

MAJOR ILLNESS PLAN

COMBINED PRODUCT DISCLOSURE STATEMENT
AND FINANCIAL SERVICES GUIDE
ISSUE DATE 26 MAY 2014

MAJOR ILLNESS INSURANCE FOR GREAT AUSTRALIANS



INSURANCELINE

ABOUT THIS DOCUMENT

This document is designed to help you decide whether to buy an InsuranceLine Major Illness Plan. 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) 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.

There are risks involved with taking out insurance and you should be aware of these. Please refer to page 19 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 1300 880 750 if you would like a copy to be sent to you.

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 26.

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 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 ISSUER 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. TAL Life Limited is responsible for the entirety of this PDS.

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).

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.

CONTENTS

1. CHOOSING THE RIGHT POLICY	7
Step 1. Choose who to cover & the amount of Cover	7
Step 2. How are your premiums calculated	7
Step 3. Choose your payment option	7
2. TAKING OUT COVER	8
How can I take out a Major Illness Plan?	8
Duty of disclosure	8
Accurate medical information	8
If I change my mind, am I entitled to a refund?	8
3. MAKING A CLAIM	9
How do I, or my loved ones make a claim if we ever need to?	9
Claims information we will need at your expense	9
Claim requirements at our expense	10
Duty of disclosure	10
Fraudulent claims	11
Misstatement of age	11
4. BENEFIT TERMS AND CONDITIONS	12
What is your Policy made up of?	12
Benefits	12
Maximum Benefit amount per Life Insured	13
Benefit payments	13
What isn't covered?	13
When the benefits are Indexed	14
Can I make alterations to my Policy after it has commenced?	14
Alterations and variations	15
Special conditions and exclusions	15
When does my Policy end?	15
5. PREMIUMS	16
Premiums	16
When do you have to pay?	16

Unpaid premiums and dishonours	16
What happens if I stop paying?	17
Can we change the standard premium rates?	17
Will my premiums go up?	17
Premium Freeze	17
Are my premiums tax deductible?	18
Reinstatement	18
Government duties	18

6. IMPORTANT INFORMATION 19

Why InsuranceLine?	19
Any questions?	19
Statutory fund	19
Risks	19
Dispute resolution process	20
Your Privacy	20
Direct Marketing and Opt out	23
Contact from us	23

7. GLOSSARY 24

INSURANCELINE DIRECT DEBIT SERVICE AGREEMENT 28

How direct debit works	28
When we deduct your payments	28
Our promise to you	28
Your commitment to us	29
How to make changes	29

FINANCIAL SERVICES GUIDE 30

Purpose of this Financial Services Guide	30
Our services and who we act for	30
Who are our representatives?	30
What does general financial product advice mean?	30
Dispute resolution process	31
Disclosure of remuneration	31
PI Insurance	31

WHY MAJOR ILLNESS INSURANCE?

We understand how important financial stability is to most families – so it's great to know you can still provide for your loved ones, even if you're out of action with a serious illness. That's why InsuranceLine has made it easier to keep money coming in to help pay bills if you can't work. 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 through thick and thin. It's great to know you can help look after the people you love, no matter what. You'll find everything you need to know about InsuranceLine's Major Illness Plan in this easy to understand PDS.

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

These are the benefits you can expect:

AFFORDABLE COVER

Lower levels of Cover can be taken out for as little as \$3.22 per week, ensuring some level of Cover is available for everyone (see page 7).

LIFE INSURANCE AUTOMATICALLY INCLUDED

If you haven't made a Major Illness claim, the Policy pays out your level of Cover if you become Terminally Ill or die from any cause, including accidents (except for suicide in the first 13 months).

UP TO \$100,000 COVER

Depending on your circumstances you can choose the amount of Cover right for you (see page 7).

SIMPLE COVER

Cover is available over the phone, meaning no complicated forms (see page 8).

CLAIM ON DIAGNOSIS

You're covered for Cancer, Heart Attack, Stroke, Coronary Artery Bypass Surgery, Paralysis and Permanent Incapacity as defined on pages 22 and 23.

