

Income Protection Plus

Combined Product Disclosure Statement
and Financial Services Guide

Issue date **19 December 2019**

Protect the life
you've built with
Income Protection

Insuranceline

About this document

This document is designed to help you decide whether to buy Insuranceline Income Protection Plus. The document comprises the combined Product Disclosure Statement and Policy Document (PDS) and Insuranceline Financial Services Guide (FSG). The information contained in this document is general information only and does not take into account your individual objectives or financial situation. Therefore, you should consider how appropriate this insurance is with regard to your objectives, financial situation and needs before making a decision whether to buy this product.

If you take out a Policy, please keep a copy of this document with your Policy Schedule in a safe place as together with your application they form the contract between TAL Life Limited ABN 70 050 109 450 AFSL 237848 (TAL Life Limited), St Andrew's Insurance (Australia) Pty Ltd ABN 89 075 044 656 AFSL 239649 (St Andrew's) and the Policy Owner. The PDS sets out all of the terms and conditions for the Policy and the Policy Schedule sets out your Policy details and any additional terms and conditions applicable to you. Please read the PDS and the Policy Schedule carefully to understand how your Policy operates and to ensure all of your details in the Policy Schedule are correct. These documents will be required in the event of a claim.

The Policy Schedule, correspondence and notices about your Policy will be sent to the email address you give to us unless you ask to receive this information in the post. You can nominate at any time to receive your Policy correspondence by post instead of email. You should save or print a copy of any information or documents that we email to you, and keep these in a safe place so that you can always refer back to them. Some documents, such as your Policy Schedule, may be required in the event of a claim.

If you ever lose or misplace these documents and need another copy, just give us a call or send an email to customerservice@insuranceline.com.au, so a replacement can be organised.

There are risks involved with taking out insurance and you should be aware of these. Please refer to page 36 for more information.

From time to time updates about our products which are not materially adverse to you, may be found on the Insuranceline website at insuranceline.com.au. You can call us on 1800 999 840 if you would like a copy to be sent to you free of charge.

In this document, some words and expressions have special meaning. They normally begin with capital letters and their meaning is explained in the Glossary on page 43.

Also in this document, references to you and your mean the Life Insured and/or the Policy Owner as the context requires. References to we, us and our mean TAL Life Limited, St Andrew's Insurance (Australia) Pty Ltd or TAL Direct Pty Limited ABN 39 084 666 017 AFSL 243260 (TAL Direct) as applicable.

The Policy is subject to and governed by the laws of Australia. The singular includes the plural and vice versa. Words of one gender include the other gender. Headings are only for convenience. Apart from the Glossary, headings do not affect the interpretation of the words of the Policy.

About the distributor

Insuranceline, a trading name of TAL Direct, promotes and distributes the product outlined in this document. TAL Direct is responsible for the entirety of the FSG. TAL Direct and TAL Life Limited are part of the TAL Dai-ichi Life Australia Pty Limited ABN 97 150 070 483 group of companies (TAL).

About the issuers of the PDS

TAL Life Limited of Level 16, 363 George Street, Sydney NSW 2000 is the issuer of the Life Insurance benefits outlined in this document. St Andrew's Insurance (Australia) Pty Ltd of Level 6, 100 Skyring Terrace, Newstead QLD 4006 is the issuer of the Involuntary Unemployment Cover outlined in this document. TAL Life Limited and St Andrew's Insurance (Australia) Pty Ltd are responsible for the entirety of this PDS and each is severally responsible for the claims assessment and payments, ongoing administration and operation of this product relevant to the respective Cover they have issued.

TAL Direct acts under an arrangement with the insurers called a "binder", which authorises TAL Direct to issue and administer products, and make claims assessments and payments on behalf of TAL Life Limited and, for the Involuntary Unemployment Cover, St Andrew's Insurance (Australia) Pty Ltd.

If you take out a Policy, please keep a copy of this document with your Policy Schedule in a safe place as together with your application they form your contract of insurance.

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Why Income Protection?

When you work hard to give your family a good life, it's important to know that if you're ever Out of Action you can still provide for them and pay the bills. That's why Insuranceline has made it easier for you to keep regular money coming in if you can't work due to illness or Injury. It helps your family continue with the lifestyle they're used to, while you focus on recovering.

Thanks for taking this important step to keep on caring for your family. It's great to know you'll have that extra protection in place for life's twists and turns. You'll find everything you need to know about Insuranceline Income Protection Plus in this easy to understand PDS.

With your Income Protection sorted, you can get on with being great in so many other ways.

These are the benefits you can expect:

Flexible

Take out insurance that you can tailor and adjust to your requirements.

Simple

No complicated forms or medical checks required for Australians aged 18 to 60.

Comprehensive

You can choose to insure up to 85% of your income up to \$10,000 a month (Rate Saver) and \$7,500 (Time Saver).

Involuntary Unemployment Cover option

You can choose to insure up to 85% of your income up to \$3,000 a month in financial assistance if you find yourself Involuntarily Unemployed due to a redundancy or if your business becomes insolvent.

Choice of Payout Period

You can choose a Payout Period of 6, 12 or 24 months for Sickness or Injury. For Rate Saver, there is also an option for a 5 year Payout Period for Sickness or Injury. The Payout Period for Involuntary Unemployment Cover is always a maximum of 3 months.

Optional Homemaker Cover

Add an additional insured life to your Policy, so if your partner is unable to complete their usual household duties due to Sickness or Injury, they can receive a payment of up to \$3,000 a month. Plus adding a partner will give you a 5% discount for you both.

Optional Permanent Disability Cover

Up to \$500,000 Cover available if a Sickness or Injury makes you Permanently Disabled and unable to complete activities of daily living.

Optional Holiday Injury Benefit

Holiday Injury Benefit Covers you for an extra one-off payment of up to \$3,000 if you're injured during state school and public holidays or if you're more than 200km from home.

Optional Kids Injury Cover

Covers children for specific injuries with payouts up to \$50,000 depending on the event.

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Choosing the right Policy

Everyone's lifestyle and circumstances are different, and that's why our Income Protection Insurance is flexible with your choice of Cover amount and how premiums are paid.

To make sure more people can take out this important protection, we've designed Income Protection Plus to have more Cover options – you can choose between Rate Saver and Time Saver Plan Types. In a nutshell, these plans offer a balance between saving time and saving money.

Income Protection Plus is designed to help replace your income if Sickness or Injury prevents you from working or if you find yourself Involuntarily Unemployed.

Rate Saver

Rate Saver is available for those who are happy to answer some health and lifestyle questions in return for more features, including higher Cover, lower premiums, shorter Waiting Periods and longer Payout Periods. This is because we find out all we need to know up front in order to accept your application. With Rate Saver you can Cover up to 85% of your income, to a maximum of \$10,000 a month for Sickness or Injury, and up to 85% of your income up to \$3,000 a month for Involuntary Unemployment.

Time Saver

Time Saver is an option for those who want Cover without the need to answer lengthy questions up front. Reduce the time and effort required to take out a Policy, and, instead, we'll gather the required information at the time of any claim. With Time Saver, you can Cover up to 85% of your income, to a maximum of \$7,500 a month for Sickness or Injury, and up to 85% of your income up to \$3,000 a month for Involuntary Unemployment. If you choose Time Saver, it is important you understand you are not Covered for any loss of income caused by a Sickness or Injury that exists/ed at the time of or in the five years before you took out Cover (we call this a Pre-Existing Medical Condition).

Compare Rate Saver and Time Saver

Here's a snapshot of the options under each type of Cover:

		Rate Saver	Time Saver
Sickness and Injury Cover	Maximum monthly Cover	\$10,000	\$7,500
	Maximum % income Covered	85%	85%
	Payout Period	6, 12, 24 months or 5 years	6, 12 or 24 months
	Waiting Period	14, 28, 60, or 90 days	28 days
	Proof of income	Required	Required for Cover above \$3,000
	Post age 65 Cover limit	Max \$3,000 per month	Max \$3,000 per month
	Expiry Age	75	75
Involuntary Unemployment Cover	Maximum monthly Cover	\$3,000	\$3,000
	Maximum % income Covered	85%	85%
	Maximum Payout Period	3 months	3 months
	Waiting Period	28 days	28 days
	Expiry	65	65
Availability		Online & telephone for Australian Residents aged 18 to 60, subject to satisfactory health & lifestyle criteria. Exclusions apply.	Online & telephone for Australian Residents aged 18 to 60 (Pre-Existing Medical Conditions are not Covered). No health & lifestyle requirements. Exclusions apply.
Optional Extras	The Permanent Disability Benefit is payable if you're permanently unable to perform essential daily living activities to maintain physical independence. Qualifying criteria and exclusions apply.	Permanent Disability lump sum Cover choice of \$50,000 – \$500,000.	Permanent Disability lump sum Cover choice of \$50,000 – \$500,000 (Pre-Existing Medical Conditions are excluded).
		Holiday Injury Benefit - Up to \$3,000 additional Cover if you get injured while on holidays more than 200km away from home or on a gazetted school or public holiday.	
		Kids Injury Cover available to both plans.	

You can upgrade from Time Saver to Rate Saver at any time – just give us a call to see if you're eligible.

Amount of Cover

If you're on the Rate Saver option, you can select Cover up to 85% of your income, to a maximum of \$10,000 per month for Sickness or Injury. On the Time Saver option, you can select Cover up to 85% of your income, to a maximum of \$7,500 a month for Sickness or Injury. Involuntary Unemployment Cover may be selected with either the Rate Saver or the Time Saver options, and has a maximum benefit up to 85% of your income (from personal exertion and net of expenses incurred in earning that income), up to \$3,000 a month.

We generally calculate income as your before-tax average personal income in the 12 months which preceded your Sickness, Injury or, if applicable, unemployment. Of course, if you're self-employed, your business expenses are taken out of your before-tax income to calculate your personal income.

If you receive other income (such as workers' compensation, unemployment benefits or social security) during a period where you are claiming on your insurance, we may adjust your payment

Customer/s	Vincent, aged 29	Mark, aged 24	Carol, aged 27
Occupation/s	Accounts Payable Assistant	Student	Marketing Manager
Normal income	\$2,000/month	nil	\$3,500/month
Sickness & Injury Cover	\$1,300/month (65% of income)	\$1,000/month	\$2,700/month (77% of income)
Waiting Period	28 days	28 days	28 days
Payout Period	6 months	6 months	6 months
Optional Cover	n/a	n/a	n/a
Plan Type	Rate Saver	Time Saver	Time Saver
Discounts			
Weekly cost	\$2.95/week	\$4.90/week	\$10.68/week

Please note that these examples are based on standard rates for non-smokers and are for illustration purposes only. Premiums increase with age and Cover. Premiums take into account factors including your age, gender, health, lifestyle and risk involved in your occupation.

