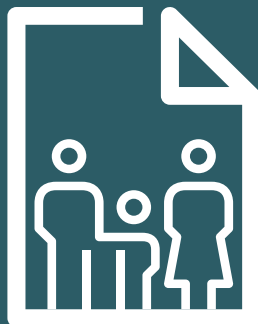


Suncorp MyStyle Life Insurance

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



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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.

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

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.

Level Premium

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.

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

Income Protection Cover

| Monthly payment amount from | Premium Discount |
|-----------------------------|------------------|
| 0 | 0.0% |
| \$7,500 | 5.0% |
| \$10,000 | 12.5% |
| \$15,000 | 15.0% |
| \$17,500 | 17.5% |

| Lump sum insured amount from | Premium Discount |
|------------------------------|------------------|
| 0 | 0% |
| \$500,000 | 10.0% |
| \$750,000 | 12.5% |
| \$1,000,000 | 15.0% |
| \$1,500,000 | 17.5% |

Serious Illness Cover

| Lump sum insured amount from | Premium Discount |
|------------------------------|------------------|
| \$300,000 | 5% |

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.

| Type of Cover | Examples of information required |
|--------------------------------|--|
| Income Protection Cover | <ul style="list-style-type: none"> – Claim form completed by the <i>you</i> and a <i>registered medical practitioner</i>. – Any supporting evidence required by <i>us</i> (e.g. medical reports). – Evidence of employment in the form of an Employer’s Statement (unless self-employed where proof of income will indicate evidence of them being engaged in their <i>primary occupation</i>). – Copy of proof of identity (birth certificate, driver’s licence or passport). – Proof of income (personal and/or business tax return for the 12 months prior to incapacity, group certificate or letter from <i>your</i> employer or other evidence that is satisfactory to <i>us</i>). |
| Redundancy Benefit | <ul style="list-style-type: none"> – An initial claim form completed by <i>you</i> which will include details of <i>your involuntary unemployment</i> for which the claim is being made and when it occurred. – Proof of <i>your</i> unemployment (Separation Certificate, letter of Redundancy, letter of Termination of Contract). – Proof of <i>you actively seeking employment</i> (e.g. registration with Centrelink or a recognised Australian recruitment or personnel agency). – If <i>you</i> were self-employed, proof that <i>your</i> business has ceased to operate due to actual insolvency (ASIC deregistration, Wind up Court Order, appointment of an insolvency administrator, Notice of Bankruptcy, Notice of Liquidation); or – If <i>you</i> were self-employed, a letter from <i>your</i> accountant detailing the date and reason the business has ceased to operate due to insolvency, with supporting evidence such as last Business Activity Statement (BAS). |

| Type of Cover | Examples of information required |
|--|--|
| Death Cover (to claim for death) | <ul style="list-style-type: none"> – Claim form completed by the surviving <i>policy owner, your nominated beneficiaries or legal personal representative.</i> – 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) | <ul style="list-style-type: none"> – Claim form completed by <i>you and your registered medical practitioner.</i> – Certified copy of <i>your</i> proof of identity (birth certificate, driver's licence or passport). |
| Serious Illness Cover | <ul style="list-style-type: none"> – Claim form completed by <i>you (the insured person suffering the illness) and a registered medical practitioner.</i> – 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) | <ul style="list-style-type: none"> – Claim form completed by the surviving <i>policy owner, your nominated beneficiaries or legal personal representative.</i> – 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 | <ul style="list-style-type: none"> – Claim form completed by the <i>surviving policy owner, your nominated beneficiary or legal personal representative.</i> – 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) | <ul style="list-style-type: none"> – Medical certificate from the insured child's <i>registered medical practitioner.</i> – Certified copy of proof of identity (birth certificate, driver's licence or passport) for <i>you</i> and the insured child. – Copies of tests results eg, x-rays, ultrasound reports, CT scan or MRI reports to verify the <i>fracture.</i> |