AUTOMATIC PROTECTION AGAINST INFLATION

To ensure your Cover amount is adjusted in line with increasing living costs over the years, we increase your Cover each year in line with the change in the cost of living, or 5%, whichever is higher. This will reflect in an increase in premiums. Of course you can opt out of this and your Cover will remain unaltered (see When the Benefits are Indexed on page 14).

1 | CHOOSING THE RIGHT POLICY

STEP 1. CHOOSE WHO TO COVER & THE AMOUNT OF COVER

We provide up to \$100,000 Cover – simply choose the amount that best suits your requirements. You can also add your partner or another adult to your Policy. Each of you can have different Cover amounts if required.

Don't forget that if your circumstances change, you have the flexibility to adjust your Cover amount – just give us a call on 1300 880 750.

Weekly Rates per \$50,000 Cover

Example Weekly cost for \$50,000 Cover				
Current Age	Male		Female	
	Non-Smoker	Smoker	Non-Smoker	Smoker
30	\$3.92	\$5.74	\$3.22	\$4.30
35	\$5.55	\$9.33	\$4.94	\$7.89
40	\$7.09	\$14.25	\$6.51	\$11.52
45	\$10.75	\$22.61	\$9.10	\$17.65
50	\$18.35	\$38.95	\$13.61	\$26.22
55	\$32.03	\$64.95	\$20.03	\$41.58
60	\$52.41	\$102.54	\$30.74	\$63.76
65	\$77.56	\$153.42	\$49.79	\$95.23

STEP 2. HOW ARE YOUR PREMIUMS CALCULATED

Premiums are calculated separately for each life insured and are based on their age, sex, level of Cover and any applicable discounts. Generally, your premiums increase with your age and Cover amount

STEP 3. CHOOSE YOUR PAYMENT OPTION

We understand how important it is for your Major Illness Plan to fit within your budget. We've made our plans flexible so you can choose how frequently you pay premiums, whether it be fortnightly, monthly or annually. This gives you the convenience of paying premiums in line with the days you get paid, providing you more flexibility and control.

Plus, if you pay annually, you'll get one month's Cover free each year! All payments in connection with this Policy must be made in Australian dollars.

2 | TAKING OUT COVER

HOW CAN I TAKE OUT A MAJOR ILLNESS PLAN?

If you're an Australian resident aged 16 to 55, you can take out a Major Illness Plan over the phone or request more information online. Just call 1300 880 750 between 8am and 8pm (AEST), Monday to Friday or go to insuranceline.com.au for more information.

DUTY OF DISCLOSURE

When applying for insurance, or any increase in Cover, you are bound by law to the duty of disclosure which requires you to answer all of our questions honestly and completely. If you do not answer our questions honestly and completely, we may reduce or refuse to pay a claim or we may cancel all or part of the Policy. We will obtain the necessary medical and/or financial or employment records at the time of any claim to confirm that the statements you make are honest and complete. If they are not, your claim may not be paid and all or part of your Policy may be avoided from inception, which means we will treat all or part of your Policy as if it never existed.

ACCURATE MEDICAL INFORMATION

When taking out your Policy, please ensure that all medical information provided is accurate. We are in the business of paying claims, and the more information you provide to us the easier that is for us.

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.

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

3 | MAKING A CLAIM

HOW DO I, OR MY LOVED ONES MAKE A CLAIM IF WE EVER NEED TO?

A Major Illness Plan helps take the financial difficulty out of what can be a very stressful time. That's why, if you need to make a claim, we've kept the process as straightforward as possible:

STEP 1.

Call us on 1300 880 750 and we will send a claim form or go to insuranceline.com.au to download one. The sooner a claim is made, the sooner your loved ones can receive the financial assistance they need.

STEP 2.

Complete the relevant form and return it, together with any requested documents we need to validate the claim. Depending on the claim, we'll let you know what we need. For example, we will request birth and death certificates or proof of the condition for which a claim is being made.