– but only if the combined amount of your Income Protection Insurance benefit and the other income is more than 85% of your Monthly Income.

When choosing the amount of Cover, as well as considering your family’s monthly expenses (factoring in any quarterly or yearly bills, such as rates or school fees), it’s a good idea to also keep in mind that above your usual costs, your Cover is to keep your family safe during unusual circumstances. You may want to factor in costs that would be incurred in recovering from a Sickness or Injury.

And don’t worry about changes in your circumstances – we know these happen. Alterations to your Income Protection Plus Policy can be made to, for example, increase your Cover when you get that pay rise you’ve been waiting for. Optional extra benefits can be added as required and, if you require less Cover because you go part-time, or start earning less, you can reduce your benefits too.

To show you just how affordable Income Protection Plus is, here are some examples of different Income Protection Policies and their cost:

David, aged 40, Jo, aged 35 and Becky, aged 4	Nick, aged 38	Malcolm, aged 52	Isabella, aged 48
Sales Agent, Homemaker & toddler	Electrician	Registered Nurse	Accountant
David: \$4,000/month Jo: nil	\$6,950/month	\$8,900/month	\$9,500/month
\$3,400/month (85% of income) & \$1,500/month Homemaker Cover	\$5,900/month (85% of income)	\$7,500/month (85% of income)	\$6,800/month (72% of income)
60 days & 28 days	90 days	60 days	28 days
David: 24 months Jo: 6 months	5 years	12 months	12 months
Kids Injury Cover	n/a	Involuntary Unemployment Cover, 28 day Waiting Period, 3 month Payout Period, \$2,000/month	Involuntary Unemployment Cover, 28 day Waiting Period, 3 month Payout Period, \$1,000/month
Rate Saver & Time Saver	Rate Saver	Rate Saver	Time Saver
5% joint Policy discount		Annual payment discount	Annual payment discount
\$23.51/week	\$28.78/week	\$38.75/week	\$55.80/week

Waiting Period

The Waiting Period is the amount of time after a Sickness or Injury occurs, or, if applicable, you become Involuntarily Unemployed, that you have to wait before your Benefits commence. If you are off work and make a claim for Income Protection Plus, you will not receive any payments for the duration of your Waiting Period.

Once we've confirmed that you've been continuously off work for the duration of your Waiting Period, you'll start receiving payments a month later, as they're paid a month in arrears.

Income Protection Plus offers more options for how long you wait before benefits commence if you are unable to work. With Rate Saver you can choose a Waiting Period of 14, 28, 60 or 90 days for Sickness and Injury claims. The longer the Waiting Period you choose, the lower the cost of your Cover. With Time Saver and for Involuntary Unemployment claims, a fixed Waiting Period of 28 days applies.

Payout Period

The Payout Period is the maximum amount of time you can receive payments when you are unable to work due to Sickness, Injury or Involuntary Unemployment. These payments will continue as required up to the end of your chosen Payout Period. A Policy with a longer Payout Period will have higher premiums.

Income Protection Plus has more options for the amount of time you can receive payments if you are unable to work. You can choose a Payout Period of 6, 12 or 24 months for Sickness or Injury. For Rate Saver, there is also an option for a five year Payout Period for Sickness or Injury. The Maximum Payout Period for Involuntary Unemployment Cover is three months.

During the Payout Period, you won't need to pay anything towards your Policy, and once your payments start, we'll also refund any premiums you may have paid during the Waiting Period.

Optional Involuntary Unemployment Cover

In the current economic climate, there are very few certainties when it comes to keeping a job. Many Australians find themselves suddenly out of work – which is why we've created an additional safety net to keep you Covered if you ever find yourself in this position. It can pay out for up to three months while you look for new employment, if you're ever made Involuntary Unemployed from your permanent job, or, if you're self-employed, your business is declared insolvent. To claim, you must have been out of work for 28 days or more. Your Involuntary Unemployment Cover will begin once you've been on your plan for six months. Involuntary Unemployment arising before this time is excluded.

You will need to have had continuous permanent employment for a minimum of 30 hours per week during the six months preceding any unemployment claim.

No Involuntary Unemployment benefits will be paid where you became aware of, or you were notified of redundancy within the six months immediately following your Cover Commencement Date.

Where your employer has given notice (including but not limited to mainstream media announcements), prior to the commencement of this benefit that the company may be offering or forcing redundancies, or that it may suspend or cease trade, any resulting unemployment will not be considered to be involuntary and no Involuntary Unemployment Benefit will be payable.

If your own business becomes insolvent, this insolvency must not have been apparent prior to, or within the first six months from your Cover Commencement Date.

Involuntary Unemployment Cover is only available to people working for a minimum of 30 hours per week in permanent employment and aged 18 to 60 years. This Cover continues until the anniversary of your plan following your 65th birthday, or until your Policy is cancelled.

Homemaker Cover

Are you the stay-at-home carer, or do you have a partner at home who relies on your income to take care of the household?

In many single income households it's a tightly run ship between the partner who brings in the income, and the partner who keeps the household running. Recognising that, our Income Protection now offers more options to protect Australia's stay at home parents.

You can add the additional Life Insured to your own Policy, so if your partner is unable to complete their usual household duties due to Sickness or Injury, they'll receive a payment of up to \$3,000 per month. Plus, by adding your partner you'll receive a 5% discount for both of you.

Optional Permanent Disability Cover

So far, the Cover we've described is for situations of Sickness or Injury that are temporary. But what would happen if catastrophe struck and left you permanently disabled? Permanent Disability Cover gives you the choice of between \$50,000 to \$500,000 Cover, if you are permanently unable to perform two of the following activities without the assistance of a carer or with the help of special equipment:

Bathing – the ability to clean oneself in a shower or bath

Dressing – the ability to put on and remove clothing

Toileting – the ability to use a toilet, including getting on and off the toilet

Mobility – the ability to get in and out of bed and/or a chair

Feeding – the ability to move food from the plate into one's mouth

The Permanent Disability option is available to all applicants aged 18 to 60 years and Cover continues to age 75. Permanent Disability Cover has a Waiting Period of six months from the date of the disabling Sickness or Injury.

When added to Time Saver, it is important that you understand you are not Covered if the cause of your Permanent Disability is something you've suffered from, known of, or should have known of in the five years prior to the start of your plan.

Optional Holiday Injury Benefit

If you've ever been injured while on holiday, you'll know the hassle that being injured away from home can become. First, there are the doctors' appointments. Then, depending on the outcome of this there can be a range of added expenses, such as extended accommodation, or alternatively needing to get home earlier than planned. Holiday Injury Benefit Covers you for an extra one-off payment of up to \$3,000 if you're injured during state school and public holidays or if you're more than 200km from home. For example, if you had \$5,000 Sickness and Injury Cover plus Holiday Injury Benefit, but were injured while holidaying over the Christmas school holiday period, you would receive \$8,000 (your standard Cover amount plus your extra Holiday Injury Benefit) for the first month of an approved claim. Your standard, selected Waiting Period is applicable to this Cover.

Optional Kids Injury Cover

When your children are injured, the expenses can skyrocket and threaten any household budget. That's why we've created Kids Injury Cover. It gives you a cash payment for a range of common childhood injuries, helping you stay financially stable when faced with extra expenses that aren't Covered by Medicare or private health insurance. The Cover ends when your child turns 18 years of age. No Cover is provided for congenital disorders (which means conditions present at birth) or complications. It does Cover the following (as defined on pages 40 - 42):

Fracture of the:	Benefit
Thigh (leg above the knee) or pelvis	\$2,500
Skull or spine	\$2,500
Leg (below the knee), knee cap, upper arm, shoulder bone or jaw	\$1,000
Forearm (above the wrist), collarbone or heel	\$1,000
Nose, foot other than toe, ankle, hand other than finger or thumb	\$1,000
Elbow or wrist	\$1,000
Bed Confinement	
Any Sickness or Injury requiring the insured child to be confined to a bed and under continuous care, not provided by an Immediate Family Member, for at least 120 hours	\$1,000
Burns	
If the insured child suffers 2nd degree burns to 10% of their body surface	\$50,000
Loss of:	
Both feet or hands or sight in both eyes	\$50,000
Any combination of two of, a hand, a foot, sight in one eye	\$50,000
One leg or arm	\$25,000
One foot or hand or sight in one eye	\$25,000
Serious Impairments	
Paralysis	\$50,000
Blindness	\$50,000
Deafness	\$50,000
Major head trauma	\$50,000

Your duty of disclosure

Before you enter into a contract of insurance, you have a duty to tell us anything that you know, or could reasonably be expected to know, that may affect our decision to provide the insurance and on what terms.

You have this duty until we agree to provide the insurance.

You have the same duty if you renew, extend, vary or reinstate the contract.

You do not need to tell us anything that:

- reduces the risk we insure; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive the duty to tell us about.

If you do not tell us something – Involuntary Unemployment Cover

For Involuntary Unemployment Cover, if you do not tell us anything you are required to, we may cancel the contract or reduce the amount we will pay if a claim is made, or both.

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

If you do not tell us something – All other types of Cover

For all other types of Cover, in exercising the following rights, we may consider whether different types of Cover can constitute separate contracts of insurance. If they do, we may apply the following rights separately to each type of Cover.

If you do not tell us anything that you are required to, and we would not have provided the insurance if you had told us, we may avoid the contract within 3 years of entering into it.

If we choose not to avoid the contract, we may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if you had told us everything you should have. However, if the contract provides Cover on death, we may only exercise this right within 3 years of entering into the contract.

If we choose not to avoid the contract or reduce the amount of insurance provided, we may, at any time vary the contract in a way that places us in the same position we would have been in if you had told us everything you should have. However, this right does not apply if the contract provides Cover on death.

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

How can I take out Income Protection Plus?

If you're an Australian Resident aged 18 to 60, you can take out Income Protection Plus over the phone or request more information online. Just call 1800 999 840 between 8am and 8pm (AEST), Monday to Friday or go to insuranceline.com.au for more information.

