

Elevate Insurance

Product disclosure statement and plan document

Life Insurance
Life Insurance Superannuation
Life Insurance SMSF
Total and Permanent Disability Insurance
Total and Permanent Disability Insurance Superannuation
Total and Permanent Disability Insurance SMSF
Trauma Insurance
Income Insurance
Income Insurance Superannuation
Income Insurance SMSF
Business Expenses Insurance

About this product disclosure statement and plan document

This Product Disclosure Statement and Plan Document (PDS) is issued by Resolution Life Australasia Limited ACN 079 300 379, ABN 84 079 300 379, AFSL No. 233671 (Resolution Life) as the provider of insurance cover described in this document and by Equity Trustees Superannuation Limited ACN 055 641 757, ABN 50 055 641 757, AFSL No. 229757, RSE Licence No. L0001458 (ETSL) as trustee of the National Mutual Retirement Fund ABN 76 746 741 299 (NMRF). Resolution Life and ETSL as trustee of the NMRF each take full responsibility for the entirety of this PDS. Resolution Life is not a Registrable Superannuation Entity (RSE) Licensee and is legally not able to issue an interest in a superannuation fund. ETSL is not a licensed insurer and is legally not able to issue life insurance policies.

Product issuer

This PDS relates to a number of separate insurance products issued by Resolution Life, and superannuation products issued by ETSL as trustee of the NMRF. All of these products are referred to as plans.

The Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan and Income Insurance Superannuation Plan are superannuation products issued by ETSL as trustee of the NMRF for which Resolution Life issues insurance to ETSL as trustee of the NMRF to provide life insurance benefits to eligible NMRF members. All other plans are insurance products issued by Resolution Life directly.

Information contained in this PDS

This PDS contains information about insurance **plans** available from Resolution Life and ETSL, including the terms and conditions applicable to those **plans**.

Any advice in this PDS is provided by Resolution Life and is general in nature and does not take into account your objectives, financial situation or needs. Therefore, before acting on this advice, you should consider the appropriateness of the advice having regard to your objectives, financial situation and needs, as well as this PDS, before making a decision about the product.

You can find the target market determinations for these plans at resolutionlife.com.au/target-market-determinations.

The **plans** described in this PDS are available only to existing **Resolution Life customers** receiving the PDS (including electronically) within Australia. Resolution Life or ETSL can't accept cash or applications signed and mailed from outside Australia. Monies received or paid must always be in Australian dollars.

This is a combined PDS and plan document

If you (or ETSL on your behalf, as a member of the NMRF) purchase an Elevate Insurance **plan**, this PDS constitutes your plan document. This PDS sets out the terms and conditions of all available **plans**. The particular terms and conditions that apply to your contract of insurance will depend on the **plan** and **option(s)** you have purchased which will be set out in the **insurance schedule**.

Changes to the PDS and up-to-date information

Information in this PDS is subject to change from time to time. Information that is not materially adverse to you can be updated by us without advising you. If the change in information is materially adverse, we will notify you.

A printed or electronic copy of any amendments can be obtained free of charge by contacting us on 133 731 or online at resolutionlife.com.au/pdsupdates.

Some terms we use in this PDS

In this PDS, any reference to:	means:
You or your	Refers to the policy owner , unless stated otherwise in this document. Depending on the plan, the policy owner can sometimes be the insured person and, in the case of plans inside super , will be the Trustee .
We, us, our, or the insurer	Resolution Life.
Super	Superannuation including the NMRF and SMSFs.
Trustee	ETSL (as trustee of the NMRF) in respect of superannuation plans available through the NMRF or the trustee(s) of an SMSF in respect of plans available through a self-managed superannuation fund or a Small APRA Super Fund.

There are many terms used with a specific meaning, which will generally be shown in **bold** in this PDS. Where terms are used in this PDS with a specific meaning, you can find their definition in the **Glossary of terms** starting on page 116.

Throughout this document the following symbols have been used:

	Superannuation through NMRF	Indicates that the benefit/option/definition is available on superannuation plans issued by ETSL, being the Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan and the Income Insurance Superannuation Plan.
	Non-superannuation	Indicates that the benefit/option/definition is available on plans outside super.
	Non-superannuation linked plan/option	Indicates that the benefit/option/definition may be linked to either a superannuation plan or non-superannuation plan. This includes FlexiLink plans or PremierLink options.
	Self-managed superannuation fund or Small APRA Super Fund	Indicates that the benefit/option/definition is available on superannuation plans (SMSF plans) issued by Resolution Life to a self-managed superannuation fund or Small APRA Super Fund, being the Life Insurance SMSF Plan, TPD Insurance SMSF Plan and the Income Insurance SMSF Plan.

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Introducing Elevate Insurance

In this section:

- ▶ We'll be there for you when you need us
- ▶ Our claims philosophy
- ▶ About Elevate Insurance

Introducing Elevate Insurance

Live life knowing that we will be there for you.

We'll be there for you when you need us

Like most people, you probably don't think anything bad will ever happen to you.

If something unexpected does happen, you want to protect what's important. You don't want to worry about how to pay the bills and look after your loved ones.

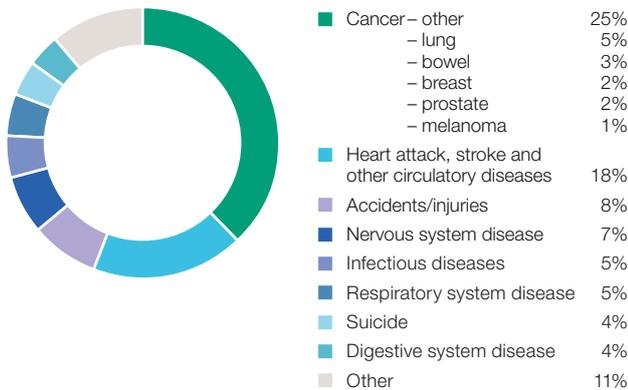
With Elevate Insurance, we can help you to have that covered. What's more, if you need to make a claim, we'll be there for you every step of the way.

In 2021 we paid 8,233 customers and a total of \$971 million in insurance claims across our entire insurance range. That's about \$2.6 million paid every day.

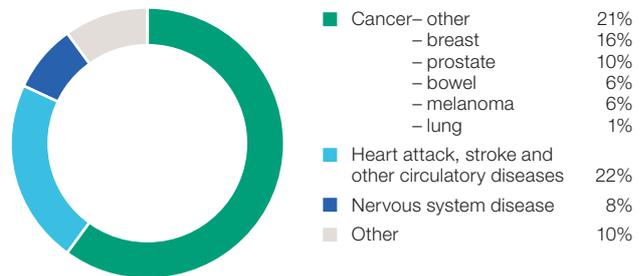
Our claims philosophy

At Resolution Life we see our role as more than just paying a claim. We create tailored solutions to help you and your family live the best life you can should something happen. While this may involve paying a financial benefit, depending on the nature of the claim it may also involve rehabilitation, or working with you on a return to work program.

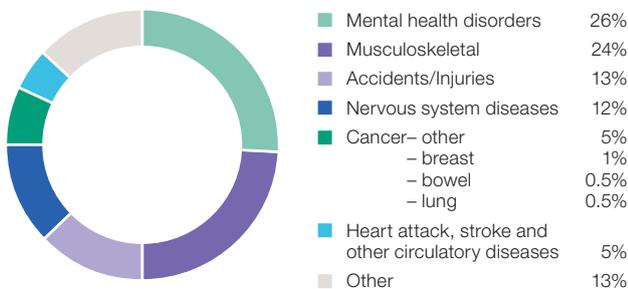
Life insurance claims



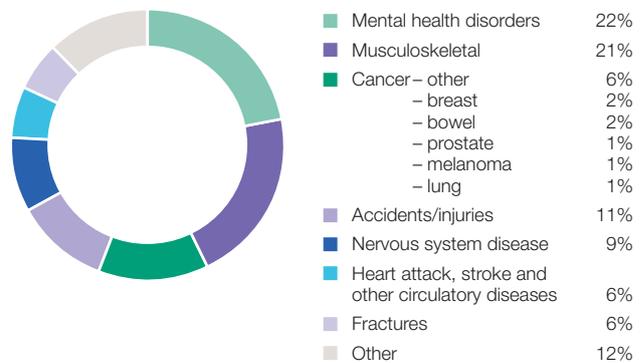
Trauma insurance claims



Total and Permanent Disability insurance claims



Income protection insurance claims



About Elevate Insurance

Understanding insurance

Elevate Insurance is designed to provide financial security for you and your family when something unexpected happens. We offer a wide range of cover to suit your needs.

Type of insurance	People we have helped live their best lives	Why do I need it?	Key benefits payable
Life insurance	<p><i>“Being a parent makes you realise what’s important. And I want to make sure I look after my family if anything happens to me.”</i></p> 	<p>You may want to take out life insurance to provide financial security, if the insured person dies, to help cover mortgage and other debt payments and provide loved ones with the funds they need to help them continue their lifestyle.</p>	<p>We pay a lump sum if the insured person dies or is diagnosed with a terminal illness.</p>
Total and permanent disability insurance	<p><i>“After my accident, I was devastated to find out I could never go back to work. While my life won’t be the same, at least the money I received means my bills will be paid.”</i></p> 	<p>Money is the last thing you would want to think about when faced with a lifelong disability. An emotional strain can be placed on a family to provide support to someone who may need full-time care and may never be able to work again.</p>	<p>We pay a lump sum if the insured person becomes totally and permanently disabled.</p>
Trauma insurance	<p><i>“My friend contracted cancer and had to go through lots of therapy. She’s ok, but I want to make sure if it happens to me, I don’t have to worry about money.”</i></p> 	<p>Nobody likes to think about the possibility of experiencing a serious illness or injury but you can make plans to help support yourself if the unexpected happens. Trauma insurance can help provide the funds for out-of-pocket treatment expenses and making lifestyle adjustments after experiencing a serious illness or injury.</p>	<p>We pay a lump sum to help the insured person recover and adjust to life if they suffer a serious illness or injury listed in the section About Elevate trauma insurance. Some events that we cover include cancer, heart attack and stroke. Our medical definitions define the events we cover under trauma insurance. These definitions generally take into account the severity of a condition.</p>
Income insurance	<p><i>“I’m single, I’ve just bought a house and I’m still paying off my car. If I get injured, I want to make sure I can still make all the repayments.”</i></p> 	<p>Income insurance can help the insured person continue to pay their day-to-day living expenses while they’re too sick or injured to go to work, so they can focus on recovery.</p>	<p>We pay a monthly benefit if the insured person becomes totally or partially disabled due to an injury or sickness which stops them from working.</p>
Business expenses insurance	<p><i>“In business you have to consider the risks. And the risk of my business going down just because I fall over is too high.”</i></p> 	<p>Business expenses insurance can help with business expenses to keep the business going while the insured person is too sick or injured to go to work.</p>	<p>We pay a monthly benefit to help manage the insured person’s business expenses and keep the business going if the insured person becomes totally or partially disabled due to an injury or sickness which stops them from working.</p>

About your Privacy

Your privacy is important to us. See page 115 for information about how we handle your personal information.

You can change your mind

If we accept your application, we'll send you an **insurance schedule**. You'll have 28 days (from the day you receive your insurance schedule) to check that your **plan** meets your needs. This is known as the cooling-off period. If it doesn't meet your needs, or you change your mind for any reason, simply contact us to cancel your plan.

As long as you haven't made a claim under your **plan**, we'll cancel your plan and refund any amounts you've paid us. For plans provided through super (NMRF or an SMSF), refunds are subject to superannuation law (see page 106 for more information).

Contact us

We're here to help. If you have any questions, please contact our Customer Contact Centre or your financial adviser.

Phone 133 731

Email askus@resolutionlife.com.au

Address Resolution Life Customer Service
GPO Box 5441
Sydney NSW 2001

What you need to know when applying for cover

In this section:

- ▶ Who can make an Elevate application
- ▶ Plan structure
- ▶ Steps to being insured
- ▶ Who can be an insured person
- ▶ Who can own your insurance
- ▶ What you can apply for

What you need to know when applying for cover

Elevate Insurance is designed to provide financial benefits for you and your family when something unexpected happens.

Who can make an Elevate application

We accept new Elevate applications from existing **Resolution Life customers** only. This means the **plans** described in this PDS are only available to you if you already hold a plan insured by Resolution Life (inside or outside **super**). Additional limitations apply for **income insurance plans**. These plans will only be available to you if you hold an existing **income insurance plan** (or equivalent income replacement product) and a new **income insurance plan** is required in specific circumstances.

To see whether you can apply for a new Elevate **income insurance plan** please contact your financial adviser.

Plan structure

Elevate offers a wide range of **plans** and **options** to structure your insurance which provides flexibility, so you can choose what cover you want and how to structure it – and only pay for what you choose.

If you decide to hold some cover in super but want additional protection that is not available through super due to superannuation law, Elevate offers FlexiLink and PremierLink options which can be added to insurance plans owned through super. You'll find out more about these benefits starting on page 18.

The various types of insurance covers can pay a lump sum amount or a **monthly benefit**. Please refer to the table below for the available structures for each insurance product.

	Type of insurance	Standalone	Linked		
		Plan	Option	FlexiLink Plan	PremierLink option
Insurance that pays a lump sum	Life insurance	✓			
	TPD insurance	✓	✓		
	Trauma insurance	✓	✓		
Insurance that pays a monthly benefit	Income insurance	✓			
	Business expenses insurance	✓			

How do you want to structure your insurance?

If you select more than one type of cover for the same **insured person**, you can choose to make the covers either standalone **plans** or link them under the same **plan**. Standalone **plans** generally have a higher premium than linked cover.

The structure can impact your insurance cover in the event of a claim	
Standalone plan	If we pay a benefit under a standalone plan (for example, a TPD Insurance Plan), it does not reduce the sum insured of any other cover (for example, a Life Insurance Plan) for the insured person . For example, you took \$2 million in a Life Insurance Plan and \$750,000 in a TPD Insurance Plan. If you made a TPD claim and a full benefit is paid, the \$2 million on your Life Insurance Plan won't be reduced. You can purchase Life insurance, TPD insurance, Trauma insurance, Income insurance and Business expenses insurance as standalone plans that operate independently of each other.
Linked covers	If we pay a benefit under a linked option (for example, a TPD option), the sum insured of each remaining linked cover (for example, a Life Insurance Plan) for that insured person is reduced by the amount we pay, unless we state otherwise in this PDS.

The structure can impact your insurance cover in the event of a claim

<p>Linked covers (continued)</p>	<p>You can link insurance by purchasing one type of cover as a plan along with one or more other types of cover as a linked option, FlexiLink plan or PremierLink option, where they're available as indicated in the table above. Income insurance plans and the Business Expenses Insurance Plan may not be linked with any lump sum covers.</p> <p>For example, you took \$2 million in a Life Insurance Plan and \$750,000 on a linked TPD option. If you made a TPD claim and the full benefit of \$750,000 is paid, your Life Insurance Plan will be reduced to \$1.25 million. You can purchase TPD insurance and Trauma insurance as options under a life insurance plan. You can also purchase TPD insurance as an option under a trauma insurance plan.</p>
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Purchasing plans outside and through super

Elevate provides ways to structure your **plan** by acquiring and paying for it outside super or through **super**. If you wish to acquire your **plan** through super, we offer superannuation plans that are available to you through NMRF and an SMSF to help meet your needs.

Flexible linking options – You can link TPD, Trauma and Income insurance cover outside super, with cover acquired through super. This can help manage your cashflow while enjoying the benefits of coverage options only available outside super. For more details about FlexiLink and PremierLink, see pages 18 to 22.

Insurance purchased outside super

When purchasing insurance as a **plan** outside **super**, you can choose to link other types of insurance cover as **options** to your **plan**.

Life, TPD and Trauma insurance

Standalone plans	Linked cover	
	If we pay a benefit under a linked option added in Step 2, the sum insured of each remaining linked cover (plans and options) for that insured person is reduced by the amount we pay, unless we state otherwise in this PDS.	
Step 1 NS	Step 2a NS	Step 2b NS
You can select one or more plans	You can choose to link other types of insurance cover as options to your plan	There are many other options available that can be added to your plan or option
<p>Life insurance Life Insurance Plan</p>	<ul style="list-style-type: none"> • TPD option • Trauma option • Children's Trauma option 	For other options available on life insurance plans , see pages 41 to 42.
<p>TPD insurance TPD Insurance Plan</p>	<ul style="list-style-type: none"> • Children's Trauma option 	For other options available on TPD insurance plans , see page 45.
<p>Trauma insurance Trauma Insurance Plan Trauma Insurance Plus Plan</p>	<ul style="list-style-type: none"> • TPD option • Children's Trauma option 	For other options available on trauma insurance plans , see page 47.

Income insurance and Business expenses insurance

Standalone plans	
Step 1 NS	Step 2 NS
You can select one or more plans	There are many other options available that can be added to your plan
<p>Income insurance Income Insurance Premier Plan Income Insurance Plus Plan Income Insurance Plan Income Insurance Senior Plan (only available as a conversion from eligible plans)</p>	For options available on income insurance plans , see page 69.
<p>Business expenses insurance Business Expenses Insurance Plan</p>	N/A

Insurance purchased through super

When purchasing insurance as a **plan** through **super**, you can choose to link other types of insurance cover as **options** held outside super.

