payment period starts when you first consult a registered medical practitioner for the illness or injury giving rise to your claim, and

— you cease all work due to that illness or injury, or
— when you first become unable to perform 3 out of 5 domestic duties.

You must be disabled for the entire non-payment period.

How much will I receive and which definition will apply to an Income Protection Cover claim?

As shown in the below table, the benefit amount you are paid and the definition you will have your claim assessed against will depend upon:

— whether you were working more than 20 hours per week at the time of application; and
— whether you are working more than 20 hours per week immediately prior to the claim.
If at the time of application, you were working more than 20 hours per week and you are still working at the date of disability.

We will pay the lesser of:
— 75% of your annual earnings, and
— the monthly payment amount shown on your schedule.

At the time of disability, the monthly payment amount will be payable from the end of the non-payment period if, solely due to illness or injury, you are:
— unable to perform all the important income producing duties of your primary occupation,
— not working, whether remunerated or not (including volunteering), and
— under the care, treatment and following the advice of a registered medical practitioner.
You must also be following the Recovery Support Plan (see Section 4.1).

If at the time of application, you were working more than 20 hours per week and at the date of disability you’re not working and haven’t been receiving an income over the last 12 months or are performing domestic duties full-time for the last 12 months.

We will pay the lesser of:
— $5,000; and
— the monthly payment amount shown on your schedule,
for your maximum payment period up to 5 years.

At the time of disability, the monthly payment amount will be payable from the end of the non-payment period if, solely due to illness or injury, you are:
— unable to perform 3 of the 5 listed domestic duties (see Section 12.0 Glossary)
— not working, whether remunerated or not (including volunteering), and
— under the care, treatment and following the advice of a registered medical practitioner.
You must also be following the Recovery Support Plan (see Section 4.1).

If at the time of application, you were not working or working less than 20 hours per week.

We will pay the monthly payment amount shown on your schedule.

At the time of disability, the monthly payment amount will be payable from the end of the non-payment period if, solely due to illness or injury, you are:
— unable to perform 3 of the 5 listed domestic duties (see Section 12.0 Glossary)
— not working, whether remunerated or not (including volunteering), and
— under the care, treatment and following the advice of a registered medical practitioner.
You must also be following the Recovery Support Plan (see Section 4.1).
Any illness or injury that causes you to be disabled must be diagnosed by a registered medical practitioner.

Where the Disability Benefit is payable for a period of less than a month, the benefit will be calculated as 1/30th of the amount for each day you are disabled.

Are there any Disability Benefit limitations?

There are some circumstances when the monthly payment amount you receive may be altered or reduced.

The monthly payment amount you receive will be recalculated if, in relation to the illness or injury which caused your disability, you receive other payments by way of:

— other disability, group, sickness or accident insurance cover, including a mortgage replacement policy or through a superannuation fund;
— workers’ compensation schemes;
— accident compensation schemes; or
— other statutory insurances payable for loss of income.

If any of the other payments listed above are received in the form of a lump sum payment in compensation for loss of earnings, we will convert that part of the compensation to income on the basis of 1% of the loss of earnings component and reduce the monthly payment amount you receive by that component.

We’ll recalculate the benefit so that the amount we pay, when added to your monthly income and the other payments, listed above, to be taken into account, is no more than the greater of:

— 75% of your annual earnings; and
— the benefit otherwise payable.

The maximum amount we will provide cover for across all Suncorp MyStyle Income Protection Covers issued by us for the same insured person is $20,000 per month (plus indexation).

What happens if I’m self-employed and my business continues to operate while I’m disabled?

If you are entitled to receive a monthly amount and during that period are also entitled to receive income from businesses in which you have an interest:

— we will reduce your monthly payment amount by taking into account income received by you from any such businesses, including any ongoing profit generated by other employees of the businesses; and
— in all circumstances the sum of the monthly payment amount and any ongoing business profit you are entitled to receive will not exceed 75% of your annual earnings or the monthly payment amount as shown on your schedule (whichever is the lesser).

We will not however include income received from interest, dividends, rent or proceeds from the sale of assets.
When do we stop paying the Disability Benefit?
Unless cover stops earlier (please refer to Section 5.1 When your policy starts and ends), payments will cease on the earliest of the following:

— your maximum payment period ends;
— you are no longer disabled;
— your 70th birthday; or
— you die.

What happens if you are on leave or unemployed at the time of your disability?
If you have been on one of the following employer approved types of leave;

— Annual;
— Long service;
— Parental;
— Sabbatical; or
— Leave of absence excluding sick leave;

— for less than 12 months at the date of your disability, your annual earnings will be calculated based on the 12 consecutive months immediately prior to your leave; or
— for more than 12 months at the date of disability, you will be considered as not working.

What happens if you are overseas at the time of your disability?
If you are overseas at the date of your disability or at any time while you are disabled, your monthly amount will only be payable for a maximum of 2 months while you are overseas, for a maximum of 12 months, but will recommence when you return to Australia as long as you are still disabled and an event has not occurred that ceases payment of your monthly amount (other than being overseas).

What is recurring disability?
If you suffer from the same or related illness or injury;

— within 6 months of the end of your period of disablement;
— your cover is still active; and
— you are disabled,
we will consider your disablement as recurring and therefore will recommence benefit payments without applying a new non-payment period. This applies only if you have not used the full maximum payment period.

This means any benefit payments will be added to the remaining maximum payment period and that the total maximum payment period for the same illness or injury cannot be exceeded.

If you do not make a full recovery, no monthly payment amount will be payable for the same or related illness or injury for which the previous claim was paid in full; i.e. for the entire maximum payment period.
4.2.2 Redundancy Benefit

The Redundancy Benefit is available as an optional cover with Income Protection Cover and is only offered if you are working 20 hours a week in your gainful occupation, averaged over the last 3 consecutive months, at the time of your application. You are only covered for the Redundancy Benefit if it is shown on your schedule.

The Redundancy Benefit is designed to provide a monthly amount to assist if you become involuntarily unemployed, subject to the conditions, exclusions and limits of your policy.

**What is the no claim period?**

Eligibility to claim under the Redundancy Benefit starts 6 months after the policy commencement date (if your Redundancy Benefit started when your policy first started) or 6 months after the cover commencement date (if applicable) – the first 6 months is called the no claim period. If you become involuntarily unemployed during the no claim period, you will not be eligible to claim under the Redundancy Benefit. When the Redundancy Benefit is renewed, the 6 month no claim period does not start again.

**What is the Redundancy Benefit non-payment period?**

The Redundancy Benefit has a 30 day non-payment period. Once your claim has been accepted, payments will commence monthly in arrears after the end of the non-payment period. This means your first benefit payment would be 60 days after the start of the non-payment period.

For the Redundancy Benefit, the non-payment period starts when both of the following events have occurred:

— you become involuntarily unemployed; and

— you are actively seeking employment.

You must have been involuntarily unemployed and actively seeking employment for the entire non-payment period.

No benefit will be paid during the non-payment period.

**Your Redundancy Benefit maximum payment period**

The maximum payment period is 3 months for any one claim while you remain involuntarily unemployed. The total maximum benefit claimable for the same insured person during the life of the Redundancy Benefit is 12 months; for example, 4 lots of 3 months.

If a benefit is payable to you for less than a month, payments will be calculated as 1/30th of the amount for each day you are involuntarily unemployed.

**Choosing your Redundancy Benefit monthly payment amount**

Your monthly payment amount for the Redundancy Benefit does not need to be the same as your Disability Benefit. You can choose to insure up to 75% of your monthly income from as little as $1,000 per month, up to $4,000 per month. The monthly payment amount that applies to you will be stated on the schedule and each year on your renewal notice.
When do we pay the Redundancy Benefit?
After the no claim period (see What is the no claim period? above) has ended, your claim will be payable from the end of the non-payment period if you become involuntarily unemployed as a result of either:

- involuntary redundancy;
- dismissal by no choice of your own;
- a business you have a beneficial interest in is placed into insolvency administration; or
- your fixed term employment contract of 12 months or more ceasing prior to the agreed termination date by no choice of your own,

and you continue to be unemployed after the non-payment period.

In the event of a claim, we pay the lesser of:

- 75% of your annual earnings, and
- the monthly payment amount shown on your schedule.

When do we stop paying the Redundancy Benefit?
Unless cover ceases earlier (please refer to Section 5.1 When your policy starts and ends), ongoing payments will cease when:

- you return to work;
- you are no longer actively seeking employment;
- your maximum payment period ends;
- you reach your 65th birthday; or
- you die.

If you have the Redundancy Benefit, we will advise you prior to each policy anniversary whether we will:

- offer renewal of the Redundancy Benefit;
- offer to renew the Redundancy Benefit but on different terms and conditions; or
- not renew the Redundancy Benefit.

If we offer renewal and your premium payment continues, the Redundancy Benefit will continue automatically for a further one (1) year at each policy anniversary. Payment of your next premium payment is deemed to be acceptance of an offer of renewal for that year. When the Redundancy Benefit is renewed, the 6 month no claim period does not start again.

There are some circumstances when we will not pay the Redundancy Benefit, please see Section 4.2.6 When we won’t pay the Redundancy Benefit.