If I change my mind, am I entitled to a refund?

We offer a full 30 day money back guarantee (Cooling Off Period), giving you time to go over your Policy, and make sure it's the right one for you. There are no hidden catches – cancel your Policy within 30 days and you'll get a full refund, no questions asked.

If you do cancel your Policy after 30 days, you won't receive your money back. Income Protection Plus works just like your car and home insurance – it's not a savings plan and has no cash value.

How do I make a claim if I ever need to?

Income Protection Plus helps take the financial difficulty out of what can be a very stressful time. That's why we've kept the process as straightforward as possible:

Step 1.

If you need to make a claim, please contact us as soon as you know you will be Out of Action for longer than your Waiting Period. For Involuntary Unemployment or Kids Injury claims please contact us as soon as possible after the event occurs. You or your legal representative will need to complete a claim form that we provide and give us other information we require so that we can assess your claim.

Insuranceline Claims

Phone: 13 77 87

Fax: 1800 245 662

Mail: Insuranceline Claims, Reply Paid GPO Box 5380,
Sydney NSW 2001

Email: claims@insuranceline.com.au

Step 2.

Complete the relevant form and return it to us together with proof of the condition or your Involuntary Unemployment, your income and any other requested documents we need to validate the claim. Depending on the claim, we'll let you know what we need when you call us.

Step 3.

Every month that you are unable to work you will need to complete and send us progress claim forms so that we know you are still entitled to receive a payout.

Usually, you are responsible for any costs of providing the initial and ongoing information or documents to support your claim. However, if your circumstance requires anything above our standard processes, we'll pay for any costs incurred in meeting those requirements.

Duty of disclosure

Claims may be declined in full or in part and the Policy may be avoided in full or in part where a Life Insured fails to comply with the Duty of Disclosure, as stated on page 16, or makes a misrepresentation while applying for Cover or any alteration in Cover.

Fraudulent claims

We will refer any suspected fraudulent claims or illegal activity to the relevant law enforcement authorities and will, to the extent permissible by law, seek to recover any monies paid, expenses or damages incurred in obtaining such evidence as may be required to protect our rights. We are able to cancel your Policy and no claim will be payable if you make a fraudulent claim.

Information we will need

You or your legal representative must provide us, at your own expense, with any completed claim forms, information or Certified Copies of documentation supporting the claim that we reasonably require. We will contact you within a reasonable time from the submission of your claim and inform you of any additional information and/or documentation that we require in order to assess your claim.

We require the following for all claims:

- Certified Copy of proof of age of the Life Insured; and
- completion of a progress claim form each month or as and when required by us.

For Sickness and Injury and (if applicable) Permanent Disability Cover, Holiday Injury Cover and Kids Injury Cover claims, we will require proof of the Sickness, Injury or event for which a claim is being made, supported by (but not limited to):

- evidence of the date and location of where the event leading to the Injury occurred (if applicable); and
- appropriate evidence from a Medical Practitioner, including confirmatory investigations such as clinical, radiological, histological and laboratory evidence; and
- confirmation that any surgical procedures are medically necessary and usual treatment for the condition; and
- if applicable, proof of income for the last 12 months and/or last financial year.

For Involuntary Unemployment Cover claims, supporting evidence of the involuntary nature of unemployment will be required:

- Evidence to our satisfaction that you are residing in Australia and actively looking for work on an ongoing basis whilst eligible for this benefit.
- A copy of your Centrelink, or recruitment agency form approved by us which confirms you have registered to find employment. Please note that you do not need to be receiving Centrelink benefits to register to seek employment.

- for employees – a Certified Copy of the Separation Certificate and written advice from the Life Insured's employer (on company letterhead and signed by the paymaster, company secretary, personnel manager, director or a person of similar senior standing in the firm) explaining the circumstances of the Life Insured's Involuntary Unemployment or the forced termination of his or her employment or contract.
- for the Self-Employed - a Certified Copy of a notice confirming the Life Insured's personal insolvency issued by the Australian Financial Security Authority (AFSA) or its successors or a Certified Copy of a Court Order or appointment of an insolvency administrator to the Life Insured's company or other proof of insolvency.

Claim requirements at our expense

We reserve the right to obtain any additional information that we deem necessary. Should we request any further information in excess of the initial and progress requirements in order to assess your claim, these requirements will be met at our expense.

Depending on the type of claim, you may be required to provide or participate in some or all of the following:

- additional medical examination(s) which may involve imaging studies and clinical, histological and laboratory evidence to confirm the occurrence of the condition;
- confirmatory assessment and diagnosis of current functional and vocational capacity by a qualified Medical Practitioner or an appropriately qualified person selected by us;
- access to details of the Life Insured's previous medical consultations; and
- interviews with various parties including you, in relation to your claim by a member of our staff or someone appointed by us, as often as is required.

Need to continually follow the advice of a Medical Practitioner

Claim payments (other than for Involuntary Unemployment Cover) will be contingent on the Life Insured being under the regular care of and following the advice of a Medical Practitioner, including recommended courses of treatment and rehabilitation.

Payment of claims

We will pay your claim once we have received proof acceptable to us of your entitlement to be paid under this Policy.

If, while Out of Action, a Life Insured, under the regular care of and following the advice of a Medical Practitioner, travels to or resides overseas, Benefit payments will only be made for a maximum of three months while the Life Insured remains outside Australia.

Misstatement of age

If the age of the Life Insured has been understated on the application for this Policy, then the Benefit payable in respect of a Life Insured will be recalculated based on the Benefit that the premium would have purchased if the correct age had been provided. If the age of the Life Insured has been overstated we will refund any excess premium paid. Where the terms and conditions of a Benefit vary by the age of the Life Insured or the Insured Child, the correct age of the Life Insured or the Insured Child, if applicable, will be used to determine whether a Benefit is payable.

We may also vary the end date of the Policy to what it would have been had the correct date of birth been provided by the Life Insured.

Concurrent claims

If a Life Insured suffers multiple Sicknesses or Injuries and/or concurrent Involuntary Unemployment, we will only pay one Benefit under this Policy, that being the highest Benefit applicable to any one of the Sicknesses, Injuries, and Involuntary Unemployment.

Recurrent Sickness and Injury Cover claims

If within twelve months of receiving a Sickness and Injury Cover Benefit, the Life Insured suffers from the same or related Sickness or Injury which caused the initial claim, the recurrence will be treated as a continuation of the original claim. This means that subject to the terms and conditions of the Policy:

- the Waiting Period does not apply;
- subject to ongoing evidence that the Life Insured is Out of Action, Benefit payments will recommence monthly in arrears;
- all periods of claim will be added together for the purpose of determining the remaining Payout Period; and
- the Benefit Period selected by you, as noted on your Policy Schedule, is only payable once per claimed condition, including any recurrences, and it expires when the end of the Benefit Period is reached.

With Insuranceline, there's no small print or nasty surprises. We encourage our customers to make sure they understand all aspects of their Income Protection Plus Benefits, so here are a few things you need to know before you take out your Cover.

Benefit means the monthly amount of lump sum amount, as applicable, we will pay you upon a valid claim for the respective Cover type on your Policy.

To be eligible for a Benefit under Sickness or Injury Cover, the Life Insured must suffer a loss of capacity to perform his or her Usual Occupation or Regular Daily Activities as a result of a Sickness or Injury first occurring after Cover commences. The Benefit for each Cover type means:

Sickness and Injury Cover

The Sickness and Injury Cover Benefit, on Rate Saver and Time Saver plans, is payable after a Life Insured has been Out of Action solely due to Sickness or Injury for the entire Waiting Period and starts to accrue from the end of the Waiting Period while he or she remains Out of Action.

The Benefit Payable is the Benefit Amount shown on the Policy Schedule, subject to these Conditions:

If your plan is Time Saver:

- For Benefit Amounts up to and including \$3,000, the Benefit payable is the Benefit Amount shown on your Policy Schedule, less any adjustments that may be applicable under the Adjustments clause on page 30.
- For Benefit Amounts greater than \$3,000, the Benefit payable is the lesser of:
 - the Benefit Amount shown on the Policy Schedule; or
 - 85% of the Life Insured's Monthly Income, after any adjustments are made in accordance with the Adjustments clause on page 30.

If your plan is Rate Saver:

- The Benefit payable is the lesser of:
 - the Benefit Amount shown on the Policy Schedule; or
 - 85% of the Life Insured's Monthly Income, after any adjustments are made in accordance with the Adjustments clause on page 30.

The Benefit will be paid monthly in arrears, and for partial months, the amount paid will be at the rate of 1/30th of the Benefit for each day the Life Insured is Out of Action after any applicable Waiting Period.

The Benefit will continue until the earliest of:

- the Life Insured no longer being Out of Action;
- the end of the Payout Period for Sickness and Injury Cover as shown in the Policy Schedule; or
- the termination date of the Policy.

We will pay a Benefit for a maximum of three months for any one claim whilst the Life Insured is and remains outside of Australia subject to the terms and conditions of this Policy and on provision of medical evidence acceptable to us (in English).

Benefit after age 65

After age 65 and up to age 75 the Benefit is reduced as described in the Cover after age 65 section.

Involuntary Unemployment Cover

Involuntary Unemployment Cover benefit applies if:

- Involuntary Unemployment Cover has been selected by you for the Life Insured and is shown in the Policy Schedule;
- The Life Insured is aged between 18 and the Policy Anniversary after you reach 65;
- Involuntary Unemployment Cover has been continuously in force for at least the 6 months immediately preceding the Life Insured's Involuntary Unemployment; and
- At no time prior to or within the first 6 months from the Cover Commencement Date has the Life Insured's employer announced via the mainstream media impending redundancies or that it may suspend or cease trade, or the Life Insured received verbal or written notice that they may or will become involuntarily unemployed.
- The Life Insured has been continuously employed or Self Employed in their Usual Occupation and has not been bankrupt, nor has the Life Insured's business been in liquidation nor insolvency apparent, prior to or within the first 6 months from the Cover Commencement Date.

Involuntary Unemployment Cover is payable after the Life Insured has been Involuntarily Unemployed for the entire Waiting Period and starts to accrue when he or she remains Involuntarily Unemployed subject to the exclusions applicable listed on pages 28 and 29 of this document.