| Type of Cover | Examples of information required |
|--|--|
| Kids Cover (to claim for illness, injury or terminal illness) | <ul style="list-style-type: none"> – Claim form completed by the <i>policy owner(s)</i> and the insured child's <i>registered medical practitioner</i>. – 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 <i>policy owner(s)</i> and the insured child. |
| Kids Cover (to claim for death) | <ul style="list-style-type: none"> – Claim form completed by the <i>policy owner(s)</i> or their <i>legal personal representative</i>. – Certified copy of proof of the <i>policy owner(s)</i> 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

| Term | Meaning |
|----------------------------|---|
| Accident | An event which solely and directly causes <i>injury</i> as a result of violent, external and visible means. |
| Alzheimer's disease | We will pay a claim for <i>Alzheimer's disease</i> when <i>registered medical specialist</i> opinion confirms the unequivocal diagnosis of <i>Alzheimer's disease</i> , and that it is severe enough that it requires <i>you</i> to be under continual 24 hours care and supervision by someone else. |
| Cancer | <p>We will pay a claim for <i>Cancer</i> if <i>you</i> have been diagnosed and treated for malignant tumours as per the following criteria:</p> <p>The tumour must be characterised by:</p> <ul style="list-style-type: none">– the uncontrolled growth and spread of malignant (<i>cancer</i>) cells; and– the invasion and destruction of normal tissue by those cells. <p>The tumour must also:</p> <ul style="list-style-type: none">– require treatment by surgery, radiotherapy, chemotherapy, or any other major treatment; or– be totally incurable. <p>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.</p> <p>The following tumours are excluded:</p> <ul style="list-style-type: none">– Tumours which are described as pre-malignant or show the changes of 'carcinoma in situ';– Melanomas which:<ul style="list-style-type: none">– 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 <i>cancers</i> unless they have metastasised (spread elsewhere);– Prostate <i>cancers</i> which have a Gleason score of 5 or less. <p>Carcinoma in situ of the breast is covered if</p> <ul style="list-style-type: none">– <i>you</i> have a mastectomy to remove the entire breast; or– <i>you</i> have other surgery and adjuvant therapy (such as radiotherapy, endocrine therapy and/or chemotherapy), <p>and the procedure(s) is the appropriate and necessary treatment as recommended by a registered doctor.</p> |

| Term | Meaning |
|---|--|
| Carcinoma in situ of female organs | <p>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.</p> <ul style="list-style-type: none"> – Breast; – Cervix; – Uterus; – Fallopian tubes; – Ovaries; – Vagina; or – Vulva. <p>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.</p> |
| Coronary artery bypass | <p>We will pay a claim if <i>you</i> undergo <i>Coronary artery bypass</i> surgery for treatment.</p> <p><i>Coronary artery bypass</i> does not include angioplasty, intraarterial procedures or other non-surgical techniques.</p> |
| Early stage prostate cancer | <p>We will pay a claim for <i>Early stage prostate cancer</i> which has a Gleason score of 5 or less.</p> <p>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.</p> |
| Severe heart attack | <p>We will pay a claim for a <i>Severe heart attack</i> that is evidenced by the following:</p> <ul style="list-style-type: none"> – confirmation of new electrocardiogram (ECG) changes which show a heart attack; or – Left ventricular ejection fraction of less than 50%, and – elevation (other than as a result of cardiac or coronary artery procedure) of cardiac enzymes <ul style="list-style-type: none"> – Troponin I greater than 2.0 micrograms per litre; or – Troponin T greater than 0.6 micrograms per litre; or their equivalent. <p>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.</p> |
| Major organ failure | <p>We will pay a claim for <i>Major organ failure</i> if <i>you</i> require an organ transplant, or upon specialist medical advice <i>you</i> 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:</p> <ul style="list-style-type: none"> – Kidney; – Heart; – Liver; – Lung; – Pancreas; or – Bone marrow. |