What happens if you are on leave when you become involuntarily unemployed?
If you have been on leave such as; annual, long service, parental, sabbatical or leave of absence for less than 12 months at the date of your involuntary unemployment, your annual earnings will be calculated based on the 12 consecutive months immediately prior to commencing your leave.
If you have been on leave such as; annual, long service, parental, sabbatical or leave of absence for **12 months or more** at the date of your involuntary unemployment, the monthly payment amount will not be payable. If you intend to take leave for longer than 12 months it is important that you contact us.

### 4.2.3 Waiver of Premium

If we are paying you a monthly payment amount while you are either disabled or involuntarily unemployed, we will waive your premiums for all covers for the period while you are on claim.

If you return to work full time or return to domestic duties full-time on the direction of a registered medical practitioner and our claims consultant the Waiver of Premium will end and premiums will be payable again.

The Waiver of Premium does not apply to premiums paid during the non-payment period.

Unless cover ceases earlier (please refer to Section 5.1 When your policy starts and end) the Waiver of Premium will end on the earliest of:

- the end of your maximum payment period;
- the date you are no longer disabled or involuntarily unemployed;
- the date you are no longer actively seeking employment; or
- the date your policy ends.

While you are receiving the Waiver of Premium you cannot apply for any increase to the Covers under your Suncorp MyStyle Life Insurance policy.

The Waiver of Premium only applies to the portion of all premiums which relates to the policy owner/insured person receiving the benefit. The policy owners will continue to be jointly responsible for the payment of all premiums not waived.

### 4.2.4 Concurrent Benefits

We will only pay one benefit at a time under Income Protection Cover. If you are eligible to receive both the Disability and Redundancy Benefits under this policy at the same time, we will pay the benefit that is higher.

For example, if you are eligible for a Disability Benefit of $4,000 per month and a Redundancy Benefit of $3,000 per month and you are eligible to receive a payment under both the Disability and Redundancy Benefits at the same time, we will pay the higher amount, in this case your $4,000 Disability Benefit.

If the benefit amounts are equal, we will pay the benefit with the longest maximum payment period, that being the Disability Benefit while you continue to be disabled.
4.2.5 When we won’t pay the Disability Benefit

We will not pay a benefit or refund any premiums for the Disability Benefit under the Income Protection Cover if the claim was caused directly or indirectly by:

— your intentional self-inflicted act;
— you attempting to engage in or engaging in:
  — diving below 40 metres, pot-holing, wreck diving and cave diving
  — competitive cycling, or
  — competitive motor sports;
— the use of drugs, other than medication prescribed by a registered medical practitioner and taken as directed;
— being under the influence of alcohol, where your blood alcohol content is over the prescribed legal limit for driving;
— pregnancy, miscarriage or childbirth, unless the disability continues for more than: 3 months from the later of the date
  — the pregnancy finishes; and
  — the disablement starts;
  the later date being the date we will consider your disablement to have started,
— you not following the Recovery Support Plan (see Section 4.1); or
— you engaging in any criminal activity.

No benefit under Income Protection Cover will be payable for any period you are incarcerated.

4.2.6 When we won’t pay the Redundancy Benefit

We will not pay a benefit or refund any premium if involuntary unemployment was caused directly or indirectly by:

— an intentional self-inflicted act;
— a war or an act of war, whether or not war has been declared;
— the use of drugs, other than medication prescribed by a medical practitioner and taken as directed;
— voluntary resignation, retirement or abandonment of employment;
— misconduct, dishonesty or criminal activities;
— poor performance as documented by your employer, in carrying out your usual occupation;
— any strike or labour disturbance in which the insured person or their employer is involved;
— the loss, currency or maintenance of any licence, authorisation or permit required to operate the business, including loss of drivers licence, trade or professional certification;
— the seasonal nature of your employment;
— the cessation of a fixed term contract of employment on the agreed termination date
— illness or injury; or
— elective surgery.

We will also not pay a benefit or refund any premium if:

— you were notified in writing, verbally or otherwise, of impending involuntary unemployment prior to the policy commencement date or Redundancy Benefit cover commencement date (whichever is applicable);
— your employer has announced to the public, or publicised in the media, before the policy commencement date or cover commencement date, an intention to reduce staff numbers by way of redundancy;
— you have not been in employment or self-employed with an Australian registered business for a continuous period of 3 months prior to your policy commencement date or cover commencement date;
— you have not been working at least an average of 20 hours per week in your gainful occupation over the last 3 consecutive months immediately prior to your involuntary unemployment;
— you are involuntarily unemployed during the first 6 months of your policy commencement date (if your Redundancy Benefit started when your policy first started) or within 6 months after the cover commencement date (if applicable);
— you are no longer actively seeking employment; or
— you are incarcerated.

4.2.7 When does your Income Protection Cover start and stop?

As long as you satisfy the eligibility requirements (please refer to Section 2.0 Who can apply?) cover will commence on the date we accept your application and receive correct payment details. This date will be shown on your schedule.

Once we accept your application for Income Protection Cover (and any other cover you take out under Suncorp MyStyle Life Insurance), we will send you a schedule confirming our acceptance and your policy commencement date. If you take out the Redundancy Benefit after you first start your policy, your Redundancy Benefit may have a different commencement date to your policy.

The Disability Benefit under Income Protection Cover will stop on the earliest of the following events:

— your 70th birthday;
— your request to cancel the policy;
— the date your policy is cancelled due to the non-payment of outstanding premiums;
— the date you retire; or
— the date of your death.
In addition to the above, cover under the Redundancy Benefit will also stop on the earlier of:
— the date you have been paid the benefit for a total of 12 months; or
— the date you or we choose not to renew this benefit.
All benefit payments will cease when cover stops.

We will not consider any claim, unless the disability occurred while your policy was still active. We may also cancel this policy on any grounds permitted under relevant law by telling you in writing.

4.3 Death Cover

Death Cover pays a lump sum payment if you die or are diagnosed with a terminal illness – helping your family eliminate any debts and assist in providing financial security.

4.3.1 Death Benefit

If you die during the life of this policy, we will pay the Death Benefit sum insured for your policy as a lump sum payment to either:
— The surviving policy owner; or
— your nominated beneficiaries; or
— to your estate.

Depending on the level of cover you think you need, you can apply for a sum insured from $50,000 to a maximum $2,000,000.

When do we not pay the Death Benefit?

We will not pay a benefit or refund any premium under the Death Cover if the claim was caused directly or indirectly by your intentional self-inflicted act within 13 months of the policy commencement date, cover commencement date, reinstatement date or increase date (in respect of the increase only).

Are there any Death Benefit limitations?

The maximum amount we will pay across all Suncorp MyStyle Life Insurance policies for the same insured person is $2,000,000 (plus indexation).

4.3.2 Early Payment

If you are terminally ill, we will advance your full Death Benefit amount, helping you to arrange your financial affairs.

Terminal Illness is defined as:

An illness which you have been diagnosed with, that in our opinion, having considered any evidence we may require, means that you will not survive more than 24 months, regardless of any available treatment.

We must receive notice of any claim for Early Payment as soon as reasonably possible.
4.3.3 Future Life Event Changes

We understand life is always changing. To help keep your insurance in line with your changing lifestyle, you can increase your sum insured by $100,000 without having to provide any medical information if you are under the age of 60 and you:

— reach the 2nd policy anniversary;
— get married;
— or your partner gives birth to or adopt a child;
— have a child starting high school for the first time;
— purchase a home; and/or
— suffer the death of your spouse.

To apply for this increase, simply contact us for a Future Life Event Changes Application Form.

This benefit will stop on your 60th birthday, unless cover stops earlier (please refer to Section 5.1 When your policy starts and ends).

Increases to your sum insured using this Benefit must occur within 90 days of your policy anniversary following the event and will be offered on the same terms as your original insurance with us. Once we accept your application, we will confirm your increased sum insured and advise you of your new premium.

Please note:

— the 13 month intentional self-inflicted act exclusion will apply to the increased portion from the date we accept your increase (please refer to Section 4.3.1 Death Benefit);
— you will not be able to apply for this Benefit if you are in the process of, or currently on, a claim under any other Cover under Suncorp MyStyle Life Insurance policy;
— Maximum Limits apply – you can only use this increase 5 times over the life of the policy.

4.3.4 Nomination of Beneficiaries

Nominating beneficiaries to receive the proceeds from your policy may help avoid any potential delay in the payment of your Death Cover, Serious Illness Benefit for death (or the Promise Benefit). You can nominate up to five beneficiaries by completing the Nomination of Beneficiaries form.

If you change your mind, you can alter your beneficiary nomination at any stage by completing a new Nomination of Beneficiaries form. A nomination is effective once it is confirmed by us in writing.

Single owner

If you have made valid nominations, the Death Benefit, Serious Illness Benefit for death (if cover is selected) or the Promise Benefit will be payable to your nominated beneficiary/ies.
If you have made valid nominations and a nominee cannot be located or they die before you, the Death Benefit or Serious Illness Benefit for death (if selected) or the Promise Benefit otherwise payable to the nominated beneficiaries will be payable to your estate.

If you do not nominate a beneficiary, any benefit payable on your Death Cover or Serious Illness Benefit for death (if selected) or the Promise Benefit will be paid to your estate.

