

CANCER INSURANCE PLAN

PRODUCT DISCLOSURE STATEMENT

Product Disclosure Statement
Issued by TAL Life Limited

3rd October 2011

InsuranceLine, a trading name of TAL Direct Pty Limited
ABN 39 084 666 017 AFSL 243260, promotes this product.
Insured by TAL Life Limited ABN 70 050 109 450 AFSL 237848.

insuranceline



All Enquiries and Correspondence

Call 13 88 98

InsuranceLine

Reply Paid 62, Carlton South VIC 3053

(no postage required)

Product Disclosure Statement

Cancer Insurance Plan is promoted by InsuranceLine, Level 3, 4 Martin Place, Sydney NSW 2000, a trading name of TAL Direct Pty Limited ABN 39 084 666 017 AFSL 243260.

Cancer Insurance Plan is insured by TAL Life Limited, 80 Alfred Street South, Milsons Point NSW 2061, ABN 70 050 109 450 AFSL 237848.

This Product Disclosure Statement is issued by TAL Life Limited on 3rd October 2011. From time to time updates about this product, which are subject to change and which are not materially adverse to you, may be found on the InsuranceLine website www.insuranceline.com.au. If you request a paper copy of any updated information, this will be provided to you without charge.

The Cancer Insurance Plan
is insured by
TOWER Australia Limited

The Cancer Insurance Plan
is promoted by
InsuranceLine

TAL

insuranceline

PRODUCT DISCLOSURE STATEMENT

Who can apply?

All permanent Australian residents between the ages of 16 and 55 can apply. You will need to answer some medical and lifestyle questions.

How do I apply?

There are two easy ways you can apply.

Please choose the option which suits you:

- Call 13 88 98 and apply over the phone between 8am and 8pm AEST, or
- Complete the application form then:
 - mail to Reply Paid 62, Carlton South VIC 3053 or
 - fax to 1800 730 099 or
 - scan and email to insuranceline@insuranceline.com.au

What am I covered for?

Once accepted for the Cancer Insurance Plan you'll be covered for Cancer as defined on page 3. Claims will be paid upon satisfactory diagnosis of any cancers, which have developed to a life-threatening stage such as:

- Breast cancer
- Lung cancer
- Large bowel cancer
- Prostate cancer
- Bladder cancer
- Cervical cancer
- Non-Hodgkin's lymphoma
- Leukaemia

Please refer to the table on page 3 for the full definition of what is and what isn't covered.

In fact, life-threatening cancer can start in virtually any part of the body, including the bones, testicles and uterus.

Most people now survive life-threatening cancer through advanced medical intervention, such as radiation or chemotherapy and surgery. However, if you die as a result of a cancer covered by the plan before a claim has been paid, your claim will still be paid to your Estate.

What cancers aren't covered?

Generally, tumours that are benign, non-malignant or pre-malignant and non life-threatening are not covered. Some of the most commonly excluded cancers are:

- Most skin cancers
- Some non life-threatening cervical cancers
- Some non life-threatening prostate cancers.

Please refer to the table below for full the definition of what is and what isn't covered.

Definitions of Insured Conditions

	Cancer means
Explanation	The presence of one or more malignant tumours.
Evidence Required	This requires the malignant tumour to be characterised by the uncontrolled growth and spread of malignant cells and the invasion and destruction of normal tissue. *Carcinoma in situ of the breast is covered if it results directly in the removal of the entire breast. The procedure must be performed specifically to arrest the spread of malignancy, and be considered the appropriate and necessary treatment by your treating doctor.
Conditions Not Covered	The following tumours are excluded: <ul style="list-style-type: none">• Tumours showing the malignant changes of carcinoma in situ (including cervical dysplasia CIN-1, CIN-2 and CIN-3) or which are histologically described as pre-malignant;• All skin cancers, unless there is evidence of metastases;• Melanoma of the skin at Stage 1A (tumour thickness of less than or equal to 1.00mm, Clark level II or III, without ulceration);• Prostatic cancers which are histologically described as TNM Classification T1 or are of another equivalent or lesser classification, unless resulting in the surgical removal of the prostate;• Papillary Micro-Carcinoma of the Thyroid or Bladder; and• Chronic Lymphocytic Leukaemia less than Rai Stage 1.