| Term | Meaning |
|------------------------------|---|
| Motor neurone disease | We will pay a claim for <i>Motor neurone disease</i> if an unequivocal diagnosis of <i>Motor neurone disease</i> has been confirmed by <i>registered medical specialist opinion</i> . |
| Multiple sclerosis | We will pay a claim for <i>Multiple sclerosis</i> if an unequivocal diagnosis of <i>Multiple sclerosis</i> has been confirmed by an appropriate <i>registered medical specialist</i> , with evidence of persisting neurological deficit. |
| Muscular dystrophy | We will pay a claim for <i>Muscular dystrophy</i> if an unequivocal diagnosis of <i>Muscular dystrophy</i> has been confirmed by an appropriate <i>registered medical specialist opinion</i> . |
| Paralysis | We will pay a claim for <i>Paralysis</i> if you have suffered the total and permanent loss of use of at least one whole limb resulting from spinal cord <i>injury or illness</i> , or from brain <i>injury or illness</i> . |
| Parkinson's disease | We will pay a claim for <i>Parkinson's disease</i> if an unequivocal diagnosis of degenerative idiopathic <i>Parkinson's disease</i> has been confirmed by an appropriate <i>registered medical specialist</i> . All other types of Parkinsonism are excluded (e.g. secondary to medication). |
| Stroke | We will pay a claim for <i>Stroke</i> 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. |

11.2 Kids Cover Medical Definitions

| Term | Meaning |
|-------------------------------|---|
| Accident | An event which solely and directly causes <i>injury</i> as a result of violent, external and visible means. |
| Blindness | We will pay a claim for <i>Blindness</i> where there is the complete and permanent loss of the sight of both eyes (whether aided or unaided) as a result of <i>illness</i> or <i>injury</i> . |
| Brain damage | We will pay a claim for <i>Brain damage</i> as a result of an accident, <i>illness</i> or <i>injury</i> , the insured child suffers <i>brain damage</i> , which results in the insured child requiring 10 consecutive days in intensive care. |
| Cancer | <p>We will pay a claim for <i>Cancer</i> if the child has of one or more malignant tumours as per the following criteria:</p> <p>The tumour must be characterised by:</p> <ul style="list-style-type: none"> – the uncontrolled growth and spread of malignant (<i>cancer</i>) cells; and – the invasion and destruction of normal tissue but those cells. <p>The following tumours are excluded:</p> <ul style="list-style-type: none"> – Tumours which are histologically described as pre-malignant or show the malignant changes of ‘carcinoma in situ’; – Melanomas which : <ul style="list-style-type: none"> – have no evidence of ulceration – are less than Clark Level 3; and – are less than 1.5mm depth of invasion, as determined by histological examination. – All other types of skin <i>cancers</i> unless they have metastasised (spread elsewhere). |
| Cardiomyopathy | We will pay a claim for <i>Cardiomyopathy</i> if the child suffers impaired ventricular function resulting in permanent and irreversible heart impairment. |
| Chronic kidney failure | We will pay a claim for <i>Chronic kidney failure</i> if the child suffers irreversible failure of the function of both kidneys. |
| Congenital condition | One which develops or is known during pregnancy or is diagnosed or known shortly after birth. |
| Deafness | We will pay a claim for <i>Deafness</i> if the child suffers the total and permanent loss of hearing, both natural and assisted, from both ears as a result of <i>illness</i> or <i>injury</i> . Assisted hearing is not excluded if the loss of hearing is treated by cochlear implant. |