The Benefit will be paid monthly in arrears for up to 3 months, and for partial months, the amount paid will be at the rate of 1/30th of the Benefit for each day the Life Insured is Involuntarily Unemployed after the Waiting Period.

Involuntary Unemployment Cover may be renewed for further consecutive yearly periods upon payment of the Premium. Payment of your Premium is deemed to be acceptance of an offer

of renewal for a further yearly period. If you continue to pay your Premium, then unless your Policy is cancelled or we advise you prior to the Policy Anniversary that we will not be renewing, a Policy on the same terms and conditions automatically comes in to existence for one (1) year from the Policy Anniversary.

The Benefit will continue until the earliest of:

- the Life Insured no longer being Involuntarily Unemployed;
- the end of the Involuntary Unemployment Cover Payout Period shown in the Policy Schedule;
- the Policy Anniversary after the Life Insured reaches 65; or
- the termination date of the Policy in accordance with the Policy Schedule.

Holiday Injury Benefit

The Holiday Injury Benefit applies, for Rate Saver and Time Saver plans, if it has been selected by you for the Life Insured and is shown in the Policy Schedule. The Holiday Injury Benefit is payable when the Life Insured suffers an Injury and, as a direct result, is rendered Out of Action on a gazetted Australian public holiday or Australian public school holiday or at any time while the Life Insured is 200km or more away from his or her principal place of residence.

Return to Work Benefit

A Return to Work Benefit applies following a period of Out of Action time for which a Sickness and Injury Cover claim has been paid, and before the end of the Payout Period, subject to the advice of a Medical Practitioner. This means the Life Insured may return to work for up to 10 hours a week, for up to two months of the remaining Payout Period, without affecting his or her Benefit payments. We must agree in writing to such a return to work for this Benefit to apply.

Permanent Disability Cover

Permanent Disability Cover, for Rate Saver and Time Saver plans, applies if it has been selected by you and Permanent Disability is shown in your Policy Schedule.

The Permanent Disability Cover Benefit is payable when a Life Insured, aged between 18 and 75 (inclusive) solely due to Sickness or Injury is considered by us to be Permanently Disabled after the date Permanent Disability Cover commenced for that Life Insured and after the applicable six month Waiting Period.

The Benefit payable is the amount shown in your Policy Schedule.

Permanent Disability Cover for a Life Insured will end on the earliest of:

- the Benefit shown in your Policy Schedule having been paid in respect of the Life Insured;
- the Policy Anniversary after the Life Insured's 75th birthday; or
- your Policy ends.

Kids Injury Cover

Kids Injury Cover applies if it has been selected by you and Kids Injury Cover for the respective child is shown in the Policy Schedule.

The Kids Injury Cover Benefit is payable when an Insured Child aged between 1 and 17 years of age (inclusive) suffers a Kids Injury Event as listed in the 'Kids Injury Cover events and medical definitions' table on pages 40-42 after the date Kids Injury Cover commenced for that child and a Medical Practitioner confirms the event satisfies the relevant Kids Injury Event medical definition.

The Benefit payable is the amount shown in the table for the Kids Injury Event. Only one Kids Injury Cover Benefit is payable per insured child in any 12 month period.

Kids Injury Cover for an Insured Child will stop on the earliest of:

- the maximum cumulative benefit of \$50,000 having been paid in respect of that child;
- the child attaining the age of 18 years;
- the death of the child; or
- your Policy ends.

When the benefits are indexed

Each year except when a Life Insured is Out of Action, your Benefit Amounts will increase automatically at your Policy Anniversary to ensure that it keeps pace with rising costs in living. We call this increase Indexation. Each year the Sickness and Injury Cover, and Involuntary Unemployment Cover or Permanent Disability Cover (where applicable), will increase by 3% or by the Indexation Factor, whichever is the greater, on each Policy Anniversary until a Life Insured's Sickness and Injury Cover reaches \$15,000 and Involuntary Unemployment Cover reaches \$6,000 (or \$1,000,000 for Permanent Disability Cover). Corresponding increases in premiums will apply, based on the premium rates that apply at that time. If you do not want an increase, tell us within 30 days of the Policy Anniversary and we will reverse the increase. Indexation increases will not apply if we are paying you a Benefit in respect of a Life Insured.

You may apply to increase the Sickness and Injury Cover, Involuntary Unemployment Cover and Permanent Disability Cover at any time up to the maximum level/s then available. Any increases to the Benefits will not be payable until confirmed in writing by us.

What isn't Covered?

We believe an informed customer is a happy customer, so please take note that regardless of which Plan Type you've applied for and received, there are some things you can't claim for. Also, please be aware that no Benefit is payable if you are in jail or lawfully detained.

If you were not able to, or only partially able to, perform your Regular Daily Activities before you started your Policy, then a Benefit will not be paid at any time. For Sickness and Injury Cover, or when making a claim for Permanent Disability Cover, no Benefit will be payable under this Policy if the event giving rise to the claim is caused directly or indirectly by:

Any mental health disorder, including anxiety disorders and depression; stress or adjustment disorders; eating disorders; emotional or behavioural disorders; drug or alcohol abuse; psychosomatic disorders, or any treatment complications.

Fatigue: Disorders related to fatigue, including chronic fatigue syndrome.

Drug and alcohol related Sickness or Injury: Taking intoxicating liquor (however, we will pay a claim if you are at or under the legal blood alcohol limit for driving); taking drugs (unless prescribed to you by a Medical Practitioner and taken in the correct dose).

Cancer, Stroke or Heart Attack: Or signs and symptoms leading to a diagnosis of cancer, stroke or heart attack that becomes apparent to you or becomes apparent to a reasonable person at any time in the six (6) months after the Policy Commencement date or a Benefit increase

Pregnancy: Normal and uncomplicated pregnancy is not Covered.

War and terrorism: Terrorism, civil commotion or unrest; guerrilla or insurgent activities in countries outside Australia, if the Australian Government has advised you to not travel to that country; war, or an act of war.

Self-harm: Any intentional act of self-harm. This includes exposing yourself to risk of Sickness or Injury for any reason.

Criminal activity: Any Sickness or Injury that occurs as a result, or during, committing or attempting to commit a criminal offence.

Other: Any other specific exclusion agreed with you first.

In addition to these, there are some further situations not Covered if you have the Time Saver option. These are:

Known or Pre-Existing Medical Conditions: Any Sickness, Injury or medical condition that you had, or had symptoms of, at any time in the five years prior to the start of your Policy (or five years prior to a Benefit increase, where applicable), whether diagnosed or not, for which you sought treatment or advice, or of which you were aware or of which someone in your position should have reasonably been aware.

The following are also considered to be Pre-Existing Medical Conditions for any stroke, haemorrhage or heart-related event if apparent in the five years before you started your Policy:

- Body Mass Index of 40 or higher;
- Systolic blood pressure having exceeded 160 mmHg and diastolic blood pressure having exceeded 100 mmHg;
- Total blood cholesterol having exceeded 7.0 mmol/L;
- Being a diabetic with any one of the following: proteinuria, kidney disease, retinopathy, neuropathy or admittance to hospital for treatment of diabetes

Aviation: If your Sickness or Injury is related to being involved in any form of aviation apart from being a paying passenger on a commercial flight.

Dangerous occupations: Are those occupations that involve an inherent degree of danger and increased risk, including but not limited to work and activities:

- at heights above 20 metres;
- underground or underwater, or working offshore;
- at speeds above 130 kilometres per hour, other than as a farepaying passenger on commercial transportation;
- that involve the handling of weapons, explosives, hazardous materials, chemicals or substances;
- in the police, protective or custodial services; as a fire-fighter; or while on active duty in the armed services;
- flying in an aircraft, except as a fare paying passenger on a commercial airline; or
- in the sex or adult entertainment industry.

Dangerous Pastimes: Are those pastimes, sports and activities that involve an inherent degree of danger and increased risk, including but not limited to the following activities:

- engaging in or training for professional sport;
- engaging in or training for stunts, whether professionally or otherwise;
- engaging in or training for sporting activities involving either animals or the use of weapons;

- boxing, competitive fighting, martial arts or combative sports of any kind;
- solo hang gliding, skydiving or parachuting;
- flying in an aircraft, except as a fare-paying passenger on a commercial airline;
- being at depths below 30 metres underground or underwater;
- speed racing or contests of any kind involving any type of motor vehicle, motor cycle, or power boat;
- the riding of trail, dirt, pit or motocross bikes, quad bike riding, or riding any other type of power-assisted off-road buggy, kart or other vehicle;
- rock fishing, extreme white water canoeing or kayaking;
- back-country skiing or snowboarding, mountain climbing, BASE (buildings, antennas, spans and earth) jumping, bungee jumping, abseiling or canyoning; or
- any other pastimes undertaken outdoors at heights above 20 metres.

Large height/depth/speed: Meaning engaging in work or a lifestyle activity that involves explosives, weapons, heights above 20m, depths below 30m underground or underwater or speeds above 130km per hour, other than as a fare-paying passenger on a commercial airline.

Football-related injuries: A 90 day Waiting Period applies from the date you are first Out of Action as a result of a football-related injury.

Back injuries: A 90 day Waiting Period applies from the date you are first Out of Action as a result of a back injury.

What isn't Covered for Involuntary Unemployment Cover?

If you take out optional Involuntary Unemployment Cover, please be aware that you are not Covered for this benefit where you became aware of, or you were notified of redundancy prior to or within the six months immediately following commencement of the Cover, or if your Involuntary Unemployment is a result of any of the following:

- Sickness or Injury;
- Voluntary redundancy or resignation, or abandonment of employment or retirement;
- Unemployment arising as a consequence of circumstances known to you or where your employer has given notice (including but not limited to mainstream media announcements), prior to the Cover Commencement Date, an intention to reduce staff numbers by way of redundancies;
- An employer terminating the Life Insured's employment during a probationary period;

- Being personally insolvent or under any form of personal insolvency administration, including bankruptcy, due to personal debts;
- Your business being unable to pay its debts, or you or your business being served with any document to commence proceedings or process for you or your business to be placed in any form of insolvency administration for business-related debts, at any time prior to or within the first six months from your Cover Commencement Date;
- The end of employment in a family business controlled by you or an Immediate Family Member;
- Misconduct, dishonesty or engaging in criminal activities or illegal acts or drug and/or alcohol abuse or intoxication;
- Poor performance in carrying out your occupation including dismissal following formal disciplinary procedures;
- Your refusal of any offer of reasonable alternative employment by your employer linked to your education, training and experience;
- Any strike or labour dispute or labour disturbance in which you and/or your employer is involved;
- The loss of, or not maintaining the currency of any licence, authorisation or permit required to operate the business, including the loss of a drivers licence, trade or professional certification;
- You cease work due to the seasonal, casual or temporary nature of employment, or a contract (including a fixed term contract), is terminated early or completed;
- Involuntary Unemployment occurring outside Australia;
- If you are in jail or otherwise lawfully detained.

