

Life Insurance

Combined Product Disclosure Statement
and Financial Services Guide

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Life Insurance
done your way

Insuranceline

The life insurance benefits and this Product Disclosure Document and Policy Document (PDS) are issued by TAL Life Limited ABN 70 050 109 450 AFSL 237848 of Level 16, 363 George Street, Sydney NSW 2000 (TAL). The Financial Services Guide (FSG) is issued by TAL Direct Pty Limited ABN 39 084 666 017 AFSL 243260 (TAL Direct). TAL Direct distributes Insuranceline Life Insurance under its trading name Insuranceline. TAL and TAL Direct are part of the TAL Dai-ichi Life Australia Pty Limited ABN 97 150 070 483 group of companies.

About this document

This document is designed to help you decide whether to buy an Insuranceline Life Insurance Policy. The information contained in this document is general information only. It does not take into account your objectives, financial situation or needs. Therefore, you should consider the appropriateness of the advice having regard to your objectives, financial situation and needs before making a decision to buy or continue to hold 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 and the Policy Owner. This PDS sets out all 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 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.

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.

From time to time, updates to our products that are not materially adverse to you will be published on the Insuranceline website at insuranceline.com.au. You can call us on 1800 999 804 if you would like a copy sent to you.

In this document, some words have special meaning. They normally begin with capital letters and their meaning is explained in the Glossary. Also in this document, references to 'you' and 'your' mean the Life Insured and/or Policy Owner. References to 'we', 'us' and 'our' mean TAL.

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You can't control life, but you can help protect it with Insuranceline's Life Insurance

No one likes to contemplate that they will ever need it, but life insurance safeguards your family's future and the life you've worked hard to build if you're no longer around. It allows you to create a safety-net with a lump sum payment to your family that provides them with financial choices at a time of loss, terminal or major illness, or serious injury. The payout can help with things like covering the mortgage or other debts, compensating for loss of earnings or contributing to keeping the household running.

With Insuranceline Life Insurance, you can also choose from a range of Optional Illness and Injury Covers to help protect yourself and your family from temporary setbacks. This cover provides a lump sum payment that draws down on your main Life Insurance benefit, to assist with medical and out-of-pocket expenses while you're recovering from certain illnesses or injuries. Later, your family can access your remaining Life Insurance benefit in the event of your passing. It can help you in life, and your family in death.

Flexible choices

Insuranceline Life Insurance caters for your needs as circumstances change throughout your life. You can use the Life Events feature to increase your cover amount along with the changing needs of your family, like taking out a new mortgage, or having a baby – and we won't ask you a whole lot of questions about your health and lifestyle (see page 10 for full details). You can add Optional Illness and Injury Cover to your Policy at any time up to age 55 and you have flexibility to nominate the frequency and payment day of your premium. It's life insurance your way.

Value for money

Life Insurance can be a simple, cost-effective way to help your family manage the financial impacts of your passing. For the cost of the premiums each year, they'll have access to a lump sum cash payout to help keep their lives on track when you're no longer around – peace of mind and value for money.

There are no hidden fees and charges with your Insuranceline Life Insurance Policy. You'll know exactly what you're paying for. You can get discounts for higher levels of cover, and get a family discount when adding a partner to your Policy (maximum two people per Policy).

Straightforward claims

To many, the claims process seems lengthy and complex. At Insuranceline, a Case Manager is assigned to each claim to provide support for every step of the claim - which includes help with completing the paperwork and following up on documentation, right through to assessment and processing of the claim. We keep in touch throughout the process with the progress of the claim.

When a Life Cover or Basic Life Cover claim is approved, we can provide an advance payout of up to \$10,000, with the balance of the Benefit Amount payable once we have received all of the required paperwork. The advance payout can help your family with any immediate costs, such as the expense of legal fees involved with settling the estate.

Choice of Optional Illness and Injury Cover

Optional cover, such as Major Illness Cover, Cancer Cover and Serious Injury Cover, allows you to access part of your Life Insurance when you need it most. It can assist with the cost of treatment and recovery from a list of major medical conditions. With constantly improving medical treatments and techniques, your chances of surviving a major illness or injury are better than ever. But these treatments are often costly and can be ongoing for months or even years. These optional covers help ensure you and your family are taken care of financially so you can focus on your recovery.

Life Insurance

Benefit payable for death or Terminal Illness



One or more Optional Illness or Injury Covers can be added with a combined sum insured up to the lesser of:

\$250,000, or

95% of the Life Insurance Benefit Amount

Optional Cover

Major Illness Cover

Protection in the event of specified critical illness or injury

+ / or

Cancer Cover

Protection in the event of life threatening Cancer

+ / or

Serious Injury Cover

Protection in the event of specified serious injury

How to apply

If you're between 18 and 65, getting a quote and applying is as easy as calling **1800 999 804** or visiting **insuranceline.com.au**.

