

Medibank Life Insurance

Product Disclosure Statement

Preparation Date: 15/08/2007

Medibank Life Insurance is issued by Allianz Australia Life Insurance Limited
ABN 27 076 033 782, Australian Financial Services Licence No. 296559
of 2 Market St, Sydney, NSW 2000 (Allianz) and distributed by Medibank Private Limited
ABN 47 080 890 259 (Medibank Private) as an authorised representative of Allianz.

lifeinsurance

medibank
P R I V A T E

This Product Disclosure Statement (PDS) is issued by Allianz Australia Life Insurance Limited (Allianz). Allianz has sole responsibility for the PDS and Policy Document and the assessment and payment of any claims in relation to the products described. Medibank Private does not guarantee or accept liability in respect of Medibank Life Insurance.

Medibank Private Limited ABN 47 080 890 259 Authorised Representative Number 286089 of Level 17, 700 Collins Street, Melbourne, VIC (Medibank Private) has been appointed as an Authorised Representative by Allianz to act on its behalf.

Medibank Private has given, and has not, at the date of this PDS withdrawn:

- its written consent to be named in the PDS as distributor; and
- its written consent to the inclusion of the statements made about it on page 5 in the form and context in which they appear.

Important note:

Please read this important document carefully before deciding whether or not to buy Medibank Life Insurance. The information contained in this document is general information only. It does not take into account your individual objectives or financial situation. You should therefore consider the appropriateness of the insurance having regard to your objectives, financial situation and needs. You should seek advice from your financial adviser before deciding on appropriate insurance cover.

Changes to the Product Disclosure Statement

Information in this document that is not materially adverse may change from time to time. Where we have indicated in the Product Disclosure Statement (PDS) that we will advise you of changes then you will be advised of such changes in writing. Where there are other changes that are not materially adverse or significant from the point of view of a reasonable person (such as minor changes to tax rules), we may make such changes by amending the PDS and publishing an updated version at medibank.com.au/lifeinsurance. A paper copy will also be available free of charge on request.

About Allianz

Medibank Life Insurance is issued and administered by Allianz Australia Life Insurance Limited ABN 27 076 033 782, Australian Financial Services Licence No. 296559 (Allianz).

Contact us

Call us: 1300 651 454

Write to us: Life Insurance Service Centre
324 Queens St
Brisbane QLD 4000

How to read this Product Disclosure Statement and Policy Document

This document:

- gives you a brief overview of Medibank Life Insurance
- explains how to apply for cover (pages 6 to 8)
- explains the **Policy** under 'Policy Conditions' (pages 9 to 14)
- sets out additional important information (pages 15 to 19) including your Duty of Disclosure (page 15) and cooling off rights (page 16).

We have **bolded** words that are defined terms the first time they appear.

Take a look at our Glossary (page 20) to see these definitions. 'You' and 'your' are references to the **Policy Owner** or the **Life Insured**, as the context requires:

- The Policy Owner is responsible for paying the premium and will receive any insurance benefits (we only pay one benefit for each Life Insured even if there is more than one Policy Owner).
- The premium amount will depend on the circumstances of the Life Insured.
- The insured benefit is only payable in the event the Life Insured suffers an insured event as described in this Product Disclosure Statement and Policy Document.

'We', 'us', and 'our' are references to Allianz.

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Welcome to Medibank Life Insurance

About Medibank Private

Until recently, Medibank Private's main focus has been on health insurance. And, as Australia's largest and most accessible health fund, Medibank Private has worked hard to provide the right range of covers to meet its members' needs. In fact, over three million Australians trust Medibank Private with their health cover – and now Medibank Private is giving you the opportunity to access Life Insurance.

Medibank Private has arranged for Allianz, one of Australia's largest insurers, to provide a life insurance product so you and your family can now benefit from the financial security that life insurance provides.

Please note, if you have or have had Medibank Private Health Insurance, any sensitive information or any information about your medical history provided to Medibank Private in relation to your health insurance, remains with Medibank Private and is not provided to Allianz.

Medibank Life Insurance

Every day, ordinary people experience extraordinary things. And it's these extraordinary things that can really make you appreciate life. With Medibank Life Insurance, you'll have the peace of mind knowing that if the unexpected happens, the people you love can be protected.