Life, TPD and Trauma insurance

Standalone plans		Linked cover	
		If we pay a benefit under a linked option added in Step 2, the sum insured of each remaining linked cover (plans and options) for that insured person is reduced by the amount we pay, unless we state otherwise in this PDS.	
Step 1	Step 2a	Step 2b	Step 3
You can select one or more plans through super	You can choose to link other types of insurance cover as options to your plan through super	You can choose to link other types of insurance cover outside super as options to your plan through super	There are many other options available that can be added to your plan or option
Life insurance Life Insurance Superannuation Plan Life Insurance SMSF Plan	<ul style="list-style-type: none"> • TPD option (Any occupation) 	<ul style="list-style-type: none"> • PremierLink TPD option (Own occupation) • FlexiLink TPD Plan • FlexiLink Trauma Plan <p>If you purchase any of the above, you may also link the Children's Trauma option.</p>	For other options available on life insurance plans , see pages 41 to 42.
TPD insurance TPD Insurance Superannuation Plan TPD Insurance SMSF Plan	N/A	<ul style="list-style-type: none"> • PremierLink TPD option (Own occupation) 	For other options available on TPD insurance plans , see page 45.

Income insurance

Standalone plans		
Step 1	Step 2a	Step 3
You can select one or more plans through super	You can choose to link other types of insurance cover outside super as options to your plan through super	There are many other options available that can be added to your plan
Income insurance Income Insurance Superannuation Plan Income Insurance SMSF Plan	<ul style="list-style-type: none"> • PremierLink IP option 	For other options available on income insurance plans , see page 69.

Owning and paying your insurance through super

Elevate also allows you to pay for your insurance through **super**. There are some important differences to think about, compared to owning and paying for your insurance outside of super.

Your financial adviser will help you to work out the way for you to structure your insurance so it is appropriate for your needs and circumstances.

	Owning and paying through super	Owning and paying from funds outside super
In general	<ul style="list-style-type: none"> • Can be a tax-effective way to pay premiums, depending on the type of premium and your individual circumstances. • The benefit is paid to the Trustee who then releases the benefit in accordance with superannuation law. • Paying for your insurance through super could reduce your retirement savings. • Premiums count towards your contribution caps. 	<ul style="list-style-type: none"> • You will be paying for premiums from after-tax income.
Life insurance	<ul style="list-style-type: none"> • The Life benefit is paid to the Trustee. The Trustee will decide who to pay the benefit to, taking into account your nomination of beneficiaries. • Beneficiaries – those who receive your assets after you die may have to pay tax on the benefit. 	<ul style="list-style-type: none"> • The benefit will be paid to you or your nominated beneficiaries, refer to page 107 for more information.
TPD insurance	<ul style="list-style-type: none"> • Definitions must comply with superannuation law. • Uses an Any occupation definition in the event of a claim as assessment of your ability to return to work. • Any benefit amount paid may be taxed. Please see Taxation of superannuation benefits on page 105 for more detail. 	<ul style="list-style-type: none"> • Choice of an Any or Own occupation definition. • Can be linked to insurance plans held through super via FlexiLink and PremierLink options. • There are a greater number of features available in insurance outside super.
Trauma insurance	<ul style="list-style-type: none"> • Not available through super. 	<ul style="list-style-type: none"> • Can be held outside super or linked to insurance plans held through super via FlexiLink.
Income insurance	<ul style="list-style-type: none"> • Definitions must comply with superannuation law. • Insured on an indemnity basis. • Any benefit amount paid may be taxed. Refer to Taxation of superannuation benefits on page 105 for more detail. 	<ul style="list-style-type: none"> • Insurance premiums are generally tax-deductible. Please see Income insurance and business expenses plans on page 110 for more detail. • There are a greater number of features available for Income insurance outside super. • Can be held outside super or linked to income insurance plans held through super via a PremierLink IP option.

Steps to being insured

<p>Step 1 Think about what types of insurance you need</p>	<p>What's most important to you depends on what's happening in your life, how much you need to protect and your budget. It's important to understand the different types of insurance and what's covered. Your financial adviser can help you decide which plan, and which options, are suitable for your circumstances and needs.</p> <p>If you are applying for cover as the trustee of a self-managed superannuation fund or a Small APRA Super Fund, or applying for cover through NMRF, you should also be aware of some important information which is set out on page 17 and 103.</p>
<p>Step 2 Talk about your options</p>	<p>Your financial adviser will help you work out how much cover you need, which plans and options suit your needs, and recommend the way for you to structure your insurance for your circumstances.</p>
<p>Step 3 Create your insurance cover</p>	<p>To create insurance cover that is tailored to your needs, you'll need to decide on:</p> <ul style="list-style-type: none"> • who you want to insure • which insurance plan you need • the amount of insurance you need • whether you want to structure your plan outside or inside super • who will own the plan • any options you want to add to your plan (at an extra cost) • the premium structure for your plan, eg stepped or level premiums, and • how to pay for your insurance. <p>The Elevate Insurance plans and options have a range of benefits, features and extra cost options that you should consider carefully. Some only apply if you select them – these are explained in detail in Life, TPD and trauma insurance, starting on page 40 and Income and business expenses insurance, starting on page 67.</p>
<p>Step 4 Find out how much your insurance will cost</p>	<p>Once you've worked out what insurance(s) to take and how to structure them, your financial adviser will provide a quote.</p>
<p>Step 5 Completing your application</p>	<p>The application form asks general questions to help us set up your plan correctly and includes questions about who is the policy owner and insured person, address, payment options and Tax File Number. It also includes a Personal Statement which will ask more personal questions. For example, questions about the insured person's health history, occupation, income, residence and travel details, as well as factors such as sporting and recreational pastimes.</p> <p>Your completed application form and Personal Statement can be scanned and emailed to us at insurance@resolutionlife.com.au or post to:</p> <p>Resolution Life Customer Service GPO Box 5441 Sydney NSW 2001</p>
<p>Step 6 The underwriting process</p>	<p>Underwriting takes place after you've submitted your application. To assess your application, we'll review the Personal Statement. In some instances, we might ask key people, like the insured person's doctor, for more information, or ask the insured person to undertake a medical examination.</p> <p>While this is going on, we'll provide you with interim cover at no extra cost. Please see pages 133 to 135 for more details on interim cover.</p>

<p>Step 7 We'll come back with an offer</p>	<p>We'll make a decision based on the information you give us and come back to you with an offer based on our assessment of your particular circumstances.</p> <p>We thoroughly evaluate each application we receive and offer underwriting terms based on a thoughtful and reasonable assessment of the information you give us and your individual circumstances.</p> <p>In some cases, we may offer insurance that's different to what you applied for (known as revised terms) or decline your application. For example, we may apply exclusions or change the premium amount based on your health, pastimes or occupation. These exclusions will be specified in your insurance schedule and agreed with you before the cover commences.</p> <p>We'll keep you fully informed about the progress of your application and provide you with a logical reason for any decisions we make.</p> <p>After we issue your insurance plan, you have a cooling-off period where you may change your mind. Please see the Cooling-off period section on page 15.</p>
<p>Step 8 The insurance schedule</p>	<p>Once your application is accepted, we'll send you an insurance schedule. This PDS and the insurance schedule will form the insurance contract between you and us. It will set out the policy owner, insured person, commencement date, the sum insured, the plans and options selected, exclusions and all other important information.</p>
<p>Step 9 Talk about your options</p>	<p>Each year we'll send you an updated schedule confirming the insurance, fees and premiums. If you change your occupation, stop smoking or improve your health, you can ask to be re-assessed, which may reduce your premium or enable an exclusion to be removed.</p> <p>You can also get up-to-date information about your insurance online. To register, visit resolutionlife.com.au and log in to My Resolution Life.</p>

What you need to tell us

When you apply for insurance

When you apply for insurance, we conduct a process called underwriting. It's how we decide whether we can cover you, and if so on what terms and at what cost.

We will ask questions we need to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you give us in response to our questions is vital to our decision.

The Duty to Take Reasonable Care Not to Make a Misrepresentation

Read this if you are applying for insurance as the policy owner, if you will be an insured person under a policy owned by someone else, or if you will be an insured person under a superannuation plan.

Your legal duty

When you apply for insurance and up until your application is accepted by us, there is a legal Duty to Take Reasonable Care Not to Make a Misrepresentation to us.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

You have the same duty if anything changes, or you remember more information, while we're processing your application.

If you want to change your insurance cover at any time, extend it or reinstate it, you'll also have the same Duty to Take Reasonable Care Not to Make a Misrepresentation to us at that time.

You are responsible for all answers given, even if someone assists you with your application.

We may later investigate the answers given in your application, including at the time of a claim.

Where a **policy** owned by one person covers the life of another person, it's important that the other person does not make a misrepresentation when providing information to us. If the other person does make a misrepresentation, then it may be treated as a failure by the owner of the **policy** in their Duty to Take Reasonable Care Not to Make a Misrepresentation. Therefore, you must take reasonable care not to make a misrepresentation when giving us information whether you're the owner of the **policy** or an **insured person** under it.

If you do not meet your legal duty

If you do not meet your Duty to Take Reasonable Care Not to Make a Misrepresentation, this can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced.

Please note that there may be circumstances where we later investigate whether the information given to us was true. For example, we may do this when a claim is made.

If there is a failure to comply with the Duty to Take Reasonable Care Not to Make a Misrepresentation, there are different remedies that may be available to us. These are set out in the *Insurance Contracts Act 1984* (Cth). These are intended to put us in the position we would have been in if the duty had been met. Therefore, if the person who answers our questions does not take reasonable care not to make a misrepresentation, it can have

serious consequences for your insurance, such as those explained below:

- we may **treat the contract (or your cover) as if it never existed**
- we may **reduce the amount you've been insured for** – to reflect the premium you've been paying. There is a link between the premium you pay and your level of cover. If you fail to tell us something, your premiums may have been too low. We may reduce the amount you've been insured for, taking into account the premium you would have had to pay if you'd told us everything you should have. For death cover we can only reduce the amount you've been insured for within three years of your cover starting
- we may **vary your cover** – to take into account the information you didn't tell us and put us in the same position as we would've been if you'd told us. Variations could mean, for example, that waiting periods, exclusions or premiums may be different. We can't make variations to death cover.

Your total insurance cover forms one insurance contract. If you don't meet your legal duty, we may treat your different types of cover as separate contracts when we take action to address this.

Whether we can exercise one of these remedies depends on a number of factors, including:

- whether the person who answered our questions took reasonable care not to make a misrepresentation. This depends on all of the relevant circumstances. This includes how clear and specific our questions were and how clear the information we provided on the duty was
- what we would have done if the duty had been met – for example, whether we would have offered cover, and if so, on what terms
- whether the misrepresentation was fraudulent, and
- in some cases, how long it has been since the cover started.

Before we exercise any of these remedies, we will let you know our reasons and the information we rely on and give you an opportunity to provide an explanation.

If we decide to exercise one of these remedies, we will advise you of our decision and the process to have this reviewed or make a complaint if you disagree with our decision.

Guidance for answering our questions

When answering our questions, please:

- think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond
- answer every question that we ask you
- do not assume that we will contact your doctor for any medical information
- answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it or check with us, and

- review your application carefully. If someone else helped prepare your application (for example, your financial adviser), please check every answer (and make corrections if needed) before the application is submitted.

Changes before your cover starts

Before your cover starts, we may ask about any changes that mean you would now answer our questions differently. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

After your cover starts

If, after the cover starts, you think you may not have met your duty, please contact us immediately.

Cooling-off period

If we accept your application, we'll send you an **insurance schedule**. Once you've received your **insurance schedule** you'll have 28 days to check that your **plan** meets your needs and let us know if it doesn't. This is known as the cooling-off period. If it doesn't meet your needs, or you change your mind for any reason, simply contact us to cancel your plan.

As long as you haven't made a claim under your plan during the cooling-off period, we'll cancel your plan and refund any amounts you've paid us. For insurance inside **super**, the refund will be paid to the **Trustee**. They will then refund the money to you subject to preservation requirements under superannuation law.

If you want to cancel your plan during the cooling-off period, you'll need to contact us by:

Phone 133 731
Email askus@resolutionlife.com.au
Send us a letter Resolution Life Customer Service
GPO Box 5441
Sydney NSW 2001

Have your needs changed?

If you're not satisfied with your **plan**, please tell us. We may be able to change the plan. Changing to a new plan may require a reassessment of the **insured person's** health, occupation, pastimes and place of residence. It is usually better to modify your plan rather than to end it and start a new one.

If you're thinking of cancelling your existing insurance cover and replacing it with other cover, you need to know about certain risks that are involved.

For example, you'll probably need to provide current medical and financial information for the new application, and if your health has changed, this may affect the terms of the new cover. Also, if you cancel your current insurance while you're applying or before the new cover starts, there may be some time that you won't have insurance cover.

You can add more benefits to an existing plan

If you wish to add an **option** to an existing **plan**, except for the PremierLink option and **FlexiLink plans**, you may do so. The option will be linked to your existing plan's terms and conditions. Should you wish to add a PremierLink option, **FlexiLink plan** or an option from the latest PDS, then you may be required to cancel your existing plan and replace it with the corresponding plan in the latest PDS.

You can also add a new **plan**, which uses the terms and conditions from the latest PDS.

Please contact us on 133 731 or your financial adviser if you have any questions.

Who can be an insured person

The **insured person** is the person who is to be insured and must be within the ages set out in the table on pages 24 to 27 when applying for cover. The **insured person** is shown in the **insurance schedule**.

The **policy owner** is the person who owns the **plan** and is sometimes also the **insured person**. If you purchase the **plan** through **super**, the **policy owner** will be the Trustee. This means that the **insured person** may not be the person to whom we pay benefits.

Who can own your insurance

Ownership

Elevate Insurance can be structured in a way that best suits your needs. There are a range of ways to choose who owns the insurance **plan** and structure linked **options**, giving you flexibility and comprehensive cover that is tailored to your needs.

Life, TPD and Trauma insurance

	Outside super						Through NMRF/SMSF		
	Individuals			Company	Trust				
	Yourself (as an individual)	Another individual	Joint ownership (two or more individuals)	Company which the insured person controls	Company which the insured person does not control	Trust which the insured person controls	Trust which the insured person does not control	ETSL	Trustee of an SMSF
Life insurance	Life Insurance Plan							Life Insurance Superannuation Plan	Life Insurance SMSF Plan
TPD insurance	TPD Insurance Plan TPD options FlexiLink TPD plans PremierLink TPD option							TPD Insurance Superannuation Plan TPD options	TPD Insurance SMSF Plan TPD options
Trauma insurance	Trauma Insurance Plan Trauma Insurance Plus Plan Trauma options FlexiLink Trauma plans							N/A	N/A

Income and business expenses insurance

Outside super		Through NMRF/SMSF		
	Individuals	Company	Trust	
	Yourself (as an individual)	Company which the insured person controls	Trust which the insured person controls	ETSL Trustee of an SMSF
Income insurance	Income Insurance Premier Plan/PremierLink IP option Income Insurance Plus Plan Income Insurance Plan Income Insurance Senior Plan			Income Insurance Superannuation Plan Income Insurance SMSF Plan
Business expenses insurance	Business Expenses Insurance Plan			N/A N/A

Joint ownership

If there's more than one owner of an insurance **plan**, it will be owned jointly. In the event one owner dies, the plan will continue to be owned in its entirety by the surviving **policy owners**. Relevant documentation is required to support the transfer.

Company or trust

For **income insurance plans** and the Business Expenses Insurance Plan owned by a company or trust, the person who is to be covered under the **plan** must have a controlling interest in the company or must be a trustee of a trust.

SMSF

Elevate Insurance **plans** can be purchased by the trustee(s) of a self-managed superannuation fund or a Small APRA Super Fund. The following plans are available through a self-managed superannuation fund or a Small APRA Super Fund:

- Life Insurance SMSF Plan
- TPD Insurance SMSF Plan
- Income Insurance SMSF Plan.

TPD insurance is also available through **super** as an **option** to the Life Insurance SMSF Plan.

These plans are issued by Resolution Life and are owned by the trustee(s) of a self-managed superannuation fund or a Small APRA Super Fund who are responsible for meeting the requirements under the *Superannuation Industry (Supervision) Act 1993* ('SIS' or 'superannuation law').

Where a claim is paid, it is paid to the trustee(s) of a self-managed superannuation fund or a Small APRA Super Fund who can then release the benefit to you in accordance with superannuation law.

We recommend that the trustee(s) seeks appropriate advice regarding the tax deductibility of premiums, and the impact of superannuation law on purchasing insurance and the payment of insurance benefits by the trustee(s).

Superannuation through NMRF

Elevate Insurance offers the following plans which are held in NMRF:

- Life Insurance Superannuation Plan
- TPD Insurance Superannuation Plan
- Income Insurance Superannuation Plan.

These plans are owned by ETSL as the Trustee of NMRF.

TPD insurance is also available through NMRF as an option to the Life Insurance Superannuation Plan.

Where a claim is paid, it is paid to ETSL. The Trustee can then release the benefit to you in accordance with superannuation law.