We will need the completed claim form after the condition occurs or is diagnosed or after the death of the Life Insured so that we can assess whether the conditions necessary for a claim have been met. We may not be able to do this effectively if the claim form is delayed.

CLAIMS INFORMATION WE WILL NEED AT YOUR EXPENSE

You must provide us, at your own expense, with any information and documentation supporting the claim that we reasonably require. We will contact you within a reasonable time of 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 will also provide you with the necessary forms in order to obtain this information.

We will require proof of the condition for which a claim is being made, supported by (but not limited to):

- appropriate evidence from a specialist Medical Practitioner, including confirmatory investigations such as (but not limited to) clinical, radiological, histological and laboratory evidence; and
- if the condition requires a surgical procedure to be performed, the procedure must be the usual treatment for the condition and be medically necessary.

We will also require the following:

- proof of age of the Life Insured (birth certificate); and
- proof of death if relating to a claim for death.

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 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 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 an Insured Condition;
- confirmatory assessment and diagnosis of current functional capacity by a qualified Medical Practitioner of our choice;
- if appropriate, proof that a surgical procedure was medically necessary and is the usual treatment for the underlying condition; and
- access to details of the Life Insured's previous medical consultations.

For all claims (except Terminal Illness and death claims), our medical advisers must confirm the occurrence of the Insured Condition.

For Terminal Illness claims you will normally only need to provide a medical certificate from the treating Medical Practitioner.

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 8, 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.

MISSTATEMENT OF AGE

If the age of the Life Insured has been understated on the application for this Policy then the Benefit Amount payable in respect of a Life Insured covered under this Policy 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 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.

4 | BENEFIT TERMS AND CONDITIONS

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

WHAT IS YOUR POLICY MADE UP OF?

Your Policy with us is made up of:

- this document;
- your application; and
- the Policy Schedule that we will send you if your application is accepted.

A benefit listed in this document only applies if shown in your Policy Schedule.

BENEFITS

Benefit details for a Life Insured are shown in the Policy Schedule.

The Benefit Amount is payable if, after the Commencement Date (and any applicable waiting period), a Life Insured suffers from one of the Insured Conditions, a Terminal Illness or in the event of death while covered for the Major Illness Plan, except as otherwise stated in these Conditions.

If the Life Insured suffers more than one Insured Condition, Terminal Illness and/or death, the Benefit Amount is only payable for the first of those to occur.

Insured Conditions are:

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

These Insured Conditions and Terminal Illness have specific meanings and are defined in the Definitions of Insured Conditions table on pages 24 and 25.

MAXIMUM BENEFIT AMOUNT PER LIFE INSURED

If a Life Insured is covered under more than one Major Illness Plan and/or is also covered under a Cancer Illness Plan, the Maximum Benefit Amount that can be paid under all Major Illness Plans and Cancer Illness Plans is \$100,000 plus any Indexation applied.

If a Life Insured is also covered under any other TAL insurance policy (except Funeral Plan, Insurance Plan for Over 55s or Income Protector Plan) the maximum Benefit Amount that can be paid upon death under all policies is \$1.2 million, plus any Indexation accrued to a maximum of \$2.5 million.

BENEFIT PAYMENTS

Any Benefit Amount payable under Major Illness Plan will be paid to you as Policy Owner, or to your estate if you are also the Life Insured and have died, in accordance with Probate or Letters of Administration.

Upon the payment of a Major Illness Plan Benefit Amount, all Cover for that Life Insured ceases.

WHAT ISN'T COVERED?

As you'd expect, there are some specific conditions which are not covered (including most skin cancers, angina and transient ischaemic attacks).

No benefit is payable for an Insured Condition if it is the direct or indirect result of an intentional self-inflicted injury of the Life Insured.

No benefit is payable for Cancer, Heart Attack, Coronary Heart Surgery and Stroke, if the condition occurred or was diagnosed, or the circumstances leading to diagnosis became apparent, within 90 days (the waiting period) after:

- the Policy Commencement Date;
- the date of an applied for increase but only in respect of the increase;
- the date a Life Insured was added to the Policy, in respect of that Life Insured; or
- the most recent date that we have agreed to reinstate the Policy.