How much cover can I get?

You can apply for cover up to \$100,000 per person.

Where and when am I covered?

Cover provided is worldwide, 24 hours a day up to age 69, at which time your policy will cease.

What are the waiting periods?

The Cancer Insurance Plan has a 90 day waiting period. This means that you cannot claim where the cancer, was diagnosed, or the circumstances leading to the diagnosis became apparent, within the first 90 days of the policy commencement date.

If I cancel my policy, will I get any money back?

You get 30 days to make sure you are 100% happy with the policy. If not, simply return it for a full refund – there's no risk to you! The Cancer Insurance Plan is not a savings plan, so if you cancel after the first 30 days you will not get any money back.

How much does it cost?

Premiums depend on the amount of cover you apply for, your age, gender, health, and whether or not you smoke. The minimum premium is \$2.95 a week, and you can choose to pay fortnightly, monthly or annually. Discounts apply if you cover more than one person or if you pay annually. The easiest way to get a personalised quote is to call 13 88 98.

What questions will I be asked?

The application process includes some simple questions about your occupation and health background. As long as you answer these truthfully and completely, then any future claims will be processed more quickly - even if your lifestyle and health changes. Further, you can rest assured Insuranceline will treat your personal information with the strictest confidence and in accordance with relevant privacy laws. Details of how Insuranceline collects, uses and discloses information about you can be found on the Insuranceline website at www.insuranceline.com.au. So you'll be covered by a policy that provides real peace of mind and more certainty.

Can I apply if I have Cancer now or if I've had Cancer in the past?

We're sorry, if you've got any type of cancer now, we can't offer you cover.

However, you may be able to apply for cover if you've had cancer before, because it depends on the type of Cancer you've had. If it was definitely confirmed as benign, then call us to enquire about cover.

Are my premiums tax deductible?

Generally, the premiums paid will not be tax deductible nor will any payout be assessable for income tax purposes. The taxation information in this Product Disclosure Statement is based on the continuation of present laws and their current interpretation and is a general statement only.

When will my premiums change?

The premium rates will be provided with your policy documentation, so you can budget from year to year. The underlying premium rates are not guaranteed, but once your cover has started, you'll never be singled out for a premium rate increase, and any increase will be applied to all policyholders to which the same premium rate table applies, with 30 days written notice.

Premiums increase;

- as the life insured moves to the next age band,
- if you increase cover,
- if you add another person to your Plan.

Unless otherwise requested, your cover also increases each year by the change in the CPI or 5%, whichever is greater, to allow for the automatic adjustment for inflation. As you'd expect your premium increases. This means your payout remains relevant to your future financial requirements.

What happens if I don't pay my premiums?

The cover provided by the Cancer Insurance Plan will cease. You will be informed in writing when your cover has ceased if this is the case. Therefore, it's important to let us know immediately if you cannot pay a premium, so we can help to work out an alternative arrangement before cover ceases.

How do I claim?

Simply call InsuranceLine on 13 88 98 to request a claim form (or you can download one from www.insuranceline.com.au). All you have to do is return it with the relevant information. We will guide you from there.

We will need confirmation of diagnosis by a relevant medical practitioner, including the results of any tests, which can be checked against your medical history. Once a claim has been paid, all cover for that life insured ceases, but cover continues for any other life insured remaining on the same policy.

Who do I contact if I have a query?

Please call InsuranceLine on 13 88 98 if you have any billing issues, or wish to change your level of cover, add cover for a second person or any other queries.

Who do I contact if I have a complaint?