Features of Medibank Life Insurance

- Simple application process
- No medical check-ups
- Member discounts
- Immediate approval in most cases
- 30 day cooling-off period

3 easy steps to apply

1. Think about your needs and choose the right cover

The amount and type of cover you need may depend on a number of factors, including:

- your lifestyle
- whether or not you have children or other dependant(s)
- your current and accessible income should you be permanently unable to work
- the income your family or dependant(s) would need if something were to happen to you or your partner
- financial obligations, such as rent and school fees
- liabilities and debts, such as a mortgage.

It's important to think about these and any other relevant factors when choosing your cover, to make sure it suits your needs.

You can take Life cover on its own, or you can combine Life and Permanently Unable to Work cover. To find out more see:

- Life cover – page 9
- Permanently Unable to Work cover – page 11.

2. Check your eligibility before you apply

There are some important things you need to do before you apply, including making sure you:

- meet our general eligibility to apply for cover (please note that only those people receiving this document and who are Permanent Australian Residents currently permanently residing in Australia can apply)
- have read this PDS and Policy Document carefully
- have read and understood your Duty of Disclosure to us (see page 15)
- are satisfied that the types and amounts of cover you are applying for meet your needs
- have details of any medical conditions and your doctor's contact details handy.

3. Choose how you want to apply

- go to medibank.com.au/lifeinsurance
- call us on 1300 651 454
- visit one of our participating Retail Centres.

Please note, acceptance is not guaranteed.

Benefits of Medibank Life Insurance

We offer two types of cover:

- Life cover: pays a lump sum on death or terminal illness (page 9)
- Permanently Unable to Work cover: pays a lump sum if you are permanently unable to work due to **Sickness** or **Injury** or suffer from a Major Physical Impairment (page 11).

You can take Life cover on its own, or you can combine Life and Permanently Unable to Work cover.

Who can apply for cover?

You can apply for cover if you are a holder of Australian or New Zealand Citizenship or an Australian Permanent Residency Visa and you are permanently residing within Australia at the time of your application.

You must also be between the ages of:

- 16 and 65 to apply for Life cover
- 16 and 55 to apply for Permanently Unable to Work cover.

If you are applying for Permanently Unable to Work cover you must be working on a permanent basis in an eligible occupation type for at least 20 hours per week. People in most types of occupations are eligible to apply for cover; however if your work involves any hazardous activities or if you would like to check your occupation, please call 1300 651 454 to confirm your eligibility to apply.

How much cover can I apply for?

The maximum **Cover Amounts** you can apply for are based on your current age and are listed in the table below (the Cover Amount of any Permanently Unable to Work cover cannot exceed the Life Cover Amount). The minimum Cover Amount is \$100,000.

Your Age	Maximum Life Cover Amount	Maximum Permanently Unable to Work Cover Amount
16 - 45	\$1,250,000	\$1,250,000
46 - 55	\$750,000	\$750,000
56 - 65	\$500,000	N/A

Inflation Proofing increases will continue even where the maximum Cover Amount is met or exceeded, but you will not be able to apply for any increases above the maximum Cover Amount for your age at the time of the application for an increase (page 12).

Increasing your level of cover

Once your Policy is current, you can apply to increase your cover or to add additional benefits at any time. Your application will be subject to assessment and we do not guarantee to increase cover (except in the circumstances described in the Guaranteed Benefit Increases section on page 10). Any cover you already have in place will be unaffected by future applications for increases even where we decline the increase or agree to cover you subject to Special Terms. To apply for an increase, please call 1300 651 454.

Medibank Life Insurance Policy Conditions

Your Policy consists of:

- the **Policy Schedule** that we will send you if your application is accepted
- the Policy Conditions (pages 9 to 19)
- the Glossary (page 20).

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

Benefits are only payable under the terms and conditions of the Policy.

We will not pay a benefit if an exclusion applies (page 12). You must also satisfy our claim requirements, explained on page 13.

Policy benefits

Life cover

We will pay you the Life Cover Amount if, while the benefit is current, the Life Insured dies or has a terminal illness where death is likely to occur within 12 months. We will also advance part of the Life Cover Amount if you have an **Accidental Injury** or to cover the costs of a funeral (please see below for details of when these benefits may be paid).