No benefit is payable for Terminal Illness or on the death of a Life Insured if it is the direct or indirect result of suicide or an intentional self-inflicted injury, and occurs within 13 months of:

- the Policy Commencement Date;
- the date of an applied for increase but only in respect of the increase;
- the date a Life Insured was added to the Policy, in respect of that Life Insured; or
- the most recent date that we have agreed to reinstate the Policy.

Other conditions or exclusions may apply to your Policy. If so, these are stated on the Policy Schedule.

If a Benefit is not paid under the terms of the Policy, we will not refund the premiums you have paid.

WHEN THE BENEFITS ARE INDEXED

Each year your Benefit Amount 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 Benefit Amount will increase by 5% per cent or by the Indexation Factor, whichever is the greater, on each Policy Anniversary. 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.

If you ask us not to Index the Benefit Amount for three successive years, no further Indexation will apply to 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 55 or younger or remove existing ones or change your Cover amount.

Please note these changes may have an impact on your Policy. By adding people to your Policy or increasing your Cover amount, your premiums will 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 us in writing. No other person or company including our agent 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 additional exclusions, which may apply to this Policy.

WHEN DOES MY POLICY END?

As long as you keep your premiums up to date and pay when due, you'll continue to be covered. Once accepted, we guarantee to offer to renew your Cover up until age 69, provided you keep up to date with your payments.

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

- the Policy Anniversary immediately prior to the Life Insured's 69th birthday;
- the death of the Life Insured;
- your Policy is cancelled due to:
 - non-payment of premiums;
 - you making a fraudulent claim;
- the date we receive a written request from the Policy Owner to cancel the Policy; or
- your Policy is avoided due to you making a non-disclosure or misrepresentation at the time of application.

5 | PREMIUMS

PREMIUMS

The premium you have to pay is shown in your Policy Schedule. The Premium you have to pay generally increases from year to year. The premium is calculated from our standard premium rates and takes into account:

- age and gender of the Life Insured, the Benefit Amount and whether the Life Insured is a smoker;
- any change to the Benefit Amount, for example Indexation increase;
- your premium will increase each year in accordance with your age and any increase to your Benefits Amount;
- if you change your premium frequency from yearly then your premium will increase because your annual discount will no longer apply;
- if we change the underlying standard premium rates or if there are changes in taxes or Government charges that apply to this type of Policy.

We will inform you of your premium each year in your Policy Anniversary letter.

WHEN DO YOU HAVE TO PAY?

The premium is payable on the premium due dates shown in the Policy Schedule. You can at any time change the frequency of premium payments. If you are paying by direct debit, the premium will be deducted from the account that you have authorised us to debit. Depending on weekends and public holidays, the deduction will be made around the due date. If you pay premiums yearly, a discount will apply.

UNPAID PREMIUMS AND 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 was the first premium, then there will be no Cover under the Policy at all; or
- if the unpaid premium was 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 and the insurance Cover stops.

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 Policy conditions after deducting the outstanding premiums. If your Policy is cancelled, you may apply to us to have it reinstated.

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. As Major Illness Insurance is an insurance policy, not a savings plan, it works in the same way as other insurance, 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.

CAN WE CHANGE THE STANDARD PREMIUM RATES?

We cannot change the standard premium rates for your Policy alone, but we can change the standard premium rates or premium calculation factors applying to all Major Illness Insurance policies, or a group of policies under the same table of rates, in the same manner.

A copy of the standard premium rates for the Major Illness Plan is available on request. If there is any change to these standard premium rates we will notify you in writing at least 30 days before the change becomes effective.

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 the Premium Freeze option, 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. See When the Benefits are Indexed on page 14.

PREMIUM FREEZE

At any time after the Policy Commencement Date, you may request a premium freeze, so that neither Indexation or age-step premium increases will be applied at subsequent Policy Anniversaries. This generally means that your Benefit Amount will reduce each year. If the premium freeze is applied to your Policy, we will confirm in writing your new Benefit Amount for the year ahead at each Policy Anniversary.