Upon issue of your policy you will receive a policy document and a policy schedule. You should read these documents carefully and keep them together in a safe place. If at any time you have a complaint about your policy please contact the InsuranceLine Customer Service Centre in the first instance on 13 88 98 or in writing to Reply Paid 62, Carlton South, VIC 3053. Should you wish to escalate your complaint please ask to speak to the Complaints Officer who will handle your matter personally. If your complaint is not resolved to your satisfaction within 45 days of the complaint being received by InsuranceLine, you may refer your complaint to the external dispute resolution body – the Financial Ombudsman Services (FOS) by calling 1300 780 808 or by writing to GPO Box 3, Melbourne, VIC 3001. To use this free service you must have first had your complaint reviewed through InsuranceLine's internal complaint process.

CANCER INSURANCE PLAN FORM

Need any help completing this form? 13 88 98 8am - 8pm

insuranceline

Cancer Insurance Plan is promoted by Insuranceline, a trading name of TAL Direct Pty Limited ABN 39 084 666 017 AFSL 243260. Product insured by TAL Life Limited ABN 70 050 109 450 AFSL 237848. When you complete this application form and until it is accepted, you are required to answer all our questions honestly and completely. This also applies if you vary or reinstate your policy. If you do not answer our questions honestly and completely we may reduce or refuse to pay a claim or we may cancel the policy. Before signing this application, please read the Product Disclosure Statement. It will help you understand the product.

PART A – YOUR PERSONAL DETAILS

	Policy Owner/Life Insured 1	Policy Owner/Life Insured 2
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
First Name	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Postal Address	<input type="text"/>	<input type="text"/>
Suburb	<input type="text"/>	<input type="text"/>
State	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text" value="dd / mm / yy"/>	<input type="text" value="dd / mm / yy"/>
Telephone	(home) <input type="text"/> (mobile) <input type="text"/>	(home) <input type="text"/> (mobile) <input type="text"/>
Email	<input type="text"/>	<input type="text"/>
Have you smoked in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many per day? <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many per day? <input type="text"/>
What is your height?	<input type="text"/> (cm) OR <input type="text"/> ft <input type="text"/> in	<input type="text"/> (cm) OR <input type="text"/> ft <input type="text"/> in
What is your weight?	<input type="text"/> (kg) OR <input type="text"/> pounds	<input type="text"/> (kg) OR <input type="text"/> pounds
Are you an Australian resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever applied for a major illness, trauma or critical illness policy before?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, is it with TAL? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, is it with TAL? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is your occupation?	<input type="text"/>	<input type="text"/>
Are you receiving any kind of government benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide details <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide details <input type="text"/>

PART B – YOUR COVER DETAILS

	Policy Owner/Life Insured 1	Policy Owner/Life Insured 2
Cover Amount	<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000 Other Amount \$ <input type="text"/> (up to \$100,000)	<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000 Other Amount \$ <input type="text"/> (up to \$100,000)

PART C – MEDICAL HISTORY & LIFESTYLE

	Policy Owner/Life Insured 1	Policy Owner/Life Insured 2
1. Have you ever had or received medical advice or treatment for any of the following?		
a) Any heart condition, including high blood pressure, high cholesterol, a heart murmur, chest pain or palpitations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Any cancer, tumour, lump, skin lesion, cyst, polyp or growth?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Diabetes or raised blood sugar levels, hepatitis, or any kidney, liver, bowel or stomach condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Asthma, sleep apnoea or any respiratory or lung condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Epilepsy, multiple sclerosis, paralysis, embolism, stroke, or any type of brain, nervous system or circulatory condition, tremor, double vision, or problems with balance and co-ordination?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f) Female only: An abnormal breast check or Pap smear or any condition of the bladder, cervix, ovary, uterus or endometrium?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you in the past 3 years had any mental health or nervous condition, depression, anxiety or attempted suicide?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Apart from the above, have you in the past 3 years been in hospital, or seen a doctor or other health professional for any other condition which has lasted more than 14 days, or been prescribed medication for more than 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART C – MEDICAL HISTORY & LIFESTYLE (CONTINUED)