Accidental Injury Benefit

If you have an Accidental Injury which causes the entire and irrecoverable loss of use of:

- one hand or one foot or the sight in one eye, we will pay you 25% of the Cover Amount; or
- any combination of two or more of: one hand or one foot or the sight in one eye, we will pay you 100% of the Cover Amount.

Your Life Cover Amount will be reduced by the amount of any Accidental Injury Benefit paid and premiums will be adjusted accordingly.

If you also have Permanently Unable to Work cover, and the payment of an Accidental Injury Benefit causes your Permanently Unable to Work Cover Amount to exceed your reduced Life Cover Amount, then we will adjust your Permanently Unable to Work Cover Amount so that it is the same as the reduced Life Cover Amount and reduce your premiums proportionately (see example).

As Accidental Injury may also be covered under Permanently Unable to Work cover, we will not pay an Accidental Injury Benefit where you are eligible to receive a Permanently Unable to Work benefit for the same Accidental Injury.

For example

If your Life Cover Amount is \$500,000, and your Permanently Unable to Work Cover Amount is \$400,000 and we pay you an Accidental Injury Benefit of \$125,000 then:

- We will reduce your Life Cover Amount to \$375,000 (\$500,000 - \$125,000); and
- We will reduce your Permanently Unable to Work Cover Amount to \$375,000 to equal that of the Life Cover Amount.

Guaranteed Benefit Increases

You may increase your Life Cover Amount without our further assessment of your health, within 90 days of the occurrence of any of the specified events (described in the table below). This benefit does not apply if you are entitled to receive, are receiving or have received a benefit under the Policy.

Other than for an increase as a result of the birth or adoption of a child, for the first six months any increase will only be payable in the event of your **Accidental Death**.

There must be a minimum of six months between the specified events for a Guaranteed Benefit Increase to apply.

The minimum amount by which you can increase your cover under this benefit is \$10,000.

Specified Event	We guarantee to increase cover by the lesser of*:
<ul style="list-style-type: none"> You marry or divorce You or your spouse**, give(s) birth to, or adopt(s) a child You have a dependent child start secondary school You take out for the first time or increase your mortgage on your principal place of residence with an accredited mortgage provider 	<ul style="list-style-type: none"> \$200,000; or 50% of the Cover Amount at the commencement of the Policy; or The amount of the mortgage or increase to the mortgage.
You have any single increase to your total salary package of 20% or more	<ul style="list-style-type: none"> \$100,000; or 25% of the Cover Amount at the commencement of the Policy; or Five times the amount of the salary package increase.

*The Cover Amount cannot be increased to an amount greater than the maximum Cover Amount for Life cover (dependent on your age at the time of the increase).

**Means legal husband or wife, or someone living with you as your de facto spouse on a genuine domestic basis. For the purposes of this benefit your spouse may be of the same gender as you.

Advancement for Funeral Expenses

We will advance up to \$15,000 of the Life Cover Amount to assist with the costs associated with funerals or other similar expenses.

An application for advancement must be made by you, or your estate, and must include proof of the Life Insured's age, invoices for the relevant expenses and satisfactory evidence of death. The amount advanced will reduce any Life Cover Amount that we may pay.

Permanently Unable to Work cover

We will pay you the Permanently Unable to Work Cover Amount if, while the benefit is current you have a **Sickness** or **Injury** which means you are unlikely ever to be able to work again or have a Major Physical Impairment (as described in the table below).

Permanently Unable to Work cover can only be taken in conjunction with Life cover. If we pay you a Permanently Unable to Work benefit we will reduce your Life Cover Amount by the amount paid (see example).

When a Permanently Unable to Work Benefit is payable:

Permanent inability to work	We will pay a benefit when:
	Solely because of Sickness or Injury you have been continuously absent from work for a period of at least three consecutive months and due to that Sickness or Injury you are unlikely ever to work again in any occupation for which you are suited based on your work experience, your education and any training you have had.
Major physical impairment	We will pay a benefit on:
<ul style="list-style-type: none"> • Loss of Limbs or paralysis 	Your total and permanent loss of use of: <ul style="list-style-type: none"> • two or more Limbs; or • one or more Limbs and the sight in one eye, due to Sickness or Injury.
<ul style="list-style-type: none"> • Loss of Sight 	Permanent Legal Blindness in both eyes due to Sickness or Injury.
<ul style="list-style-type: none"> • Loss of Hearing 	Total and permanent loss of hearing in both ears due to Sickness or Injury.
<ul style="list-style-type: none"> • Severe Burns 	Third degree burns to: <ul style="list-style-type: none"> • at least 20% or more of the body surface area; or • all of a hand, half of both hands or half of your face.