**Joint owner**

Under a joint ownership policy, if the Death Cover or Serious Illness Benefit for death is applicable for an insured person, the payment of the Death Cover or Serious Illness Benefit for death (if selected) or the Promise Benefit will be to the surviving policy owner.

If joint owners die at the same time the payment of the Death Benefit or Serious Illness Benefit for death (if selected) or Promise Benefit will be paid in the following order:

1. to the nominated beneficiaries, if applicable, of the insured persons; or
2. if a beneficiary/ies has not been nominated or the nomination is not valid, to the claiming insured person’s estate.

4.4 Serious Illness Cover

Serious Illness Cover pays a lump sum if you become sick from one of the listed illnesses below. This benefit provides you with financial assistance while you receive treatment.

4.4.1 Serious Illness Benefit

You can choose how much you’re covered for—from $25,000 to $350,000 in increments of $25,000. You’ll be either paid a full payment, or a partial payment depending on the type of illness.

When can I claim on the Serious Illness Cover?

We’ll pay you a lump sum if you die or you’re diagnosed by a registered medical practitioner as suffering from one of these serious illnesses:

- Cancer*
- Severe Heart Attack*
- Stroke*
- Coronary Artery Bypass*
- Carcinoma in situ of female organs**
- Early stage prostate cancer**
- Paralysis
- Motor Neurone Disease`
- Muscular Dystrophy`
— Parkinson’s Disease
— Alzheimer’s Disease
— Major Organ Failure; or
— Multiple Sclerosis.

What do all these little flags mean?
* means a 90 day qualifying period applies from the cover commencement date. This means that you can’t make a claim for these illnesses during this time.

^ means a partial payment that is the greater of 20% of your sum insured or $10,000 will be made for these conditions. Only one partial payment is payable across the life of the policy for the applicable insured person. Any partial payment made will reduce the Serious Illness sum insured accordingly for the applicable insured person. To keep your payment in line with this, your premium will be reduced to reflect the reduced sum insured.

` means payable on diagnosis by a registered medical practitioner.

Why only a partial payment?
You may wonder why we limit the full payment for the listed early stage cancers, or those described as ‘in situ’. This is because these types of cancers have been caught early and haven’t spread, and can usually be managed with less invasive treatments. These treatments often result in a much quicker recovery time as well as lower out of pocket-expenses. In the unfortunate situation of the cancer spreading, and therefore meeting our full cancer definition, the remaining level of cover will be payable.

When we will not pay for Serious Illness Cover
We will not provide a payment if your serious illness is as a direct or indirect result of your intentional self-inflicted act.

We will not pay a benefit for death under the Serious Illness Cover if the death is as a result of an intentional self-inflicted act within 13 months of the cover commencement date, the date of your reinstatement or the date you increase your Serious Illness Cover (in relation to the increased portion only).

When does Serious Illness Cover end?
Your Serious Illness Cover will end on the earliest of the date:
— you ask for your Serious Illness Cover to be cancelled;
— your policy ends;
— you reach your 70th birthday; or
— your Serious Illness Cover has been paid in full.
4.5 Promise Benefit

The Promise Benefit allows us to pay a lump sum payment in the event of death, regardless of the cover you have chosen under your Suncorp MyStyle Life Insurance policy. This is provided at no extra cost to you.

The benefit amount of $10,000 will be generally paid within 2 business days of us receiving the death certificate or copy of Medical Certificate of Cause of Death and completed claim form. We will pay the Promise Benefit to either the surviving policy owner, your nominated beneficiaries or to your estate. Refer to Section 4.3.4 for more information.

The Promise Benefit can be paid as a lump sum payment or can be used for services provided (such as counselling); see Section 4.1 Recovery Support Plan for more information.

The Promise Benefit will cease on the date that all other covers under your Suncorp MyStyle Life Insurance policy ceases.

Note that the Promise Benefit is not payable on any Kids Cover claims.

4.6 Cover for Inflation

To give you the control over your policy each year, at each anniversary we will offer you the opportunity to increase your benefit level in line with the indexation factor that year.

We will not automatically increase these benefits; we will only increase the benefits if you contact us. We will let you know of the increase offered in your renewal notice.

If you choose to accept this increase, we’ll recalculate your premium to reflect this new level of cover. You will not need to answer any medical questions to accept the increase.

4.7 Kids Cover

Kids Cover provides a one-off lump sum payment to you depending on the event that occurs – helping with expenses while your child/children recover, or in the event of death. This is an optional cover that can be taken out in conjunction with any of the main covers under Suncorp MyStyle Life Insurance, i.e. Income Protection Cover, Death Cover and/or Serious Illness Cover. Each policy owner will need to consent to Kids Cover being added to the policy.

There’s no limit to the number of children you choose to cover but they must be aged between 2 and 17 (inclusive). If you’d like to add more children to your policy in the future, you simply complete an application for each additional child. A separate premium will be charged for each insured child.

4.7.1 Kids Cover Benefit

There is no need to select a specific benefit level as the Kids Cover Benefit pays a lump sum payment of $25,000 depending on the event that occurs.
When you can claim a payment
We’ll pay a lump sum payment if the insured child dies or is diagnosed by a registered medical practitioner with any of the following:

- Blindness
- Brain damage
- Cancer (including leukaemia)*
- Cardiomyopathy
- Chronic kidney failure
- Deafness
- Encephalitis
- Benign brain tumour
- Loss of speech
- Major head trauma
- Major organ failure
- Meningitis
- Meningococcal disease
- Paralysis
- Serious accidental injury
- Severe burns
- Single loss of limb or eye
- Terminal illness

* Indicates cover for this illness won’t start until 90 days after the policy or cover commencement date as shown on your schedule.

Please refer to Section 11.2 Kids Cover Medical Definitions for definitions of the events listed above.

Fracture Benefit
We’ll pay you a lump sum payment of $500 for each fracture of the arm, leg or skull the insured child suffers. You can claim for up to 10 fractures while the cover is active.

Multiple fractures of the same bone will only receive one payment of $500.

For example, if your child insured under Kids Cover suffered two fractures to the same leg bone and also fractured an arm in the same accident, the maximum amount payable for these injuries under the same claim would be $1,000.

In the case of your child fracturing different body parts (arm, leg or skull) in the same accident, we will pay a benefit for each fracture.

Payments for fractures will not reduce the level of payments for the medical conditions listed above, or in the event of death.
Increases to Kids Cover

If you decide to accept an increase to your policy under the Cover for Inflation Benefit (refer to Section 4.6), this will also apply to Kids Cover. Please note, this will not apply to the Fracture Benefit.

When we won’t pay under the Kids Cover Benefit

We will not pay a benefit or refund any premium under Kids Cover if the event giving rise to the claim was caused directly or indirectly by:

— the intentional act of you or your partner, the child’s parent, legal guardian or their partners, or
— a congenital condition affecting the insured child.

When does Kids Cover end?

Kids Cover will end on the earliest of the date:

— you ask for Kids Cover to be cancelled;
— when all other covers under your policy end;
— the insured child turns 21 years old;
— a listed event (not including fractures) is paid in full; or
— the insured child dies.

Transfer option

When your child turns 18 and before their 21st birthday, they have the option to obtain cover to a comparable insurance product, as decided by us, without the need for further evidence of health.

The sum insured for the new policy will be the same Kids Cover sum insured for the insured child as at the date when the comparable cover is provided. Premiums will be calculated based on the rates applying at the time for the new policy.

This option can be exercised from the insured child 18th birthday or within 30 days of the expiry of the Kids Cover.

5.0 Your Policy

5.1 When your policy starts and ends

Your policy will start on the policy commencement date shown on your schedule, subject to us having received correct payment details.

Each cover you apply for will start and end on the dates shown on your schedule. Some covers may have their own cover commencement date, in which an endorsement will be provided to you.
In addition to the circumstances explained under each of the cover types throughout this document, your policy will end on the earliest of the date:

— when all covers listed under your policy end;
— you ask for your policy to be cancelled;
— we cancel your policy because you haven’t paid your premiums; or
— you die.

If there is more than one insured person listed on the schedule and cover stops for one of them, the policy will continue for the remaining policy owner (who is also the insured person) and the premium will be adjusted to cover the remaining insured person.

5.2 When we won’t pay

As well as the other circumstances when we won’t pay as set out in this PDS, we won’t pay a benefit for all covers if the claim was caused directly or indirectly while travelling to, or remaining in, a country with an alert level of ‘Reconsider your need to travel’ or ‘Do not travel’ (or their equivalents from time to time) by the Department of Foreign Affairs and Trade at the time of death, injury or illness.

5.3 Your Premium

Your premium pays for your cover, government fees and charges, and any administration costs.

How much you pay depends on:

— your age and gender;
— the cover(s) you’ve chosen;
— the level(s) of cover you’ve chosen;
— factors personal to you such as your health and smoking status; and
— whether you’re eligible for any discounts.

<table>
<thead>
<tr>
<th>Level Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your premium for Suncorp MyStyle Life Insurance is a level premium to the age of 70. This means your ongoing premium will not increase each year until you reach age 70. Your premium will only increase before age 70 if you decide to utilise the Cover for Inflation (see Section 4.6) or increase your sum insured amounts.</td>
</tr>
</tbody>
</table>

If you increase your sum insured amounts, the increased portion of the sum insured will be calculated based on the applicable premium rate for your age at the time of applying for the increase. If you have had a birthday since your policy commencement date, the premium rate that applies to the increased sum insured amount will generally be higher than when you applied for the original sum insured amount.