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Life Insurance at a glance

	What's Covered?	How is the Cover Paid?	Who Gets the Payment
Life Cover	<ul style="list-style-type: none"> • Death • Terminal Illness • Life Events feature 	<ul style="list-style-type: none"> • Lump sum • Benefits are usually tax free and premiums not tax deductible 	<ul style="list-style-type: none"> • Policy Owner/s or Beneficiary/ies • If the Life Insured is the sole Life Insured and Policy Owner, the Life Insured's Estate
Basic Life Cover	<ul style="list-style-type: none"> • Death • Terminal Illness 	<ul style="list-style-type: none"> • Lump sum • Benefits are usually tax free and premiums not tax deductible 	<ul style="list-style-type: none"> • Policy Owner/s or Beneficiary/ies • If the Life Insured is the sole Life Insured and Policy Owner, the Life Insured's Estate
Optional Illness and Injury benefits			
Major Illness Cover	<ul style="list-style-type: none"> • Specified critical illnesses such as Cancer, Stroke, Heart Attack, Coronary Artery Disease, Permanent Incapacity, Major Organ Transplant, Major Organ Failure • Specified serious injuries sustained in an accident 	<ul style="list-style-type: none"> • Lump sum • Benefits are usually tax free and premiums not tax deductible 	<ul style="list-style-type: none"> • Policy Owner/s
Cancer Cover	<ul style="list-style-type: none"> • Diagnosis of life-threatening Cancer 	<ul style="list-style-type: none"> • Lump sum • Benefits are usually tax free and premiums not tax deductible 	<ul style="list-style-type: none"> • Policy Owner/s
Serious Injury Cover	<ul style="list-style-type: none"> • Specified serious injuries 	<ul style="list-style-type: none"> • Lump sum • Benefits are usually tax free and premiums not tax deductible 	<ul style="list-style-type: none"> • Policy Owner/s

Maximum Cover Amount	Medical History Required?	Who can Apply?	Exclusions, Qualifying or Waiting Periods?
•\$1.5 million	•Yes	•Australian Residents aged 18 to 65	•Suicide or intentional self-injury is not covered during the first 13 months See page 10 for full details
•\$250,000	•No	•Australian Residents aged 18 to 65	•Death or Terminal Illness as a result of Pre-Existing Medical Conditions, suicide or intentional self-injury are not covered during first five years. Known Genetic Conditions, Dangerous Occupations & Dangerous Pastimes are not covered See page 11 for full details

Optional Illness and Injury benefits

•95% of the Life Cover or Basic Life Cover to a maximum of \$250,000	•Yes	•Australian Residents aged 18 to 55	•No Cover exists for Cancer, Heart Attack, Stroke, Coronary Artery Bypass Surgery arising during the 90 days following Cover Commencement Date See pages 14 - 20 for full details
•95% of the Life Cover or Basic Life Cover to a maximum of \$250,000	•Yes	•Australian Residents aged 18 to 55	•No Cover exists for the 90 days following Cover Commencement Date See pages 14 - 15 for full details
•95% of the Life Cover or Basic Life Cover to a maximum of \$250,000	•No	•Australian Residents aged 18 to 55	•See pages 19 - 20 for full details

Life Cover

A lump sum benefit is payable in the event of the death of a Life Insured, or their diagnosis with a Terminal Illness.

Upon approval of a death claim, an advance payment of up to \$10,000 can be made available to assist with the immediate legal and other expenses that are likely to arise, with the balance of the Benefit Amount payable once we have received all of the required paperwork.

All Australian Residents aged 18 – 65 are eligible to apply. A Benefit Amount of up to \$1.5 million is available per Life Insured.

Life events feature

With this feature you can increase your Life Cover Benefit Amount without any evidence of your health or pastimes following a Significant Life Changing Event, such as having a baby or taking out a new mortgage (see page 36 for full list of events). This feature can be exercised once every 12 months and the amount of each increase is up to the lesser of \$100,000 or 20% of the Life Cover Benefit Amount when you apply for this feature. Total increases under the Life Events feature cannot exceed 100% of your original Life Cover Benefit Amount. Applications must be made within 90 days of a Significant Life Changing Event occurring and before the Life Insured's 60th birthday.

The Life Events feature is not available:

- with Basic Life Cover;
- if you have a Policy with a special term; or
- if you have made a claim or are eligible to make a claim on this Policy or any other Policy issued by us.

When is a benefit not payable

A Life Cover benefit is not payable in the event of intentional self-injury or suicide within 13 months of:

- the Cover Commencement Date;
- the date of any Benefit Amount increase applied by you, but only in respect to that increase; or
- the date of any reinstatement of Cover.