ARE MY PREMIUMS TAX DEDUCTIBLE?

Generally, the premiums paid will not be tax deductible nor will the benefits be assessable for income tax purposes. The taxation information in this PDS 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 this Policy lapses it may be reinstated at our sole discretion at any time within one year after the date that the unpaid amount became due, on such terms and conditions as we may require. Outstanding premiums will need to be paid before a Policy can be reinstated.

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.

6

IMPORTANT INFORMATION

WHY INSURANCELINE?

InsuranceLine is Australia's number one choice for direct life insurance*. 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.

*Source: Direct Life Insurance 2013, Rice Warner Actuaries' Pty Ltd.

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!

1300 880 750 8am – 8pm (AEST) Monday to Friday

questions@insuranceline.com.au

Reply Paid 62, Carlton South VIC 3053

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 alone be liable for the payment of the benefits under this Policy. You have no rights in the assets of any other TAL Statutory Fund.

CURRENCY

All payments made in connection with this Policy are made in Australian currency.

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 1300 880 750 or write to us at InsuranceLine, Reply Paid 62, Carlton South VIC 3053 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.

EXTERNAL DISPUTE RESOLUTION SERVICE

In the event that we are unable to resolve your concern, you have the right to contact the Financial Ombudsman Service (FOS) which is an independent complaints resolution body. Call FOS on 1300 780 808 or write to G.P.O Box 3, Melbourne Victoria 3001. FOS is an independent body and its service to you is free. Different terms of reference are applied by FOS depending on whether your complaint relates to a life insurance product or a general insurance product. Please refer to FOS for details.

To use FOS, you must have firstly attempted to use our internal dispute resolution service.

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 holds;
- 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:

Reply Paid 62, Carlton South VIC 3053
1300 880 750
questions@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 <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; 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 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 1300 880 750 or email questions@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 1300 880 750 or write to InsuranceLine Reply Paid 62, Carlton South VIC 3053.

Definitions of Insured Conditions

Explanation	Evidence Required	Conditions Not Covered
<p>Cancer means</p> <p>The presence of one or more malignant tumours.</p>	<p>This requires the malignant tumour to be characterised by the uncontrolled growth and spread of malignant cells and the invasion and destruction of normal tissue.</p> <p>*Carcinoma in situ of the breast is covered if it results directly in the removal of the entire breast. The procedure must be performed specifically to arrest the spread of malignancy, and be considered the appropriate and necessary treatment by your treating Medical Practitioner.</p>	<p>The following tumours are excluded:</p> <ul style="list-style-type: none"> • Tumours showing the malignant changes of carcinoma in situ (including cervical dysplasia CIN-1, CIN-2 and CIN-3) or which are histologically described as premalignant*; • all skin cancers, unless there is evidence of metastases; • Melanoma of the skin at Stage 1A (tumour thickness of less than or equal to 1.00mm, Clark level II or III, without ulceration); • Prostatic cancers which are histologically described as TNM Classification T1 or are of another equivalent or lesser classification, unless resulting in the surgical removal of the prostate; • Papillary Micro-Carcinoma of the Thyroid or Bladder; and • Chronic Lymphocytic Leukaemia less than Rai Stage 1.
<p>Heart Attack means</p> <p>The occurrence of an acute myocardial infarction, which means the death of a portion of heart muscle due to inadequate blood supply.</p>	<p>This requires clear evidence of:</p> <ul style="list-style-type: none"> • new electrocardiograph (ECG) changes associated with myocardial infarction; and • the elevation of biochemical markers (such as troponin or cardiac enzymes) of myocardial necrosis. <p>If the above tests are inconclusive, consideration will be given to any other medical evidence in support of a diagnosis.</p>	<p>The following are excluded:</p> <ul style="list-style-type: none"> • non-cardiac chest pain; and • Angina, which is a more common but temporary heart condition with no death of the heart muscle.