After age 70, your premium will then increase each year at renewal to reflect your age.
If you have a joint life policy, whilst the premiums will be calculated separately for each individual cover chosen and for each policy owner, both policy owners will be responsible for the payment of all premiums under the policy.

Our premium guarantee
We guarantee that your premium won’t change for 12 months from your policy commencement date. After this, your premium will increase if you choose to accept the Cover for Inflation or if you make any changes to your Covers (ie increases or decreases).

Changing your premium
We can also change premiums for all policies of the same kind from time to time. We won’t single your policy out for a premium increase. If we do apply an increase to your policy, we’ll provide you with at least 30 days’ notice and you’ll be charged the new premium from your next policy anniversary.

We’ll send you a notice prior to each policy anniversary confirming your new premium, if applicable.

For the Redundancy Benefit, any change to your premium for the next 12 months will be shown on your renewal notice.

Our statutory fund
All premiums received, except for a portion of the premium for the Redundancy Benefit, are paid into our No.1 statutory fund. A portion of the premium for the Redundancy Benefit is paid into AAI’s Technical Reserves. A policy issued in relation to Suncorp MyStyle Life Insurance is not eligible to participate in any profits or surplus arising in our statutory funds.

Taxes and charges
Premiums are subject to Commonwealth and state taxes and/or charges, including GST and stamp duty. The amount of these taxes and/or charges will be shown on your policy schedule and renewal notices.

5.3.1 Paying your premium
You can choose to pay your premium fortnightly, monthly or annually by credit card or direct debit. Your first premium will be deducted within 5 working days from your policy commencement date. Each subsequent premium deduction will follow as per the frequency you have nominated.

You have up to 30 days (or 14 days if you pay fortnightly) from the date each premium is due to pay your premiums. This period is the grace period. If you’re entitled to claim within the grace period, we’ll pay the benefit if otherwise payable on the terms explained in this PDS, less the amount of any unpaid premium.
If you don’t pay your premium by the end of the grace period, we’ll send a notice to you specifying the date we’ll cancel your policy without any refund of premium. If the premium remains unpaid, we’ll also provide written notice of cancellation to you at the address last advised to us. We’ll not be liable for any claims after the date of cancellation.

5.3.2 Reinstatement of your policy

If we cancel your policy because you haven’t paid your premiums, you can request for your policy to be reinstated within 30 days of the policy’s cancellation date. To reinstate, we may ask for information relating to (but not limited to) your health and occupation and all outstanding premiums must be paid by you. Reinstatements are not guaranteed and we’ll let you know of our decision in writing.

5.3.3 Discounts

We believe you should be getting the best value out of Suncorp MyStyle Life Insurance, as such; there are a variety of discounts available depending on the cover you take out.

### Large Sum Insured and/or Monthly payment amount Discount

<table>
<thead>
<tr>
<th>Income Protection Cover</th>
<th>Premium Discount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monthly payment amount from</strong></td>
<td><strong>Premium Discount</strong></td>
</tr>
<tr>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>$7,500</td>
<td>5.0%</td>
</tr>
<tr>
<td>$10,000</td>
<td>12.5%</td>
</tr>
<tr>
<td>$15,000</td>
<td>15.0%</td>
</tr>
<tr>
<td>$17,500</td>
<td>17.5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Serious Illness Cover</th>
<th>Premium Discount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lump sum insured amount from</strong></td>
<td><strong>Premium Discount</strong></td>
</tr>
<tr>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>$500,000</td>
<td>10.0%</td>
</tr>
<tr>
<td>$750,000</td>
<td>12.5%</td>
</tr>
<tr>
<td>$1,000,000</td>
<td>15.0%</td>
</tr>
<tr>
<td>$1,500,000</td>
<td>17.5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Serious Illness Cover</th>
<th>Premium Discount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lump sum insured amount from</strong></td>
<td><strong>Premium Discount</strong></td>
</tr>
<tr>
<td>$300,000</td>
<td>5%</td>
</tr>
</tbody>
</table>
Multi Cover Discount
If you take out any 2 covers of Income Protection Cover, Death Cover, and/or Serious Illness Cover you’ll be eligible for 5% off your premium each year you continue to hold these covers.

If you take out all 3 covers your discount will be 10%.

If you add or remove covers while your policy is active, your premiums will be adjusted accordingly.

Please note, the Redundancy Benefit and Kids Cover Benefit are not included in the Multi Cover Discount.

Annual Premium Discount
If you elect to pay your premium annually, you will be entitled to a 5% discount.

Multi-Life Discount
If you apply for a MyStyle Life Insurance policy as a joint policy, you’ll be entitled to a 5% discount.

If you decide to remove one of the joint policy owners from the policy, this discount will also be removed.

5.3.4 Changing your cover

Life changes over time, and so can your policy. We’ve made it easy for you to adjust your policy as your life changes. You can apply to add or remove any types of cover, adjust the level of cover you’re insured for, or change your personal details by contacting us. We’ll let you know if you have to complete any forms. If we agree to make changes to your policy, we’ll advise you of your new premium and terms.

5.3.5 Taxation

Usually premiums for Death, Serious Illness and Kids Cover are not tax deductible, and any benefit payments are not assessable for tax purposes.

The tax treatment of Income Protection Cover will depend on your individual circumstances. If you are working, premiums are usually tax deductible and any benefit payments received are generally assessable for tax purposes.

These comments are a guide only and do not take into account changes in taxation laws or your particular circumstances. Please ask your tax adviser or the Australian Taxation Office about your own circumstances.

GST does not apply to the Disability Benefit but it does to the Redundancy Benefit. If tax laws are altered, we reserve the right to increase premiums to reflect any applicable GST or any other Government taxes and charges that may be introduced. Any increase would be in accordance with our legal obligations.
6.0 Making a claim

To make a claim you, your nominated beneficiaries or your legal personal representative need to contact us as soon as reasonably possible so that we can start helping you recover and provide the relevant claim forms.

A claim for Death Cover, Serious Illness Benefit for death or the Promise Benefit will be paid in accordance with your policy, subject to any relevant terms which may apply as explained on your nomination of beneficiaries form (if applicable).

We will ask for information we reasonably need, including medical and other records to ensure that the terms of the policy as set out in this PDS are satisfied.

Below is a list of information that is generally requested at claim time.

<table>
<thead>
<tr>
<th>Type of Cover</th>
<th>Examples of information required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income Protection Cover</td>
<td>— Claim form completed by the you and a registered medical practitioner.</td>
</tr>
<tr>
<td></td>
<td>— Any supporting evidence required by us (e.g. medical reports).</td>
</tr>
<tr>
<td></td>
<td>— Evidence of employment in the form of an Employer’s Statement (unless self-employed where proof</td>
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<td></td>
<td>of income will indicate evidence of them being engaged in their primary occupation).</td>
</tr>
<tr>
<td></td>
<td>— Copy of proof of identity (birth certificate, driver’s licence or passport).</td>
</tr>
<tr>
<td></td>
<td>— Proof of income (personal and/or business tax return for the 12 months prior to incapacity,</td>
</tr>
<tr>
<td></td>
<td>group certificate or letter from your employer or other evidence that is satisfactory to us).</td>
</tr>
<tr>
<td>Redundancy Benefit</td>
<td>— An initial claim form completed by you which will include details of your involuntary</td>
</tr>
<tr>
<td></td>
<td>unemployment for which the claim is being made and when it occurred.</td>
</tr>
<tr>
<td></td>
<td>— Proof of your unemployment (Separation Certificate, letter of Redundancy, letter of</td>
</tr>
<tr>
<td></td>
<td>Termination of Contract).</td>
</tr>
<tr>
<td></td>
<td>— Proof of you actively seeking employment (e.g. registration with Centrelink or a recognised</td>
</tr>
<tr>
<td></td>
<td>Australian recruitment or personnel agency).</td>
</tr>
<tr>
<td></td>
<td>— If you were self-employed, proof that your business has ceased to operate due to actual</td>
</tr>
<tr>
<td></td>
<td>insolvency (ASIC deregistration, Wind up Court Order, appointment of an insolvency administrator,</td>
</tr>
<tr>
<td></td>
<td>Notice of Bankruptcy, Notice of Liquidation); or</td>
</tr>
<tr>
<td></td>
<td>— If you were self-employed, a letter from your accountant detailing the date and reason the</td>
</tr>
<tr>
<td></td>
<td>business has ceased to operate due to insolvency, with supporting evidence such as last Business</td>
</tr>
<tr>
<td></td>
<td>Activity Statement (BAS).</td>
</tr>
<tr>
<td>Type of Cover</td>
<td>Examples of information required</td>
</tr>
<tr>
<td>--------------</td>
<td>----------------------------------</td>
</tr>
</tbody>
</table>
| **Death Cover (to claim for death)** | — Claim form completed by the surviving policy owner, your nominated beneficiaries or legal personal representative.  
— Certified copy of the deceased’s death certificate with cause of death or other evidence satisfactory to us eg. Medical Certificate of Cause of Death.  
— Certified copy of proof of identity (birth certificate, driver’s licence or passport) of the party making the claim.  
— Certified copy of the deceased’s Will.  
— Certified copy of Probate or Letters of Administration if a valid nomination of beneficiary form has not been received by us. |
| **Death Cover (to claim for terminal illness)** | — Claim form completed by you and your registered medical practitioner.  
— Certified copy of your proof of identity (birth certificate, driver’s licence or passport). |
| **Serious Illness Cover** | — Claim form completed by you (the insured person suffering the illness) and a registered medical practitioner.  
— Any other supporting medical information including test results and/or imaging.  
— Certified copy of proof of identity (birth certificate, driver’s licence or passport). |
| **Serious Illness Cover (to claim for death)** | — Claim form completed by the surviving policy owner, your nominated beneficiaries or legal personal representative.  
— Certified copy of the deceased’s death certificate with cause of death or other evidence satisfactory to us eg. Medical Certificate of Cause of Death.  
— Certified copy of proof of identity (birth certificate, driver’s licence or passport) of the party making the claim.  
— Certified copy of the deceased’s Will.  
— Certified copy of Probate or Letters of Administration if a valid nomination of beneficiary form has not been received by us. |
| **Promise Benefit** | — Claim form completed by the surviving policy owner, your nominated beneficiary or legal personal representative.  
— Certified proof of identity (birth certificate, driver’s licence or passport) of the party making the claim.  
— Certified copy of the deceased’s Will.  
— Certified copy of Cause of Death Certificate. |
| **Kids Cover (to claim for fractures)** | — Medical certificate from the insured child’s registered medical practitioner.  
— Certified copy of proof of identity (birth certificate, driver’s licence or passport) for you and the insured child.  
— Copies of tests results eg, x-rays, ultrasound reports, CT scan or MRI reports to verify the fracture. |
<table>
<thead>
<tr>
<th>Type of Cover</th>
<th>Examples of information required</th>
</tr>
</thead>
</table>
| Kids Cover (to claim for illness, injury or terminal illness) | — Claim form completed by the *policy owner(s)* and the insured child’s *registered medical practitioner*.  
— Any other supporting medical information including test results and/or imaging.  
— Certified copy of proof of identity (birth certificate, driver’s licence or passport) for the *policy owner(s)* and the insured child. |
| Kids Cover (to claim for death)   | — Claim form completed by the *policy owner(s)* or their *legal personal representative*.  
— Certified copy of proof of the *policy owner(s)* identity (birth certificate, driver’s licence or passport).  
— Certified copy of the insured child’s birth certificate and death certificate, or other evidence satisfactory to us. |