We will also not pay a Life Cover benefit where we have agreed with you a special term in respect of your cover that specifically excludes the event or condition causing, or contributing directly or indirectly to the claim. Any such special term will be agreed with you before your Policy is issued and will appear on your Policy Schedule.

Basic Life Cover

At Insuranceline, we think that everyday Australians have a right to protect their family's financial future. That's why we have designed Basic Life Cover for people who want fast and easy cover without the need to provide their health details.

Basic Life Cover provides up to \$250,000 Cover and you do not need to supply any medical information. It works like Life Cover, however there are additional exclusions for Basic Life Cover.

When is a benefit not payable

A Basic Life Cover benefit is not payable on the Terminal Illness or death of the Life Insured which is the direct or indirect result of:

- a Pre-Existing Medical Condition unless it can be proved to our satisfaction that the Life Insured has been Free of the Condition for the five years following the Cover Commencement Date, reinstatement or an increase in Cover you applied for (but only in respect of that increase);
- suicide or an intentional self-injury during the first five years following the Cover Commencement Date, reinstatement or any increase you applied for (but only in respect of that increase);
- a Dangerous Occupation or Dangerous Pastime at any time following the Cover Commencement Date;
- the Life Insured or Policy Owner's participation in any criminal activity at any time; or
- a Known Genetic Condition.

Pre-Existing Medical Conditions

Under Basic Life Cover, Pre-Existing Medical Conditions are not covered within the first five years of your Cover Commencement Date, reinstatement or any increase in Cover you apply for. Pre-Existing Medical Conditions will then be covered if you have been continuously Free of the Condition with no medical treatment, management, investigation or monitoring occurring or having been recommended in the five years immediately following your Cover Commencement Date, reinstatement or any increase in Cover you apply for.

Once you have provided a safeguard for your family with Life Cover or Basic Life Cover, protect them further by adding Optional Illness and Injury Cover. The total value of the Optional Illness and Injury Cover cannot exceed 95% of the Life Insurance Benefit Amount or \$250,000, whichever is lower, for each Life Insured.

The Optional Illness and Injury Cover benefit will be paid as a lump sum upon the diagnosis of an Insured Condition covered by the Policy or on the Life Insured undergoing one of the medical procedures covered by the Policy. The definition of the Insured Condition or medical procedure must be met for an Optional Illness and Injury Cover benefit to be payable. Evidence of the Insured Condition or medical procedure must be provided by a Medical Practitioner. See pages 14 - 20 for the Insured Conditions and procedures covered by each of the cover options, their definitions and any exclusions that apply.

There are three options. All Australians aged 18 to 55 are eligible to apply for Optional Illness and Injury Cover.

Major Illness Cover

Major Illness Cover is designed to help protect you and your family from a major setback due to specified critical illness or injury.

Cancer Cover

Cancer Cover is designed to help protect you and your family from a major setback due to life-threatening Cancer.

Serious Injury Cover

Serious Injury Cover is designed to help protect you and your family from a major setback due to a specified serious injury.

When is an Optional Illness and Injury Cover benefit not payable

The Optional Illness and Injury Cover benefit is not payable in any of the following circumstances:

- An Accidental Injury which occurred prior to the Cover Commencement Date.
- Any intentionally self-inflicted act (including attempted suicide).
- The Life Insured's participation in any criminal or unlawful activity.

- The Life Insured being under the influence of alcohol (over the prescribed legal limit according to relevant state or territory limit), or any drug not prescribed by a Medical Practitioner, or any drug prescribed by a Medical Practitioner and not taken in the correct dosage.
- Any injury directly brought about by any cause other than an Accidental Injury.
- War, hostilities or war-like operations (whether war is declared or not), civil commotion, civil war or rebellion, but not terrorism, outside of Australia or New Zealand.
- Undertaking a Dangerous Occupation.
- Participation in a Dangerous Pastime.

We will not pay any benefits where we have agreed with you a special term in respect of your Cover that specifically excludes the event or condition leading to the claim. Any such special term will be agreed with you before your Policy is issued and will appear in your Policy Schedule.

How Optional Illness and Injury Cover works

The Optional Illness and Injury Cover is attached to your Life Cover or Basic Life Cover, and any payment under the Optional Illness and Injury Cover will reduce your Life Cover or Basic Life Cover benefit by the amount of the payment.

For example, if you had:

- \$500,000 of Life Cover; and
- \$100,000 of Major Illness Cover;

then in the event you suffered an Illness as defined in the Policy and we paid you \$100,000, your Life Cover benefit would reduce by \$100,000 to \$400,000.