We recommend that you seek appropriate advice regarding the tax deductibility of premiums paid to NMRF, and the impact of superannuation law on purchasing insurance and the payment of insurance benefits by ETSL.

FlexiLink and PremierLink

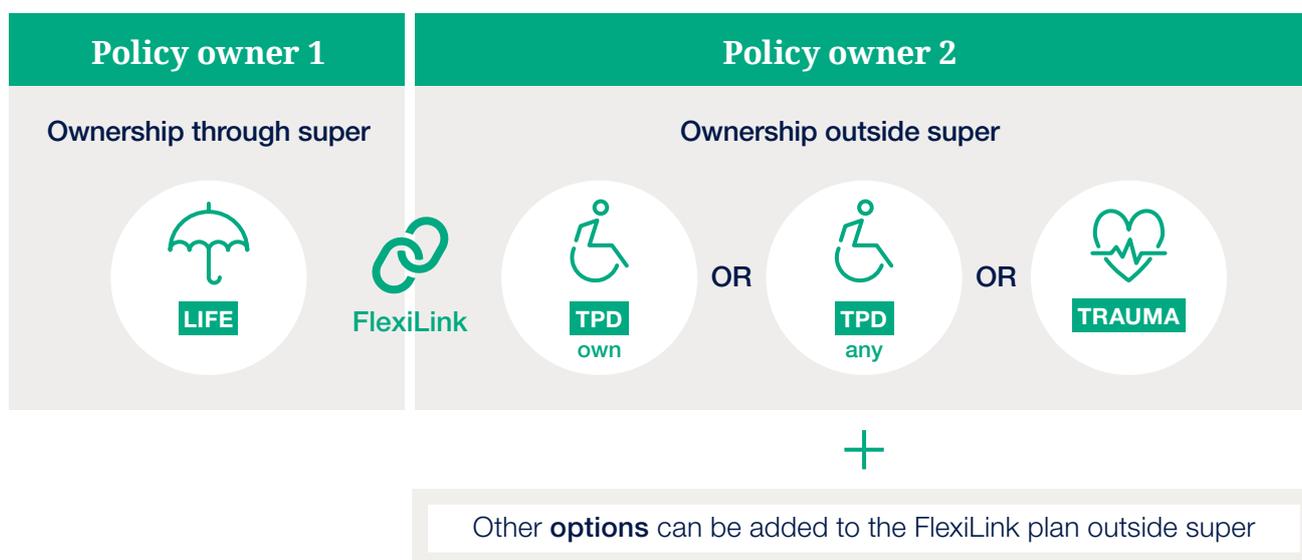
Once you've seen the benefits of taking insurance cover and considered whether to hold your insurance outside or through super, you might find it's hard to choose. With the linking options below, you can combine different types of insurance both outside and through super.

To determine if your insurance should be held outside or through **super**, there are various factors to consider, such as eligibility to contribute, taxation, where your benefit will be paid if you make a claim, cost and the benefits included in the **plan**. Also note that the paying of insurance premiums by partial rollover will decrease the super balance available for your retirement.

Your financial adviser can assist you to determine the ownership that is appropriate for your individual needs.

How FlexiLink works

If you purchase life insurance through **super**, FlexiLink allows you to link trauma insurance and/or TPD insurance held outside super.



Benefits	<ul style="list-style-type: none"> FlexiLink cover can provide you with more features which are not available when insurance is held within super. The FlexiLink Trauma plan can be linked to the Life Insurance Superannuation Plan or Life Insurance SMSF Plan (this is the only way trauma insurance is available in connection with these plans). All FlexiLink benefits are linked to the life insurance plan owned through NMRF or by an SMSF. When a claim is accepted on one plan, it reduces the sum insured on the other plan. This allows you to tailor your cover to suit you. Other extra-cost options that are only available outside super are available on FlexiLink TPD plans and FlexiLink Trauma plans. FlexiLink can improve the timing of the payment of benefits. This is because under FlexiLink, the TPD or Trauma benefit is outside super and can be paid to you directly, without you having to satisfy a condition of release under superannuation law. Should you claim under FlexiLink, any benefits paid outside of super are usually not taxable, meaning you will receive the full value of your benefit. Without FlexiLink, payments within the super environment may be subject to taxation, depending on who receives the proceeds, reducing the value of the benefit you receive.
Owners	The FlexiLink plan will be a separate plan outside of super. This means we'll issue two plans with two different owners. Insurance taken through super is owned by ETSL or the trustee(s) of your self-managed superannuation fund or Small APRA Super Fund. The FlexiLink plan will be owned by individual(s), a company or a trust outside of super.
Premiums	The premium for the FlexiLink plan will be paid for by you outside super from your nominated payment method.
Requirements	The sum insured of the TPD option , FlexiLink TPD or FlexiLink Trauma cannot be more than the life insurance sum insured . Note: Trauma is not available as an option when adding FlexiLink to a plan .
Claims	FlexiLink plans operate in the same way as options. This means if a claim is paid from your FlexiLink TPD plan or FlexiLink Trauma plan , your cover in the life insurance plan is reduced by the amount of the benefit paid. Therefore, FlexiLink plans act and are priced in a similar way to an option .

FlexiLink example

You have life insurance cover with a **sum insured** of \$2 million and a **FlexiLink Trauma plan** with a **sum insured** of \$500,000. If you made a trauma claim under the **FlexiLink Trauma plan** and were paid the full benefit, your life insurance and trauma insurance **sums insured** would each reduce by \$500,000.

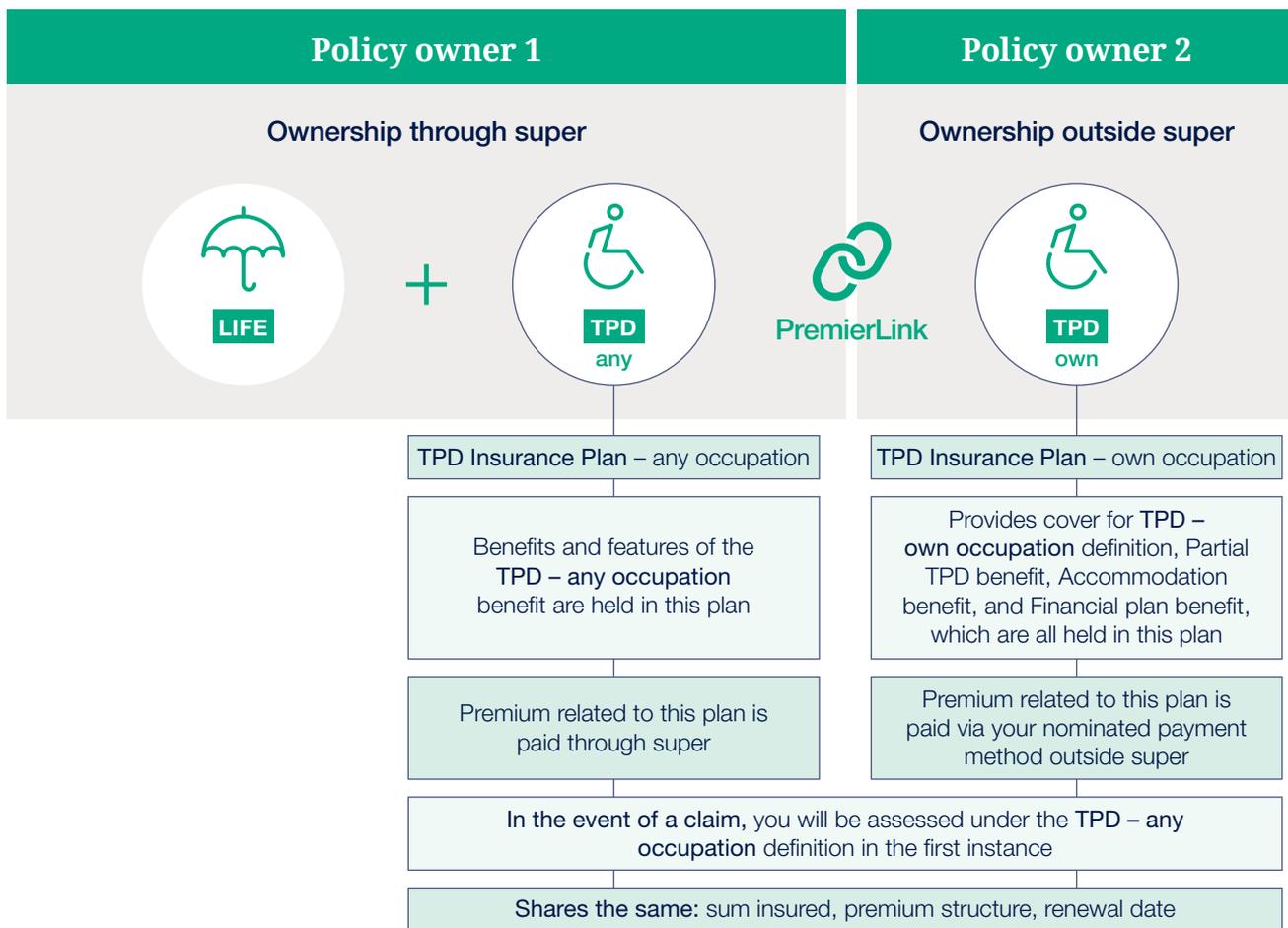
How PremierLink TPD works

The PremierLink TPD option provides flexibility in structuring your TPD insurance.

The PremierLink TPD option allows you to link a **TPD own occupation** benefit, along with other benefits which are not available through **super**, under a separate plan outside super if you purchase:

- a **TPD any occupation** option on a Life Insurance Superannuation Plan or a Life Insurance SMSF Plan, or
- a TPD Insurance Superannuation Plan or TPD Insurance SMSF Plan.

Eligibility criteria applies, for further detail see pages 26 to 27.



Benefits	<ul style="list-style-type: none"> • The PremierLink TPD option can provide you with more features which are not available when insurance is held through super. • Holding a TPD any occupation option or plan through super may be a tax-effective way of paying your premiums depending on your individual circumstances. • Should you claim a benefit under the PremierLink TPD option, any benefits are paid outside of super and are usually not taxable, meaning you will receive the full value of your benefit. Without the PremierLink TPD option, payments within the super environment may be subject to taxation, reducing the value of the benefit you receive. • Depending on your circumstances, there can also be advantages to holding TPD own occupation cover outside super. If a benefit is paid within super, the benefit will be paid to the Trustee who will then release the benefit in accordance with superannuation law. If a payment is made under the PremierLink TPD option, the benefit will be paid without the need to satisfy a condition of release under superannuation law.
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Owners	<p>The PremierLink TPD option will be held on a separate plan outside of super. This means that you'll have two plans with two different owners. Insurance taken through super is owned by ETSL or the trustee(s) of your self-managed superannuation fund or Small APRA Super Fund.</p> <p>The PremierLink TPD option outside of super will be owned by individual(s), a company or a trust outside of super. This may include trustees of a self-managed superannuation fund where the option is held personally by the trustee(s) and not as an asset of the SMSF.</p>
Premiums	<p>The premium for the PremierLink TPD plan will be paid by you outside super from your nominated payment method.</p> <p>The life insurance and TPD any occupation premiums are paid from money in the super fund or contributions or rollovers to it.</p>
Requirements	<p>The following details must be the same for both the TPD any occupation option or plan and the PremierLink TPD option:</p> <ul style="list-style-type: none"> • sum insured (this amount cannot exceed the sum insured of the life insurance plan or TPD insurance plan to which they are linked) • premium structure, and • extension date. <p>If an increase or reduction is made to the sum insured of the TPD any occupation option or plan, the alteration will automatically be applied to the sum insured of the TPD own occupation cover held under the PremierLink TPD option. If you wish to have a higher sum insured for TPD insurance than the linked life insurance plan, a separate standalone TPD insurance plan may be issued.</p>
Claims	<p>If you claim a benefit for TPD, your claim will first be assessed under the criteria of the TPD any occupation definition or plan held through super. If you satisfy this criteria, the benefit will be paid to the Trustee. If your claim is not approved under this criteria, it will then be assessed under the criteria of the PremierLink TPD option held outside super using the TPD own occupation definition. If you satisfy this criteria, the benefit will be paid directly to you or the owner of the PremierLink TPD option.</p> <p>If a benefit is paid under a TPD option (either your TPD any occupation option or PremierLink TPD option), your life insurance sum insured or TPD insurance sum insured, and the sums insured of all linked options, are reduced by the amount of the benefit paid.</p>

PremierLink TPD examples

On submission of a TPD claim, one of the following scenarios may apply:

Scenario 1		
TPD any occupation definition is met	<p>Plan held through super</p> <p>TPD any occupation benefit is paid to the Trustee who can then release the benefit to you in accordance with superannuation law. The Life insurance or TPD insurance sum insured, and the sums insured of all linked options, are reduced by the amount of the benefit paid.</p>	<p>Plan held outside super</p> <p>No benefit is paid under this plan.</p> <p>The sum insured of the PremierLink TPD option is also reduced by the amount of the TPD benefit paid under the plan held through super.</p> <p>Depending on eligibility, the policy owner may also receive the following benefits:</p> <ul style="list-style-type: none"> • Accommodation benefit (page 52) • Financial plan benefit (page 53).
Scenario 2		
<p>TPD any occupation definition is not met</p> <p>Claim will then be assessed under TPD own occupation definition</p> <p>TPD own occupation definition is met</p>	<p>Plan held through super</p> <p>No benefit is paid under this plan.</p> <p>The life insurance or TPD insurance sum insured, and the sums insured of all linked options, are reduced by the amount of the benefit paid under the plan held outside super.</p>	<p>Plan held outside super</p> <p>The TPD benefit is paid to the policy owner.</p> <p>The sum insured of the PremierLink TPD option is reduced by the amount of the TPD benefit paid. Depending on eligibility, the policy owner may also receive the following benefits:</p> <ul style="list-style-type: none"> • Accommodation benefit (page 52) • Financial plan benefit (page 53).
Scenario 3		
Criteria for Partial TPD benefit is met	<p>Plan held through super</p> <p>No benefit is paid under this plan.</p> <p>The life insurance or TPD insurance sum insured, and the sums insured of all linked options, are reduced by the Partial TPD benefit paid under the plan held outside super.</p>	<p>Plan held outside super</p> <p>Partial TPD benefit is paid to the policy owner. The sum insured of the PremierLink TPD option is reduced by the Partial TPD benefit paid.</p>

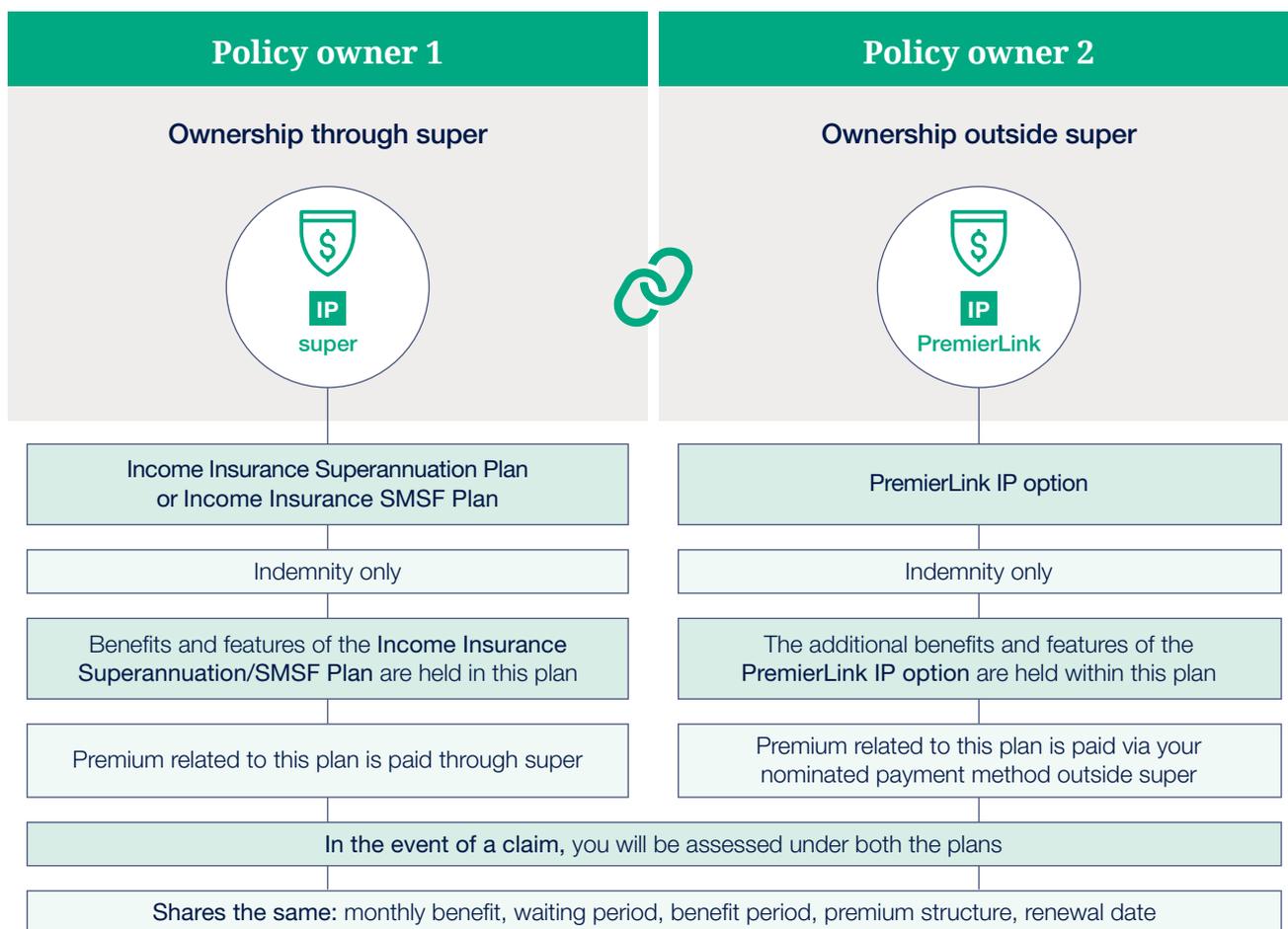
How PremierLink IP option works

The PremierLink IP option provides flexibility in structuring your income insurance. The PremierLink IP option is available when you purchase an Income Insurance SMSF Plan or Income Insurance Superannuation Plan.