A few things to note:

— The list above isn’t exhaustive - In some circumstances, *we* may require further information to help *us* assess your claim.

— You (or your nominated beneficiary or legal personal representative) are responsible for the costs associated with satisfying these claim requirements, unless *we* tell you otherwise.

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

— If *we* are disadvantaged by any delay in notifying *us* of a claim *we* may refuse the claim.

— All payments are made in Australian currency.

— *We’ll* not consider any claim, unless the event occurred while your policy was still active.

— From time to time *we* may 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 and you make a claim, we’ll assess your claim on the terms of the policy before the change took place, subject to any requirement of or limitations imposed by law at the time of claim.

*Increases to your Income Protection Cover and the Redundancy Benefit while receiving a benefit*

If *we* accept your claim and you’re receiving your benefits, you will find at renewal the *monthly payment amount* will increase with the *indexation factor*, up to a maximum of 10%. Once your claim is finished, your *monthly payment amount* will stay at the level that you reached during the claim. This will in turn increase your *premium* to reflect the higher *monthly payment amount*. You can choose to decrease this by getting in touch with our customer service team.
7.0 Risks

You should be aware of the risks involved before buying a life insurance policy. Some of the risks associated with holding this life insurance policy include:

— your policy may not suit your needs
— your level of cover may not be appropriate, or
— a payment may not be paid if in the event of a claim, an exclusion applies.

To ensure the policy meets your needs and suits your personal circumstances both now and in the future, you may need to seek assistance from a financial adviser. Give us a call, we can help you with this!

8.0 How to contact us

8.1 Administration queries and changes

If you would like to make any changes to (e.g. apply to increase or decrease your level of cover) or have any questions about your policy, including a change to your address or to your payment type, please contact us (please refer to the back page for contact details). A change to this policy will only apply if we confirm the change in writing.

If you wish to apply for an increase to your level of cover, the maximum benefit limits will apply (please refer to the relevant cover sections in this PDS).

8.2 Complaints Resolution

If you have a complaint about this product or our services, we have established a complaints resolution process and are committed to working with you to resolve your concerns. You can call us on 1800 455 389 or contact our Customer Relations team at lifecustomerrelations@suncorp.com.au.

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.

You can contact AFCA via the following:

— Website: www.afca.org.au
— Email: info@afca.org.au
— Telephone: 1800 931 678 (free call)
— In writing to:
  Australian Financial Complaints Authority
  GPO Box 3
  Melbourne VIC 3001.
9.0 Your privacy and our information handling practices

We understand that the privacy of your information is important to you and we respect the confidentiality of the information that you provide to us.

In this Privacy section, all references to “We/Us/Our” means Asteron and its related bodies corporate.

The way in which we collect, use and disclose your personal and sensitive information (together ‘personal information’) is explained in our Australian Privacy Principle Privacy Policy (APP Privacy Policy) available using this link https://www.tal.com.au/privacy-policy. Alternatively, we would be pleased to provide a copy of this free of charge on request.

Our APP Privacy Policy contains details about the following:

— the kinds of personal information that we collect and hold;
— how we collect and hold personal information (including sensitive information such as health and lifestyle information);
— the purposes for which we collect, hold, use and disclose personal information (including sensitive information);
— how our customers may access personal information about them which is held by us and how they can correct that information;
— our approach to direct marketing and how you can opt out of receiving direct marketing communications; and
— how we deal with any complaints that our customers may have regarding privacy issues.

Our information handling practices are based on relevant privacy laws and regulations, including, but not limited to the Privacy Act 1988 (Cth) and the 13 Australian Privacy Principles.

Additional information about relevant privacy laws and regulations and your privacy rights can be found at the website of the Australian Privacy Commissioner at http://www.oaic.gov.au including how to make a privacy related complaint and sensible steps that you can take to protect your information when dealing with organisations and when using modern technology.

If you would like a copy of our APP Privacy Policy or if you have any questions about the way in which we manage your information, or wish to make privacy related complaint, please contact us using the details below:

— Telephone: 1300 209 088
— Email: customerservice@tal.com.au
— Post: GPO Box 5380 Sydney NSW 2001
Collection, use and disclosure of information when providing our products and services

Your personal information will be collected, used and disclosed to enable us to provide or arrange for the provision of our insurance products and services. Examples of why your personal information will be collected, used and disclosed include, but are not limited to, the following:

- to confirm your identification, for example when making payments and changes to your policy;
- to process new insurance policies, including underwriting and claims assessments;
- to carry out administrative and processing functions including pre-sales, sales and ongoing customer service and support;
- to assess claims against the policy terms;
- to meet legal and regulatory requirements; and
- to review and develop our products and services, including research and surveys to meet ongoing customer expectations.

We may collect your information from and disclose your information to (and receive information from) third parties (including related bodies corporate) such as:

- affiliated product and service providers, or distributors of our products or services, including other businesses with whom we have a business, distribution or branding arrangement, or where otherwise permitted or authorised by law; and
- organisations that are involved in a corporate re-organisation or are involved in a transfer of all or part of the assets or business of their organisation and/or a TAL organisation.

Typically, in providing our products and services to you we may collect and disclose information using online and paper forms, electronic transmission of data, telephone and other available technologies. We obtain your consent for the collection, use and disclosure of information including, but not limited to, your consent to liaise with relevant healthcare providers, financial advisers and professionals such as your accountant and doctors.

If you do not supply the required information, we may not be able to provide the requested product or service or pay a claim.

Your personal information will be managed and held securely and we have measures in place to protect your information. In processing and administering our products and services (including at the time of underwriting and claims assessment) we may need to disclose your personal information to other organisations and individuals. Examples of why your personal information will be disclosed include, but are not limited to, the following:

- to organisations assisting us in providing our products and services such as those providing mailing and information technology services;
- to organisations assisting us in promoting, marketing and distributing our products and obtaining feedback such as surveys and research;
— to our related bodies corporate and organisations with which we have a business alliance or contractual arrangement;
— in response to enquiries, complaints and litigation, for example, disclosure to external complaints resolution bodies and lawyers;
— to meet our legal and regulatory requirements; and
— to respond to a request from a government agency or law enforcement body.

We may also disclose your personal information to other bodies such as reinsurers, your financial adviser, healthcare and rehabilitation providers and claims investigators.

In administering your insurance benefits and in operating this product, your personal information may be disclosed to service providers in another country.

Our Privacy Policies provide information regarding relevant offshore locations where we have service providers.

Generally, we do not use or disclose any customer information for a purpose other than providing our products and services unless:
— our customer consents to the use or disclosure of the customer information; or
— the use or disclosure is required or authorised under an Australian law or a court/tribunal order; or
— the purpose is related to improving our products and services and seeking customer input such as market research; or
— the use or disclosure of the information is reasonably necessary for one or more enforcement related activities conducted by, or on behalf of, a law enforcement body e.g. the police.