Changes to Optional Illness and Injury Cover between age 65 and 75

Optional Illness and Injury Cover can be continued until the anniversary of the Cover Commencement Date following the Life Insured's 75th birthday. If an Insured Condition covered by the Policy occurs after the Life Insured attains 65 years of age, the benefit will be payable only if the Insured Condition solely and directly leads to the Life Insured's total and irrecoverable loss of ability to perform at least two of the Activities of Daily Living without the physical assistance of another person, as defined on page 33.

Insured conditions

Details of Insured conditions and exclusions under Major Illness Cover, Cancer Cover and Serious Injury Cover:

We will pay for (Insured Condition)	We will not pay for (exclusion)	Major Illness Cover	Cancer Cover	Serious Injury Cover
<p>Cancer – excluding specified early stage cancers means any malignant tumour diagnosed with histological confirmation and characterised by:</p> <ul style="list-style-type: none"> a) the uncontrolled growth of malignant cells; and b) invasion and destruction of normal tissue beyond the basement membrane. <p>The term malignant tumour includes leukaemia, sarcoma and lymphoma.</p>	<p>All tumours which are histologically classified as any of the following:</p> <ul style="list-style-type: none"> a) pre-malignant; b) non-invasive; c) high-grade dysplasia; d) borderline or low malignant potential. <ul style="list-style-type: none"> • Carcinoma in situ except carcinoma in situ of the breast where a total mastectomy with full removal of the breast has been undertaken and was considered by treating doctors to be the appropriate and necessary treatment. • All cancers of the prostate unless: <ul style="list-style-type: none"> a) histologically classified as having a Gleason score of 7 or above; or b) having progressed to at least clinical stage T2bN0M0 on the TNM clinical staging system. 			

	<p>c) where a total prostatectomy has been undertaken where the procedure was specifically to arrest the spread of malignancy and was considered by treating doctors to be the appropriate and necessary treatment.</p> <ul style="list-style-type: none"> • All cancers of the thyroid unless: <ul style="list-style-type: none"> a) having progressed to at least TNM classification T2N0M0; or b) where a total thyroidectomy has been undertaken and was considered by treating doctors to be the appropriate and necessary treatment. • All cancers of the bladder unless having progressed to at least TNM classification T1N0M0. • Cutaneous lymphoma confined to the skin. • Chronic lymphocytic leukaemia unless having progressed to at least Rai stage I. • All non-melanoma skin cancers unless having spread to the bone, lymph node, or another distant organ. • All melanoma skin cancers unless having progressed to at least TNM classification T2bN0M0. 	✓	✓	✗
<p>Coronary Artery Bypass Surgery means bypass grafting surgery performed to correct or treat coronary artery disease.</p>	<p>Coronary Artery Bypass Surgery which takes place or the circumstances leading to the procedure become apparent within the first 90 days of the Cover Commencement Date, an increase in the Benefit Amount applied for by you (for the increased portion only), or the date of any reinstatement of Cover.</p>	✓	✗	✗

We will pay for (Insured Condition)	We will not pay for (exclusion)	Major Illness Cover	Cancer Cover	Serious Injury Cover
<p>Heart Attack – with severe persisting loss of heart function</p> <p>means the death of a portion of the heart muscle as a result of inadequate blood supply, where the diagnosis is supported by the detection of a rise and/or fall of cardiac biomarker values with at least one value above the 99th percentile upper reference limit (URL) and with at least three of the following:</p> <ul style="list-style-type: none"> a) Symptoms of ischaemia. b) New significant ST-segment-T wave (ST-T) ECG changes or new left bundle branch block (LBBB). c) Development of new pathological Q waves in the ECG. d) Imaging evidence of new regional wall motion abnormality present at least six weeks after the event. <p>If the tests specified in a) to d) above are inconclusive or unable to be met, then the definition will be met if at least three months after the event the insured's left ventricular ejection fraction is less than 50 per cent.</p>	<ul style="list-style-type: none"> • Heart attack caused directly or indirectly by use of illegal drugs; • Heart attack as a result of cardiac intervention procedures; or • Any heart attack that occurs, is diagnosed, or the circumstances leading to the diagnosis become apparent within the first 90 days of the Cover Commencement Date, an increase in the Benefit Amount applied for by you (for the increased portion only), or the date of any reinstatement of Cover. 	✓	✗	✗
<p>Stroke – in the brain resulting in specified permanent impairment</p> <p>means death of brain tissue caused by one of the following:</p>	<ul style="list-style-type: none"> • Transient ischaemic attacks; • Brain damage due to an accident, injury, infection, or non-vasculitic inflammatory disease; 			

- a) Ischaemic infarction of brain tissue.
- b) Intracranial haemorrhage (cerebral, intraventricular or subarachnoid).