For example
 If you had:

- \$700,000 of Life cover, and
- \$500,000 of Permanently Unable to Work cover,

then in the event that we paid you a \$500,000 Permanently Unable to Work benefit your Life Cover Amount would be reduced to \$200,000.

Inflation Proofing

To ensure your level of insurance keeps up with increases in inflation, your Cover Amounts are automatically increased on each **Policy Anniversary** by 5% or the change in the Consumer Price Index (CPI) – whichever is greater. If you choose not to accept an Inflation Proofing increase in any given year, it will not affect your entitlement to them in the future.

We will not apply any more Inflation Proofing increases from the Policy Anniversary after your 65th birthday.

When is a benefit not payable? (Policy exclusions)

We will not pay a Life cover benefit if you commit suicide within the first 13 months of:

- the commencement of the cover
- any increase in cover (but only in respect of the increase) or,
- where we have agreed to reinstate the Policy after it has lapsed.

We will not pay an Accidental Injury Benefit or a Permanently Unable to Work benefit where the condition is a result of a self-inflicted injury.

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 on your Policy Schedule (see example).

No benefit will be paid in any circumstances if the Life Insured has not applied for the cover personally or where the application was completed on behalf of another person.

Premium calculation and payment

Insurance is initially provided for one year, with your first premium payable in advance. Premiums may be paid monthly or annually by Direct Debit from a credit card or bank account. Each year, at least 30 days before your Policy Anniversary, we will send you a renewal notice that sets out your premium for the following year. Your premium is calculated each year based on the cover you have selected, any increase in your Cover Amount by way of Inflation Proofing and your age at that time.

To maintain your policy you need to pay your premiums within 30 days of the due date. We will cancel your Policy if you do not pay your premiums within this period and you will no longer be covered from the date the premiums were due.

We may introduce Policy fees, and change Policy fees, by giving you 30 days' written notice. We may increase your premium by giving you notice at least 30 days before your Policy Anniversary.

For more information, please see "Premiums, fees and other charges" (page 16).

For example

If we agree to exclude sickness or injury as a result of "BASE Jumping" in respect of Permanently Unable to Work cover and you were disabled in the course of BASE Jumping, we would not pay a Permanently Unable to Work benefit.

Can I renew my cover at any age?

We guarantee to renew your cover (provided you pay your premiums when due) until the Policy Anniversary after your:

- 99th birthday for Life cover
- 65th birthday for Permanently Unable to Work cover.

Please see page 12 for details of what will happen if you do not pay your premiums.

24 hour world-wide cover

You are covered under this Policy 24 hours a day and for insured events that occur anywhere in the world. You should note that any reference to dollar amounts in this document are references to Australian currency and any benefit payments will be made to you in Australian dollars.

Making a claim

If you, or your estate, need to make a claim, please call 1300 651 454. We will send a form to be completed, signed and returned. We may also require your treating doctor or specialist to complete a form at your (or your estate's) expense.

We need to be advised as soon as possible after an insured event has occurred.

Before a claim is payable we must receive proof, provided at your expense and to our satisfaction, that the insured event has occurred.

In addition:

- proof must be supported by one or more appropriate medical practitioners registered in Australia or New Zealand (or in another country approved by us); and
- you must make available to us all relevant information, including any test, examination, or laboratory results; and
- if the claim is a result of a surgical procedure, we will require evidence that the procedure was medically necessary.

We reserve the right to require you to undergo, at our expense, examinations or other reasonable tests (including where necessary a post-mortem examination) to confirm the occurrence of an insured event. In addition we may conduct investigations to assess the validity of the claim. This may involve the use of investigation agents and surveillance, legal advisers and the collection of personal data.

In initially providing cover or subsequently assessing a claim, we will be entitled to rely on the information you disclosed as part of your application or to verify the information (eg check with your doctor). If we choose to verify the information we may do so at the time of application or at the time of claim, and in either case we will be entitled to rely on the verified information.