If purchased, this option covers you for additional benefits not available through **super** which brings your overall benefits in line with those available under the Income Insurance Premier Plan.

The additional benefits not available through super under the PremierLink IP option are held on a separate plan outside super that is linked to your Income Insurance Superannuation Plan or Income Insurance SMSF Plan.

Eligibility criteria applies, for further detail see page 27.



Benefits	<ul style="list-style-type: none"> The PremierLink IP option can provide you with more features which are not available when insurance is held through super. Depending on your circumstances, there can be advantages to holding a PremierLink IP option. If a benefit is paid within super, the benefit will be paid to the Trustees who can only release the benefit to you in accordance with superannuation law. However, if a payment is made under the PremierLink IP option, the benefit will be paid without the need to satisfy a condition of release under superannuation law.
Owners	<p>The PremierLink IP option and additional benefits are held on a separate plan outside of super. This means that you'll have two plans with two different owners. Insurance taken through super is owned by ETSL or the trustee(s) of your self-managed superannuation fund or Small APRA Super Fund.</p> <p>The PremierLink IP option will be owned by you, a company or a trust outside of super. This may include trustees of a self-managed superannuation fund where the option is held personally by the trustee(s) and not as an asset of the SMSF.</p>
Premiums	<p>The premium for the PremierLink IP option will be paid by you outside super from your nominated payment method.</p> <p>The premiums for your Income Insurance Superannuation Plan or Income Insurance SMSF Plan can be paid from money in the super fund or contributions or rollovers to it.</p>

Requirements	<p>The following details must be the same for both the income insurance plan and the PremierLink IP option:</p> <ul style="list-style-type: none"> • monthly benefit • waiting period • benefit period • premium structure, and • extension date. <p>If an alteration, increase or reduction is made to the income insurance plan held through super, the alteration, increase or reduction will automatically be applied to the PremierLink IP option.</p>
Claims	<p>If you claim a benefit for income insurance, your claim will be assessed under the criteria of your income insurance plan held through super. If you satisfy this criteria, the benefit will be paid directly to the Trustee. At the same time, your claim will also be assessed under the criteria on your PremierLink IP option held outside super. If you satisfy this criteria but not the criteria under the income insurance plan held through super, a benefit will be paid on your PremierLink IP option. The benefit will be paid directly to you or the owner of the PremierLink IP option.</p>

PremierLink IP examples

On submission of an income insurance claim, one of the following scenarios may apply:

Scenario 1		
<p>Total disability definition on income insurance plan is met within super</p>	<p>Plan held through super</p> <p>Total disability benefit is paid to the Trustee who can then release the benefit to you in accordance with superannuation law.</p>	<p>Plan held outside super</p> <p>No Total disability benefit is payable in this scenario. However, if eligible, the additional benefits outlined on pages 68 to 69 will be paid to the policy owner.</p>
Scenario 2		
<p>Total disability definition on income insurance plan inside super is not met</p> <p>Claim will be assessed under Total disability definition outside super</p> <p>Total disability definition on PremierLink IP outside super is met</p>	<p>Plan held through super</p> <p>No Total disability benefit is payable under this plan.</p>	<p>Plan held outside super</p> <p>Total disability benefit is paid directly to the policy owner.</p> <p>Depending on eligibility, the policy owner may also receive additional benefits outlined on pages 68 to 69.</p>

What you can apply for

How much can you insure?

You'll need to decide how much cover suits your needs.

The amount that you're insured for is known as the **sum insured** for a lump sum payment or the **monthly benefit** for income insurance or business expenses insurance. This amount is fixed and will only change if your cover is increased to keep up with inflation, or you later apply to increase or decrease your cover.

This section shows the maximum and minimum **sum insured** or **monthly benefit** amounts that you can apply for. Subject to underwriting, we may offer you cover on the terms you have applied for or on different terms.

Insurance that pays a lump sum

Elevate's life, TPD and trauma insurance pays a lump sum for a **claimable event**. A minimum annual premium is also applicable, please see page 31 for more information.

Plan or option type	Sum insured		Other conditions
	Minimum	Maximum	
Life insurance	\$50,000	No limit – subject to underwriting	N/A
TPD insurance	\$50,000	\$5,000,000	The maximum sum insured for TPD is \$5,000,000 for income-earning applicants (from all sources, including insurance cover of a similar type issued by any insurer, including us) and includes any ADL TPD.
Activities of Daily Living (ADL) TPD insurance	\$50,000	\$2,000,000	The maximum sum insured for ADL TPD is \$2,000,000 for income-earning applicants and may be used to increase the total TPD cover to \$5,000,000.
Trauma insurance	\$50,000	\$2,000,000	The standard maximum sum insured is \$2,000,000 (from all sources, including insurance cover of a similar type issued by any insurer, including us) for income-earning applicants. Non-income earning applicants are generally restricted to \$750,000 (from all sources, including insurance cover of a similar type issued by any insurer, including us).

For **trauma options**, **FlexiLink plan** or PremierLink options, the **sum insured** of the **option** cannot exceed the **sum insured** of the **plan** to which they are linked.

Insurance that pays a monthly benefit

Income insurance plans and the Business Expenses Insurance Plan pay a **monthly benefit** for a **claimable event**.

When selecting your **monthly benefit**, the maximum that you can apply for will be based on your occupation category, type of plan and your **income** (you can insure up to 75% of your **income**).

Plan type	Maximum monthly benefit amount on entry				
	Occupation category				
	Occupation categories and descriptions are explained in further detail on page 70.				
	MP, AA, A	B, C	D	F	BY, CY, DY
Income Insurance Premier Plan PremierLink IP option	\$30,000	\$30,000	N/A	N/A	N/A
Income Insurance Plus Plan	\$30,000	\$30,000	\$30,000	N/A	N/A
Income Insurance Plan	\$30,000	\$30,000	\$30,000	\$3,500	\$30,000
Income Insurance Superannuation Plan	\$30,000	\$30,000	\$30,000	\$3,500	\$30,000
Income Insurance SMSF Plan	\$30,000	\$30,000	\$30,000	\$3,500	\$30,000
Income Insurance Senior Plan	\$30,000 ⁽ⁱ⁾	N/A	N/A	N/A	N/A
Business Expenses Insurance Plan	\$40,000	\$40,000	\$40,000	N/A	N/A

(i) \$6,000 per month for Resolution Life plans (Income Insurance Premier Plans issued after September 1996) with the right to convert to SeniorGuard.

Note: The maximum monthly benefits listed in this table includes any superannuation contribution options on a per life basis. The maximum applies across all income insurance contracts issued by Resolution Life.

At what age can the insured person apply?

Life, TPD and trauma insurance

		Entry age of the insured person			Expiry age of the insured person ⁽ⁱ⁾	Other conditions	
	Plan or option type		Stepped premiums	Level premiums ⁽ⁱⁱ⁾	Blended premiums ⁽ⁱⁱⁱ⁾		
Life insurance	Life Insurance Plan	NS	11–70 next birthday	11–65 next birthday	25–50 next birthday	99 or earlier if selected ⁽ⁱ⁾⁽ⁱⁱⁱ⁾	<p>For the Life Insurance Superannuation Plan and Life Insurance SMSF Plan, if you cease to be eligible to contribute to superannuation due to age restrictions and your plan is through:</p> <ul style="list-style-type: none"> • NMRF, your plan (and membership of the NMRF) may cease • an SMSF, your cover will continue if there are sufficient funds in the SMSF to pay the premiums. <p>For further information on making contributions refer to the Eligibility to make contributions section on page 106.</p>
	Life Insurance Superannuation Plan	S				75 or earlier if selected ⁽ⁱ⁾⁽ⁱⁱⁱ⁾	
	Life Insurance SMSF Plan	SMSF					
TPD insurance	TPD insurance plans	NS	16–60 next birthday	16–60 next birthday	25–50 next birthday	99 or earlier if selected ⁽ⁱ⁾⁽ⁱⁱⁱ⁾	<p>FlexiLink TPD and the PremierLink TPD option will end at age 75 if linked to a Life Insurance Superannuation Plan, Life Insurance SMSF Plan, TPD Insurance Superannuation Plan or TPD Insurance SMSF Plan. On the first extension date after age 65 only the Specific loss, Future care and Significant cognitive impairment definitions apply.</p>
	TPD options	☐					
	TPD insurance plans	S				75 or earlier if selected ⁽ⁱ⁾⁽ⁱⁱⁱ⁾	<p>On the first extension date after age 65 only the Specific loss, Future care and Significant cognitive impairment definitions apply.</p>
	TPD options	SMSF					
	ADL TPD	NS	16–65 next birthday	16–60 next birthday	25–50 next birthday	99 or earlier if selected ⁽ⁱ⁾⁽ⁱⁱⁱ⁾	N/A
	ADL TPD option	S SMSF				75 or earlier if selected ⁽ⁱ⁾⁽ⁱⁱⁱ⁾	N/A
Trauma insurance	Trauma Insurance Plan	NS	16–65 next birthday	16–60 next birthday	25–50 next birthday	99 or earlier if selected ⁽ⁱ⁾⁽ⁱⁱⁱ⁾	<p>On the first extension date after age 70 only the Loss of capacity for independent living trauma condition applies.</p>
	Trauma options	☐					
	Trauma Insurance Plus Plan	NS	16–60 next birthday				<p>When it is used with the FlexiLink option within the Life Insurance Superannuation Plan/Life Insurance SMSF Plan, this option expires at age 75.</p>
	Trauma insurance plus option	☐					

(i) Plan expires on the date of the **insured person's** birthday at the expiry ages set out in the above table.

(ii) For life, TPD and trauma insurance plans and options on level premiums, the level premiums will change to stepped premiums from the first extension date after age 70 or after an earlier age requested by you.

(iii) For life, TPD and trauma insurance plans and options on blended premiums, the blended premiums will change to stepped premiums from the first **extension date** after age 60.

Income insurance and business expenses insurance

		Entry age of the insured person		Expiry age of the insured person ⁽ⁱ⁾	Other conditions	
Plan or option type		Stepped premiums	Level premiums			
Income insurance	Income Insurance Premier Plan	NS	Where an age 60 benefit period is selected: 18–55 next birthday	60, 65, or 70 (depending on the benefit period selected)	Refer notes below	
	Income Insurance Plus Plan	NS				
	Income Insurance Plan	NS	Where an age 65, age 70, 2 year or 5 year benefit period is selected: 18–60 next birthday			
	Income Insurance Superannuation Plan	S				
	Income Insurance SMSF Plan	SMSF				
		PremierLink IP option	∅			
		Income Insurance Senior Plan	NS			Only available as a conversion from eligible plans
Business expenses insurance	Business Expenses Insurance Plan	NS	18–60 next birthday	65	N/A	

(i) Plan expires on the date of the **insured person's** birthday at the expiry ages set out in the above table.

Notes:

Under **income insurance plans** for the age 70 **benefit period**:

- Only available to occupation categories MP, AA and A.
- For the Income Insurance Superannuation Plan, your plan may expire earlier if you cease to be eligible to contribute to superannuation due to superannuation contribution age restrictions, or there are insufficient funds in your superannuation account to pay your premiums. For further information on eligibility to make contributions please refer to the **Eligibility to make contributions** section on page 106.

Eligibility criteria for options

The options described below can only be purchased with specific **plans**. Please refer to the **Options you can add** table for each insurance type in **Life, TPD and trauma insurance** section starting on page 40 and the **Income and business expenses insurance** section starting on page 67. The options can be added to your plan for an additional premium.

Options for Life, TPD and trauma insurance

Options		Entry age of the insured person	Expiry age of the insured person	Minimum sum insured	Maximum sum insured which may be purchased
Business solutions option – Life ⁽ⁱ⁾	S NS SMSF	18–60 next birthday	65	\$50,000	The lower of: <ul style="list-style-type: none"> • four times the life insurance sum insured, and • \$15,000,000 less the total sums insured under any life insurance plans held with us or another company under which you are covered.
Business solutions option – TPD ⁽ⁱ⁾	S NS SMSF ∅	18–60 next birthday	65	\$50,000	The lower of: <ul style="list-style-type: none"> • four times the TPD insurance sum insured, and • \$5,000,000 less the total sums insured under any TPD insurance plans or TPD options held with us or another company under which you are covered.

(i) For blended premiums, the minimum entry age is 25 next birthday and the maximum entry age is 50 next birthday.

Options		Entry age of the insured person	Expiry age of the insured person	Minimum sum insured	Maximum sum insured which may be purchased
Business solutions option – Trauma ⁽ⁱ⁾	NS ☒	18–60 next birthday	65	\$50,000	The lower of: <ul style="list-style-type: none"> • four times the trauma insurance sum insured, and • \$2,000,000 less the total sums insured under any trauma insurance plans or trauma options held with us or another company under which you are covered.
Premium waiver ⁽ⁱ⁾	S NS SMSF	16–60 next birthday	The earlier of: <ul style="list-style-type: none"> • 65, and • when the plan ends 	N/A	N/A
TPD option ⁽ⁱ⁾ FlexiLink TPD ⁽ⁱ⁾	S NS SMSF ☒	16–60 next birthday	99 ⁽ⁱⁱ⁾	\$50,000	\$5,000,000 ⁽ⁱⁱⁱ⁾
Double TPD option ⁽ⁱ⁾	S NS SMSF	16–60 next birthday	99 ⁽ⁱⁱ⁾	\$50,000	\$5,000,000 ⁽ⁱⁱⁱ⁾
Life buy back – TPD option ⁽ⁱ⁾	S NS SMSF ☒	16–60 next birthday	65	\$50,000	\$5,000,000 ⁽ⁱⁱⁱ⁾
PremierLink TPD option ⁽ⁱ⁾	☒	16–60 next birthday	99 ⁽ⁱⁱ⁾	The sum insured must be the same amount as the TPD any occupation option, TPD Insurance Superannuation Plan or TPD Insurance SMSF Plan to which it is linked.	
Activities of Daily Living (ADL) TPD option ⁽ⁱ⁾	S NS SMSF	16 next birthday to: <ul style="list-style-type: none"> • 60 next birthday for level premiums • 65 next birthday for stepped premiums. 	99 ⁽ⁱⁱ⁾	\$50,000	\$2,000,000 ⁽ⁱⁱⁱ⁾
Trauma option ⁽ⁱ⁾ FlexiLink Trauma ⁽ⁱ⁾	NS ☒	16 next birthday to: <ul style="list-style-type: none"> • 60 next birthday for level premiums • 65 next birthday for stepped premiums. 	99 ⁽ⁱⁱ⁾	\$50,000	\$2,000,000 ⁽ⁱⁱⁱ⁾
Double trauma option ⁽ⁱ⁾	NS	16 next birthday to: <ul style="list-style-type: none"> • 60 next birthday for level premiums • 65 next birthday for stepped premiums. 	99	\$50,000	\$2,000,000 ⁽ⁱⁱⁱ⁾
Trauma Plus option ⁽ⁱ⁾ FlexiLink Trauma Plus ⁽ⁱ⁾	NS ☒	16–60 next birthday	99 ⁽ⁱⁱ⁾	\$50,000	\$2,000,000 ⁽ⁱⁱⁱ⁾
Double Trauma Plus option ⁽ⁱ⁾	NS	16–60 next birthday	99	\$50,000	\$2,000,000 ⁽ⁱⁱⁱ⁾
Life buy back – Trauma option ⁽ⁱ⁾	NS ☒	16–60 next birthday	65	\$50,000	\$2,000,000 ⁽ⁱⁱⁱ⁾
Trauma reinstatement option ⁽ⁱ⁾	NS ☒	16–60 next birthday	70	\$50,000	\$2,000,000 ⁽ⁱⁱⁱ⁾
Children’s trauma option	NS ☒	3–16 next birthday	21	\$10,000	\$200,000

(i) For blended premiums, the minimum entry age is 25 next birthday and the maximum entry age is 50 next birthday.

(ii) When linked to the Life Insurance Superannuation Plan/Life Insurance SMSF Plan, this option expires at age 75.

(iii) The maximum **sum insured** which may be purchased at commencement but may increase with Automatic inflation.

