

MAJOR ILLNESS 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.

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All Enquiries and Correspondence

Call 13 88 98

InsuranceLine

Reply Paid 62, Carlton South VIC 3053

(no postage required)

Product Disclosure Statement

Major Illness 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.

Major Illness 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 Major Illness Plan
is insured by
TAL Life Limited

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TAL

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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 Major Illness Plan you'll be covered for the 6 major conditions listed below, plus terminal illness and death. Claims will be paid upon satisfactory diagnosis of:

- Cancer
- Heart Attack
- Stroke
- Coronary Artery Bypass Surgery
- Paralysis
- Permanent Incapacity

Please refer to the table on pages 5 and 6 for full definitions of what is and what isn't covered.

What's not covered?

To keep our premiums as low as possible, two general exclusions apply;

- self inflicted injury at any time is not covered, and
- suicide within the first 13 months is not covered.

Please refer to the table on pages 5 and 6 for full definitions of what is and what isn't covered.

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 to age 69, at which time your policy will cease.

What are the waiting periods?

The Major Illness Plan has a 90 day waiting period for cancer, heart attack, stroke and coronary artery bypass surgery. This means that you cannot claim where the condition was diagnosed, or the circumstances leading to the diagnosis became apparent to you, 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 Major Illness 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 quote is to call 13 88 98.

What questions will I be asked?

The application process includes some simple questions about your occupation, pastimes 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 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.

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 will 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 premiums increase. 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 Major Illness 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.

Definitions of Insured Conditions

	Explanation	Evidence Required
Cancer means	The presence of one or more malignant tumours.	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.
Heart Attack means	The occurrence of an acute myocardial infarction, which means the death of a portion of heart muscle due to inadequate blood supply.	This requires clear evidence of: <ul style="list-style-type: none"> • New electrocardiograph (ECG) changes associated with myocardial infarction, and • The elevation of biochemical markers (such as troponin or cardiac enzymes) of myocardial necrosis. If the above tests are inconclusive, consideration will be given to any other medical evidence in support of a diagnosis.
Stroke means	A cerebrovascular event producing neurological deficit, which means the malfunction of the brain due to bleeding or a blood clot on the brain.	This requires clear evidence on a CT, MRI or other appropriate scanning device of an: <ul style="list-style-type: none"> • infarction of brain tissue caused by intracranial and/or subarachnoid haemorrhage, or • embolisation from an extracranial source.
Coronary Artery Bypass Surgery means	Bypass grafting surgery performed to correct or treat coronary artery disease.	As per explanation
Paralysis means	The total and permanent loss of function of 2 or more limbs.	This requires permanent damage to the nervous system due to sickness or injury. This includes, but is not limited to, quadriplegia, paraplegia, diplegia and hemiplegia.
Permanent Incapacity means	The loss of ability to look after yourself.	This requires the total and irrecoverable loss of ability to perform at least 2 of the following activities without the physical assistance of another person. <ul style="list-style-type: none"> • Bathing - the ability to shower and bathe; • Dressing - the ability to put on and take off clothing; • Toileting - the ability to get on and off, and use, the toilet; • Mobility - the ability to get in and out of bed and a chair; • Feeding - the ability to get food from a plate into the mouth.

Conditions Not Covered

The following tumours are excluded:

- 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 premalignant*;
- 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

The following are excluded:

- Non-cardiac chest pain, and
- Angina, which is a more common but temporary heart condition with no death of the heart muscle.

The following are excluded:

- Transient ischaemic attacks,
- Reversible neurological deficit,
- Cerebral symptoms due to migraine,
- Cerebral injury resulting from trauma or hypoxia, and
- Vascular disease affecting the eye, optic nerve or vestibular functions.

Definitions of Insured Conditions cont.

	Explanation	Evidence Required
Terminal Illness	A sickness or condition where death is likely to occur within 6 months.	Normally, we require a medical certificate from a medical practitioner. However we reserve the right to obtain any additional information that we deem necessary to assess your claim.
Death	A death benefit is payable if the Life insured dies while covered under the policy.	This requires the following evidence: Proof of age of the life insured in form of a certified copy of their birth certificate, a copy of their death certificate, any requirement we reasonably consider is necessary to properly assess the claim.

What do I do 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.

MAJOR ILLNESS PLAN FORM

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

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Major Illness 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 re-instate 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. Do you take part in, or have definite plans to take part in, any sports or hazardous activities such as aviation or sky diving, motor sports, diving, climbing or caving, or football?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. In the next 12 months, do you intend to travel, work or reside overseas for more than 3 months anywhere other than New Zealand, the UK, Europe, the USA or Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. 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
4. 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

PART C – MEDICAL HISTORY & LIFESTYLE (CONTINUED) Policy Owner/Life Insured 1 Policy Owner/Life Insured 2

- | | | |
|---|--|--|
| 5. 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 |
| 6. 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Have you ever: | | |
| a) Tested positive for HIV/AIDS, or are you awaiting the results of an HIV test? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Been exposed to the risk of HIV infection by having unsafe or unprotected sex or injecting drugs? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) Used recreational or non-prescription drugs or taken any drug other than as medically directed? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Has your biological mother, father, or any sister or brother been diagnosed prior to age 65 with any of the following: | | |
| a) Cancer? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Heart disease or heart attack? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) Kidney disease? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d) Huntington's disease, multiple sclerosis, motor neurone disease, Parkinson's disease or any other hereditary disorder? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> 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 Major Illness 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 Major Illness 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:

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