Your personal information and our marketing practices

Every now and then, we, or, our related bodies corporate, or organisations with which we have a business arrangement may wish to contact you to provide you with information about special offers and information about products and services that we think will be of interest to you. These direct marketing communications may be through any available technologies including mail, email, SMS, telephone and online. Detailed information about our marketing practices, including data matching and analytics, is available in our APP Privacy Policy referenced above.

We will engage in marketing unless you tell us otherwise. If you prefer not to receive direct marketing communications from us, you can contact us at any time using the contact details above. When you contact us to opt out of receiving direct marketing communications going forward, you will be given a choice of ongoing marketing preferences.
Accuracy of information and access to information we hold

We rely on the accuracy of the information you provide. If you think that we hold information about you that is incorrect, incomplete or out of date, please let us know using the communication methods above.

Under current privacy laws and regulations, you are generally entitled to access the personal information we hold about you. To access that information, simply make a request in writing. This process enables us to confirm your identity for security reasons and to protect your personal information from being sought by a person other than yourself. There are some limited exemptions where we would be unable to provide the personal information that we hold about you in response to your request.

If, for any reason, we decline your request to access and/or update your information, we will provide you with details of the reasons and where appropriate, a list of the documents that are not being provided directly to you. In some circumstances it may be appropriate to provide you with access to information that you’ve requested via an intermediary, such as providing medical information to a treating GP rather than directly to yourself. If this is the case, we will let you know.
10.0 Your Duty of Disclosure

Life Insurance

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

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

— that diminishes the risk to be undertaken by us;
— that is of common knowledge;
— that we know, or in the ordinary course of our business, ought to know; or
— as to which compliance with your duty is waived by 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 fail to comply with your duty of disclosure and we would not have entered into the contract if the failure had not occurred, we may avoid the contract within 3 years of entering into it.

We may elect not to avoid your contract but to vary it by:

— reducing the sum insured in accordance with a formula that takes into account the premium that would have been payable if you had complied with your duty of disclosure. If your contract provides cover on death, we may only exercise this right within 3 years of entering into the contract with you; or
— placing us in the position in which we would have been in if you had complied with your duty of disclosure. This right does not apply if your contract provides cover on your death.

The options to vary the contract are available to us while the contract remains in force.

This duty continues to apply until the insurer notifies you that the risk has been accepted. It also applies when you extend, vary or reinstate a contract of life insurance.