Options for income insurance and business expenses insurance

Options		Entry age	Expiry age	Minimum benefit	Maximum benefit
Accelerated accident option	S NS SMSF	18–60 next birthday ⁽ⁱ⁾	The expiry age of the plan	N/A	N/A
Accident lump sum option	NS	18–60 next birthday ⁽ⁱ⁾	The expiry age of the plan	\$1,000	\$250,000
Cover boost option ⁽ⁱⁱ⁾	S NS SMSF	18–52 next birthday	The earlier of: <ul style="list-style-type: none"> • 55, and • having utilised the maximum number of increase dates. 	N/A	N/A
Increasing claim option	S NS SMSF	18–60 next birthday ⁽ⁱ⁾	The earlier of: <ul style="list-style-type: none"> • 65, and • when the plan ends 	N/A	N/A
Occupationally acquired HIV, Hepatitis B and C option ⁽ⁱⁱⁱ⁾	NS	18–60 next birthday ⁽ⁱ⁾	The expiry age of the plan	\$50,000	The lower of: <ul style="list-style-type: none"> • 60 times the monthly benefit, and • \$500,000.
Superannuation contributions option	S NS SMSF	18–60 next birthday ⁽ⁱ⁾	The expiry age of the plan	N/A	N/A
PremierLink IP option		Refer to At what age can the insured person apply? section on page 24.		The monthly benefit must be the same amount as the income insurance plan to which it is linked.	

(i) Where the **benefit period** selected is age 60, the maximum entry age is 55 next birthday.

(ii) Occupation categories MP, AA and A only.

(iii) Only available to medical occupation categories MP or AA.

Cost of insurance

In this section:

- ▶ What are insurance premiums?
- ▶ How we work out your insurance premium
- ▶ Premium structures
- ▶ Fees, charges and discounts
- ▶ Variations

Cost of insurance

Elevate Insurance offers different ways to structure your insurance costs and protect your cover from inflation.

What are insurance premiums?

Your insurance premiums are the cost you pay for your insurance cover and depend on many factors. You need to pay your insurance premiums by the due date from when your cover starts until it stops.

The cost of your insurance cover (including any loading, discount, waiver) is determined by us. Stamp duty costs associated with any insurance cover depend on State or Territory laws.

There are fees, charges and discounts that may apply to your plan. Please see page 31 for further detail.

When you apply for insurance cover, you will have a choice regarding how to structure your insurance premium. Elevate offers stepped, level and blended premium structures, providing you with flexibility and control. Each premium structure works differently and will likely result in you paying a different amount overall.

How we work out your insurance premium

We work out your insurance premium based on what cover you select, the **sums insured** you've chosen and other factors, including but not limited to:

- age
- gender
- smoking status
- medical history
- occupation
- general health
- premium structure and payment frequency selected
- stamp duty.

Depending on your circumstances, each of these factors may affect the amount you need to pay.

For **income insurance plans** and the Business Expenses Insurance Plan, your premium is also affected by the **waiting period** and **benefit period** you choose.

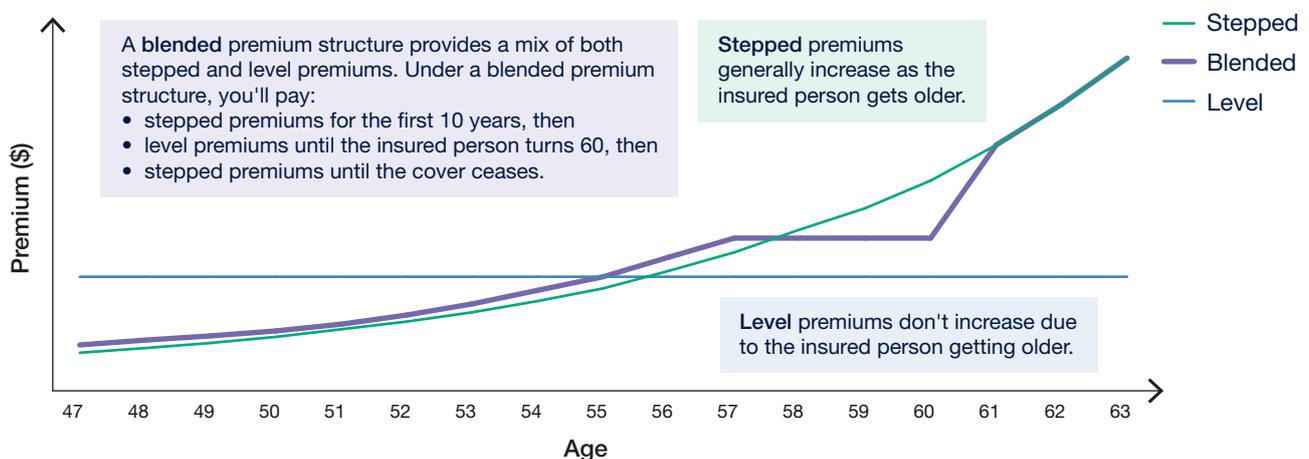
We may review premium rates from time to time, full details can be found on page 32.

You can get a copy of our standard premium rate tables by contacting us on 133 731.

Premium structures

Depending on the plan you purchase, there are up to three premium structures available to you – stepped, level and blended. The figure below shows how the premium changes as the **insured person's** age increases under each of the premium structures. You should consider this section carefully before applying for a plan.

Stepped vs Level vs Blended



Note: Stepped premiums increase each year according to the insured person's age, whereas level premiums start off more expensive and generally stay constant. This example does not include plan fees and does not take into account premium changes due to Automatic inflation increases of the sum insured.

Please note, the above diagram is for illustrative purposes only and will vary with individual circumstances.

Stepped premiums

Stepped premiums change every year on the plan **extension date** according to the **insured person's** age. Generally, premiums increase as the **insured person** gets older. This is in addition to premium changes due to Automatic inflation increases.

From time to time we may perform a general review of our premium rates, and any changes that we make will apply to all owners of a similar type of plan. For more details, please refer to **Variations** on page 32. You can also choose to freeze your premiums at any time. If you do this your **sum insured** will reduce each year accordingly. Refer to **Premium freeze** on pages 57 and 92.

Level premiums

Level premiums don't increase each year as the **insured person** gets older, and as such they generally stay the same for each layer of cover¹ during the term of your plan. However, they are not guaranteed. For example, level premiums will increase if you selected to keep up with increases in inflation or you increase the **sum insured**.

From time to time we may perform a general review of our premium rates, and any changes that we make will apply to all owners of a similar type of plan. For more details, please refer to **Variations** on page 32.

When you apply for Life, TPD or trauma insurance cover, you can select a premium switch age, which is the age at which your level premium will move to a stepped premium (see **Stepped premiums** section above). Your premium switch age may be less than your cover cease age, which determines when your plan expires. Your premiums will switch automatically from level premiums to stepped at the switch age you have chosen. Your **insurance schedule** will show the age you've selected to switch the premium structure as well as the overall cover cease age.

The level premium rate charged will be based on the **insured person's** age when each layer of cover starts.

For our Life, TPD and trauma insurance plans, level premiums will only change if:

- the **insured person** is over age 70 (or the nominated switch age you have chosen). When this happens, we'll change your level premiums to stepped premiums on the **extension date** after the **insured person** turns 70 or their switch age (whichever occurs first), or earlier if requested. This is known as the level premium cease age
- you ask us to change your **sum insured** (including by exercising an option) or make an alteration to the plan which impacts the premium
- you choose to have your **sum insured** increased to keep up with increases in inflation, or
- we review the premium rates for all plans of this type. See **Variations** on page 32.

For our **income insurance plans** and the Business Expenses Insurance Plan, level premiums will only change if:

- you ask us to change your **monthly benefit** or make an alteration to the plan which impacts the premium
- you choose to have your **monthly benefit** increased to keep up with increases in inflation
- we review the premium rates for all plans of this type, see **Variations** on page 32, or
- we review the **insured person's** occupation category.

Blended premiums

(Available on Life, TPD and trauma insurance plans only)

Under a blended premium structure, you'll pay stepped premiums for the first 10 years followed by level premiums until the **insured person** turns 60, and then stepped premiums until the cover cease age.

For each layer of cover¹ we adjust your premiums each year for the first 10 years of your cover according to the **insured person's** age, just like stepped premiums. During this time, the premium will normally increase each year as the **insured person** gets older.

Following the first 10 years and until age 60, your premiums won't change according to the **insured person's** age, like level premiums. After he or she turns 60, the premiums switch back to stepped premiums.

During the time that level premiums apply, premiums will only change if:

- you ask us to change your **sum insured** (including by exercising an option) or make an alteration to the plan which impacts the premium
- you choose to have your **sum insured** increased to keep up with increases in inflation, or
- we review the premium rates for all plans of this type.

Combining stepped and level premiums for different options

If you purchase a **life insurance plan**, you have the flexibility to choose between stepped and level premium structures across your plan and the different options you've chosen.

For example, you can purchase a Life Insurance Plan on level premiums with a linked **TPD option** on stepped premiums.

These options include Trauma, Trauma Plus, Double Trauma, Double Trauma Plus, TPD, Double TPD, ADL TPD, FlexiLink Trauma, FlexiLink Trauma Plus and FlexiLink TPD.

If your plan is on a blended premium, these options must also be on a blended premium structure.

¹ A layer is made up of your initial sum insured and additional layers are made up of any increases in **sum insured** you apply for or increases due to Automatic inflation (page 50).

Fees, charges and discounts

Minimum premium

A minimum yearly premium of \$250 applies, which includes the plan fee.

The minimum premium applies to the sum of premiums for:

- an individual's linked plans (please refer to **We may waive the plan fee if you have additional plans** section below for more information), and
- plans linked by way of family relationship and/or business partner relationship.

Fees and charges

All charges (other than the cost of providing the insurance) for the plan are described in this section. We won't apply any other charges without your consent.

Plan fee

The plan fee pays for the establishment and administration of your plan.

In certain circumstances only one plan fee will be applicable. The conditions for this are outlined in the **We may waive the plan fee if you have additional plans** section below.

The plan fee as at the date of preparation of this document (19 December 2022) for each payment frequency available in the **plans** is outlined below.

Plan fee payments

The plan fee shown in the table below increases each year (usually around January) by any increase in the Consumer Price Index (CPI or Index). For a schedule of the most current plan fees, please refer to resolutionlife.com.au/pdsupdates.

	Non- Superannuation	Super
Frequency	Plan fee per payment (\$)	Plan fee per payment (\$)
Fortnightly	2.97	2.92
Monthly	6.42	6.32
Quarterly	19.25	18.95
Half-yearly	38.50	37.90
Yearly	73.70	72.55

On your **extension date**, the plan fee will rise by any increase in CPI. Your applicable plan fee amount will be shown in your **insurance schedule**.

For the purpose of calculating increases in CPI, we use the last published Index for the 12 months ending 30 September each year. However, we may use the

Index published for a more recent 12 month period and/or another index or rate which we believe more fairly and accurately reflects changes in the cost of living.

The increase we make will normally be based on the Australian National All Groups Consumer Price Index weighted average of eight capital cities combined.

We may waive the plan fee if you have additional plans

If you have other plan(s) from this PDS or from another insurance product series, these may be considered as linked plans. We may waive the plan fee on these linked **plans**. We may also waive the plan fee in instances where your spouse or other family member, or your business partner, has a plan with us.

If you do not nominate a plan, we will determine which plan the plan fee waiver will apply to.

The plan fee waiver provides you with only one plan fee and reduced minimum premiums for linked plans. The plan fee waiver is available for a maximum of 19 plans.

The **insurance schedule** shows which plan is a primary plan and which **plan(s)** have had the plan fees waived.

Instalment loading and other loading

An instalment **loading** applies if you pay more frequently than yearly; this is in addition to the plan fee payments described above. As at the preparation date of this document, the instalment **loading** is 3.5% of the annual premium for half-yearly payments and 7% for all other premium payment frequencies.

Other premiums **loadings** may apply.

Government stamp duty

A government stamp duty is imposed on most of the plans and options outlined in this document, based on the state or territory in which the **insured person** lives. The stamp duty rates and how they are charged vary from state to state and depend on the type of insurance cover that has been purchased.

The stamp duty will be included in, or in addition to, the insurance premium. If the stamp duty is charged in addition to the insurance premium, it will be shown as a separate item on the **insurance schedule**.

State or territory governments may change the rate of stamp duty or method of calculation from time to time, and any change may affect the amount you pay.

Discounts

Business rewards discount

This discount is available where two or more clients are in a business relationship and both submit applications for new plans to us. A 5% discount is available on the premiums for Life, TPD and trauma insurance **plans/options** and on the plan fee. If you are replacing an existing Resolution Life insurance **policy**, this discount is not available. To see whether you qualify for the discount please contact your financial adviser.

Trauma overlap discount

Where TPD (including ADL TPD) insurance is purchased as an option on a plan that includes trauma insurance, a 7.5% discount is applied to the premium of the **TPD option**.

Large case discount

We may apply discounts to the life insurance, TPD insurance, trauma insurance, income insurance and business expenses insurance premium based on the size of the **sum insured** or **monthly benefit**. These discounts are not guaranteed. To see if you qualify for this discount please contact your financial adviser.

Multi plan discount

We may apply a discount to the life insurance, TPD insurance and trauma insurance premium depending on the number of **plans** and/or **options** you have with us. The amount of discount will vary from time to time.

To be eligible for a multi plan discount:

- you must hold Life, TPD or trauma insurance with an **income insurance plan** and/or the Business Expenses Insurance Plan, and
- the start date for at least one of the **plans** and/or **options** must be on or after 23 November 2015, subject to the following minimum **sum insured**:
 - \$2,000 per month for **income insurance plans** or the Business Expenses Insurance Plan
 - \$350,000 for life insurance
 - \$200,000 for TPD insurance
 - \$100,000 for trauma insurance.

Additional eligibility criteria and some exclusions apply. To see if you qualify for this discount please contact your financial adviser.

Other discounts

We reserve the right to apply discounts to selected **plans** and/or **options** at our discretion.

Variations

We can change your premium

We work out premiums based on a number of factors, including by reference to our standard premium rate tables. Those tables show, for each premium structure, factors and premium rates for each age, based on a person's gender, occupation and smoking status. We reserve the right to change the standard premium rate tables. Any such changes will apply to all owners of **plans** or **options** of the same type. If we do this, and you are impacted, we'll notify you in writing before the changes come into effect as required by the law at the time.

We can change the fees and charges

If there's a material change to fees and charges, we'll tell you before the change takes place as required by law at the time. All other changes, including those due to indexation or changes to stamp duty (described above), will be advised in writing following the change.

Taxation

We can change the standard premium tables, fees or charges at any time to reflect any change to taxation or revenue laws.

Resolution Life's approach to claims

In this section:

- ▶ Our customers' claims experiences
- ▶ How to claim



Resolution Life's approach to claims

We'll be there to help you live the best life you can, should something happen.

Our commitment to you

We recognise that your situation is unique. We'll work with you and your loved ones transparently, fairly, and with respect and empathy.

Providing more than financial support

We provide more than just financial assistance. We partner with you and a range of specialists to help you return to work and your usual lifestyle, wherever we can.

Offering tailored solutions

We'll help develop the best solution for you based on your individual situation, providing the right support and management, at the right time.

Claims expertise

Our highly experienced claims teams are supported by internal and third party expertise, best-in-class tools and an ongoing focus on professional development.

Our customers' claims experiences

"I had initially forgotten I had income protection when I fell ill, and I didn't think it would cover my rheumatoid arthritis, but my financial adviser reminded me I had income protection. ... It was the support of Resolution Life that impressed me. Resolution Life kept true to the aims of its policies to help me when I really needed it. I was very impressed."

Darren, storeman.

"My case was handled very promptly. I was made to feel very valued as a customer and was given a great deal of support."

Janice, architect.

"Your claims officer was very good at explaining the whole process and got back to me promptly with queries, making the whole process quite easy. And the payment for claim came through when promised, making things a lot less stressful, especially as I'm self employed! Cheers."

Fiona, fencer.

"Your representative, Alicia, was polite, professional and extremely knowledgeable and helpful in all our correspondence. ... she always returned calls and emails without fail. Alicia is extremely well mannered and is someone you should be very proud to have on your staff. Her ability to solve any questions I had regarding my claim is a credit to her and her training."

Robert, truck driver.

Note: Names have been changed.

How to claim

We understand you will be going through a difficult time if you need to claim. So we've made the claiming process as simple as we can.

