Supplementary Product Disclosure Statement ("SPDS")

Preparation Date: 5 March 2021

This SPDS applies if your Allianz Life Plan, Allianz LifeCover Plus or HSBC Easy Life Insurance Product Disclosure Statement (PDS) has a Preparation Date from 1 August 2007 to 16 May 2012.

These Life Insurance products are underwritten by the insurer Allianz Australia Life Insurance Limited ABN 27 076 033 782 AFS Licence No. 296559 of Level 12, 9 Castlereagh Street Sydney NSW 2000 (Allianz).

This SPDS is issued by Allianz and updates and amends the Allianz Life Plan, Allianz LifeCover Plus, and HSBC Easy Life Insurance PDS's that have been issued by Allianz with a Preparation Date from 1 August 2007 to 16 May 2012. This SPDS must be read together with the applicable PDS, and any other relevant SPDS.

Terminal Illness updated to 24 months

Any reference in the PDS to Terminal Illness timeframe of 12 months is updated to 24 months as follows:

- 'Terminal Illness where death is likely to occur within 12 months' is replaced by 'Terminal Illness where death is likely to occur within 24 months'.

In the **Glossary** section the terms 'Terminal Illness' and 'Specialist' are inserted as follows:

- '**Terminal Illness** means a Sickness which is likely to result in your death within 24 months. This requires the written opinion of a Specialist supported by reasonable medical evidence in relation to your life expectancy.'
- '**Specialist** means a registered medical practitioner as recognised by Australian Health Practitioner Regulation Authority (or the equivalent body in the jurisdiction where the Life Insured is being treated overseas) that has the relevant specialist qualifications relating to your medical condition(s) for which you are making a claim.'

Update to the definition Degenerative Diseases section under Critical Illness cover

- Multiple Sclerosis and Parkinson's Disease definition has been updated to pay 100% on diagnosis, instead of 25%
- Parkinson's Disease definition has been expanded to include Parkinson's Plus (atypical parkinsonian) Syndromes

The following applies if your Policy Schedule indicates you have Critical Illness cover or Critical Illness cover (combined).

Delete the second paragraph in the 'Critical Illness cover' section under the 'Policy benefits' section and replace with:
'The amount we pay will be the Critical Illness Cover Amount.'

The 'Degenerative Diseases' condition section under the 'When a Critical Illness benefit will be payable' section under 'Critical Illness Cover' is deleted and replaced as follows:

Degenerative Diseases	We will pay a benefit on the:
• Multiple Sclerosis • Parkinson's Disease and Parkinson's Plus (atypical parkinsonian) Syndromes* • Motor Neurone Disease • Muscular Dystrophy	Definite diagnosis of the relevant condition as confirmed by a neurologist. *Parkinson Plus (atypical parkinsonian) Syndromes include: Multiple System Atrophy (MSA); Progressive Supranuclear Palsy (PSP); Cortical Basal Degeneration (CBD); and Dementia with Lewy bodies (DLB).

Allianz Life Plan

Product Disclosure Statement and Policy Document.

Preparation Date: 29/10/2008

Issued and Administered by Allianz Australia Life Insurance Limited ABN 27 076 033 782, Australian Financial Services Licence No. 296559 (Allianz). 2 Market St Sydney NSW 2000.

Contact us:

Call us: 13 1000.

Write to us: Allianz Life Contact Centre 324 Queen St Brisbane QLD 4000.

Important Note:

Please read this important document carefully before deciding whether or not to buy the Allianz Life Plan. 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 on the website allianz.com.au. A paper copy will also be available free of charge on request.

How to read this Product Disclosure Statement and Policy Document

This document gives you a brief overview of the Allianz Life Plan and explains how to apply for cover (see page 2). We then explain the Policy under Policy Conditions on pages 2 to 5. Finally, we set out additional important information you need to know on pages 6 to 7: including your Duty of Disclosure (page 6) and cooling off rights (page 6). We have **bolded** words that are defined terms the first time they appear. Take a look at our Glossary (page 7) 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.

Benefits of the Allianz Life Plan

The Allianz Life Plan offers three types of cover:

- Life cover
- Critical Illness cover
- Permanently Unable to Work cover

These benefits can be taken individually, or in any combination.

Life cover

Life cover pays a lump sum if the Life Insured dies or suffers a terminal illness where death is likely to occur within 12 months. Please see page 3 for more details.

Critical Illness cover

Critical Illness cover pays a lump sum if you suffer one of the defined Critical Illness events. Full details of the conditions covered and when a benefit may be payable are on pages 3 to 4.

Permanently Unable to Work cover

Permanently Unable to Work cover pays a lump sum if you suffer a **Sickness** or **Injury** which means you are unlikely ever to be able to work again. It will also pay a lump sum if you suffer from a Major Physical Impairment. Please see page 4 for more details.

You can select between two types of Permanently Unable to Work cover. "Own Occupation" cover and "Any Occupation" cover (for a limited number of occupations, only Any Occupation cover is available).