No Involuntary Unemployment Cover Benefit is payable if you were not Self-Employed or employed on a permanent basis or were working for less than 30 hours a week immediately prior to claim, or you are not actively seeking work or are not registered with Centrelink or a recruitment agency approved by us to seek work while on claim.

What isn't Covered for Kids Injury Cover?

If you take out Kids Injury Cover we will not Cover a Kids Injury Event due to:

- a congenital condition or abnormality that was present at birth;
or
- an intentional or deliberate act of any person who stands to receive, directly or indirectly, any of the proceeds of this Policy.

No Benefit is payable under any Cover if you are in jail or otherwise lawfully detained.

Adjustments

If your plan is Time Saver, for Benefit Amounts up to and including \$3,000, adjustments apply to reduce the Sickness and Injury Cover Benefit and, if applicable, Involuntary Unemployment Cover, only if you receive or are due any other payment or payments (including on a periodic or lump sum basis).

For all Rate Saver Benefit Amounts and Time Saver Benefit amounts greater than \$3,000, adjustments apply to reduce the Sickness and Injury Cover Benefit and, if applicable, Involuntary Unemployment Cover, only if you receive or are due any other payment or payments (including on a periodic or lump sum basis), which together with the Benefit exceed 85% of Monthly Income.

If any other payment (defined below) is received or payable as one or more lump sums, these will be converted to income on the basis of 1% of the lump sum for each month that a Benefit is paid or payable. The Benefit will be calculated taking this figure into account for a maximum of eight years.

Other payment means any payment or payments received or payable:

- from any other individual or group income protection policy;
- under social security laws; or
- pursuant to any workers' compensation or accident claim made under any state or federal legislation or under common law where these other payment(s) relate to a condition or unemployment event covered by your Policy and the amount of these other payments do not account for Benefits paid or payable under your Policy.

Can I make alterations to my Policy after it has commenced?

You have the flexibility to make changes to your Policy after it has commenced. For example, you can add an additional person to your Policy who is aged 60 or younger or remove existing ones or change your Cover amount prior to age 60.

Please note these changes may have an impact on your Policy. By adding people to your Policy or increasing your Cover amount, your premiums may go up, however if the Cover you need reduces, then your premiums will likely reduce in line with this. We understand that situations can change. If you find yourself having trouble budgeting for your Policy, please call us – we'll go through your options and work out the best way for you to manage your premiums, while still keeping your Cover.

Alterations and variations

This Policy can only be changed by TAL and/or St Andrew's in writing. No other person or company including an agent of TAL and/or St Andrew's has the right to change any part of the Policy.

Special conditions and exclusions

It is important that you read the Policy Schedule to confirm the details are correct and to note any special conditions or exclusions which may apply to this Policy.

Cover after age 65

After age 65 and up to age 75 the Policy provides ongoing limited Sickness and Injury Cover. At the Policy Anniversary after a Life Insured turns age 65, both the Time Saver and Rate Saver Sickness and Injury Cover in respect of that Life Insured will be reduced to the lesser of the Benefit as shown on the Policy Schedule or \$3,000, so that:

- if the Benefit is greater than \$3,000 at the Policy Anniversary after age 65, then the Benefit is reduced to \$3,000;
- if the Benefit is less than or equal to \$3,000 at the Policy Anniversary after age 65, then the Benefit remains unchanged.

Your premiums will change according to the adjustments in the Benefit at this time.

When does my Policy end?

As long as you keep your premiums up to date and pay when due, you'll continue to be offered renewal until the anniversary of your Policy immediately following your 75th birthday. However, after the anniversary of your Policy immediately following your 65th birthday, your Cover is limited to a maximum of \$3,000 per month and, if applicable, your Involuntary Unemployment Cover will end.

Your Policy starts at the Policy Commencement Date and ends when the earliest of the following events occurs:

- the Policy Anniversary immediately following the Life Insured's 75th birthday, Involuntary Unemployment Cover ends on the Policy Anniversary immediately following the Life Insured's 65th birthday;
- the death of the Life Insured;
- your Policy is cancelled due to:
 - non payments of premiums; or
 - you making a fraudulent claim;
- the date we receive a written request from the Policy Owner to cancel the Policy;
- for Involuntary Unemployment Cover, the Policy being terminated by you or the Insurer; or
- Your Policy is avoided due to you making a non-disclosure of misrepresentation at the time of application.

Premiums take into account the following:

- the product type and Cover option/s you have selected (generally, the more Cover option/s you select, the higher the premium);
- the amount of Cover (generally, the higher the sum insured, the higher the premium);
- indexation (see When the benefits are indexed section);
- your age (premiums generally increase each year as you get older);
- Payout Period (generally, the higher the Payout Period, the higher the premium);
- Waiting Period (generally, the higher the Waiting Period, the lower the premium);
- risks involved in your lifestyle and occupation (generally, the higher the risk, the higher your premium); and
- other factors including gender and health (generally, the better the state of health, the lower the premium. Additionally, life expectancy and illness rates differ between men and women which can result in different premiums).

Premiums may change if any of the following occur:

- your premium will increase each year in accordance with your age and any increase to your Benefits;
- if your Benefits are otherwise increased, or decrease then your premium will be altered accordingly at that time; and
- if the underlying standard premium rates are ever changed by us or if there are changes in taxes or Government charges that apply to this type of Policy.

When do you or do you not have to pay?

The premium is due on the date and at the frequency shown in the Policy Schedule. You can change the frequency of premium payments at any time.

If you are paying by direct debit, the premium will be deducted from the account that you have authorised us to debit, on the agreed date and frequency. If the agreed date falls on a weekend or public holiday, the deduction will be made on the next business day.

We will waive the premium when a Life Insured is Out of Action or Involuntarily Unemployed and we are paying a Sickness and Injury or Involuntary Unemployment Cover Benefit, as applicable. If the premium has been paid while a Life Insured is Out of Action or Involuntarily Unemployed, the payment will be credited towards the next premium due following the end of the Benefit payment/s.

Unpaid premium and premium dishonours

If you don't pay the premium when due, or the premium deduction from your account can't be made, then:

- if the unpaid premium is the first premium, the Policy will not operate at all; or
- if the unpaid premium is a premium other than the first premium, we will allow 30 days from the due date to make this payment.

If we have not received payment by this time, we will send you a notice telling you that we will cancel your Policy if the premium then due is not paid by the date shown in the notice. This date will be at least 28 days from the date of the giving of this notice. If you do not pay the premium by that date we will cancel the Policy.

If any Benefit under the Policy becomes payable, any unpaid premium due to us will be deducted from the Benefit paid to you. No Benefit will be paid if the Policy is cancelled.

What happens if I stop paying?

Your Cover is only valid while premiums are paid when due, so if you stop paying, your Cover will end in accordance with the process outlined above in the Unpaid Premium and Premium Dishonours section. As Income Protection Plus is an insurance Policy, not a savings plan, it works in the same way as other insurance policies, such as car insurance. If you stop paying or cancel outside of the first 30 days, there will be no refund of any of the money you've paid in premiums.

Will my premiums go up?

Your premium rate is not guaranteed, but once your Cover has started you will never be singled out for a premium rate increase. If there is an increase it will be done across the board for all Policy holders to whom the same premium rate table applies and you'll be given 30 days' written notice. Premiums will increase as the Life Insured moves to the next age band or if you increase your Cover amount. Unless you've requested otherwise, your premiums also increase each year to allow for automatic adjustment for inflation for your payout, so whilst you pay more, you're also Covered for more.

Are my premiums tax deductible?

Sickness, Injury and Involuntary Unemployment premiums are generally tax-deductible, making Income Protection Plus even more affordable. Of course, any payouts are tax-assessable just like your normal income.

For Permanent Disability, and Kids Injury Cover, generally, the premiums paid will not be tax-deductible nor will the benefits 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. For comprehensive advice regarding taxation please contact your registered accountant or the Australian Taxation Office.

Reinstatement

If your Policy is cancelled due to non-payment of premiums, you may contact us if you wish us to consider reinstatement of your Policy. Reinstatement will be subject to the terms of your Policy and is at our discretion, and may require additional questions and assessment.

Government duties

We reserve the right to pass on to you any Government duties, taxes or other charges that are or become payable by us or you in respect of this Policy.

Why Insuranceline?

Insuranceline is Australia's No.1 life insurer for customer satisfaction*. Why? Because above all, we believe that all Australians have the right to be protected and that this peace of mind should not be a luxury, but an affordable part of everyday life.

*As ranked by new customers in the annual Roy Morgan Single Source Survey (October 2018).

Any questions?

If there's anything we haven't answered for you here, or even if there's anything you're not completely sure about, please don't hesitate to contact us. We'd love to hear from you!

1800 999 840 8am – 8pm (AEST) Monday to Friday
customerservice@insuranceline.com.au
Reply Paid GPO Box 5380, Sydney NSW 2001

For legal purposes and quality control, all phone calls are recorded. If you don't want your call recorded, please tell us. In this case, we may ask that your request be put in writing.

Statutory fund

The assets of TAL's Statutory Fund Number 1 will be liable for the payment of all Benefits under this Policy (except for Involuntary Unemployment Cover for which St Andrew's is liable). You have no rights to the assets of St Andrew's, TAL, or any TAL Statutory Fund.

Financial Claims Scheme

The Involuntary Unemployment Cover is a "protected policy" for the purposes of the Financial Claims Scheme (FCS) which is administered by the Australian Prudential Regulation Authority (APRA). If you are entitled to claim under that Cover, you may be entitled to payment under the FCS. Access to the FCS is subject to eligibility criteria. Information about the FCS can be obtained from the FCS website at www.fcs.gov.au and the APRA hotline on 1300 55 88 49.