When does my cover start and end?

Your cover begins on the day we accept your application for cover (this is the **Commencement Date** and will appear on your **Policy Schedule**). Cover in respect of a benefit ends on the earliest of the following:

- a) the date a payment is made by us for a Life Insured
- b) the date you cancel your Policy or your Policy lapses due to the non-payment of premium
- c) the **Expiry Date** in the Policy Schedule.

Other Policy conditions

Only a Policy Owner may extend, vary, cancel or otherwise exercise any rights applying to the Policy.

The requests of one Policy Owner (eg to cancel the Policy) will bind all Policy Owners.

The Policy is governed by the laws of New South Wales and you agree to submit to the exclusive jurisdiction of the courts of New South Wales.

Important information

Duty of Disclosure

Before you enter into a policy of insurance you have a duty under the Insurance Contracts Act 1984 to disclose to us every matter that you know, or could reasonably be expected to know, is relevant to our decision whether to accept the risk of the insurance and, if so, on what terms. The same duty applies before the Policy is extended, varied or reinstated. The duty however does not require disclosure of a matter:

- a) that diminishes the risk
- b) that is of common knowledge
- c) that we know, or in the ordinary course of our business, ought to know; or
- d) in respect of which we have waived compliance.

If the duty is not complied with and we would not have entered into the contract on any terms had we been aware of the relevant matter, we may avoid the Policy within three years of entering into it. If the non-disclosure is fraudulent, we may avoid the Policy at any time. If we are entitled to avoid the Policy we may, within three years of entering into it, elect not to avoid it but to reduce the amount of cover in accordance with a formula that takes into account the premium that would have been payable if all relevant matters had been disclosed to us.

Please note: You have a duty of disclosure to Allianz, the issuer of the Medibank Life Insurance product. Medibank Private does not provide any information it may have about your health, medical history, occupation or pastimes to Allianz that it may have collected as part of any health insurance you may have or had with Medibank Private. Therefore you must act in accordance with your duty of disclosure at all relevant times. For example, when providing information in your application, you must provide all information even if you think or are aware that such information is or may already be held by Medibank Private.

Your cooling-off and cancellation rights

You can return the Policy within 30 days of receiving the first Policy Schedule (“cooling-off period”) by writing to us and we will refund any premiums paid unless a claim has been or can be made under the Policy.

A Policy Owner may cancel the Policy (or part of it) at any time by writing to us. This binds all Policy Owners. We will refund the premium less a proportion for time on risk (ie the period of time for which we provided cover before the cancellation) and reasonable administrative costs related to the acquisition and termination of the Policy.

Without your request, we can only cancel the Policy in accordance with the law (eg if the premium due is not paid).

Premiums, fees and other charges

Your premium is influenced by the following factors:

- your age
- your gender
- whether or not you smoke
- the cover you select
- your state of health
- pastimes
- occupation (in the case of Permanently Unable to Work cover only)
- whether or not you are a Medibank Private member.

Your premium will also include any stamp duty charged by your State Government as well as any taxes that may be levied by State or Federal Governments.

Your premium includes a base premium amount of \$4.88 per month and a minimum total premium of \$7.50 per month applies to Medibank Life Insurance.

No “Policy Fees” or other fees or charges apply to Medibank Life Insurance. If we introduce any fees in the future you will be given at least 30 days written notice.

You can obtain a premium estimate at medibank.com.au/lifeinsurance or by calling 1300 651 454. At your request, we can also provide you with a table of all premiums that apply to Medibank Life Insurance. This table will include all the factors and rates that apply.

Premium rates are not guaranteed and may change from time to time. However, changes must apply to all policies within a group (eg all 34 year old females) and not to an individual policy. Any change will apply from your next Policy Anniversary and be advised to you in your annual renewal notice at least 30 days before the new premium rates apply.

Allianz will pay Medibank Private a commission of up to 20% of your premium.

Important tax information

This tax information is based on the continuation of present laws and their interpretations and is a general statement only. Individual circumstances may vary and you should consult your professional tax adviser for advice regarding your personal circumstances.