The diagnosis must be supported by both of the following:

- a) Evidence of permanent neurological deficit with persisting symptoms confirmed by a specialist physician as a definite result of the stroke at least six weeks after the event.
- b) Findings on MRI, CT, or other reliable imaging evidence consistent with the diagnosis of a new stroke.

“Permanent neurological deficit with persisting symptoms” means dysfunction in the nervous system that is present on clinical examination and expected to last throughout the insured person’s life. It includes outcomes such as: numbness, hypertonicity, hemiplegia, monoplegia, hemiparesis, monoparesis, hyperaesthesia (increased sensitivity), paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, coma and objectively documented significant loss of cognitive function.

The following do not constitute “permanent neurological deficit with persisting symptoms”:

- an abnormality seen on brain or other scans without definite related clinical symptoms
- neurological signs occurring without symptomatic abnormality, e.g. brisk reflexes without other symptoms
- symptoms of psychological or psychiatric origin.

- Vascular disease affecting the eye or optic nerve;
- Ischaemic disorders of the vestibular system;
- Strokes caused by or related to illicit drug use or substance abuse;
- Migraine;
- Hypoxic events; or
- Any stroke that occurs, is diagnosed, or the circumstances leading to the diagnosis become apparent within the first 90 days of the Cover Commencement Date, an increase in the Benefit Amount applied for by you (for the increased portion only), or the date of any reinstatement of Cover.

✓

X

X

We will pay for (Insured Condition)	We will not pay for (exclusion)	Major Illness Cover	Cancer Cover	Serious Injury Cover
<p>Paralysis means the total and permanent loss of function of two or more Limbs as a result of permanent damage to the nervous system due to illness or injury. This includes, but is not limited to, quadriplegia, paraplegia, diplegia and hemiplegia.</p>	<p>Conditions which are directly or indirectly caused or exacerbated by alcohol abuse or the use of drugs other than as prescribed by a Medical Practitioner.</p>	✓	X	X
<p>Permanent Incapacity means the loss of ability to look after yourself. This requires the total and irrecoverable loss of ability to perform at least two of the Activities of Daily Living without the physical assistance of another person.</p>	<p>Conditions which are directly or indirectly caused or exacerbated by alcohol abuse or the use of drugs other than as prescribed by a Medical Practitioner.</p>	✓	X	X
<p>Major Organ Transplant means either the undergoing of a major organ transplant or upon the advice of an appropriate specialist Medical Practitioner, the placement on a waiting list of a Transplantation Society of Australia and New Zealand recognised transplant unit for the human to human transplant from a donor to the Life Insured of:</p> <ul style="list-style-type: none"> • bone marrow; • or one of the following organs or a permanent mechanical replacement of one of the following organs: <ul style="list-style-type: none"> • kidney; • heart; 	<p>Conditions which are directly or indirectly caused or exacerbated by alcohol abuse or the use of drugs other than as prescribed by a Medical Practitioner. The transplant of all other organs, parts of organs or any other tissue transplant is excluded.</p>	✓	X	X

<ul style="list-style-type: none"> • lung; • liver; • pancreas; or • small bowel. 	<p>Major Organ Failure means either:</p> <ul style="list-style-type: none"> • End stage lung failure – requiring permanent oxygen therapy as recommended by an appropriate specialist Medical Practitioner; • End stage liver failure – cirrhosis of the liver resulting in permanent jaundice and excess fluid in the space between tissues lining the abdomen and abdominal organs and/or encephalopathy; or • End stage kidney failure – requiring permanent dialysis. 	<p>Conditions which are directly or indirectly caused or exacerbated by alcohol abuse or the use of drugs other than as prescribed by a Medical Practitioner.</p>	<p>✓</p>	<p>✗</p>
<p>Major Physical Impairment means either:</p> <ul style="list-style-type: none"> • Loss of use of Limbs - total and permanent loss of the use of two or more Limbs due to an Accidental Injury; • Loss of sight - total and irrecoverable loss of sight (whether aided or unaided) in an eye, as a result of Accidental Injury to the extent that you are deemed Legally Blind; or • Loss of hearing - total and permanent loss of hearing, in both ears as a direct result of an Accidental Injury, which cannot be corrected by use of any hearing aid devices, including cochlear implants. 	<p>Conditions which are directly or indirectly caused or exacerbated by alcohol abuse or the use of drugs other than as prescribed by a Medical Practitioner.</p>	<p>✓</p>	<p>✗</p>	