If you select Own Occupation cover, then we will assess your likely ability ever to be able to work again, only taking into account the occupation you were predominantly performing in the 12 months prior to the onset of the Sickness or Injury leading to your claim. This means you could be eligible for your benefit if you cannot work in your own occupation, even if you could work in another occupation for which you had relevant education, training or experience. For this reason, you will be charged a higher premium if you select Own Occupation cover.

If you select Any Occupation cover, then we will assess your likely ability ever to be able to work again taking into account not only the occupation you were performing at the onset of the Sickness or Injury leading to your claim, but also any occupation for which you have relevant education, training or experience.

Full details of when a Permanently Unable to Work benefit may be payable are on page 4.

Combined and individual cover

If you apply for Life cover with either, or both, Critical Illness cover or Permanently Unable to Work cover then you will need to decide whether you want your cover to be 'combined' or 'individual'. If you select Critical Illness cover and/or Permanently Unable to Work cover without Life cover, only individual cover is available.

Combined cover

With combined cover, your premiums will be reduced. This is because payment of a benefit under one type of cover reduces the **Cover Amount** of any remaining benefits. For example, if you had:

- $700,000 of Life cover,
- $200,000 of Critical Illness cover and
- $500,000 of Permanently Unable to Work cover

then in the event you suffered a Critical Illness as defined by the policy and we paid you a $200,000 Critical Illness benefit your Permanently Unable to Work Cover Amount would be reduced to $300,000 and your Life Cover Amount would be reduced to $500,000.

If you take combined cover, your policy:

- must include Life cover and
- the Cover Amount of any Critical Illness or Permanently Unable to Work cover cannot exceed the Life Cover Amount.

The maximum total amount you can be paid under a policy with combined covers is the Life Cover Amount before any other benefits have been paid.

Individual cover

With individual cover you will pay a higher premium. This is because payment of a benefit under one type of cover will not affect any other type of cover you may have. For example, if you had:

- $700,000 of Life cover,
- $200,000 of Critical Illness cover and
- $500,000 of Permanently Unable to Work cover

then in the event you suffered a Critical Illness as defined by the policy and we paid you a $200,000 Critical Illness benefit your Permanently Unable to Work Cover Amount would remain $500,000 and your Life Cover Amount would remain $700,000.

The maximum total amount you can be paid under a policy with individual covers is the sum of all the Cover Amounts.

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 Critical Illness cover or 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. 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 contact us on 13 1000 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 listed in the table below (if you are applying for combined cover the Cover Amount of any Critical Illness or Permanently Unable to Work cover cannot exceed the Life Cover Amount.) The minimum Cover Amount is $50,000 for Critical Illness cover and $100,000 for Life cover and Permanently Unable to Work cover.

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

Inflation Proofing increases (see page 4) 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 application for an increase.

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. 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 us on 13 1000.

Policy conditions

Your Policy with us is made up of:

- the **Policy Schedule** that we will send you if your application is accepted
- these Policy Conditions (pages 2 to 7)
- the Glossary (page 7).

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 (see page 5). You must also satisfy our claim requirements, explained on page 5.

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.

Critical Illness cover

We will pay a Critical Illness benefit if, while the benefit is current, you suffer one of the conditions described below and survive for a period of at least 14 days (where you have combined cover this 'survival period' does not apply).

The amount we pay for all conditions, except for diagnosis of Multiple Sclerosis or Parkinson's Disease, will be the Critical Illness Cover Amount. Payment on diagnosis of Multiple Sclerosis or Parkinson's Disease will be 25% of your Cover Amount with the remaining amount payable when certain additional criteria are met. Please see the table below for details.

In the case of Cancer, Cardiac Surgery, and Vascular Disease we will not pay a benefit if the insured event occurs, is first diagnosed, becomes apparent, or the recommendation for surgery is made within three months of:

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

If one of these conditions or events occurs again after the three month waiting period and is not related to the first occurrence, a benefit would then be paid. This three month waiting period does not apply where immediately prior to the commencement of cover another insurer covered you for the same condition and we agreed to replace the cover held with that insurer (and you were not within the other insurer's three month waiting period).

When the Critical Illness Cover Amount has been paid in full Critical Illness cover in respect of that Life Insured will cease.

Please see the section titled "Combined and Individual cover" on page 2 for details of what will happen to any other covers you may have if we pay a Critical Illness benefit.