<p>Stroke means</p>	<p>A cerebrovascular event producing neurological deficit, which means the malfunction of the brain due to bleeding or a blood clot on the brain.</p>	<p>This requires clear evidence on a CT, MRI or other appropriate scanning device of an:</p> <ul style="list-style-type: none"> • infarction of brain tissue caused by intracranial and/or subarachnoid haemorrhage; or • embolisation from an extracranial source. 	<p>The following are excluded:</p> <ul style="list-style-type: none"> • Transient ischaemic attacks; • Reversible neurological deficit; • Cerebral symptoms due to migraine; • Cerebral injury resulting from trauma or hypoxia; and • Vascular disease affecting the eye, optic nerve or vestibular functions.
<p>Coronary Artery Bypass Surgery means</p>	<p>Bypass grafting surgery performed to correct or treat coronary artery disease.</p>	<p>As per explanation.</p>	
<p>Paralysis means</p>	<p>The total and permanent loss of function of 2 or more limbs.</p>	<p>This requires permanent damage to the nervous system due to sickness or injury. This includes, but is not limited to, quadriplegia, paraplegia, diplegia and hemiplegia.</p>	
<p>Permanent Incapacity means</p>	<p>The loss of ability to look after yourself.</p>	<p>This requires the total and irrecoverable loss of ability to perform at least two of the following activities without the physical assistance of another person.</p> <ul style="list-style-type: none"> • Bathing - the ability to shower and bathe; • Dressing - the ability to put on and take off clothing; • Toileting - the ability to get on and off, and use, the toilet; • Mobility - the ability to get in and out of bed and a chair; • Feeding - the ability to get food from a plate into the mouth. 	

7 | GLOSSARY

The Glossary defines expressions used in the Policy.

Benefit Amount means the amount payable on the suffering of an Insured Condition the Life Insured, subject to the terms of Cover outlined in this document, including any respective increases or Indexation as applicable and as shown in the Policy Schedule.

Cover refers to the circumstances in which a Benefit Amount is payable in accordance with this document. The Cover your Policy provides is shown in your Policy Schedule.

Immediate Family Member means spouse, partner, de facto, children, parents and siblings.

Index, Indexed, Indexation and Indexation Factor means the percentage increase in the Consumer Price Index (weighted average of eight capital cities combined) as 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 such other price index as TAL determines.

Insured Conditions are defined in the table below.

Life Insured means a person or persons that TAL has agreed in writing to insure under this Policy. The person or persons initially accepted to be insured under this Policy are shown in the Policy Schedule.

Medical Practitioner means a person who is qualified and registered as a Medical Practitioner, 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 regarded as Medical Practitioners.

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(ies) means each anniversary(ies) of the Policy Commencement Date.

Policy Commencement Date means the date the Policy commences and is shown on the 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 containing details of the Policy Owner and the Life Insured under this 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
- any changes made by us in accordance with these Policy Conditions, such as indexation and premium rate changes.

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 six months.

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 1300 880 750. 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.

FINANCIAL SERVICES GUIDE

This Financial Services Guide (FSG) is supplied by 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 general financial product advice about life and general insurance products to retail client, and
- deal in life and general insurance products to retail clients.

When TAL Direct arranges to issue an insurance product it does so on behalf of the insurer, TAL Life Limited who is the issuer of the product. TAL Direct does not act for you in these circumstances.

The Insurer's registered address is:

Level 16, 363 George Street
Sydney NSW 2000

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 FINANCIAL PRODUCT ADVICE MEAN?

It is important that you understand that we do not provide personal advice or make recommendations about the suitability of the product for you. Therefore, you should carefully review the 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 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 20 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 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. The total amount of commission will vary between 0 and 20% of the first year's premium and if payable will be paid fortnightly. 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.

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: 1300 880 750

Fax: 1800 730 099

Mail: InsuranceLine, Reply Paid 62,
Carlton South VIC 3053

Email: insuranceline@insuranceline.com.au

Web: insuranceline.com.au

1300 880 750 8am – 8pm (AEST) Monday to Friday
questions@insuranceline.com.au
Reply Paid 62, Carlton South VIC 3053
insuranceline.com.au