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

#### 11.1 Serious Illness Cover Medical Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Accident</strong></td>
<td>An event which solely and directly causes <em>injury</em> as a result of violent, external and visible means.</td>
</tr>
<tr>
<td><strong>Alzheimer’s disease</strong></td>
<td>We will pay a claim for <em>Alzheimer’s disease</em> when <em>registered medical specialist</em> opinion confirms the unequivocal diagnosis of <em>Alzheimer’s disease</em>, and that it is severe enough that it requires <em>you</em> to be under continual 24 hours care and supervision by someone else.</td>
</tr>
</tbody>
</table>
| **Cancer**            | We will pay a claim for *Cancer* if *you* have been diagnosed and treated for malignant tumours as per the following criteria: The tumour must be characterised by:  
- the uncontrolled growth and spread of malignant (*cancer*) cells; and  
- the invasion and destruction of normal tissue by those cells.  
The tumour must also:  
- require treatment by surgery, radiotherapy, chemotherapy, or any other major treatment; or  
- be totally incurable. If the above tests and/or treatments are superseded by technology advances, we will consider other appropriate and medically recognised tests in support of a conclusive diagnosis of equal severity.  
The following tumours are excluded:  
- Tumours which are described as pre-malignant or show the changes of ‘carcinoma in situ’;  
- Melanomas which:  
  - are less than Clark Level 3; or  
  - are less than 1.0mm depth of invasion, as determined by histological examination.  
- All other types of skin *cancers* unless they have metastasised (spread elsewhere);  
- Prostate *cancers* which have a Gleason score of 5 or less.  
*Carcinoma in situ* of the breast is covered if  
- *you* have a mastectomy to remove the entire breast; or  
- *you* have other surgery and adjuvant therapy (such as radiotherapy, endocrine therapy and/or chemotherapy), and the procedure(s) is the appropriate and necessary treatment as recommended by a registered doctor. |
<table>
<thead>
<tr>
<th>Term</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carcinoma in situ of female organs</td>
<td>We will pay a claim for Carcinoma in situ of the following female body part where it has been confirmed as Tis according to TNM staging method.</td>
</tr>
<tr>
<td></td>
<td>— Breast;</td>
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<td></td>
<td>— Cervix;</td>
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<td></td>
<td>— Uterus;</td>
</tr>
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<td>— Fallopian tubes;</td>
</tr>
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<td>— Ovaries;</td>
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<td></td>
<td>— Vagina; or</td>
</tr>
<tr>
<td></td>
<td>— Vulva.</td>
</tr>
<tr>
<td></td>
<td>If the above tests and/or treatments are superseded by technology advances, we will consider other appropriate and medically recognised tests in support of a conclusive diagnosis of equal severity.</td>
</tr>
<tr>
<td>Coronary artery bypass</td>
<td>We will pay a claim if you undergo Coronary artery bypass surgery for treatment.</td>
</tr>
<tr>
<td></td>
<td>Coronary artery bypass does not include angioplasty, intraarterial procedures or other non-surgical techniques.</td>
</tr>
<tr>
<td>Early stage prostate cancer</td>
<td>We will pay a claim for Early stage prostate cancer which has a Gleason score of 5 or less.</td>
</tr>
<tr>
<td></td>
<td>If the above staging/grading classifications are superseded by technology advances, we will consider other appropriate and medically recognised classifications in support of a conclusive diagnosis of equal severity.</td>
</tr>
<tr>
<td>Severe heart attack</td>
<td>We will pay a claim for a Severe heart attack that is evidenced by the following:</td>
</tr>
<tr>
<td></td>
<td>— confirmation of new electrocardiogram (ECG) changes which show a heart attack; or</td>
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<tr>
<td></td>
<td>— Left ventricular ejection fraction of less than 50%, and</td>
</tr>
<tr>
<td></td>
<td>— elevation (other than as a result of cardiac or coronary artery procedure) of cardiac enzymes</td>
</tr>
<tr>
<td></td>
<td>— Troponin I greater than 2.0 micrograms per litre; or</td>
</tr>
<tr>
<td></td>
<td>— Troponin T greater than 0.6 micrograms per litre; or their equivalent.</td>
</tr>
<tr>
<td></td>
<td>If the above tests are superseded by technology advances, we will consider other appropriate and medically recognised tests in support of the diagnosis of equal severity.</td>
</tr>
<tr>
<td>Major organ failure</td>
<td>We will pay a claim for Major organ failure if you require an organ transplant, or upon specialist medical advice you are placed on an official Australian hospital waiting list to undergo organ transplant, from a human donor of one or more of the following organs only:</td>
</tr>
<tr>
<td></td>
<td>— Kidney;</td>
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<tr>
<td></td>
<td>— Heart;</td>
</tr>
<tr>
<td></td>
<td>— Liver;</td>
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<td></td>
<td>— Lung;</td>
</tr>
<tr>
<td></td>
<td>— Pancreas; or</td>
</tr>
<tr>
<td></td>
<td>— Bone marrow.</td>
</tr>
<tr>
<td>Term</td>
<td>Meaning</td>
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</tr>
<tr>
<td><strong>Motor neurone disease</strong></td>
<td>We will pay a claim for Motor neurone disease if an unequivocal diagnosis of Motor neurone disease has been confirmed by registered medical specialist opinion.</td>
</tr>
<tr>
<td><strong>Multiple sclerosis</strong></td>
<td>We will pay a claim for Multiple sclerosis if an unequivocal diagnosis of Multiple sclerosis has been confirmed by an appropriate registered medical specialist, with evidence of persisting neurological deficit.</td>
</tr>
<tr>
<td><strong>Muscular dystrophy</strong></td>
<td>We will pay a claim for Muscular dystrophy if an unequivocal diagnosis of Muscular dystrophy has been confirmed by an appropriate registered medical specialist opinion.</td>
</tr>
<tr>
<td><strong>Paralysis</strong></td>
<td>We will pay a claim for Paralysis if you have suffered the total and permanent loss of use of at least one whole limb resulting from spinal cord injury or illness, or from brain injury or illness.</td>
</tr>
<tr>
<td><strong>Parkinson’s disease</strong></td>
<td>We will pay a claim for Parkinson’s disease if an unequivocal diagnosis of degenerative idiopathic Parkinson’s disease has been confirmed by an appropriate registered medical specialist. All other types of Parkinsonism are excluded (e.g. secondary to medication).</td>
</tr>
<tr>
<td><strong>Stroke</strong></td>
<td>We will pay a claim for Stroke if you suffer a cerebrovascular accident or incident producing neurological sequelae lasting more than 24 hours as evidenced by neuro-imaging. This includes infarction of brain tissue, and intracranial or subarachnoid haemorrhage. Transient ischaemic attacks and cerebral events and symptoms due to reversible neurological deficits and migraine are excluded.</td>
</tr>
</tbody>
</table>
### 11.2 Kids Cover Medical Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident</td>
<td>An event which solely and directly causes <em>injury</em> as a result of violent, external and visible means.</td>
</tr>
<tr>
<td>Blindness</td>
<td><em>We will pay a claim for Blindness</em> where there is the complete and permanent loss of the sight of both eyes (whether aided or unaided) as a result of <em>illness</em> or <em>injury</em>.</td>
</tr>
<tr>
<td>Brain damage</td>
<td><em>We will pay a claim for Brain damage</em> as a result of an accident, <em>illness</em> or <em>injury</em>, the insured child suffers brain damage, which results in the insured child requiring 10 consecutive days in intensive care.</td>
</tr>
<tr>
<td>Cancer</td>
<td><em>We will pay a claim for Cancer</em> if the child has of one or more malignant tumours as per the following criteria:</td>
</tr>
<tr>
<td></td>
<td>The tumour must be characterised by:</td>
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<td></td>
<td>— the uncontrolled growth and spread of malignant (<em>cancer</em>) cells; and</td>
</tr>
<tr>
<td></td>
<td>— the invasion and destruction of normal tissue but those cells.</td>
</tr>
<tr>
<td></td>
<td>The following tumours are excluded:</td>
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<tr>
<td></td>
<td>— Tumours which are histologically described as pre-malignant or show the malignant changes of ‘carcinoma in situ’;</td>
</tr>
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<td>— Melanomas which:</td>
</tr>
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<td>— have no evidence of ulceration</td>
</tr>
<tr>
<td></td>
<td>— are less than Clark Level 3; and</td>
</tr>
<tr>
<td></td>
<td>— are less than 1.5mm depth of invasion, as determined by histological examination.</td>
</tr>
<tr>
<td></td>
<td>— All other types of skin <em>cancers</em> unless they have metastasised (spread elsewhere).</td>
</tr>
<tr>
<td>Cardiomyopathy</td>
<td><em>We will pay a claim for Cardiomyopathy</em> if the child suffers impaired ventricular function resulting in permanent and irreversible heart impairment.</td>
</tr>
<tr>
<td>Chronic kidney failure</td>
<td><em>We will pay a claim for Chronic kidney failure</em> if the child suffers irreversible failure of the function of both kidneys.</td>
</tr>
<tr>
<td>Congenital condition</td>
<td>One which develops or is known during pregnancy or is diagnosed or known shortly after birth.</td>
</tr>
<tr>
<td>Deafness</td>
<td><em>We will pay a claim for Deafness</em> if the child suffers the total and permanent loss of hearing, both natural and assisted, from both ears as a result of <em>illness</em> or <em>injury</em>. Assisted hearing is not excluded if the loss of hearing is treated by cochlear implant.</td>
</tr>
<tr>
<td>Term</td>
<td>Meaning</td>
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</tr>
<tr>
<td>Fracture</td>
<td>The disruption in the continuity of the bone, with or without displacement, confirmed by radiographic or scanning technique. Stress fractures are excluded.</td>
</tr>
<tr>
<td></td>
<td>The arm is defined from wrist joint and above to shoulder joint and below.</td>
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<tr>
<td></td>
<td>The leg is defined from ankle joint and above to thigh (excluding the hip) and below.</td>
</tr>
<tr>
<td></td>
<td>The skull is defined as, including jaw, but excluding teeth and bones of nose and face.</td>
</tr>
<tr>
<td>Encephalitis</td>
<td><em>We will pay a claim for a diagnosis of</em> Encephalitis <em>that results in the insured child requiring 10 consecutive days in intensive care.</em></td>
</tr>
<tr>
<td>Benign brain tumour</td>
<td><em>We will pay a claim for</em> Benign brain tumour <em>if the child has a diagnosis of a non-cancerous tumour in either the brain tissue or between the brain tissue and the cranium giving rise to symptoms of increased intracranial pressure as confirmed by registered medical specialist opinion.</em></td>
</tr>
<tr>
<td>Loss of speech</td>
<td><em>We will pay a claim for</em> Loss of speech <em>if the child suffers complete and irrecoverable loss of speech as a result of disease, illness or injury as confirmed by consultant neurologist opinion.</em></td>
</tr>
<tr>
<td></td>
<td>Loss of speech related to any psychological cause is excluded.</td>
</tr>
<tr>
<td>Major head trauma</td>
<td><em>We will pay a claim for an</em> injury <em>to the head which results in the insured child requiring 10 consecutive days in intensive care.</em></td>
</tr>
<tr>
<td>Major organ failure</td>
<td><em>We will pay a claim for</em> Major organ failure <em>if the child suffers major organ failure resulting in either an organ transplant, or upon specialist medical the insured child is placed on an official Australian Hospital waiting list to undergo organ transplant, from a human donor of one or more of the following organs only:</em></td>
</tr>
<tr>
<td></td>
<td>— Kidney;</td>
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<td></td>
<td>— Heart;</td>
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<td>— Liver;</td>
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<td></td>
<td>— Lung;</td>
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<tr>
<td></td>
<td>— Pancreas; or</td>
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<tr>
<td></td>
<td>— Bone marrow.</td>
</tr>
<tr>
<td>Meningitis</td>
<td><em>We will pay a claim for diagnosis of</em> Meningitis <em>that results in the insured child requiring 10 consecutive days in intensive care.</em></td>
</tr>
<tr>
<td>Meningococcal disease</td>
<td><em>We will pay a claim for</em> Meningococcal septicaemia (meningococcal infection) which results in the insured child requiring 10 consecutive days in intensive care.</td>
</tr>
<tr>
<td>Paralysis</td>
<td><em>We will pay a claim for</em> Paralysis <em>if the child has suffered the total and permanent loss of use of at least one whole limb resulting from spinal cord injury or disease, or from brain injury or disease.</em></td>
</tr>
<tr>
<td>Term</td>
<td>Meaning</td>
</tr>
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</tr>
<tr>
<td>Serious accidental injury</td>
<td>We will pay a claim for Serious accidental injury caused by an accident which has resulted in the insured child being confined to an acute care hospital for a period of 30 consecutive days (24 hours per day) under the full-time care of a registered medical practitioner.</td>
</tr>
<tr>
<td>Severe burns</td>
<td>We will pay a claim for accidental burns if the child has suffered burns that involve damage or destruction of the skin to its full depth through to the underlying tissue.</td>
</tr>
<tr>
<td>Single loss of limb or eye</td>
<td>We will pay a claim for the total and permanent loss of use of: — one foot; — one hand; or — sight in one eye.</td>
</tr>
<tr>
<td>Terminal illness</td>