| Term | Meaning |
|------------------------------|---|
| Fracture | <p>The disruption in the continuity of the bone, with or without displacement, confirmed by radiographic or scanning technique. Stress fractures are excluded.</p> <p>The arm is defined from wrist joint and above to shoulder joint and below.</p> <p>The leg is defined from ankle joint and above to thigh (excluding the hip) and below.</p> <p>The skull is defined as, including jaw, but excluding teeth and bones of nose and face.</p> |
| Encephalitis | <p>We will pay a claim for a diagnosis of <i>Encephalitis</i> that results in the insured child requiring 10 consecutive days in intensive care.</p> |
| Benign brain tumour | <p>We will pay a claim for <i>Benign brain tumour</i> 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 <i>registered medical specialist</i> opinion.</p> |
| Loss of speech | <p>We will pay a claim for <i>Loss of speech</i> if the child suffers complete and irrecoverable <i>loss of speech</i> as a result of disease, <i>illness</i> or <i>injury</i> as confirmed by consultant neurologist opinion.</p> <p><i>Loss of speech</i> related to any psychological cause is excluded.</p> |
| Major head trauma | <p>We will pay a claim for an <i>injury</i> to the head which results in the insured child requiring 10 consecutive days in intensive care.</p> |
| Major organ failure | <p>We will pay a claim for <i>Major organ failure</i> if the child suffers <i>major organ failure</i> 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:</p> <ul style="list-style-type: none"> — Kidney; — Heart; — Liver; — Lung; — Pancreas; or — Bone marrow. |
| Meningitis | <p>We will pay a claim for diagnosis of <i>Meningitis</i> that results in the insured child requiring 10 consecutive days in intensive care.</p> |
| Meningococcal disease | <p>We will pay a claim for Meningococcal septicaemia (meningococcal infection) which results in the insured child requiring 10 consecutive days in intensive care.</p> |
| Paralysis | <p>We will pay a claim for <i>Paralysis</i> if the child has suffered the total and permanent loss of use of at least one whole limb resulting from spinal cord <i>injury</i> or disease, or from brain <i>injury</i> or disease.</p> |

| Term | Meaning |
|-----------------------------------|---|
| Serious accidental injury | We will pay a claim for <i>Serious accidental injury</i> 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 <i>registered medical practitioner</i> . |
| Severe burns | 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. |
| Single loss of limb or eye | We will pay a claim for the total and permanent loss of use of: <ul style="list-style-type: none"> — one foot; — one hand; or — sight in one eye. |
| Terminal illness | We will pay a claim for <i>Terminal illness</i> 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. |

12.0 Glossary

| Term | Meaning |
|--|---|
| AAI Limited | AAI Limited ABN 48 005 297 807 AFSL 230859. |
| Actively seeking employment | <p>means</p> <ul style="list-style-type: none"> – 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 <i>you</i> can reasonably evidence; and/or – seeking to trade in a new business on a continuous basis which <i>you</i> can reasonably evidence. |
| Allied health professional | <p>means a psychologist, physiotherapist, chiropractor or any other health care professional <i>you</i> are taking advice from.</p> <p>This person cannot be <i>you</i>, <i>your</i> business partner or any members of <i>your</i> immediate family.</p> |
| Annual earnings | means <i>your average monthly income</i> during the 12 consecutive months before the start of <i>your disablement</i> or the start of <i>your involuntary unemployment</i> . |
| Asteron | means Asteron Life & Superannuation Limited, ABN 87 073 979 530 AFSL 229880. |
| Criminal activity | means any crime for which <i>you</i> are convicted where <i>you</i> could receive a custodial sentence, whether or not <i>you</i> 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 <i>your policy schedule</i> or endorsement for any cover added after the <i>policy commencement date</i> . |
| Disabled, Disablement or Disability | <p>means that solely due to <i>illness</i> or <i>injury</i> <i>you</i> are:</p> <ul style="list-style-type: none"> – unable to perform all the <i>important income producing duties</i> of <i>your primary occupation</i> or unable to perform 3 of the 5 listed <i>domestic duties</i>; and – not working whether remunerated or not, including volunteer work; and – under the care, treatment and following the advice of a <i>registered medical practitioner</i>. |