Policy Owner/Life Insured 1

Policy Owner/Life Insured 2

- 4. Other than what you've already disclosed, do you have any ongoing medical conditions, or do you intend seeking or have you been advised to seek, medical advice or treatment for any current medical concern, or are you awaiting the results of any medical tests / investigations? Yes No Yes No
- 5. Have you been advised by your doctor to stop drinking or to cut back on the amount of alcohol you drink other than during pregnancy or while taking antibiotics or anti-inflammatory medication? Yes No Yes No
- 6. Have you ever:
 - a) Tested positive for HIV/AIDS, or are you awaiting the results of an HIV test? Yes No Yes No
 - b) Been exposed to the risk of HIV infection by having unsafe or unprotected sex or injecting drugs? Yes No Yes No
 - c) Used recreational or non-prescription drugs or taken any drug other than as medically directed? Yes No Yes No
- 7. Has your biological mother, father, or any sister or brother been diagnosed prior to age 65 with any of the following:
 - a) Cancer? Yes No Yes No
 - b) Heart disease or heart attack? Yes No Yes No
 - c) Kidney disease? Yes No Yes No
 - d) Huntington's disease, multiple sclerosis, motor neurone disease, Parkinson's disease or any other hereditary disorder? Yes No Yes No

PART D – YOUR PAYMENT & BANKING DETAILS

Payment Frequency

Fortnightly on Monday Tuesday Wednesday Thursday Friday
 with 1st payment starting on (enter a date within the next 14 days)

Monthly on (enter a day of your choice between 1st to 28th of each month)

Annually (All cheques are to be made payable to: TAL Life Limited)

Payment Method

Tick one method and provide relevant details Direct Debit Credit Card Cheque

Direct Debit Request: I request and authorise National Australia Bank Limited (BSB: 082057) to directly debit my premiums from my account detailed below, in favour of TAL Life Limited (User Number: 245397) using the direct debit system.

Name of the financial institution

Account Name

BSB Number

Account Number

Credit Card Payment: I authorise the debit of my premium from my Visa MasterCard Expiry

Account Name

Credit Card number

PART E – DECLARATIONS (PLEASE SIGN BELOW)

I/We hereby apply for the Cancer Insurance Plan. I/We have received a Financial Services Guide from InsuranceLine and have read the Product Disclosure Statement issued by TAL Life Limited. I/We understand that neither InsuranceLine nor TAL have considered my/our financial situation, needs or objectives and I/we have taken this and the Product Disclosure Statement provided into consideration before acting on their advice about acquiring or holding the Cancer Insurance Plan.

I/We declare that I/we have read and understood all the questions I/we have been asked, and that my/our answers and statements are true and complete to the best of my/our knowledge and belief. I/We also understand that TAL is entitled to rely on the information I/we have provided when issuing a policy. I/We further understand that my/our failure to answer any questions honestly and completely may result in a claim being reduced or refused, or the policy being cancelled. (TAL will obtain your complete medical records at the time of any claim). I/We authorise TAL Life Limited (user number 245397) to debit my/our premiums from either my/our credit card or through the direct debit system, according to whichever authorisation is completed above. If using the direct debit system, I/we confirm that I/we have read the Direct Debit Request Summary and that I/we have the authority to make these payments.

By completing this application form, you agree to allow InsuranceLine to contact you from time to time, in relation to the products we offer until you tell us otherwise.

If you do not want to receive any further information on other products or services offered by InsuranceLine or TAL, please call 1800 999 234 or write to InsuranceLine, Reply Paid 62, Carlton South VIC 3053 (no postage required).

Please ensure all lives insured, the policy owner and the necessary account signatory(ies), sign here:

Policy Owner 1/Life Insured 1

Sign here: Date:

Policy Owner 2/Life Insured 2

Sign here: Date:

INSURED BY:



How to return your application form

Mail FREE Post
Reply Paid 62
Carlton South VIC 3053

FREE Fax
1800 730 099

Local Phone
13 88 98
complete your policy over the phone