Risks

There are risks involved with taking out insurance that you should be aware of. These include:

- you may not select the right insurance product and Cover level for your needs;
- it is possible to pay more in premiums than the amount you are Covered for;
- if you are replacing another insurance contract, you should consider the terms and conditions of each insurance contract before deciding to make the change;
- our policies do not contain a savings or investment component, which means that if you cancel your Policy after the 30 day cooling off period, you will not receive any money back.

You should consider if the Policy meets your needs both now and in the future. You may need to seek assistance from a financial adviser to assist you to determine if the terms are consistent with your objectives, financial situation and needs.

Dispute resolution process

Insuranceline offers an internal dispute resolution service in relation to any concerns you may have about your Policy, our services or your privacy. If a dispute is not resolved to your satisfaction through our internal dispute resolution service, you may then refer your concern to an external dispute resolution service. These are free of charge to you.

Internal dispute resolution service

In the first instance, we hope that our representatives can handle any concern you may have. Please call us on 1800 999 840 or write to us at Insuranceline, Reply Paid GPO Box 5380, Sydney NSW 2001 or via email at insuranceline@insuranceline.com.au. If you are not satisfied with our initial response, please ask to speak to the Complaints Officer who will handle your matter personally, or write to our Complaints Officer.

We will attempt to resolve your complaint within 45 days of the date it is received. If we are unable to resolve your complaint within that period, we will inform you of the reasons for the delay and ask for your consent to attempt to resolve it within a further set period.

External dispute resolution service

We will attempt to resolve your complaint within 45 days of the date it is received. If we are unable to resolve your complaint within that period, we will inform you of the reasons for the delay and let you know when we expect to provide a response to your complaint.

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.

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

Time limits may apply to complaints to AFCA. You may wish to consult the AFCA website or contact AFCA directly to find out if there is a time limit on lodging a complaint with AFCA.

Privacy

Personal and sensitive information is collected from you or about you to enable TAL and St Andrew's to provide their insurance products or services to you. Further information may be requested from you at a later time, such as if you want to make alterations to your insurance Policy or at claim time when we may need to collect financial and health information about you to process the claim.

If you do not supply the required information to us we may not be able to provide our products and services to you or pay your claim.

Our privacy policy

The way in which we collect, use and disclose your information is described in our respective Privacy Policies which are available at www.insuranceline.com.au/Privacy-Policy and www.standrews.com.au, or are free of charge on request.

Our Privacy Policy contains details about the following:

- the kinds of personal information that we collect and hold;
- how we collect and hold personal information;
- the purposes for which we collect, hold, use and disclose personal information;
- how our customers may access personal information about them which is held by us and how they can correct that information; and
- how our customers can make a complaint about privacy issues and how we deal with any complaints that our customers may have regarding privacy issues.

Contacting us about privacy matters

If you have any questions regarding privacy related matters, about how we manage your information or a complaint relating to privacy please contact us using the contact details below:

Reply Paid GPO Box 5380, Sydney NSW 2001
1800 999 840
customerservice@insuranceline.com.au

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

Additional Information about Privacy issues

The website of the Privacy Commissioner which is available at www.oaic.gov.au is a useful source of additional information about both the privacy rights of individuals and the privacy laws imposed on organisations such as ours. This website also contains sensible steps that individuals can take to protect their information when dealing with organisations and when using modern technology. We take no responsibility for the contents of this Government run website.

Access to information held about you

Under the current privacy legislation, 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.

If, for any reason we decline your request to access and/or update your information, we will provide you with details of the reasons. In some circumstances it may be appropriate to provide copies of complex medical information to a treating GP rather than directly to our customer so that the medical terminology can be explained.

There are some limited exemptions where TAL would be unable to provide the personal information that we hold about you and these include the following circumstances:

- If the access would have an unreasonable impact on the privacy of other people; or
- If the access request is frivolous or vexatious; or
- If giving access would be unlawful.

Disclosure of information

In processing and administering your insurance (including at the time of claim) we may disclose your personal information to St Andrew's (and its related bodies corporate) and TAL Life Limited

as well as to other parties such as organisations to whom we outsource our mailing and information technology, Government regulatory bodies and other companies within the TAL group and accountants (if applicable). We may also disclose your personal information (including health information) to other bodies such as the reinsurers, health professionals, investigators, lawyers and external complaints resolution bodies.

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 use or disclosure of the information is reasonably necessary for one or more enforcement related activities conducted by, or on behalf of, an enforcement body e.g. the police.

Direct marketing and opt out

From time to time we and our related entities or business partners may use your personal information for the purpose of marketing our products and services, together with the products and services of third parties that we think may be of interest to you. If you do not want us to use or disclose your personal information for these marketing purposes please contact us on 1800 999 840 or email customerservice@insuranceline.com.au

Contact from us

From time to time we may contact you by telephone about your Policy. If you do not want to receive calls from us at all, or would prefer to receive calls at certain times or days, please contact us by calling 1800 999 840 or write to Insuranceline, Reply Paid GPO Box 5380, Sydney NSW 2001.

How we communicate with you

The Policy Schedule, correspondence and notices about your Policy will be sent to the email address you give to us unless you ask to receive this information in the post. You can nominate at any time to receive your policy correspondence by post instead of email. You should save or print a copy of any information or documents that we email to you, and keep these in a safe place so that you can always refer back to them.

If you ever lose or misplace these documents and need another copy, just give us a call or send an email to customerservice@insuranceline.com.au, so a replacement can be organised.

Kids Injury Cover events and medical definitions

Kids Injury Event	Definition	Benefit Amount
Fracture of the		
Thigh (leg above the knee) or pelvis	Means fracture of the leg above the knee (femur) or pelvis as a direct result of an Accident requiring fixation, immobilisation or plaster/fibreglass cast treatment of the affected area by a Medical Practitioner within 48 hours of the Accident.	\$2,500
Skull, spine	Means fracture of the skull or spine as a direct result of an Accident requiring fixation, immobilisation or plaster/fibreglass cast treatment of the affected area by a Medical Practitioner within 48 hours of the Accident.	\$2,500
Leg (below the knee), knee cap, upper arm, shoulder bone or jaw	Means fracture of the leg below the knee (tibia or fibula), knee cap, upper arm (humerus), shoulder bone (scapula) or jaw as a direct result of an Accident requiring fixation, immobilisation or plaster /fibreglass cast treatment of the affected area by a Medical Practitioner within 48 hours of the Accident.	\$1,000
Forearm (above the wrist), collarbone or heel	Means fracture of the forearm (radius or ulna), collarbone (clavicle) or heel as a direct result of an Accident requiring fixation, immobilisation or plaster/fibreglass cast treatment of the affected area by a Medical Practitioner within 48 hours of the Accident.	\$1,000
Nose, foot other than toe, ankle, hand other than finger or thumb	Means fracture of the nose, foot (other than toe), ankle, hand (other than finger or thumb), as a direct result of an Accident requiring fixation, immobilisation or plaster/fibreglass cast treatment of the affected area by a Medical Practitioner within 48 hours of the Accident.	\$1,000
Elbow or wrist	Means fracture of the elbow or wrist as a direct result of an Accident requiring fixation, immobilisation or plaster/fibreglass cast treatment of the affected area by a Medical Practitioner within 48 hours of the Accident.	\$1,000

Bed confinement		
Bed confinement for at least 120 hours	As a direct result of Sickness or Injury and as certified by a Medical Practitioner, the Insured Child is confined to bed under the continuous care of an adult who is not an Immediate Family Member for a period of 120 consecutive hours or longer.	\$1,000
Burns		
If the insured child suffers 2nd degree burns to 10% of the body surface	Means tissue injury caused as a direct result of an Accident by thermal, electrical or chemical agents resulting in 2nd degree burns to at least 10% of the body surface as measured by Lund & Browder body surface chart.	\$50,000
Loss of		
Both feet or hands or sight in both eyes	Means the total and irrecoverable loss of both feet or hands or sight in both eyes as a direct result of an Accident. 'Loss' in this instance means the total and permanent loss of: <ul style="list-style-type: none"> the use of both feet or hands from the ankle or wrist joints; or sight to the extent that visual acuity in both eyes, on a Snellen Scale after the correction by a suitable lens, is less than 6/60. 	\$50,000
Any combination of two of, a hand, a foot and sight in one eye	Means the total and irrecoverable loss of any two of the following: hand, foot and sight in one eye as a direct result of an Accident. 'Loss' in this instance means the total and permanent loss of: <ul style="list-style-type: none"> the use of the hand or foot from the ankle or wrist joints; or sight to the extent that visual acuity in either eye, on a Snellen Scale after the correction by a suitable lens, is less than 6/60. 	\$50,000

Kids Injury Event	Definition	Benefit Amount
Loss of		
One leg or arm	Means the total and irrecoverable loss of use of one leg or one arm as a direct result of an Accident.	\$25,000
One foot or hand or sight in one eye	Means the total and irrecoverable loss of any one of the following: foot, hand and sight in one eye as a direct result of an Accident. 'Loss' in this instance means the total and permanent loss of: <ul style="list-style-type: none"> the use of the foot or hand from the ankle or wrist joints; or sight to the extent that visual acuity in either eye, on a Snellen Scale after the correction by a suitable lens, is less than 6/60. 	\$25,000
Severe impairments		
Paralysis	Means the total and permanent loss of function of two or more limbs through Sickness or Injury causing permanent damage to the nervous system. This includes, but is not limited to quadriplegia, paraplegia, diplegia and hemiplegia.	\$50,000
Blindness	Means the total and irrecoverable loss of sight (whether aided or unaided) in both eyes to the extent that visual acuity in both eyes, on a Snellen Scale after correction by a suitable lens is less than 6/60, as a result of an Accident.	\$50,000
Deafness	Means the total and irrecoverable loss of hearing (91 db hearing loss or greater, whether aided or unaided), in both ears as a direct result of an Accident.	\$50,000
Major Head Trauma	Means Accidental head injury resulting in neurological deficit causing at least a permanent 25% impairment of Whole Person Function.	\$50,000

The Glossary defines expressions used in the Policy.

Accident means an event where injury is caused directly and solely by accidental, violent, external and visible means.

Australian Resident means an Australian or New Zealand citizen or Australian permanent resident, currently residing in Australia who has received the PDS in Australia.

Back Injury means any Injury of the spine, including its intervertebral discs, nerve roots or supporting musculature or any complications thereof.

Benefit means the monthly amount or lump sum amount, as applicable, we will pay you upon a claim accepted by us for the respective Cover type on your Policy.