| Term | Meaning |
|--|--|
| Domestic Duties | <p><i>Domestic duties</i> are defined as:</p> <p>Cooking and preparing meals meaning the ability to move unassisted and prepare meals at home using basic ingredients and regular kitchen appliances.</p> <p>Cleaning the house meaning the ability to independently maintain the household using various tools such as a mop and vacuum cleaner.</p> <p>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.</p> <p>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.</p> <p>Looking after children (if <i>you</i> do this as part of <i>your</i> 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.</p> |
| Elective surgery | means cosmetic surgery to alter or improve <i>your</i> appearance unless recommended by a medical practitioner to improve <i>your</i> physical health related to an underlying <i>illness or injury</i> . |
| Expiry date | means the date <i>your policy</i> ends as stated on <i>your policy schedule</i> or, in relation to the Redundancy Benefit (if applicable), on the renewal notice <i>we</i> send <i>you</i> . |
| Full recovery | <p>means for a continuous period of 6 months, <i>you</i> have returned to work and <i>you</i> have:</p> <ul style="list-style-type: none"> — performed all the <i>important income producing duties</i> of <i>your primary occupation</i> or all of the listed <i>domestic duties</i>; — not been suffering from the <i>illness or injury</i> <i>you</i> were previously claiming for; — not required or received advice, care or treatment, from a <i>registered medical practitioner</i>, for the <i>illness or injury</i> <i>you</i> were previously claiming for; and — not been receiving Income Protection Cover payments. |
| Gainful occupation | means the occupation in which <i>you</i> work as an employee for a salary, wages or commission, or the occupation in which <i>you</i> 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 <i>you</i> suffer while this <i>policy</i> is in force. |
| Important income producing duties | means those duties which could reasonably be considered primarily essential to producing <i>your monthly income</i> . |

| Term | Meaning |
|--|---|
| Indexation factor | <p>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.</p> <p>The <i>indexation factor</i> will be applied from 1 March the following year. If the CPI is not published by this date, the <i>indexation factor</i> will be calculated upon a retail price index which we consider most nearly replaces it.</p> |
| Injury | <p>means the physical damage to <i>your</i> body which occurs as a result of violent, external and visible means while this <i>policy</i> is active.</p> |
| Insured person | <p>means the person(s) who has been accepted by <i>us</i> and is listed on <i>your schedule</i> as the <i>insured person(s)</i> and the <i>policy owner(s)</i> under the <i>policy</i>.</p> |
| Intensive care | <p>meaning <i>illness</i> that has resulted in <i>you</i> requiring continuous mechanical ventilation by means of tracheal intubation for 10 consecutive days, (24 hours a day) in an <i>intensive care</i> unit.</p> |
| Involuntarily unemployed or involuntary unemployment: | <p>means:</p> <ul style="list-style-type: none"> – if <i>you</i> are an employee, <i>you</i> have been terminated from <i>your gainful occupation</i> by no choice of <i>your</i> own; – If <i>you</i> are an employee, where <i>you</i> had a fixed term employment contract of 12 months or greater, it ceased prior to the agreed termination date by no choice of <i>your</i> own; or – if <i>you</i> are self-employed, <i>your business you</i> have a beneficial interest in that pays <i>your</i> primary source of income has ceased trading as a direct result of actual or imminent insolvency or bankruptcy. |
| Legal personal representative | <p>means any person(s) who is authorised by law to administer and distribute <i>your</i> estate or act on <i>your</i> behalf.</p> |
| Lump sum payment | <p>means the amount payable in relation to the Death Cover, Early Death Cover Payment and Promise Benefit included in <i>your policy</i> and we accept as varied (for example through decreases and increases) by agreement.</p> |
| Maximum payment period | <p>means the maximum period of time during which a payment will be paid.</p> |
| Mental disorder or mental illness | <p>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.</p> |
| Monthly payment amount | <p>means the amount stated in the <i>schedule</i> as varied under this <i>policy</i> by agreement with <i>us</i> (for example if <i>you</i> apply for a decrease or increase).</p> <p>Where we have agreed to change the <i>monthly payment amount</i>, the new <i>monthly payment amount</i> will be as stated in <i>our</i> latest correspondence to <i>you</i>.</p> |