When a Critical Illness benefit will be payable

Condition	We will pay a benefit on the:
Vascular Disease • Heart Attack	Definite diagnosis of a heart attack (myocardial infarction) as a result of coronary artery disease, resulting in the death of a portion of the heart muscle. This event must require hospitalisation and investigation in a coronary care or similar unit, within 72 hours of the heart attack.
• Stroke	Definite diagnosis of a stroke requiring hospitalisation under specialist care and which causes a degree of damage such that there is permanent neurological damage.
Cancer	Definite diagnosis of cancer requiring significant treatment or intervention to stop the spread of the disease such as: • Chemotherapy • Radiotherapy • Major surgery Or where the cancer is terminal and completely untreatable. 'Major surgery' is extensive surgery in which large amounts of tissue, including normal tissue, are removed along with the tumour in order to stop the spread of the disease. For example a mastectomy or the removal of an organ. Cancers which are described as being 'non-invasive' or 'carcinoma in situ' are not claimable under this benefit (with the exception of ductal carcinoma in situ of the breast that results in the removal of the entire breast). All skin cancers other than invasive melanoma and metatastic squamous cell carcinoma are excluded.
Degenerative Diseases • Multiple Sclerosis • Motor Neurone Disease • Parkinson's Disease • Muscular Dystrophy	Definite diagnosis of relevant condition where it is progressive and irreversible. The amount we will pay on diagnosis is: for Motor Neurone Disease and Muscular Dystrophy, the Cover Amount; for Multiple Sclerosis and Parkinson's Disease, 25% of the Cover Amount. Where the full amount is not paid immediately on diagnosis, we will pay the remainder of the benefit when the disease has progressed to a point where your ability to stand and walk (with the assistance of devices such as two canes, crutches or a walker) has deteriorated to the point of becoming debilitating and function is progressively limited despite therapy. We will not pay any benefit where the condition is a result of excessive alcohol consumption or the use of drugs other than as prescribed by a registered medical practitioner.

Condition	We will pay a benefit on the:
Cardiac Surgery	
• Open Chest Surgery and Coronary Artery By-Pass	Medically necessary undergoing of open chest surgery for the purposes of coronary artery bypass grafting or to correct or repair damage to the heart or its arteries. It must be the most appropriate treatment for your disease or condition.
• Triple Vessel Angioplasty	Triple vessel angioplasty performed as a single procedure to correct significant blockage to the arteries.
Major Organ Failure	
• Lung • Kidney • Liver • Major Organ Transplant	Definite diagnosis of: End stage lung failure requiring specialist prescribed permanent oxygen therapy; or End stage kidney failure requiring permanent dialysis; or End stage liver failure resulting in permanent jaundice and excess fluid in the space between the tissues lining the abdomen and abdominal organs (ascites); or The receipt of a transplant of one or more of the following organs: kidney, heart, lung, liver, pancreas, small bowel or bone marrow from a human donor. We will not pay any benefit where the condition is a result of excessive alcohol consumption or the use of drugs other than as prescribed by a registered medical practitioner.

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. It will also pay a lump sum if you suffer Major Physical Impairment as defined in the table across.

Please see the section titled "Combined and Individual cover" on page 2 for details of what will happen to any other cover you may have if we pay a Permanently Unable to Work benefit.

When a Permanently Unable to Work Benefit will be payable

Permanent inability to work in:	We will pay a benefit when:
• Any Occupation*	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.
• Own Occupation*	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 the occupation you were predominantly performing at the onset of that Sickness or Injury. If you were unemployed for six months or more at the time of your Sickness or Injury we will assess your eligibility using the "Any Occupation" criteria described above.
Major physical impairment	**We will pay a benefit on:**
• Loss of **Limbs** or paralysis	Your total and permanent loss of use of: • two or more Limbs; or • One or more Limbs and the sight in one eye, due to Sickness or Injury.
• Loss of Sight	Permanent **Legal Blindness** in both eyes due to Sickness or Injury.
• Loss of Hearing	Total and permanent loss of hearing in both ears due to Sickness or Injury.

* The definition that will apply to your cover will be stated in your Policy Schedule.

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 – 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 Critical Illness or 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.

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.

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" on page 6.

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
- 70th birthday for Critical Illness cover
- 65th birthday for Permanently Unable to Work cover

Please see page 6 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 us on 1300 362 108. 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 (e.g. 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 the cover amount is paid in full 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 (for example 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.

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 (i.e. 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 (e.g. 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)

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 also includes a base premium amount of $4.08 per month and minimum total premium of $7.50 per month applies to the Allianz Life Plan.

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

You can obtain a premium estimate from our website allianz.com.au or by calling us on 13 1000. At your request, we can also provide you with a table of all premiums that apply to the Allianz Life Plan. 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 (for example, 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.

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 (e.g. 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;
- are likely to change ownership of the policy; or
- 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 us on 13 1000 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 see www.fics.asn.au.

Your privacy

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 (e.g. 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 us on 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 (e.g. 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 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, you may contact us on 13 1000.

Contact us to confirm your transactions

Please call 13 1000 to confirm a Policy transaction, clarify any of the information contained in this document or if you have any other queries.

Glossary

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

Cover Amount means 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 is the date at which cover ceases. The Expiry date for each benefit and your Policy will be set our in your Policy Schedule.

Injury means an accidental Injury suffered after the start of the policy and while the policy is in force.

Legal Blindness is permanent 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 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

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

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 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 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 and Expiry Dates.

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

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