<td>We will pay a claim for Terminal illness if the insured child has a diagnosed illness, having considered any evidence we may require, means that the insured child life expectancy will not survive more than 24 months, regardless of any available treatment.</td>
</tr>
</tbody>
</table>
### 12.0 Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAI Limited</td>
<td>AAI Limited ABN 48 005 297 807 AFSL 230859.</td>
</tr>
</tbody>
</table>
| Actively seeking employment | means  
  - registered as being unemployed with Centrelink or equivalent government authority;  
  - job seeking via a recognised recruitment or personnel agency;  
  - job seeking on any other continuous basis which you can reasonably evidence; and/or  
  - seeking to trade in a new business on a continuous basis which you can reasonably evidence. |
| Allied health professional  | means a psychologist, physiotherapist, chiropractor or any other health care professional you are taking advice from.  
  This person cannot be you, your business partner or any members of your immediate family. |
| Annual earnings             | means your average monthly income during the 12 consecutive months before the start of your disablement or the start of your involuntary unemployment. |
| Asteron                     | means Asteron Life & Superannuation Limited, ABN 87 073 979 530 AFSL 229880.                                                                  |
| Criminal activity           | means any crime for which you are convicted where you could receive a custodial sentence, whether or not you do in fact receive a custodial sentence for that crime. |
| Cover commencement date     | means the date(s) each individual cover type (i.e. Income Protection Cover, Redundancy Cover, Death Cover, Serious Illness Cover or Kids Cover or other cover(s) offered in the future) begins and is shown on your policy schedule or endorsement for any cover added after the policy commencement date. |
| Disabled, Disablement or Disability | means that solely due to illness or injury you are:  
  - unable to perform all the important income producing duties of your primary occupation or unable to perform 3 of the 5 listed domestic duties; and  
  - not working whether remunerated or not, including volunteer work; and  
  - under the care, treatment and following the advice of a registered medical practitioner. |
<table>
<thead>
<tr>
<th>Term</th>
<th>Meaning</th>
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</thead>
</table>
| Domestic Duties                  | *Domestic duties are defined as:*  
  **Cooking and preparing meals** meaning the ability to move unassisted and prepare meals at home using basic ingredients and regular kitchen appliances.  
  **Cleaning the house** meaning the ability to independently maintain the household using various tools such as a mop and vacuum cleaner.  
  **Washing and drying clothes** meaning the ability to maintain the household’s laundry by using the washing machine and being able to hang clothes on an outdoor washing line unassisted.  
  **Shopping for groceries** meaning the ability to physically attend a grocery store and purchase grocery items that are required to maintain a home unassisted, such as food, laundry items and household cleaning products.  
  **Looking after children** *(if you do this as part of your everyday activities at home)* meaning the ability to independently care for and supervise children up to the age of 12 years old, including but not limited to, the preparation of meals, bathing, dressing, getting the child to and from school by car or walking, settling for sleep times and general care. |
| Elective surgery                 | means cosmetic surgery to alter or improve your appearance unless recommended by a medical practitioner to improve your physical health related to an underlying illness or injury. |
| Expiry date                      | means the date your policy ends as stated on your policy schedule or, in relation to the Redundancy Benefit *(if applicable)*, on the renewal notice we send you. |
| Full recovery                    | means for a continuous period of 6 months, you have returned to work and you have:  
  — performed all the important income producing duties of your primary occupation or all of the listed domestic duties;  
  — not been suffering from the illness or injury you were previously claiming for;  
  — not required or received advice, care or treatment, from a registered medical practitioner, for the illness or injury you were previously claiming for; and  
  — not been receiving Income Protection Cover payments. |
<p>| Gainful occupation               | means the occupation in which you work as an employee for a salary, wages or commission, or the occupation in which you are self-employed, working in a business or professional practice in a way that is capable of generating income for the business or professional practice. |
| Illness                          | means a sickness or disease you suffer while this policy is in force. |
| Important income producing duties| means those duties which could reasonably be considered primarily essential to producing your monthly income. |</p>
<table>
<thead>
<tr>
<th>Term</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indexation factor</td>
<td>means the percentage change in the consumer price index (CPI) which is the weighted average of the 8 Australian capital cities combined as published by the Australian Bureau of Statistics or any body which succeeds it and in respect of the 12 month period finishing on 30 September. The <em>indexation factor</em> will be applied from 1 March the following year. If the CPI is not published by this date, the <em>indexation factor</em> will be calculated upon a retail price index which we consider most nearly replaces it.</td>
</tr>
<tr>
<td>Injury</td>
<td>means the physical damage to <em>your</em> body which occurs as a result of violent, external and visible means while this <em>policy</em> is active.</td>
</tr>
<tr>
<td>Insured person</td>
<td>means the person(s) who has been accepted by <em>us</em> and is listed on <em>your</em> schedule as the <em>insured person(s)</em> and the <em>policy owner(s)</em> under the <em>policy</em>.</td>
</tr>
<tr>
<td>Intensive care</td>
<td>meaning <em>illness</em> that has resulted in <em>you</em> requiring continuous mechanical ventilation by means of tracheal intubation for 10 consecutive days, (24 hours a day) in an <em>intensive care</em> unit.</td>
</tr>
</tbody>
</table>
| Involuntarily unemployed or involuntary unemployment: | means:  
  — if *you* are an employee, *you* have been terminated from *your* *gainful occupation* by no choice of *your* own;  
  — If *you* are an employee, where *you* had a fixed term employment contract of 12 months or greater, it ceased prior to the agreed termination date by no choice of *your* own; or  
  — if *you* are self-employed, *your* business *you* have a beneficial interest in that pays *your* primary source of income has ceased trading as a direct result of actual or imminent insolvency or bankruptcy.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
<p>| Legal personal representative            | means any person(s) who is authorised by law to administer and distribute <em>your</em> estate or act on <em>your</em> behalf.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Lump sum payment                        | means the amount payable in relation to the Death Cover, Early Death Cover Payment and Promise Benefit included in <em>your policy</em> and we accept as varied (for example through decreases and increases) by agreement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Maximum payment period                   | means the maximum period of time during which a payment will be paid.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Mental disorder or mental illness        | means any fatigue disorder, motivational disorder or mental health disorder as defined in the American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorder, Volume V (or as amended). These include but are not limited to depressive disorders, anxiety disorders, adjustment disorders, somatoform disorders, psychotic disorders, bipolar disorders, personality disorders, Attention Deficit Hyperactivity Disorder or any complications thereof.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Monthly payment amount                   | means the amount stated in the <em>schedule</em> as varied under this <em>policy</em> by agreement with <em>us</em> (for example if <em>you</em> apply for a decrease or increase). Where we have agreed to change the <em>monthly payment amount</em>, the new <em>monthly payment amount</em> will be as stated in <em>our</em> latest correspondence to <em>you</em>.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |</p>
<table>
<thead>
<tr>
<th>Term</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly income</td>
<td>means the income before tax earned each month by your own personal exertion. Monthly income is your total remuneration package including:</td>
</tr>
<tr>
<td></td>
<td>— salary</td>
</tr>
<tr>
<td></td>
<td>— wages</td>
</tr>
<tr>
<td></td>
<td>— reportable fringe benefits</td>
</tr>
<tr>
<td></td>
<td>— regular commissions</td>
</tr>
<tr>
<td></td>
<td>— regular bonuses</td>
</tr>
<tr>
<td></td>
<td>— overtime payments; and</td>
</tr>
<tr>
<td></td>
<td>— superannuation contributions.</td>
</tr>
<tr>
<td></td>
<td>If you are a self-employed person who has ownership interest in the business which is operating as a sole trader, or under a partnership, company and/or trust structure (including an employee of your own company or trust), monthly income is your share of the net income before tax of the business (your share of business income less business expenses), directly due to your personal exertion. Business expenses include (but are not limited to) motor vehicle expenses and depreciation. Monthly income does not include:</td>
</tr>
<tr>
<td></td>
<td>— income that you will continue to receive from your business, even if you are unable to work, including any ongoing profit generated by other employees of the business;</td>
</tr>
<tr>
<td></td>
<td>— other unearned income such as dividends, interest, rental income or proceeds from the sale of assets; or</td>
</tr>
<tr>
<td></td>
<td>— on-going trailing commission or royalties.</td>
</tr>
<tr>
<td>No claim period</td>
<td>means 6 months from the policy commencement date (if your Redundancy Benefit started when your policy first started) or 6 months after the cover commencement date (if applicable); the amount of time you must hold the Redundancy Benefit before becoming eligible to claim.</td>
</tr>
<tr>
<td>Nominated beneficiary or nominated beneficiaries</td>
<td>The person(s) you nominate under the Death Cover and/or Promise Benefit to receive the Death Cover and/or Promise Benefit payment using a nomination of beneficiaries form.</td>
</tr>
<tr>
<td>Non-payment period</td>
<td>means the period of time that must pass before a claim can be paid.</td>
</tr>
<tr>
<td>Policy</td>
<td>means your cover, which consists of this combined Product Disclosure Statement and Policy Document (PDS), the schedule, and any endorsement, and the information provided in your application.</td>
</tr>
<tr>
<td>Policy anniversary</td>
<td>means the anniversary of your policy commencement date.</td>
</tr>
<tr>
<td>Policy commencement date</td>
<td>means the date the first cover starts as shown on your schedule.</td>
</tr>
<tr>
<td>Policy owner</td>
<td>means the person(s) listed on the schedule as the owner of this policy.</td>
</tr>
<tr>
<td>Premium</td>
<td>means the amount you pay us for the insurance.</td>
</tr>
<tr>
<td>Term</td>
<td>Meaning</td>
</tr>
<tr>
<td>------</td>
<td>---------</td>
</tr>
<tr>
<td>Primary occupation</td>
<td>means the occupation in which <em>you</em> were predominantly engaged immediately prior to <em>you</em> becoming <em>disabled or involuntarily unemployed</em>. If <em>you</em> were unemployed at the time of <em>disablement</em>, <em>primary occupation</em> means the occupation in which <em>you</em> were predominantly engaged immediately prior to unemployment.</td>
</tr>
<tr>
<td>Registered Medical Practitioner or Registered Medical Specialist</td>
<td>means a doctor who is legally qualified and properly registered in Australia. The doctor cannot be <em>you</em> or an immediate member of <em>your</em> family (e.g. partner, parents, siblings or children). If practicing outside Australia, the medical practitioner or specialist must have qualifications equivalent to Australian Standards and approved by us. A medical practitioner could be <em>your</em> general practitioner or treating medical specialist.</td>
</tr>
<tr>
<td>Schedule</td>
<td>means the latest document issued by <em>us</em> which shows important information about <em>your policy</em>, including <em>your policy number, your premium, any special conditions (if applicable), your policy commencement date and your expiry date</em>. If there are any changes to <em>your policy</em>, we will confirm the change to <em>you</em> in writing and send <em>you</em> an endorsement which forms part of <em>your schedule</em>.</td>
</tr>
<tr>
<td>Terminal Illness / Terminally Ill</td>
<td>means an <em>illness</em> which <em>you</em> have been diagnosed with, that in <em>our</em> opinion, having considered any evidence <em>we</em> may require, means that <em>you</em> will not survive more than 24 months, regardless of any available treatment.</td>
</tr>
<tr>
<td>War or an act of war</td>
<td>means armed aggression by a country resisted by another country or organisation.</td>
</tr>
<tr>
<td>We, us and our</td>
<td>means <em>Asteron or AAI</em> (whichever is appropriate).</td>
</tr>
<tr>
<td>You and your</td>
<td>means the <em>policy owner(s)</em> who is also the <em>insured person(s)</em> who has been accepted by <em>us</em> and is shown on the <em>schedule</em>.</td>
</tr>
</tbody>
</table>
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How to contact us

Call 1800 455 389
Write to Suncorp Life Customer Service
GPO Box 3950
Sydney NSW 2001
Online suncorp.com.au/insurance/life
Local store