| Term | Meaning |
|---|--|
| Monthly income | <p>means the income before tax earned each month by <i>your</i> own personal exertion. <i>Monthly income</i> is <i>your</i> total remuneration package including:</p> <ul style="list-style-type: none"> – salary – wages – reportable fringe benefits – regular commissions – regular bonuses – overtime payments; and – superannuation contributions. <p>If <i>you</i> 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 <i>your</i> own company or trust), <i>monthly income</i> is <i>your</i> share of the net income before tax of the business (<i>your</i> share of business income less business expenses), directly due to <i>your</i> personal exertion. Business expenses include (but are not limited to) motor vehicle expenses and depreciation.</p> <p><i>Monthly income</i> does not include:</p> <ul style="list-style-type: none"> – income that <i>you</i> will continue to receive from <i>your</i> business, even if <i>you</i> are unable to work, including any ongoing profit generated by other employees of the business; – other unearned income such as dividends, interest, rental income or proceeds from the sale of assets; or – on-going trailing commission or royalties. |
| No claim period | <p>means 6 months from the <i>policy commencement date</i> (if <i>your</i> Redundancy Benefit started when <i>your policy</i> first started) or 6 months after the <i>cover commencement date</i> (if applicable); the amount of time <i>you</i> must hold the Redundancy Benefit before becoming eligible to claim.</p> |
| Nominated beneficiary or nominated beneficiaries | <p>The person(s) <i>you</i> 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.</p> |
| Non-payment period | <p>means the period of time that must pass before a claim can be paid.</p> |
| Policy | <p>means <i>your</i> cover, which consists of this combined Product Disclosure Statement and Policy Document (PDS), the <i>schedule</i>, and any endorsement, and the information provided in <i>your</i> application.</p> |
| Policy anniversary | <p>means the anniversary of <i>your policy commencement date</i>.</p> |
| Policy commencement date | <p>means the date the first cover starts as shown on <i>your schedule</i>.</p> |
| Policy owner | <p>means the person(s) listed on the <i>schedule</i> as the owner of this <i>policy</i>.</p> |
| Premium | <p>means the amount <i>you</i> pay <i>us</i> for the insurance.</p> |

| Term | Meaning |
|---|--|
| Primary occupation | means the occupation in which <i>you</i> were predominantly engaged immediately prior to <i>you</i> becoming <i>disabled</i> or <i>involuntarily unemployed</i> . If <i>you</i> were unemployed at the time of <i>disablement</i> , <i>primary occupation</i> means the occupation in which <i>you</i> were predominantly engaged immediately prior to unemployment. |
| Registered Medical Practitioner or Registered Medical Specialist | means a doctor who is legally qualified and properly registered in Australia. The doctor cannot be <i>you</i> or an immediate member of <i>your</i> 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 <i>us</i> . A medical practitioner could be <i>your</i> general practitioner or treating medical specialist. |
| Schedule | means the latest document issued by <i>us</i> which shows important information about <i>your policy</i> , including <i>your policy</i> number, <i>your premium</i> , any special conditions (if applicable), <i>your policy commencement date</i> and <i>your expiry date</i> . If there are any changes to <i>your policy</i> , <i>we</i> will confirm the change to <i>you</i> in writing and send <i>you</i> an endorsement which forms part of <i>your schedule</i> . |
| Terminal Illness / Terminally Ill | means an <i>illness</i> which <i>you</i> have been diagnosed with, that in <i>our</i> opinion, having considered any evidence <i>we</i> may require, means that <i>you</i> will not survive more than 24 months, regardless of any available treatment. |
| War or an act of war | means armed aggression by a country resisted by another country or organisation. |
| We, us and our | means <i>Asteron</i> or <i>AAI</i> (whichever is appropriate). |
| You and your | means the <i>policy owner(s)</i> who is also the <i>insured person(s)</i> who has been accepted by <i>us</i> and is shown on the <i>schedule</i> . |

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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](https://suncorp.com.au/insurance/life)



*Local
store*