We will pay for (Insured Condition)	We will not pay for (exclusion)	Major Illness Cover	Cancer Cover	Serious Injury Cover
<p>Burns means tissue injury caused by thermal, electrical or chemical agents resulting in third degree or full thickness burns. Must be a result of an Accidental Injury. This requires:</p> <ul style="list-style-type: none"> • 20% of the body surface area as measured by the Lund and Browder Body Surface Chart; • 50% of both hands requiring surgical debridement and/or grafting; or • 50% of the face requiring surgical debridement and/or grafting. 	<p>Conditions which are directly or indirectly caused or exacerbated by alcohol abuse or the use of drugs other than as prescribed by a Medical Practitioner.</p>	✓	✗	✓
<p>Major Head Trauma means head injury due to an accident resulting in a neurological deficit. This requires:</p> <ul style="list-style-type: none"> • at least a permanent 25% of Whole Person Impairment as defined in the latest edition of the 'Guides to the evaluation of Permanent Impairment (Guides), American Medical Association'; or • the total and irrecoverable loss of ability to perform at least two of the Activities of Daily Living without the physical assistance of another person. 	<p>Conditions which are directly or indirectly caused or exacerbated by alcohol abuse or the use of drugs other than as prescribed by a Medical Practitioner.</p>	✓	✗	✓

Your duty of disclosure

Before you enter into a life insurance contract, 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 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 don't tell us something

In exercising the following rights, we may consider whether different types of cover can constitute separate contracts of life insurance. If they do, we may apply the following rights separately to each type of cover.

If you do not tell us anything you are required to, and we would not have provided the insurance if you had told us, we may avoid the contract within three 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 three 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.

Risks

There are risks involved with taking out Insuranceline Life Insurance that you should be aware of. These include the following:

- It may not be suitable for your needs or you may not select the right type of Cover or level of Cover 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 may lose valuable benefits so 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.
- If you have Basic Life Cover, you may not be covered for Pre-Existing Medical Conditions.

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.

When does Cover start and end?

In many cases you can be covered in a few minutes with Insuranceline. The Cover Commencement Date will be listed in the Policy Schedule that will be sent to you. The Policy Schedule is your evidence of the insurance contract and sets out the benefits and options you have selected and have been accepted for.

Cover ends on the earlier of:

- the Cover Expiry Date specified in the Policy Schedule;
- the date the Cover is cancelled by you or us;
- the date Cover lapses due to the premium not being paid by the due date;
- the full payment of the Benefit Amount being made by us; or
- the Policy Anniversary following the Life Insured's 99th birthday for Life Cover and Basic Life Cover; and
- the Policy Anniversary following the Life Insured's 75th birthday for Major Illness Cover, Cancer Cover and Serious Injury Cover.

Guaranteed renewal

You are covered 24 hours a day and anywhere in the world. We guarantee to renew your Policy (provided you pay your premiums when due) until the Cover Expiry Date.

Cooling off period

You have 30 days following the receipt of your Policy to check that your Insuranceline Life Insurance Policy is right for you. If you're not satisfied with your Policy, you can cancel the Policy by sending a written cancellation request to us and we will refund any premiums you have paid. This is called the cooling off period.

Alterations and variations

You can request that we make changes to your Policy after it has commenced. We may require you to make this request in writing and to provide more information.

Inflation Protection

Unless otherwise requested, benefit amounts increase each year up to the Policy Anniversary after age 70 in line with changes in the Consumer Price Index (CPI) 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 or by 5%, whichever is greater. Premiums will also increase accordingly.

If the CPI is not published, we will select another similar indicator of inflation.

The maximum Benefit Amount that can result after Inflation Protection is \$2,500,000.

Increasing your Benefit Amount

You can apply to increase your Benefit Amount or to add additional benefits at any time up to age 65 for Life Insurance Cover and 55 for Optional Illness and Injury Cover. Your application will be subject to assessment (unless you are applying for increase under the Life Events feature). Any Cover you already have in place will be unaffected by future applications for increases.

Premiums

The premiums for your Policy are calculated each year based on the age, sex, smoking status, and health of those insured, and the amount of cover, options selected, and any applicable discounts, including discounts available upon meeting our underwriting acceptance criteria. Over age 30, premiums generally increase each year on the anniversary of the Policy Commencement Date in line with the age of those insured, amount of cover and options selected. We will send you a letter each year prior to your Policy Anniversary setting out the cover amount for each person insured and the premiums payable for the next year. Please call us on 1800 999 804 if you ever have any questions about your premiums or how they're calculated.

Premiums can be paid fortnightly, monthly or annually. If you pay your premiums annually you'll get a discount – you'll pay 11 months' premiums instead of 12. If two lives are insured on the same Policy, the youngest Life Insured will get a 5% discount. Premiums must be paid by the due date. If you stop paying your premiums for any reason, your cover will be cancelled. No benefits will be paid if the Policy is cancelled. If, however, a benefit is payable after the date the premium is due, but before we cancel the Policy, we will pay the benefit in accordance with the Policy conditions after deducting the outstanding premiums.

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.

This product is designed to provide insurance cover only and does not acquire any cash value. You will not get anything back if you cancel your Policy at any time other than during the cooling off period.