Step 1	Notify us as soon as it happens Tell us about your event/situation as soon as possible. We'll explain what you need to do and what will happen next.
Step 2	Help us understand your situation Everyone's situation is unique. When you contact us, our specialist claim intake team will ask you for information to start your claim.
Step 3	Your case manager will contact you A dedicated case manager will be in touch to talk you through the claims process, and let you know about any further information we need to progress your claim.
Step 4	Information required You must provide us with information that is reasonably necessary for the assessment of your claim. This may include medical, financial, occupational and functional information. We'll explain why we need the information we request. In some cases, we may ask you to see a medical or rehabilitation professional or speak with you in person to better understand your situation. We may also review previous medical history and financial information to ensure the information we had at the commencement of your plan was accurate. Therefore it's important for you to complete the application form and Personal Statement accurately as this may impact your eligibility for benefits later on. Ongoing commitment Where the claim is ongoing and not paid as a lump sum, your case manager will continue to work with you and inform you of any further requirements for the continuation of the claim.
Step 5	We'll review your claim, keeping you informed along the way
Step 6	We'll let you know the outcome of your claim Based on your situation and plan we'll let you know the outcome of your claim. If your claim is accepted, payment will be made. Where a death benefit is payable under a super plan, we'll pay the sum insured to the Trustee. <ul style="list-style-type: none">• If this is ETSL, the proceeds of the plan will be paid to one or more of your dependants or to your legal personal representative.• If this is a trustee of an SMSF or small APRA Super Fund, this will be managed as per the trust deed. For any other claim under a super plan, the Trustee will need to be satisfied that you've met the condition of release before making any payment to you.
Step 7	Supporting your recovery where possible Research has shown that there are many benefits to recovering in a safe and supportive workplace. Resolution Life will help you return to work with the necessary support in place. Your case manager and recovery specialist will discuss recovery options with you and, if appropriate, develop a tailored recovery plan.

Contact us

- Call Resolution Life Claims on 133 731 (Monday to Friday, between 8.30am and 5.00pm AEST) for help or to notify us of a claim.
- Contact your dedicated case manager for information on your claim.

Customer satisfaction and complaint resolution

In this section:

- ▶ We're here to help
- ▶ Complaint resolution

Customer satisfaction and complaint resolution

We're here to help

If you have any questions, please contact your financial adviser or call us on 133 731 Monday to Friday, between 8.30am and 7.00pm.

Complaint resolution

We aim to provide products and services that exceed your expectations. We hope to resolve any issues straight away. If we can't, we'll acknowledge receipt of your complaint and then aim to give you a response as soon as possible and within the time limits as set out below.

The way that complaints must be dealt with differs depending on whether the complaint relates to a plan that is held outside or through **super**. This is because the owner of the plan is different and complaints handling requirements differ depending on whether a complaint relates to NMRF, an SMSF or non-superannuation.

For non-superannuation plans and SMSF plans

If you have a complaint please contact our Customer Contact Centre, stating what your complaint is about and the name and number of the plan. To contact our Customer Contact Centre:

Phone 133 731
Email askus@resolutionlife.com.au
Address Resolution Life Customer Service
GPO Box 5441
Sydney NSW 2001

We'll confirm receipt of your complaint in writing within 24 hours. We'll also do this for any complaint received over the phone, unless we can quickly resolve it for you. We'll review your complaint and send you our response within **30 days** from when we received it.

You may also contact the Australian Financial Complaints Authority (AFCA). AFCA is a dispute resolution scheme that provides fair and independent financial services complaint resolution that is free to consumers. Usually, AFCA will not deal with your complaint until our internal complaints handling process has had the opportunity to consider it.

Phone 1800 931 678
Online afca.org.au
Email info@afca.org.au
Address Australian Financial Complaints Authority
GPO Box 3
MELBOURNE VIC 3001

Time limits apply to certain complaints to AFCA. So if you're not satisfied with our response, you should contact AFCA immediately to find out if a time limit applies. Other limits may also apply.

For superannuation plans in NMRF

If you have a complaint please contact ETSL, stating what your complaint is about and the name and number of the plan. You can do this by contacting Resolution Life's Customer Contact Centre:

Phone 133 731
Email askus@resolutionlife.com.au
Address Resolution Life Customer Service
GPO Box 5441
Sydney NSW 2001

ETSL has a formal process to deal with any complaints. We'll confirm receipt of your complaint in writing within 24 hours. We'll also do this for any complaint received over the phone, unless we can quickly resolve it for you. ETSL will review your complaint and send you their response within **45 days** from when they received it. For complaints about the distribution of a death benefit, ETSL will respond within 90 days after the expiry of the 28-day period for objecting to a proposed death benefit distribution.

You may also contact the Australian Financial Complaints Authority (AFCA). AFCA is a dispute resolution scheme that provides fair and independent financial services complaint resolution that is free to consumers. Usually, AFCA will not deal with your complaint until our internal complaints handling process has had the opportunity to consider it.

Phone 1800 931 678
Online afca.org.au
Email info@afca.org.au
Address Australian Financial Complaints Authority
GPO Box 3
MELBOURNE VIC 3001

Time limits apply to certain complaints to AFCA. So if you're not satisfied with our response, you should contact AFCA immediately to find out if a time limit applies. Other limits may also apply.

Life, TPD and trauma insurance

In this section:

- ▶ About Elevate life insurance
- ▶ About Elevate total and permanent disability insurance
- ▶ About Elevate trauma insurance
- ▶ About Elevate Children's trauma option
- ▶ Life, TPD and trauma insurance benefits and features in detail

Life, TPD and trauma insurance

This section outlines the features, benefits and options of Elevate Insurance plans. This section contains terms and conditions which apply to your contract of insurance. The cover that is available under your contract of insurance is limited to the selected **plan** and, if applicable, any **options** linked to that **plan**, as shown in your **insurance schedule**. It's important you read this section carefully.

About Elevate life insurance

Protecting your life

Life insurance is intended help your loved ones adjust to, and manage, life without you if something unexpected occurs. Elevate life insurance can pay a lump sum benefit if the insured person dies or if they're diagnosed with a terminal illness.

Life insurance as a plan

Life insurance can be purchased as a plan only. The three plans available are:

- Life Insurance Plan
- Life Insurance Superannuation Plan
- Life Insurance SMSF Plan.

Benefits and features at a glance

Included benefits and features

The following table outlines the benefits that are included for each plan at no additional cost. Full detail of these benefits can be found on the pages indicated below.

Benefits	Page	Life Insurance Plan	Life Insurance Superannuation Plan	Life Insurance SMSF Plan
		NS	S	SMSF
Life benefit	52	✓	✓	✓
Terminal illness benefit	52	✓	✓	✓
Automatic inflation	50	✓	✓	✓
Future insurability benefit	50	✓	✓	✓
Accommodation benefit	52	✓		
Advancement of funeral expenses	52	✓		
Financial plan benefit	53	✓		
Premium freeze ⁽ⁱ⁾	57	✓	✓	✓
Upgrade of benefits	57	✓	✓	✓
24-hour worldwide cover	57	✓	✓	✓

(i) Not available for blended premiums.

(ii) Not available on **FlexiLink plans**, PremierLink TPD option or the **plan / options** to which they are linked.

Life Insurance Superannuation Plan/Life Insurance SMSF Plan

S

SMSF

You should be aware that should you choose to purchase an insurance product through **super**, any benefit payment is made to the Trustee. The Trustee can then release the benefit to you or your beneficiary(ies) in accordance with superannuation law.

For the Life Insurance Superannuation Plan, please refer to the **Key information you need to know** section starting on page 103 for more information on:

- Plan membership
- Taxation information
- Eligibility to make contributions
- Cancelling your plan
- Nomination of beneficiaries.

Options you can add

The following table outlines the options that can be added to the plan at an additional cost. Full detail of these benefits can be found on the pages indicated below.

An option only applies if it's specified in the **insurance schedule**. Where an **option** or **FlexiLink plan** is specified in the **insurance schedule**, the **option** and/or **FlexiLink plan** forms part of the **plan** to which it is linked.

Options	Page	Life Insurance Plan NS	Life Insurance Superannuation Plan S	Life Insurance SMSF Plan SMSF
Business solutions option – Life	57	✓	✓	✓
Premium waiver option	58	✓	✓	✓
Total and permanent disability (TPD) option	53 (TPD benefit)	✓	✓	✓
Double TPD option	59	✓	✓	✓
Life buy back – TPD option	59	✓	✓	✓
Business solutions option – TPD	57	✓	✓	✓
PremierLink TPD option ⁽ⁱ⁾	60	⊗	⊗	⊗
FlexiLink TPD ⁽ⁱⁱ⁾	63	⊗	⊗	⊗
Life buy back – TPD option	59	⊗	⊗	⊗
Business solutions option – TPD	57	⊗	⊗	⊗
Children's trauma option	62	⊗	⊗	⊗
Activities of Daily Living (ADL) TPD option	53 (TPD benefit)	✓	✓	✓
Trauma option	55 (Trauma benefit)	✓		
Double trauma option	61	✓		
Life buy back – Trauma option	61	✓		
Trauma reinstatement option	61	✓		
Business solutions option – Trauma	57	✓		

(i) Can be linked to a **TPD any occupation** benefit under any of the **life insurance plans** or **TPD insurance plans** through **super**.

(ii) **FlexiLink plans** and **options** can be linked to the Life Insurance Superannuation Plan or Life Insurance SMSF Plan; however, they will be held on a separate plan outside **super**.

Options	Page	Life Insurance Plan NS	Life Insurance Superannuation Plan S	Life Insurance SMSF Plan SMSF
FlexiLink Trauma ⁽ⁱⁱ⁾	63	☐	☐	☐
Life buy back – Trauma option	61	☐	☐	☐
Trauma reinstatement option	61	☐	☐	☐
Business solutions option – Trauma	57	☐	☐	☐
Children’s trauma option	62	☐	☐	☐
Children’s trauma option	62	✓		

(ii) FlexiLink plans and options can be linked to the Life Insurance Superannuation Plan or Life Insurance SMSF Plan; however, they will be held on a separate plan outside super.

Claiming under a linked option may impact other cover

If we pay a benefit under a linked option, the sum insured of each remaining linked cover (plans and options) for that insured person is reduced by the amount we pay, unless we state otherwise in this PDS. If the life insurance plan is reduced to nil, the plan will cease.

About Elevate total and permanent disability insurance

Protection in the event of permanent disability

The Elevate total and permanent disability (TPD) insurance plans provide a lump sum benefit to help you cope financially if you are unlikely to work again, suffer a specific loss, require future care, are unlikely to perform domestic work or suffer significant cognitive impairment.

TPD insurance

Elevate has the following TPD insurance types:

- TPD own occupation
- TPD any occupation
- Activities of Daily Living TPD (ADL TPD).

TPD insurance as a plan

S **NS** **SMSF**

The TPD (own and any occupation) and ADL TPD insurance can be purchased independently of a **life insurance plan** through the TPD Insurance Plan and the ADL TPD Insurance Plan outside **super**.

The TPD Insurance Superannuation Plan and TPD Insurance SMSF Plan allows you to purchase TPD (any occupation) inside **super** independently of life insurance.

TPD insurance as an option

S **NS** **SMSF**

TPD insurance (own and any occupation) can be purchased as an option linked to a **life insurance plan** or **trauma insurance plan**. ADL TPD insurance can only be purchased as an option on life insurance.

TPD types

The definition of TPD varies according to the type of plan you have. You may want to consider how specialised your occupation is and how important it is to you to return to the same role.

TPD insurance can be purchased as one of the following types:

TPD types		What you need to consider
TPD own occupation	NS	The insured person will be assessed against their ability to return to their own occupation, which is a narrower set of criteria.
TPD any occupation	S NS SMSF	The insured person will be assessed against their ability to return to any occupation within their education, training or experience, which includes jobs other than what they were doing before becoming disabled.
Activities of Daily Living TPD (ADL TPD)	S NS SMSF	The insured person will be assessed against how their disability has resulted in the inability to perform key activities of daily living or whether significant cognitive impairment requires them to be under continuous supervision.

FlexiLink TPD

S

FlexiLink TPD (own and any occupation) can be linked to a **life insurance plan**. FlexiLink TPD works in a similar way to a TPD insurance option with regards to how they are priced and how they function.

Certain parameters of the FlexiLink TPD Insurance Plan must match the **life insurance plan** to which it is linked. For example, where an Automatic inflation increase is accepted on one plan, this increase must also be accepted on the linked **plan(s)**.

PremierLink TPD option

S

The PremierLink TPD option (own occupation) can be linked to a **TPD any occupation** option held on any of the **life insurance plans**, or linked to a TPD Insurance Superannuation Plan or TPD Insurance SMSF Plan. The PremierLink TPD option has the same structure as the linked **TPD any occupation** insurance. For example, they will have the same **sum insured**, which cannot exceed the **sum insured** of the **life insurance plan** or **TPD insurance plan** to which they are linked. The PremierLink TPD option has the same premium structure and the same **extension date** as the **TPD any occupation** option. If an increase or reduction is made to the **TPD any occupation** insurance, the alteration will automatically be applied to the PremierLink TPD option.

Benefits and features at a glance

Included benefits and features

The following table outlines the benefits that are included at no additional cost. Full detail of these benefits can be found on the pages indicated below.

Benefits	Page	TPD insurance				ADL TPD insurance	
		TPD Insurance Plan TPD option	TPD Insurance Superannuation Plan TPD Insurance SMSF Plan TPD option	FlexiLink TPD	PremierLink TPD option	ADL TPD Insurance Plan ADL TPD option	ADL TPD option
		NS	S SMSF	🔗	🔗	NS	S SMSF
TPD benefit (Any and Own occupation)	53	✓	✓ (Any only)	✓	✓ (Own only)		
ADL TPD	53 (TPD benefit)					✓	✓
Day One TPD	54	✓	✓	✓	✓		
Partial TPD benefit	54	✓		✓	✓ ⁽ⁱ⁾		
Automatic inflation	50	✓	✓	✓	✓	✓	✓
Future insurability benefit	50	✓	✓	✓	✓	✓	✓
Accommodation benefit	52	✓		✓	✓ ⁽ⁱ⁾		
Financial plan benefit	53	✓		✓	✓ ⁽ⁱ⁾	✓	
Death benefit	54		✓ ⁽ⁱⁱ⁾				
12-month Life buy back ⁽ⁱⁱⁱ⁾	55	✓	✓	✓			
Premium freeze ^{(iv)(v)}	57	✓	✓			✓	✓
Upgrade of benefits	57	✓	✓	✓	✓	✓	✓
24-hour worldwide cover	57	✓	✓	✓	✓	✓	✓

(i) When a PremierLink TPD option is linked to **TPD any occupation** insurance, this benefit will be paid under the PremierLink TPD option only.

(ii) Only available on the TPD Insurance Superannuation Plan or the TPD Insurance SMSF Plan.

(iii) Only available when a **TPD option** or **FlexiLink TPD plan** is linked to a **life insurance plan**.

(iv) Not available for blended premiums.

(v) Not available on a **FlexiLink TPD plan**/PremierLink TPD option and the **plans/options** to which they are linked.

Options you can add

The following table outlines the options that can be added to the plan at an additional cost. Full detail of these benefits can be found on the pages indicated below.

An option only applies if it's specified in the **insurance schedule**. Where an option or **FlexiLink plan** is specified in the insurance schedule, the option and/or FlexiLink plan forms part of the plan to which it is linked.

There are no options available for ADL TPD.

Claiming under a linked option may impact other cover

If we pay a benefit under a linked **option**, the **sum insured** of each remaining linked cover (**plans** and **options**) for that **insured person** is reduced by the amount we pay, unless we state otherwise in this PDS. The plan will cease if it's reduced to nil.

Options	Page	TPD Insurance Plan	TPD option	TPD Insurance Superannuation Plan TPD insurance SMSF Plan	TPD option	FlexiLink TPD
		NS	NS	S SMSF	S SMSF	
Business solutions option – TPD	57	✓	✓	✓	✓	✓
Double TPD option	59		✓ (i)		✓ (i)	
Life buy back – TPD option	59		✓ (ii)		✓	✓
PremierLink TPD option	60					
Business solutions option – TPD	57					
Life buy back – TPD option	59					
Children's trauma option	62	✓	(iv)			✓

- (i) The **Double TPD option** is not available on a **FlexiLink TPD plan**/PremierLink TPD option or the **plans/options** to which they are linked.
- (ii) This option is not available where TPD insurance is purchased as an **option** on a **trauma insurance plan**.
- (iii) If this option is purchased under the **TPD any occupation** option or plan to which the PremierLink TPD option is linked, it will automatically be applied to the PremierLink TPD option as well but will only be paid out once.
- (iv) Children's trauma may be purchased as an **option** on a **life insurance plan** or on a **trauma insurance plan** to which the **TPD option** is linked.

About Elevate trauma insurance

Protection in the event of serious illness or injury

Most of us know someone who has suffered a life-changing trauma – heart attacks and cancer can affect the healthiest people we know. While you may be covered for the loss of income if you’ve purchased income insurance, what about the extra costs you may face for your treatment, rehabilitation and recovery?

Elevate trauma insurance pays a lump sum amount if you suffer a defined serious illness or injury.

The conditions we cover under trauma insurance are listed on pages 47 to 48 and full details of these conditions can be found in the **Glossary of medical conditions** starting on page 123. These definitions generally describe the severity of a condition and any specific criteria for relevant **treatments** or procedures.

Our definitions for medical conditions can be different to the clinical definitions that doctors use to make a diagnosis and determine treatment options. That’s because our definitions take into account the time it may take you to recover and how you may be financially affected.

Trauma insurance

Elevate has the following types of trauma insurance available:

- Trauma Insurance
- Trauma Insurance Plus, which provides cover for up to an extra 11 conditions.

Trauma insurance as a plan

NS

Trauma insurance can be purchased independently of a **life insurance plan** through the Trauma Insurance Plan and Trauma Insurance Plus Plan.

Trauma insurance as an option

NS

Trauma insurance can be purchased as an option linked to a **life insurance plan** through the Trauma insurance option or the Trauma insurance plus option.