Certified Copy is a copy of an original document that has been certified as a true and correct copy by a person who is authorised to witness a statutory declaration. Persons who are authorised to witness statutory declarations, under the Commonwealth Statutory Declarations Act 1959, include:

- Accountant (Chartered or Certified)
- Clerk of a Court
- Commissioner for Affidavits
- Commissioner for Declarations
- Dentist
- Justice of the Peace
- Legal Practitioner
- Magistrate
- Medical Practitioners
- Nurse
- Pharmacists
- Police Officer
- Post Office Manager
- Sheriff or Sheriff's Officer
- Teacher
- Veterinary Surgeon

Cover means Cover you have nominated under the Plan Type selected by you and which we have accepted in writing. The Cover we have accepted will be shown in your Policy Schedule.

Cover Commencement Date means the date a Benefit was added to your Policy.

Immediate Family Member means a spouse, de facto, partner (same or opposite sex), child, grandchild, parent, grandparent, sibling, aunt, uncle, cousin, niece or nephew.

Index, Indexed, Indexation and Indexation Factor means the percentage increase in the Consumer Price Index (weighted average of eight capital cities combined) as last published by the Australian Bureau of Statistics or its successors in respect of the 12 month period ending 30 September in each year. If this is not available by 15 November in any year, the percentage increase will be calculated by reference to another price index as TAL determines.

Injury means an accidental bodily injury suffered by the Life Insured after the Cover Commencement Date or in the case of an increase to a Benefit, after the commencement of the increase. The Injury must be caused directly and solely by an Accident.

Involuntarily Unemployed, Involuntary Unemployment means the Life Insured is entirely without gainful employment and is actively seeking work:

- for a Life Insured who was a permanent employee working a minimum of 30 hours per week, the Life Insured has been made involuntarily redundant or has been involuntarily dismissed from employment through no fault nor choice of his or her own but solely because an employer has unexpectedly terminated the Life Insured's employment; or
- for a Life Insured who is Self-Employed, the Life Insured's business or the Life Insured is insolvent or has been placed into insolvency administration, except for where this insolvency is due to personal debts of the Life Insured.

Life Insured means the person/s that we have agreed to insure under this Policy as shown in the Policy Schedule.

Kids Injury Event refers to the events and circumstances under which Benefits are payable set out in the table: (subject to any applicable exclusions).

Medical Practitioner means a person who is registered in Australia as a Medical Practitioner, other than:

- the Life Insured;
- the Policy Owner;
- a business partner of the Life Insured; or
- an Immediate Family Member of the Life Insured.

If practising other than in Australia, the Medical Practitioner must be approved by us and have qualifications equivalent to Australian standards.

Note – a chiropractor, physiotherapist and/or alternative therapy provider is not a Medical Practitioner unless registered as a Medical Practitioner.

Monthly Income means the gross (before tax is deducted) monthly income earned by the Life Insured. It is calculated by working out a monthly average from the total gross income earned by the Life Insured through personal exertion in the last 12 months prior to the Accident, Illness, Involuntary Unemployment, Sickness or Injury (whichever is applicable).

Other payment means any payment or payments received or payable:

- from any other individual or group income protection policy;
- under social security laws; or
- pursuant to any workers' compensation or accident claim made under any state or federal legislation or under common law where these other payment(s) relate to a condition or unemployment event covered by your Policy and the amount of these other payments do not account for Benefits paid or payable under your Policy.

Out of Action means the Life Insured is either:

- (a) between 18 and 64 years of age and solely as a result of Sickness or Injury as diagnosed by a Medical Practitioner and on his/her advice and in our opinion is:
- unable to attend or engage in his/her Usual Occupation or, if not employed or working less than 20 hours per week, unable to perform three or more Regular Daily Activities without the assistance of another person or using special equipment;
 - not working in or performing any occupation, whether income generating or not; and
 - under the regular care of and following the advice of a Medical Practitioner, including recommended courses of treatment.

Or

- (b) between 65 and 75 years of age and solely as a result of Sickness or Injury as diagnosed by a Medical Practitioner and on his/her advice and in our opinion:
- unable to perform two or more Regular Daily Activities without the assistance of another person or using special equipment;
 - not working in or performing any occupation, whether income generating or not; and
 - under the regular care of and following the advice of a Medical Practitioner, including recommended courses of treatment.

Payout Period or Benefit Period means the maximum period for which a Benefit is payable as shown in your Policy Schedule.

Permanent Disability or Permanently Disabled means that the Life Insured is aged between 18 and 75 years of age and solely as a result of Sickness or Injury as diagnosed by a Medical Practitioner has not worked in or performed any occupation, income generating or not, for six consecutive months; and in our opinion after consideration of medical and any other evidence, is incapacitated to such an extent as to render the Life Insured unlikely to ever be able to perform, two or more of the following activities without the physical assistance of another person:

- 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.

Plan Type means Rate Saver or Time Saver as shown on your Policy Schedule.

Policy means the legal contract between the Policy Owner and us. This document, the application (whether in writing, verbally or online), the Policy Schedule, and any special conditions or endorsements make up the Policy.

Policy Anniversary means each anniversary of the Policy Commencement Date.

Policy Commencement Date means the date your Policy started and is shown in your Policy Schedule.

Policy Owner means the person/s shown in the Policy Schedule as the person/s to whom the Policy has been issued. Also described as 'you' or 'your'.

Policy Schedule means the document which will be provided to you by us, containing details of the Life/Lives Insured under this Policy. The Policy Schedule includes the Confirmation of Personal Details and Additional Information sections of the pack mailed to you after purchasing the Policy. Your Policy Schedule will be updated by us as a result of:

- any changes you make to your Policy and agreed to by us; and/or
- any changes made by us in accordance with these Policy Conditions.

Pre-Existing Medical Condition is any sickness, injury or medical condition that the Life Insured had or had symptoms of at any time in the five years prior to the Policy and/or Cover Commencement Date or a Benefit increase made in respect of the increased amount, whether diagnosed or not, for which the Life Insured sought treatment or advice, or of which the Life Insured was aware, or of which a reasonable person in his/her position should have been aware.

The following are also deemed to be Pre-Existing Medical Conditions for any stroke, haemorrhage or heart-related event in respect of the Life Insured if it occurred in the five years prior to the Policy and/or Cover Commencement Date or a Benefit increase made in respect of the increased amount:

- Body Mass Index of 40 or higher;
- systolic blood pressure having exceeded 160 mmHg and diastolic blood pressure having exceeded 100 mmHg;
- total blood cholesterol having exceeded 7.0 mmol/L; or
- being a diabetic with any one of the following: proteinuria, kidney disease, retinopathy, neuropathy or admittance to hospital for treatment of diabetes.

Pregnancy, Normal and Uncomplicated refers to pregnancy that includes, but is not limited to, discomfort or symptoms commonly experienced such as: morning sickness, back pain, varicose veins, ankle swelling or bladder problems. These conditions are not considered to be complications of pregnancy.

Rate Saver refers to the **Rate Saver Plan Type** selected by you and shown on your Policy Schedule whereby during the application process lifestyle and medical questions (Underwriting) were asked by us and answered by the Life Insured. Based on the Life Insured's responses Cover may be declined or specific exclusions may be applied.

Regular Daily Activities are defined in terms of a Life Insured's age:

1. for a Life Insured between 18 and 64 years of age, Regular Daily Activities means the regular and everyday activities performed by a Life Insured who is not employed or who is working less than 20 hours a week immediately prior to being Out of Action. To receive a Benefit, the Life Insured must as a result of being Out of Action be substantially and reasonably unable to perform three or more of the following Regular Daily Activities without the assistance of another person or with reasonable modifications:

- Cooking meals – to use kitchen and cooking utensils, appliances and equipment to prepare a basic meal for oneself and/or others.
- Cleaning the home – to use domestic appliances and equipment to clean and maintain a home and do laundry to basic standards.
- Shopping for food – the physical ability to purchase every day household grocery items, with the use of a shopping basket or trolley.
- Providing care for children and/or dependent adults, if applicable.
- Driving a car or using public transport – the physical ability to drive a car for any distance, or catch a bus, train or ferry.

Or

2. for a Life Insured between 65 and 75 years of age, Regular Daily Activities mean everyday activities performed to maintain physical independence. To receive a Benefit the Life Insured must as a result of being Out of Action be substantially and reasonably unable to perform, due to the Sickness or Injury, 2 or more of the following Regular Daily Activities without the assistance of another person:

- 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 a 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.

Self-Employed means a Life Insured (or an Immediate Family Member of the Life Insured) who is a business owner, sole trader, an employee of their own company or trust, or is in a partnership.

Sickness means an illness or disease that first manifests itself or is first suffered by the Life Insured after the Cover Commencement Date or in the case of an increase to a Benefit, after the commencement of the increase, and which is diagnosed by a Medical Practitioner.

Time Saver refers to the **Time Saver Plan Type** as selected by you and shown on your Policy Schedule whereby during the application process no medical questions were asked by us or answered by the Life Insured and for which you agreed to additional exclusions.

Underwriting refers to the process that we use to assess the eligibility of a Life Insured to receive Cover. Based on the Life Insured's responses, Cover may be declined or specific exclusions may be applied.

Usual Occupation means:

- the occupation in which the Life Insured was engaged for 20 or more hours a week immediately prior to being Out of Action and for which regular remuneration was received as a result of personal exertion; or
- the occupation in which the Life Insured was engaged for 30 or more hours a week immediately prior to being Involuntarily Unemployed and for which regular remuneration was received as a result of personal exertion; or
- any occupation for which the Life Insured is suited by reason of his or her education, training and/or experience.

Waiting Period means the continuous period of Out of Action time or, if applicable, Involuntary Unemployment, or Permanent Disability time that must elapse before a Benefit starts to accrue and/or become payable in respect of a Life Insured. The Waiting Period is shown in your Policy Schedule. It commences on the date a Medical Practitioner first certifies the Life Insured as being Out of Action, or the date of the Life Insured's Involuntary Unemployment, or Permanent Disability, as appropriate. No Benefits are payable during the Waiting Period.

Whole Person Function means where a payment depends on the Life Insured meeting the criteria based on the Whole Person Function, the calculation is to be based on the current edition of the American Medical Association publication titled Guides to the Evaluation of Permanent Impairment until an equivalent Australian guide, sanctioned by the Australian Medical Association, has been produced, at which time the calculation in the relevant Australian guide will apply.