Premiums are generally not tax deductible. Benefits paid to individuals in the event of death, terminal or critical illness are generally not assessable for income tax purposes nor subject to capital gains tax provided:

- Life cover benefits are either received by the original beneficial owner of the policy or by an owner who acquired the policy for no consideration (payment or payment in kind); and/or
- other benefits are received by you, or a relative of yours (eg spouse, brother, sister or child); and
- you pay the premium.

We recommend you consult your professional tax adviser before purchasing this policy in the following circumstances:

- you are acquiring this policy for business purposes;
- you are likely to change ownership of the policy;
- your employer may pay all or some of the premiums; or
- benefits will not go to you or a family member of yours.

Please note, you do not have to pay GST on your premiums or any benefits you receive.

Complaints and disputes

If you have an issue you'd like to work out, please call 1300 651 454 to access our free internal complaints resolution process. If your complaint is not resolved within 45 days and to your satisfaction, we will advise you how to contact the Financial Industry Complaints Service Limited, a free independent complaints resolution body. For more information, visit www.fics.asn.au

Your privacy

How we and Medibank Private handle your information is outlined below.

We collect your personal information directly from you or where that is not reasonably practicable, from other sources. We collect it to provide our various services and products (eg to market, arrange and administer insurance and to handle and to settle claims) and to conduct market or customer research. We also use it to develop, identify and market services of our related companies and alliance partners that may interest you (but you can opt out of this by calling 13 26 64 EST 8am – 6pm Monday to Friday). If you do not provide the information we require, we may not be able to provide you with our services, including pay a claim, and products.

We disclose personal information to third parties who assist us in the above (eg insurers, insurance intermediaries, insurance reference bureaus, related companies, our advisers, persons involved in claims, medical service providers, external claims data collectors and verifiers, your employer, your agents and other persons where required by law).

By applying for cover you consent to us collecting sensitive information about you (which may include information relating to genetic testing), using it to underwrite your insurance cover or assess a claim, using it or giving it to one of our related companies for research and analysis, to design or underwrite new insurance products, and disclosing it to any of the third parties listed above for these purposes. We will not disclose your sensitive information for any other purpose. We prohibit those third parties from using your personal information for purposes other than those for which we supplied it. Where you provide us with information about another person for the above purposes, you are deemed to have their consent to do so on the basis that they are subject to these privacy terms and conditions, unless you tell us otherwise. If you wish to gain access to your information (including to correct or update it), have a complaint about a breach of your privacy or have any other query relating to privacy, please call 13 26 64.

Medibank Private collects your personal information so that they can provide you with insurance and related products and services and to comply with their legal and other obligations. Medibank Private may not be able to perform these functions if you do not provide them with your personal information. They may collect your personal information from a person responsible for the management of your policy or other authorised persons. Generally, you have the right to gain access to personal information Medibank Private holds about you.

From time to time, Medibank Private may send you marketing materials about other products or services which they think could be of interest to you. They may send these materials by email or text message. If you wish to withdraw your consent for Medibank Private to send you marketing materials, either by mail or electronically, please contact Medibank Private.

Medibank Private may disclose your personal information to third parties such as:

- its service providers
- health service providers
- financial institutions
- your employer, if you have a corporate insurance product.

To obtain the latest version of Medibank Private's Privacy Policy, visit their website at medibank.com.au or drop into a Medibank Private Retail Centre.

Contact us to confirm your transactions

Please call 1300 651 454 to confirm a Policy transaction, clarify any of the information contained in this document or if you have any other queries.

Glossary

Accidental Death: death as a result of sustaining bodily injury by accidental, violent, external and visible means while the policy is current.

Accidental Injury: a bodily injury caused by accidental, violent, external and visible means while the policy is current.

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

Cover Amount: the benefit amount you apply for and which is accepted by us at the start of the policy (the 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 Proofing increases.

Expiry Date: the date at which cover ceases. The Expiry date for each benefit, and your Policy will be set out in your Policy Schedule.

Injury: an accidental injury suffered after the start of the policy and while the policy is in-force.

Legal Blindness: Legal Blindness as defined in Australia by the Social Security Act 1991, as amended or replaced, at the time of the onset of sickness or injury.

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

Limb: an arm, hand, leg or foot.

Policy Anniversary: the anniversary of the Commencement Date of your policy.

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

Policy Schedule: 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 Commencement Date and Expiry Date.

Sickness: an illness or disease that first becomes apparent after the start of the policy and while the policy is in-force.