FlexiLink Trauma

🔗

The FlexiLink Trauma Insurance Plan and FlexiLink Trauma Insurance Plus Plan can be linked to a **life insurance plan**. These **FlexiLink Trauma plans** work in a similar way to a **trauma option** with regards to how they are priced and how they function. Certain parameters of the **FlexiLink Trauma plan** must match the **life insurance plan** to which it is linked. For example, where an Automatic inflation increase is accepted on one plan, this increase must also be accepted on the linked **plan(s)**.

Benefits and features at a glance

Included benefits and features

The following table outlines the benefits that are included at no additional cost. Full detail of these benefits can be found on the pages indicated below.

Benefits	Page	Trauma Insurance and Trauma Insurance Plus		
		Trauma Insurance Plan Trauma Insurance Plus Plan	Trauma option	FlexiLink Trauma
		NS	NS	🔗
Trauma conditions	47, 48, and 56	✓	✓	✓
Automatic inflation	50	✓	✓	✓
Future insurability benefit	50	✓	✓	✓
Accommodation benefit	52	✓	✓	✓
Financial plan benefit	53	✓	✓	✓
Premium freeze ⁽ⁱ⁾	57	✓	✓	
Upgrade of benefits	57	✓	✓	✓
24-hour worldwide cover	57	✓	✓	✓

(i) Not available for blended premiums, **FlexiLink plans** or the plan to which FlexiLink is linked.

Options you can add

The following table outlines the options that can be added to the plan at an additional cost. Full detail of these benefits can be found on the pages indicated below.

An option only applies if it's specified in the **insurance schedule**. Where an option or **FlexiLink plan** is specified in the insurance schedule, the option and/or FlexiLink plan forms part of the plan to which it is linked.

Options	Page	Trauma Insurance and Trauma Insurance Plus		
		Trauma Insurance Plan	Trauma option	FlexiLink Trauma
		NS	NS	
Business solutions option – Trauma	57	✓	✓	✓
Double trauma option	61		✓	
Life buy back – Trauma option	61		✓	✓
Trauma reinstatement option	61	✓	✓	✓
Total and permanent disability (TPD) option	53 (TPD benefit)	✓		
Business solutions option – TPD	57	✓		
Children's trauma option	62	✓	(i)	✓

(i) Children's trauma may be purchased as an **option** on a **life insurance plan** to which the **trauma option** is linked.

Claiming under a linked option may impact other cover

If we pay a benefit under a linked **option**, the **sum insured** of each remaining linked cover (**plans** and **options**) for that **insured person** is reduced by the amount we pay, unless we state otherwise in this PDS. The plan will cease if it's reduced to nil.

Trauma conditions

Trauma insurance

Trauma insurance covers the **trauma conditions** set out in the tables below. However, from the first **extension date** after age 70, only the **trauma condition** Loss of capacity for independent living will apply.

The definitions for all **trauma conditions** can be found in the **Glossary of medical conditions** starting on page 123.

Trauma condition	Full payment of the sum insured	Partial payment of the sum insured
Heart related conditions		
Angioplasty		✓
Aortic surgery to correct structural abnormality of the aorta	✓	
Cardiomyopathy (permanent)	✓	
Coronary artery bypass surgery ⁽ⁱ⁾	✓	
Heart attack (of specified severity) ⁽ⁱ⁾	✓	
Heart valve surgery (via open heart)	✓	
Idiopathic pulmonary hypertension	✓	
Out of hospital cardiac arrest	✓	
Triple vessel angioplasty	✓	
Cancer and other tumour conditions		
Benign brain tumour	✓	
Cancer (of specified criteria) ⁽ⁱ⁾	✓	
Neurological and degenerative disorders		
Coma	✓	
Dementia including Alzheimer's disease (with severe cognitive impairment)	✓	
Encephalitis (resulting in permanent neurological deficit)	✓	
Major head trauma (with permanent neurological deficit)	✓	
Motor neurone disease	✓	
Multiple sclerosis (persisting impairment)	✓	
Muscular dystrophy	✓	
Parkinson's disease (with significant functional impairment)	✓	
Stroke (diagnosed) ⁽ⁱ⁾	✓	

(i) Subject to a 90 day qualifying period. Refer to **When trauma insurance starts** on page 56 for further detail.

Trauma condition	Full payment of the sum insured	Partial payment of the sum insured
Organ related conditions		
Chronic lung failure	✓	
End stage kidney failure	✓	
End stage liver failure	✓	
Major organ transplant	✓	
Pneumonectomy	✓	
Mobility and sensory conditions		
Blindness (permanent) full payment	✓	
Blindness (permanent) partial payment		✓
Deafness (permanent) full payment	✓	
Deafness (permanent) partial payment		✓
Diplegia (permanent)	✓	
Hemiplegia (permanent)	✓	
Loss of speech (permanent)	✓	
Loss of the use of limbs (permanent)	✓	
Loss of the use of limbs and/or sight (permanent)	✓	
Paraplegia (permanent)	✓	
Quadriplegia (also defined as tetraplegia) (permanent)	✓	
Severe rheumatoid arthritis	✓	
Diabetes		
Adult insulin dependent diabetes ⁽ⁱ⁾		✓
Advanced diabetes	✓	
Other		
Aplastic anaemia (requiring treatment)	✓	
HIV – accidental infection through medical procedure	✓	
HIV – accidental occupational infection	✓	
Loss of capacity for independent living	✓	
Medical condition requiring life support		✓
Severe burns to specified body surface area	✓	

(i) Subject to a 90 day qualifying period. Refer to **When trauma insurance starts** on page 56 for further detail.

Trauma Insurance Plus

Trauma Insurance Plus covers the following **trauma conditions** in addition to the events covered by Trauma Insurance:

Trauma condition	Full payment of the sum insured	Partial payment of the sum insured
Cancer and other tumours		
Cancer (of specified criteria) early payment ⁽ⁱ⁾		✓
<ul style="list-style-type: none"> • Melanomas • Prostate tumours • Carcinoma in situ of: <ul style="list-style-type: none"> • the penis • one or both testes • the perineum • the breast • vulva, vagina, or fallopian tube • the cervix • the ovary • the uterus 		
Mobility and sensory conditions		
Loss of the use of a limb (permanent) ⁽ⁱⁱ⁾		✓

(i) Subject to a 90 day qualifying period. Refer to **When trauma insurance starts** on page 56 for further detail.

(ii) In the event you are eligible to claim under both a **TPD option** and Trauma Insurance Plus and they are linked to the same plan, we will only pay the higher of:

- Partial TPD, or
- Loss of the use of a limb (permanent).

In the event that a payment is made under any of the partial payment trauma conditions, your plan will not end. However, the trauma insurance sum insured will be reduced by the amount we pay.

About Elevate Children's trauma option

Protection for an insured child on your plan

Elevate's Children's trauma option can be added to the life, TPD and trauma insurance plans at an additional cost.

This option allows you to cover up to five of your children for any amount between \$10,000 and \$200,000.

The Children's trauma option provides cover for:

- death
- **terminal illness**, and
- if the **nominated child** suffers from one of the **trauma conditions** listed below.

This option is explained in detail on pages 62 to 63.

The nominated child under this option is not eligible for any other options.

The **trauma conditions** covered by the Children's trauma option are listed in the table below.

Trauma condition	Full payment of the sum insured	Partial payment of the sum insured
Heart related conditions		
Aortic surgery to correct structural abnormality of the aorta	✓	
Cardiomyopathy (permanent)	✓	
Coronary artery bypass surgery ⁽ⁱ⁾	✓	
Heart attack (of specified severity) ⁽ⁱ⁾	✓	
Heart valve surgery (via open heart)	✓	
Idiopathic pulmonary hypertension	✓	
Out of hospital cardiac arrest	✓	
Triple vessel angioplasty	✓	
Cancer and other tumour conditions		
Benign brain tumour	✓	
Cancer (of specified criteria) ⁽ⁱ⁾	✓	
Neurological and degenerative disorders		
Dementia including Alzheimer's disease (with severe cognitive impairment)	✓	
Coma	✓	
Encephalitis (resulting in permanent neurological deficit)	✓	

Trauma condition	Full payment of the sum insured	Partial payment of the sum insured
Major head trauma (with permanent neurological deficit)	✓	
Motor neurone disease	✓	
Multiple sclerosis (persisting impairment)	✓	
Muscular dystrophy	✓	
Parkinson's disease (with significant functional impairment)	✓	
Stroke (diagnosed) ⁽ⁱ⁾	✓	
Subacute sclerosing panencephalitis ⁽ⁱ⁾	✓	
Viral encephalitis ⁽ⁱ⁾	✓	
Organ related conditions		
Chronic lung failure	✓	
End stage kidney failure	✓	
End stage liver failure	✓	
Major organ transplant ⁽ⁱ⁾	✓	
Pneumonectomy	✓	
Mobility and sensory conditions		
Blindness (permanent) full payment	✓	
Deafness (permanent) full payment	✓	
Diplegia (permanent)	✓	
Hemiplegia (permanent)	✓	
Paraplegia (permanent)	✓	
Quadriplegia (permanent) (also defined as tetraplegia)	✓	
Loss of the use of limbs (permanent)	✓	
Loss of the use of limbs and sight (permanent)	✓	
Loss of speech (permanent)	✓	
Severe rheumatoid arthritis	✓	
Other		
Aplastic anaemia (requiring treatment) ⁽ⁱ⁾	✓	
HIV – accidental infection through medical procedure	✓	
HIV – accidental occupational infection	✓	
Severe burns to specified body surface area	✓	

(i) Subject to a 90 day qualifying period. Please refer to the **In some cases, a qualifying period applies** section on page 63 for more information.

Life, TPD and trauma insurance benefits and features in detail

Please take the time to read the details about the benefits the **plans** provide. This section will provide you with the terms and conditions of each benefit and is an important part of this PDS. Your **insurance schedule** will show you which **plan(s)** and **option(s)** apply to you. Please contact us or speak to your financial adviser if you would like any of the details explained to you.

Please use the symbols below to assist you in identifying which benefits are available for the different **plans** and **options**.

Benefits available under:	Symbol
Life insurance plans	LIFE
TPD insurance plans and TPD options	TPD
Trauma insurance plans and Trauma options	TRAUMA
FlexiLink TPD or PremierLink TPD option	 and TPD
FlexiLink Trauma	 and TRAUMA

Automatic inflation

LIFE **TPD** **TRAUMA** **NS** **S** **SMSF** 

To protect your benefit against the effects of inflation, up until age 65 your **sum insured** is automatically increased each year on the **extension date** by the greater of 5% or the increase in the Consumer Price Index (CPI).

Your premium will increase as a result of this increase in the sum insured. You may decline the increase in the sum insured for any particular year or for all years by writing to us.

The increase to your sum insured only applies to a claim you make under the **plan** that happens after the date of the increase.

We won't increase the **sum insured**:

- after the **insured person's** 65th birthday
- where a **loading** exceeding 100% is applied to your premium
- on a Business solutions option
- on a Children's trauma option, or
- while Premium freeze or the Premium waiver option is exercised.

For all TPD options, trauma options and FlexiLink plans

We won't increase the **sum insured** for a **TPD option**, **trauma option** or **FlexiLink plan** by any amount which would cause the **sum insured** to exceed that of the **plan** or **option** to which these options are linked.

Any **revised terms** applicable to your **plan** will also apply to increases exercised under this benefit.

The CPI information we use

The increase we make to the **sum insured** will normally be based on the Australian National All Groups Consumer Price Index weighted average of eight capital cities combined. We use the last published Index for the 12 months ending 30 September each year. Any increase will be applied on the next **extension date** on or after 1 January of the following year. However, we may use the Index published for a more recent 12 month period and/or another index or rate which we believe more fairly and accurately reflects changes in the cost of living.

This benefit is not available where the **plan** is established by the exercise under another **plan** of a:

- 12-month Life buy back
- Life buy back – TPD option
- Life buy back – Trauma option
- Trauma reinstatement option.

Future insurability benefit

LIFE **TPD** **TRAUMA** **NS** **S** **SMSF** 

This benefit allows you to increase your **sum insured** once in any 12 month period without the need to provide further health evidence when one or more specified personal or business events occurs.

You must apply for the increase within 12 months after the date the specified event occurs.

You will be required to provide evidence that is acceptable to us and supports the increase to your **sum insured**.

How much additional cover you can purchase

The maximum amount of increase for any one event will be limited to the lowest of:

- 25% of the **sum insured**
- \$200,000
- where the increase relates to a mortgage, the amount of the mortgage or the increase to the mortgage, or
- where the increase relates to a promotion or commencement of a new employment arrangement, 10 times the salary increase.

The maximum amount of increase in the **sum insured** in total over the life of the plan for each cover type is the original sum insured, up to a maximum of \$1,000,000.

You'll need to provide certified copies of evidence of one of the following events:

Events covered under specified personal events:	Examples of evidence needed (certified copies)
The insured person gets married or registers a de facto relationship	<ul style="list-style-type: none"> • Marriage certificate • Registration certificate of a de facto relationship • Signed Statutory Declaration confirming the de facto relationship
On the first anniversary of a de facto relationship where that anniversary occurs on or after the date the insured person was covered by this plan	<ul style="list-style-type: none"> • Registration certificate of a de facto relationship • Signed Statutory Declaration confirming the insured person is in a de facto relationship where the first anniversary occurs on or after the commencement date shown in the insurance schedule
Divorce or registering a separation from a marriage or registered de facto relationship	<ul style="list-style-type: none"> • Divorce order • Separation certificate of a marriage or a de facto relationship • Signed Statutory Declaration confirming the marriage or de facto relationship separation
On the first anniversary of separating from a marriage or de facto relationship where that anniversary occurs on or after the date the insured person was covered by this plan	<ul style="list-style-type: none"> • Separation certificate of a marriage or a de facto relationship • Signed Statutory Declaration confirming the first anniversary of the separation from the marriage or the de facto relationship occurred on or after the commencement date shown in the insurance schedule
Death of a spouse or de facto partner	<ul style="list-style-type: none"> • Death certificate • Marriage certificate • Relationship certificate
Effecting a mortgage for the first time or increasing a mortgage	<ul style="list-style-type: none"> • Mortgage papers • Bank confirmation of settlement
Completing first undergraduate degree at an Australian University	<ul style="list-style-type: none"> • Degree certificate
Birth or adoption of a child	<ul style="list-style-type: none"> • Birth certificate
The insured person's child first starts secondary school	<ul style="list-style-type: none"> • Certificate of enrolment
Becoming a carer for the first time	<ul style="list-style-type: none"> • Statutory Declaration confirming the carer status and date commenced • Centrelink carer's card
Promotion or commencement of a new employment arrangement where the insured person's base salary (excluding salary packaging arrangements) increases by at least \$10,000 or 10%	<ul style="list-style-type: none"> • Pay slips showing previous income and letter of offer from employer or letter of salary increase or new employment contract

Events covered under specified business events:	Examples of evidence needed (certified copies)
Business succession planning – increase in the value of the business or in the insured person's shareholding	<ul style="list-style-type: none"> • Partnership agreement • Executive package letter showing increase
Key person insurance – increase in the value of the key person to the business	<ul style="list-style-type: none"> • Letter from the business' accountant
Loan guarantee – increase in business loans	<ul style="list-style-type: none"> • Loan documentation • Revaluation certificate

If the following events occur with the same person, you are only eligible to apply for one increase:

- marriage
- divorce or **separation** from a marriage
- entering into a **de facto relationship**, or
- **separation** from a **de facto relationship**.

When the Future insurability benefit does not apply

The Future insurability benefit cannot be exercised if at the time of your application:

- the **insured person** has previously been accepted by us with a medical **loading** greater than 50% under a plan held with us, or
- the **insured person** is currently entitled to make, or has made, a claim for a **terminal illness**, TPD or Trauma benefit under a plan held with us.

Restrictions on the increased sum insured

For the first six months from the date of the increase, we will only pay the amount of the increase in the **sum insured** in the event of:

- accidental death
- accidental total and permanent disability (caused by violent, accidental, external and visible means), or
- the **insured person** suffering an accidental **trauma condition**.

This benefit will expire on the **insured person's** 55th birthday. The specified event for which you are applying for an increase must occur prior to the insured person's 55th birthday.

Any **revised terms** applicable to your plan will also apply to increases exercised under this benefit.

How to exercise the Future insurability benefit

You can exercise the Future insurability benefit by completing the 'Future Insurability Benefit for Life, Total and Permanent Disability (TPD) and Trauma insurance' form with the evidence required for the specified event as listed in this section.

Life benefit

LIFE NS S SMSF

If the **insured person** dies we'll pay the life insurance **sum insured**. This amount is paid once only as a lump sum. The life insurance sum insured is specified on the **insurance schedule**.

Terminal illness benefit

LIFE NS S SMSF

If the **insured person** becomes terminally ill, you may ask us to pay the life insurance **sum insured**. This amount is paid once only as a lump sum and is an advance payment of the Life benefit (see above). The life insurance **sum insured** is specified on the **insurance schedule**.

We'll only pay if the **insured person** becomes terminally ill:

- after this plan commences
- before this plan ends, and
- before the insured person reaches the benefit expiry age for the plan.