We, us, our, TAL, St Andrew's, the Insurer, mean TAL Life Limited, ABN 70 050 109 450 AFSL 237848 and/or St Andrew's Insurance (Australia) Pty Ltd ABN 89 075 044 656 AFSL 239649 as applicable.

Insuranceline direct debit service agreement

This Agreement is issued by TAL Life Limited. It sets out the conditions for using direct debit to pay your insurance premiums. Please keep this Agreement in a safe place for future reference.

How direct debit works

On the day your premiums are due, we send a request to Your financial institution to debit the payment from Your nominated account.

It usually takes between one to three days for the funds to be deducted — so make sure you keep enough money in your account during this time. If there are insufficient funds in Your account to Cover your premium payment, your bank may charge you a dishonour fee, and your insurance Cover may lapse.

Insuranceline does not charge a dishonour fee for missed payments, but we may cancel your Cover if your premiums remain unpaid.

When we deduct your payments

Usually we'll deduct your payment on the day it is due. Here are the exceptions:

- **Weekends** — we'll deduct your payment the next business day, usually Monday.
- **National public holidays** (Christmas Day, Boxing Day, New Year's Day, Australia Day, Easter Friday, Easter Monday, and Anzac Day) — we'll deduct your payment the next business day.

For public holidays that do not apply in all States, we'll deduct your payment the day it's due.

Our promise to you

We promise to:

- Give you at least 14 days' written notice of changes to this Agreement.
- Keep your nominated account information confidential, except where conducting direct debits with your financial institution, or otherwise as required by law.

Your commitment to us

You agree that:

- you've given us the correct account details (please check a recent account statement to confirm);
- the account you've nominated allows direct debit payments;
- all account holders are party to this Agreement;
- Sufficient funds will be available on the due dates to Cover Your direct debit payments.

How to make changes

To make a change to your direct debit arrangement, please contact us on 1800 999 840. Our Customer Care Team can help you with:

- changing your nominated account details;
- delaying, stopping or suspending any debits; and
- cancelling the Agreement completely.

We'll need **at least two business days' notice** before your next payment for these changes to take effect.

If you delay, suspend, stop or cancel your direct debit payment, you'll need to make alternative payment arrangements to ensure your insurance Cover can continue.

This Service Agreement is administered by Insuranceline on behalf of the product issuer.

This Financial Services Guide (FSG) is provided by TAL Direct Pty Limited ABN 39 084 666 017 ('TAL Direct'). Insuranceline is a trading name of TAL Direct. TAL Direct holds an Australian Financial Services Licence (AFSL 243260) and is related to the insurer TAL Life Limited ABN 70 050 109 450 AFSL 237848 ('TAL Life'). TAL Direct and TAL Life are part of the TAL Dai-ichi Life Australia Pty Limited ABN 97 150 070 483 group of companies ('TAL'). TAL Direct is responsible for the content of this FSG and has authorised its distribution. For the purpose of this FSG references to we, us and our mean 'TAL Direct'.

Purpose of this Financial Services Guide

We are required to give you this Financial Services Guide (FSG) by law before we can provide you with any financial services. It contains important information about the authorised services we offer, the remuneration received by us, our service providers and our internal and external dispute resolution services. This FSG is designed to assist you in deciding whether to use any of the authorised services.

Our services

TAL Direct is authorised and responsible under its Australian Financial Services Licence to:

- Provide financial product advice about life risk and superannuation products to retail clients;
- Provide general advice only on general insurance products to retail clients;
- Deal in life and general insurance products to retail clients; and
- Arrange superannuation products to retail clients.

Who are our representatives?

A number of representatives have been appointed by TAL Direct to provide a financial service over the telephone. These people have received specialist training to discuss the products we offer.

What does general advice mean?

It is important that you understand that we will not provide personal advice or make recommendations about suitability of the product for you. Therefore, you should carefully review the Product Disclosure Statement (PDS), having regard to your own objectives, financial situation and needs before deciding to purchase.

The PDS sets out the important information you should consider when deciding to acquire or to continue to hold a certain product, including the insurer and the benefits, features and associated costs of the product.

You can read the PDS prior to receiving a call from our representative or if you like, you can ask our representative to read it to you.

Who we act for

When our representatives provide financial product advice, arrange for the insurer to issue policies or renew policies, they are acting for TAL Direct.

TAL Direct is also authorised to issue and administer policies and pay claims on behalf of certain insurers under an arrangement called a “binder”. These insurers are for life cover, TAL Life and for Involuntary Unemployment Cover, St Andrew’s Insurance (Australia) Pty Ltd, ABN 89 075 044 656 AFSL 239649 (St Andrew’s). When TAL Direct does this we will tell you and, in these circumstances, TAL Direct is acting for the insurer. TAL Direct will not issue or arrange for the issue of a life risk or general insurance product for any insurer or issuer other than the above mentioned insurers.

The registered addresses for the insurers are:

TAL Life Limited
Level 16, 363 George Street
Sydney NSW 2000

St Andrew’s:
Level 6, 100 Skyring Terrace
Newstead QLD 4006

Dispute resolution process

Insuranceline offers an internal dispute resolution service in relation to any concerns or complaints you may have about your Policy, our services or your privacy. If a dispute is not resolved to your satisfaction through our internal dispute resolution service, you may then refer your concern or complaint to an external dispute resolution service.

Internal dispute resolution service

In the first instance, we hope that our representatives can handle any concern or complaint you may have. Please call or write to us first. If you are not satisfied with our initial response, please ask to speak to the Complaints Officer who will handle your matter personally, or write to our Complaints Officer at the address shown at the end of this FSG.

External dispute resolution service

We will attempt to resolve your complaint within 45 days of the date it is received. If we are unable to resolve your complaint within that period, we will inform you of the reasons for the delay and let you know when we expect to provide a response to your complaint.

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.

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

Time limits may apply to complaints to AFCA. You may wish to consult the AFCA website or contact AFCA directly to find out if there is a time limit on lodging a complaint with AFCA.

Personal information

Personal and sensitive information is collected from you to enable TAL and St Andrew's to provide their products or services to you. Further information may be requested from you at a later time, such as if you want to make alterations to your insurance policy or at claim time.

The ways in which Insuranceline and St Andrew's collect, use, secure and disclose your personal information, as well as details about how to access or correct your personal information held by us, or make a complaint in relation to privacy, is set out in the Insuranceline and St Andrew's Privacy Policies, which are available at www.insuranceline.com.au/Privacy-Policy and www.standrews.com.au or free of charge on request to Insuranceline by contacting 1800 999 840 or customerservice@insuranceline.com.au. If you have any questions regarding your privacy please contact us. You may be entitled to gain access to information we have on file about you. If you wish to request access please contact TAL in writing.

If you do not supply the required information to us we may not be able to provide our products and services to you or pay your claim. In processing and administering your insurance (including at the time of claim) your personal information may be disclosed to St Andrew's (and its related bodies corporate) and TAL Life as well as any related bodies corporate including the following third

parties, where necessary: your employer, general practitioners or health professionals to verify any health information you may provide, your (or your employer's, if relevant) financial adviser, other companies within the TAL group of companies or partner organisations including companies based overseas; organisations to whom we outsource our mailing, administration and information technology, investigators, the Trustee (if relevant), the administrator of the product or fund, reinsurers, Government departments if required or authorised to do so, or any person acting on your behalf such as a lawyer or accountant. Information regarding the privacy rights of individuals is available at www.oaic.gov.au which is the website of the Office of the Australian Information Commissioner.

Opt-out

From time to time Insuranceline may use your information to promote and market our products and services to you. If you do not want to receive telemarketing calls, or would prefer to receive telemarketing calls at certain times or days, please call us on 1800 999 840. If you do not want to receive any further information on other products or services offered by Insuranceline, please call 1800 999 840 or email customerservice@insuranceline.com.au.

Disclosure of remuneration

When insurance is arranged for you, you will be required to pay a premium and this will be paid to the insurer of the product. The premium includes any commission payable by the insurer for distributing the product so you do not need to pay any extra.

Where Involuntary Unemployment Cover is arranged for you, St Andrew's will pay a commission to TAL of up to 35% of the Involuntary Unemployment component of each premium paid. Currently GST of 10% is applied to amounts paid to TAL.

Where a representative arranges a Policy for you over the telephone, that representative may in addition to their salary receive a commission from TAL. The amount of commission is dependent on a number of factors including the number of policies issued and the quality of the representative's conduct.

You are entitled to request details of this remuneration, and may do so by contacting us on the number specified in this FSG. This request may be made after you receive the FSG and before any financial service is provided to you. There may be circumstances where additional commissions, bonuses and non-cash incentives are paid to representatives and these will accrue from time to time. These are not an additional cost to you. TAL may also pay referral fees or commissions to people or organisations that refer

new customers to us. The referral fee may be paid in the form of an upfront commission fee and/or periodical trail fees. This will be at no additional cost to you. In addition to paying referral fees, TAL may from time to time give other non-cash benefits to referral partners.

Direct debit request summary

This summary describes how the Direct Debit Request system works. Upon issue of your policy, you will also receive a full copy of the Direct Debit Request Service Agreement. You should read the Agreement carefully as it explains your rights and obligations relating to your ongoing direct debits.

When you complete your bank details and sign the authority, you are authorising the direct debit of the appropriate premiums from your nominated account. Your authority will be kept confidential at all times. If your premium cannot be paid (for example there's not enough money in your nominated account) your bank may dishonour that payment, in which case your policy may lapse and all cover will cease.

If you have concerns about its operation or you subsequently need to change any aspects of the authority, please notify us. From time to time updates about our services which are subject to change and which are not materially adverse to you may be found on the Insuranceline website at www.insuranceline.com.au and if you request a paper copy of any updated information, this will be provided to you without charge.

PI Insurance

TAL Direct is part of TAL and we confirm that TAL retains professional indemnity (PI) insurance to cover the activities of licensees within TAL, including TAL Direct. This PI Cover is maintained in accordance with the law, is subject to its terms and conditions and provides indemnity up to the sum insured for the activities of the representatives of TAL and TAL Direct.

How to contact us:

Phone: 1800 999 840

Fax: 1800 730 099

Mail: Insuranceline
Reply Paid GPO Box 5380
Sydney NSW 2001

Email: customerservice@insuranceline.com.au

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