The underlying premium rates are not guaranteed, but once your cover has started, you will never be singled out for a premium rate increase, and any increase will be applied to all policyholders to whom the same premium rate table applies, with 30 days written notice. Premiums must be paid in Australian dollars.

Taxation

Generally, the premiums you pay will not be tax deductible. This taxation information is based on the continuation of present laws and their current interpretation and is a general statement only. For advice regarding taxation please contact your registered accountant or the Australian Taxation Office.

Statutory fund

The assets of TAL Life Limited's Statutory Fund Number 1 will be liable for the payment of the benefits under this Policy. You have no rights in the assets of TAL or any TAL statutory fund.

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 by you in respect of this Policy.

How to make a claim

Please call us on 1800 999 804 to let us know as soon as possible if you need to make a claim. We will send out a Claim Pack including any forms which need to be completed and let you know of any other claim requirements. You must provide at your expense the information we ask for, including any medical examinations or tests, for your claim to be assessed.

Who receives the benefit payment

In the event that a claim is paid, the payment will be made to the surviving Policy Owner of the Policy. Where there is no living Policy Owner, the benefit will be paid to the nominated beneficiary or beneficiaries, or the estate of the Policy Owner.

The Policy Owner can nominate to whom a benefit will be paid - these people are called the beneficiaries. Any nomination of a beneficiary or beneficiaries is binding on us once we receive it and send written confirmation of the nomination back to you. You can ask us to change or revoke a nomination at any time.

If a nomination is made, details of each beneficiary will be shown in the Policy Schedule. If a change or revocation is made in relation to a nomination, a new Policy Schedule will be issued as confirmation of the change or revocation.

In the event a beneficiary dies before the Life Insured, the nomination of that beneficiary is no longer valid.

If there are other surviving beneficiaries, benefits will be paid to the remaining beneficiaries.

If there are no surviving beneficiaries, then the benefit will be paid to you, or if you have died, to your legal personal representative or a person we are permitted to pay under the Life Insurance Act 1995.

Maximum benefit payable per Life Insured

If a Life Insured is covered under more than one Insuranceline or TAL life insurance policy, the maximum total benefit that can be paid under all term life policies issued by TAL is \$1,700,000 plus any increases due to Inflation Protection. The maximum total benefit that can be paid under multiple Basic Life Cover policies is \$250,000 plus any increases due to Inflation Protection.

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.

Misstatement of age

If the age of a Life Insured has been understated in the application for a Policy then the Benefit Amount payable in respect of that Life Insured will be calculated on the basis of the Benefit Amount that the premium would have purchased if it had been calculated on the correct age. If the age of the Life Insured has been overstated we will refund any excess premium paid.

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.

If an issue has not been resolved to your satisfaction within 45 days of lodging your initial complaint, 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.

Your privacy

Personal and sensitive information is collected from you or about you to enable us to provide our 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 Privacy Policy available at www.insuranceline.com.au/Privacy-Policy or is 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 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:

Post: Reply Paid GPO Box 5380, Sydney NSW 2001

Phone: 1800 999 804

Email: 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 Office of the Australian Information Commissioner which is available at <http://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;
- 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 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 opt out

From time to time we and our related entities or business partners may use your personal information for the purposes 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 to receive further marketing communications from us, or if you do not want us to disclose your personal information for marketing purposes please contact us on 1800 999 804 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 999 804 or write to Insuranceline, Reply Paid GPO Box 5380, Sydney NSW 2001.

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 999 804. Our Customer Care Team can help you with:

- Changing your nominated account details.
- Delaying, stopping or suspending any debits.
- 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 TAL Life Limited.

Accidental Injury or Injury means a bodily injury directly and solely caused by violent, external and visible means, where the injury is not self-inflicted and has occurred after the Cover Commencement Date.

Activities of Daily Living are:

- 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; and
- Feeding - the ability to get food from a plate into the mouth.

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

Benefit Amount means the benefit amount you apply for and which is accepted by us at the start of the Policy (the Cover Commencement Date) together with any requested increase, which we have accepted in writing, or any increases that we have automatically applied to your Policy such as Inflation Protection increases.

Cover means the Cover you have applied for 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 you first take out Cover (this date will be shown in your Policy Schedule).

Cover Expiry Date means the date at which Cover ceases. The Cover Expiry Date for each type of Cover and your Policy will be set out in your Policy Schedule.

Dangerous Pastimes are those pastimes, sports and activities that involve an inherent degree of danger and increased risk and are listed as follows:

- 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.

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 fare-paying 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.

Free of the Condition means there has been a complete absence of any of the signs or symptoms, and no recurrence, of the Pre-Existing Medical Condition, nor has any treatment been taken or required.

Illness means an illness or disease that first became apparent after the start of the Policy and while the Policy is in force.

Immediate Family Member means a spouse, partner (including a same-sex partner) de facto partner, child, parent and/or sibling of a Life Insured or Policy Owner.

Injury means **Accidental Injury**.

Insured Condition means the medical condition, injury or medical procedure covered under the Major Illness Cover, Cancer Cover or Serious Injury Cover as specified and defined on pages 14 - 20.

Known Genetic Condition means any illness or medical condition for which the Life Insured has had a positive genetic test, where testing for this illness or medical condition occurred prior to the Cover Commencement Date, reinstatement or any increase in Cover you apply for.

Legally Blind means a permanent blindness as defined in Australia by the Social Security Act 1991, as amended or replaced, at the time of the onset of Illness or Injury.

Life Insured means the person whose circumstances we assess and accept as a Life Insured and who is named as such in the Policy Schedule.

Limb means an arm, hand, leg or foot.

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

- you or the Life Insured;
- a business partner of you or the Life Insured; or
- an Immediate Family Member of you or 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: Chiropractors, physiotherapists and alternative therapy providers are not considered Medical Practitioners unless also registered to practise medicine in Australia.

Policy means the legal contract between the Policy Owner and us. This document, the application, the personal statements, the Policy Schedule and any special conditions or endorsements make up the Policy.

Policy Anniversary means the anniversary of the Cover Commencement Date of your Policy.

Policy Commencement Date means the date you first take out the Policy (this date will be shown in your Policy Schedule).

Policy Owner means the person who applies and is accepted for this Policy and who is so named in the Policy Schedule. The Policy Owner is the only person who may extend, vary, cancel or otherwise exercise any rights under the Policy.

Policy Schedule means the document we send you titled "Policy Schedule" which sets out the details of your particular Policy including who is the Policy Owner, who is the Life Insured, which benefits you have applied and been accepted for, any special terms we have agreed with you, and your Cover Commencement Date and Cover Expiry Date.

Pre-Existing Medical Condition means any:

- Sickness, injury, or medical condition, or any symptoms of a sickness, injury or medical condition, of which, during the five years prior to the Cover Commencement Date, reinstatement or any increase in Cover you apply for, the Life Insured was aware, or of which a reasonable person could have been expected to be aware.
- Stroke, bleeding from an arterial aneurysm or heart attack related claim, if any of the following was apparent in the five years prior to the Cover Commencement Date, reinstatement or any increase in Cover you apply for:
 - 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.
- Malignant cancer diagnosed prior to the Cover Commencement Date, reinstatement or any increase in Cover you apply for which subsequently recurs or spreads.

Significant Life Changing Event means marriage, having a baby or adopting a child, or taking out a new mortgage.

Terminal Illness means an illness or condition where, after having regard to the current treatment or such treatment as the Life Insured may reasonably be expected to receive, the Life Insured is unlikely to survive more than 12 months as confirmed by two registered Medical Practitioners approved by us, one of whom must specialise in an area of practice related to the illness suffered by the Life Insured.

This Financial Services Guide (FSG) is provided by TAL Direct Pty Limited ABN 39 084 666 017 (“TAL Direct”). TAL Direct holds an Australian Financial Services Licence 243260 and is related to the insurer TAL Life Limited ABN 70 050 109 450 (“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 by law to provide you with this FSG. This document outlines important legal information as required by the Corporations Act 2001. 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 and who we act for

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 in relation to general insurance products to retail clients;
- Deal in life and general insurance products to retail clients; and
- Arrange superannuation products to retail clients.

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 Limited; 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 also acting for the insurer.

The Insurer's registered address is:

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

TAL Direct's address is:

Level 16, 363 George Street
Sydney NSW 2000

St Andrew's address is:

Level 6, 100 Skyring Terrace
Newstead QLD 4006

Who are our representatives?

Our 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 the suitability of the product for you. Therefore, you should carefully review the Product Disclosure Statement "PDS", having regard for 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 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.

Dispute resolution process

Insuranceline offers a dispute resolution service in relation to any concerns you may have about your Policy, our services or your privacy. Please refer to page 27 for details of the Internal and External Dispute Resolution processes.

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.

If we provide you with a financial service you are entitled to request details of this remuneration, and may do so by contacting us on the number specified in this FSG. There may be circumstances where additional commissions, bonuses and non-cash incentives are paid 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.

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 999 804

Fax: 1800 730 099

Mail: Insuranceline
Reply Paid GPO Box 5380
Sydney NSW 2001

Email: customerservice@insuranceline.com.au

Web: insuranceline.com.au

TALD8311 11/18 ISS7W

1800 999 804 8am – 8pm (AEST) Monday to Friday
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Insuranceline