The Terminal illness benefit is not payable under a **plan** which has lapsed, been cancelled or is otherwise not in force prior to the date the **insured person** becomes terminally ill.

NS

For the Life Insurance Plan, terminally ill means:

- a **medical practitioner** has certified that the **insured person** suffers from a **sickness**, or has incurred an **injury**, that is likely to result in the **insured person's** death within 12 months, and
- we agree with that prognosis based on **evidence** provided by you or obtained by us.

S

For the Life Insurance Superannuation Plan or Life Insurance SMSF Plan, terminally ill means:

SMSF

- two **medical practitioners** have certified, jointly or separately, that the **insured person** suffers from a **sickness**, or has incurred an **injury**, that is likely to result in the **insured person's** death within 12 months of the date of certification
- at least one of the **medical practitioners** is a specialist practising in an area related to the **sickness** or **injury**, and
- for each of the certificates, the certification period has not ended.

If a terminal illness claim is admitted, we'll pay the **sum insured** to the Trustee who will make the proceeds available to you in accordance with the superannuation law.

We may ask you to provide additional evidence that we require in order to agree with the prognosis.

The amount of the Terminal illness benefit we'll pay is the amount of the life insurance **sum insured** that applies when the **insured person** becomes terminally ill. On payment of the Terminal illness benefit, the Life benefit will cease.

A Terminal illness benefit is only payable if the **insured person** holds a **life insurance plan**.

Accommodation benefit

LIFE TPD TRAUMA NS

We'll pay for the accommodation costs of the **insured person's immediate family member**, if we pay 100% of the **sum insured** under the Terminal illness benefit, TPD benefit or Trauma benefit, and a **medical practitioner** certifies that the **insured person** must remain confined to bed due to the reason for which we paid the Terminal illness/TPD/Trauma benefit, and:

- the **insured person** is more than 100km from his or her home, or needs to travel to a place that is more than 100km from his or her home for medical **treatment**, and an **immediate family member** is required to stay with the insured person (eg provide care or essential support), or
- an **immediate family member** is required to stay with the **insured person** (eg provide care or essential support) and must travel more than 100km from his or her home to do so.

We'll pay up to a maximum of \$150 per day for each day that the insured person remains confined to bed and his or her immediate family member remains away from their home, for a maximum of 14 days.

You must provide us reasonable evidence that the insured person is confined to bed and of payment of the accommodation costs. For example a hospital discharge form, accommodation receipts and proof of the immediate family member's residential address.

The Accommodation benefit will only be paid once across all **plans** or **options** you have with us under which the **insured person** is covered.

The amount we pay under the Accommodation benefit won't reduce any other benefit that's payable under your **plan**.

If a **TPD any occupation** plan/option and PremierLink TPD option are both purchased, this benefit will be paid under the PremierLink TPD option held outside of **super**.

This benefit is not payable under the Partial TPD benefit or any of the Partial payment **trauma conditions**.

Advancement of funeral expenses benefit

LIFE NS

This benefit provides an advance payment for funeral expenses on receipt of the death certificate or other proof of death of the **insured person** which is acceptable to us.

The amount payable is the life insurance **sum insured**, up to a maximum of \$20,000.

If we pay this benefit, then the life insurance **sum insured** will be reduced by the amount we pay.

This benefit is not payable if the **insured person's** death is due to suicide within the first 13 months from the commencement date or date the plan was last restored.

Any payment of this benefit is not an admission of liability to pay the full Life benefit. Please note that nominating a beneficiary may enhance the timeliness with which this benefit can be paid.

Financial plan benefit

LIFE **TPD** **TRAUMA** **NS**

If we pay 100% of the **sum insured**, we'll reimburse the recipient of the benefit, up to \$2,000 for the cost of financial planning advice.

The advice must be received within 12 months of us paying the **sum insured**. The advice must be from a representative of an Australian Financial Services Licensee.

We'll only pay the Financial plan benefit once regardless of the number of **plans** or **options** held with us under which the **insured person** is covered.

If a **TPD any occupation** and PremierLink TPD option are both purchased, this benefit will be paid under the PremierLink TPD option held outside of **super**.

The payment of the Financial plan benefit will not reduce any other benefit payable under the plan.

TPD benefit

TPD **NS** **S** **SMSF**

If the **insured person** is totally and permanently disabled (TPD), we'll pay the TPD insurance **sum insured** as specified on the **insurance schedule**. The definition of TPD varies according to the type of **plan** you have and whether your **TPD plan** is **TPD own occupation**, **TPD any occupation** or **TPD ADL**.

If we pay a TPD benefit under a **TPD option**, the **sum insured** of the linked plan and any linked trauma insurance will be reduced by the amount we pay.

The definitions below need to be considered with the TPD definitions in the **Glossary of total and permanent disability (TPD) insurance definitions** (page 122).

For TPD any occupation

The **insured person** is totally and permanently disabled if he or she:

- A. is unlikely to work (any occupation)
- B. suffers a specific loss
- C. requires future care
- D. is unlikely to perform domestic work and the **TPD insurance plan** or **TPD option** is held outside **super**, or
- E. suffers significant cognitive impairment.

For TPD own occupation

The **insured person** is totally and permanently disabled if he or she:

- A. is unlikely to work (own occupation)
- B. suffers a specific loss
- C. requires future care
- D. is unlikely to perform domestic work, or
- E. suffers significant cognitive impairment.

For TPD ADL Plan or TPD ADL option

The **insured person** is totally and permanently disabled if he or she:

- C. requires future care, or
- E. suffers significant cognitive impairment.

Specific rules for TPD definitions

There are specific rules for each of the definitions. These should be read in conjunction with the **Glossary of Total and Permanent Disability insurance definitions** on page 122.

For TPD definitions:	Specific rules
A (unlikely to work) and D (unlikely to perform domestic work)	<p>Definitions A and D only apply until the first extension date after the insured person turns 65, or until the plan ends, whichever occurs first. Definition D does not apply to TPD insurance plans and TPD options held through super.</p> <p>For definition A, if the TPD insurance plan or TPD option is held through super, the insured person is also required to be considered as suffering from permanent incapacity.</p>
B (suffers a specific loss) and C (requires future care)	<p>Definitions B and C only apply until the insured person turns:</p> <ul style="list-style-type: none"> • 99 for TPD insurance plans and TPD options held outside super, or • 75 for TPD insurance plans and TPD options held through super, <p>or until the plan ends, whichever occurs first. If the TPD insurance plans or TPD option is held through super, the insured person is also required to be considered as suffering from permanent incapacity.</p>
E (suffers significant cognitive impairment)	<p>Definition E only applies from the first extension date after the insured person turns 65 until he or she turns:</p> <ul style="list-style-type: none"> • 99 for TPD insurance plans and TPD options held outside super, or • 75 for TPD insurance plans and TPD options held through super, <p>or until the plan ends, whichever occurs first. If the TPD insurance plan or TPD option is held through super, the insured person is also required to be considered as suffering from permanent incapacity.</p>

Survival period

If a **TPD option** is linked to a **life insurance plan** or a **FlexiLink TPD plan**, there is no survival period requirement. We'll pay the TPD benefit as soon as the **insured person** meets the applicable definition of total and permanent disability.

If you purchase a:

- TPD Insurance Plan (Any or Own)
- TPD Insurance Superannuation Plan (Any)
- TPD Insurance SMSF Plan (Any)
- TPD option linked to a **trauma insurance plan**, or
- Double TPD option,

and the **insured person** is classified as totally and permanently disabled, an eight day survival period applies. We'll only pay the TPD benefit upon the insured person's survival of eight days from the date the insured person becomes eligible for a TPD benefit.

Day one TPD benefit

TPD S NS  SMSF

If the **insured person** has been diagnosed by a **medical practitioner** as suffering from one of the listed medical conditions below, we'll waive the requirement to be unable to work for three months when assessing a claim made under:

- definition A – unlikely to work, and
- definition D – unlikely to perform domestic work (only available for **TPD insurance plans** and **TPD options** held outside **super**),

outlined in the TPD benefit.

The medical conditions are:

- Blindness (permanent) full payment
- Cardiomyopathy (permanent)
- Chronic lung failure
- Deafness (permanent) full payment
- Dementia including Alzheimer's disease (with severe cognitive impairment)
- Diplegia (permanent)
- Hemiplegia (permanent)
- Idiopathic pulmonary hypertension
- Loss of speech (permanent)
- Major head trauma (with permanent neurological deficit)
- Motor neurone disease
- Multiple sclerosis (persisting impairment)
- Muscular dystrophy
- Paraplegia (permanent)
- Parkinson's disease (with significant functional impairment)
- Quadriplegia (permanent) (also defined as tetraplegia)
- Severe rheumatoid arthritis.

These medical conditions are defined in the **Glossary of medical conditions** starting on page 123.

Partial TPD benefit

TPD NS 

We'll pay part of the TPD benefit if the **insured person** suffers the total and permanent loss of the use of:

- one hand
- one foot, or
- the entire sight in one eye.

We'll only pay once under this benefit.

The Partial TPD benefit is not available with ADL TPD or if TPD is purchased as an option on the Life Insurance Superannuation Plan or Life Insurance SMSF Plan.

How much we will pay

We'll pay 25% of the TPD insurance **sum insured**, up to a maximum of \$500,000.

Any payment made under the Partial TPD benefit won't be considered a payment of the TPD benefit.

If you have purchased both TPD insurance and Trauma Insurance Plus on the same **plan** (or they are linked through a **FlexiLink plan** or PremierLink TPD option), and if you're eligible to claim under both benefits, we'll only pay the higher of:

- the Partial TPD benefit under this benefit, or
- the benefit for Loss of the use of a limb (permanent) under the Trauma Insurance Plus Plan.

What happens to the balance of the TPD benefit?

In the event that a payment is made under the Partial TPD benefit, your plan will not end, however the TPD insurance **sum insured** will be reduced by the amount we pay. If you have purchased a **TPD option** (excluding the **Double TPD option**) or **FlexiLink TPD plan**, the **sum insured** of the remaining linked cover (**plans** and **options**) for that **insured person** is reduced by the amount we pay.

Death benefit

TPD S SMSF

We'll pay the Death benefit if the **insured person** dies.

We'll pay the TPD insurance **sum insured**, up to a maximum of \$10,000.

This benefit is not payable if the **insured person's** death is due to suicide within the first 13 months from the commencement date or date the plan was last restored.

The Death benefit is only available if the **insured person** does not have life insurance cover under this plan or any other plan where Resolution Life is the insurer.

12-month Life buy back

TPD NS S SMSF

If we pay 100% of the TPD benefit under the relevant **TPD option**, or **FlexiLink plan** and this leads to a decrease in the Life benefit on the **life insurance plan**, you may choose to buy another **plan** providing life insurance on the life of that **insured person** (the new plan). The new plan can be purchased without the need to provide us with any health or other evidence.

How to exercise this option

You can buy the new plan by submitting to us the required form, plus the appropriate premium, one year after the TPD benefit was paid. If we do not hear from you within 30 days of that date, you will lose the right to buy the new plan and this option will cease.

How much cover can I apply for?

The maximum amount of life insurance you can apply for under the new plan is the lower of:

- the **sum insured** of the **TPD option**, and
- the amount of the decrease in the Life benefit that occurred under the **life insurance plan** due to any TPD benefit payment.

The new plan must be an equivalent plan that Resolution Life is issuing at the time the feature is available to exercise.

The premium payable for the new plan will be based on the premium rates and plan terms and conditions applicable at the time the new plan is applied for. The new plan will be subject to any **revised terms** such as exclusions and **loadings** that applied to the original plan.

Any exclusion periods or qualifying periods on the new plan will be regarded as having applied from the time of taking out the original plan. The new plan is issued on the basis that the Duty to Take Reasonable Care Not to Make a Misrepresentation was complied with when you were issued with the original plan. We may exercise the same rights on your new plan arising from any misrepresentations that we could have exercised on your original plan.

Increases to the **sum insured** under Automatic inflation and the Future insurability benefit will not be available on the new **life insurance plan**. This option can only be exercised once.

If you have exercised the Life buy back – TPD option or **Double TPD option**, then you cannot exercise this option.

This benefit cannot be exercised if a benefit for **terminal illness** has been paid previously for that **insured person**.

This option will expire if not exercised prior to the **insured person's** 65th birthday.

Trauma benefit

TRAUMA NS

We'll pay the trauma insurance **sum insured** if the **insured person** suffers a **trauma condition**. The **trauma conditions** covered are listed on pages 47 to 48 and defined in the **Glossary of medical conditions** starting on page 123.

If we pay a Trauma benefit under a **trauma option**, the **sum insured** of the linked plan and any linked TPD insurance will be reduced by the amount we pay.

Specific rules

The **trauma condition** (except Loss of capacity for independent living) must have occurred before the first **extension date** after the **insured person** turns 70. After the **insured person** turns 70, they are only covered for Loss of capacity for independent living which occurred before they turn 99.

How much we'll pay

In the case of all **trauma conditions**, except those listed in the **Partial payment trauma conditions** section below, we'll pay 100% of the trauma insurance **sum insured** as it appears in the **insurance schedule**.

Partial payment trauma conditions

Partial payment trauma conditions	Partial payment amount and special rules
Adult insulin dependent diabetes	We'll pay 10% of the trauma insurance sum insured , up to a maximum of \$25,000.
Angioplasty	We'll pay 25% of the trauma insurance sum insured , up to a maximum of \$100,000. We'll pay a benefit for Angioplasty on more than one occasion provided that the procedures occur at least six months apart.
Blindness (permanent) partial payment	We'll pay 10% of the trauma insurance sum insured , up to a maximum of \$25,000.
Cancer (of specified criteria) early payment ⁽ⁱ⁾	<p>We'll pay 20% of the trauma insurance sum insured up to a maximum of \$100,000.</p> <p>We'll pay a partial benefit once only for each Cancer (of specified criteria) early payment condition.</p> <p>We will, however, make subsequent payments for Cancer (of specified criteria) early payment conditions, as long as we have not already made a payment for the same condition. The total of all claim payments must not exceed the trauma insurance sum insured. The following are excluded:</p> <ul style="list-style-type: none"> tumours that occur within the 90 day qualifying period, and tumours that recur outside the 90 day qualifying period unless the recurrence can be shown to be unrelated.
Deafness (permanent) partial payment	We'll pay 10% of the trauma insurance sum insured , up to a maximum of \$25,000.
Loss of the use of a limb (permanent) ⁽ⁱ⁾	<p>We'll pay 25% of the trauma insurance sum insured, up to a maximum of \$100,000.</p> <p>If both TPD insurance and Trauma Insurance Plus are purchased on the same plan (or they're linked through a FlexiLink plan or PremierLink TPD option), and if you're eligible to claim under both benefits, we'll only pay the higher of:</p> <ul style="list-style-type: none"> the Partial TPD benefit under TPD insurance, or this Loss of the use of a limb (permanent) benefit.
Medical condition requiring life support	We'll pay 10% of the trauma insurance sum insured , up to a maximum of \$25,000.

(i) Only available under **trauma plus**.

When trauma insurance starts

For most of the **trauma conditions** covered, trauma insurance starts upon commencement of your plan. However, some of the **trauma conditions** are subject to a qualifying period. These are identified in the tables on pages 47 to 48.

For trauma conditions that are not subject to a qualifying period

Trauma insurance starts on:

- the commencement date of the **trauma insurance plan** or trauma option specified on the **insurance schedule**
- the date the **trauma insurance plan** or **trauma** option is last restored
- the effective date of any increase in your trauma insurance **sum insured** (except for any increases under the Business solutions option and Automatic inflation).

For trauma conditions that are subject to a 90 day qualifying period

Trauma insurance starts 90 days after:

- the commencement date of the **trauma insurance plan** or **trauma option** specified on the **insurance schedule**
- the date the **trauma insurance plan** or **trauma option** is last restored
- the effective date of any increase in your trauma insurance **sum insured** (except for any increases under the Business solutions option and Automatic inflation).

Further to the above, we won't pay a Trauma benefit if the **insured person** develops evidence of, or sees a **medical practitioner** for, that **trauma condition** within 90 days of any of the following:

- the commencement date of the **trauma insurance plan** or **trauma option** specified on the **insurance schedule**
- the date the **trauma insurance plan** or **trauma option** is last restored
- the effective date of any increase in your trauma insurance **sum insured** (except for any increases under the Business solutions option and Automatic inflation).

The **trauma conditions** table on pages 47 to 48 lists all of the **trauma conditions** and specifies which conditions are subject to a qualifying period.

If you're paid a Trauma benefit

If we pay 100% of the trauma insurance **sum insured** for a **trauma insurance plan**, the trauma insurance plan and any linked **options** will cease and you won't be entitled to any more benefits.

If we pay 100% of the trauma insurance **sum insured** for a **trauma option** or **FlexiLink trauma plan** (other than where a **Double trauma option** has been purchased):

- the **trauma option** or **FlexiLink trauma plan** and any **options** linked to them will cease, and
- the benefit of any **plan** that the **trauma option** or **FlexiLink trauma plan** is linked (including linked **TPD option** or **FlexiLink TPD plan**) will be reduced by the benefit we pay for trauma.

If the **sum insured** of that **plan** is reduced to nil by this, that **plan** and all linked **options** will cease and you won't be entitled to any more benefits, otherwise that **plan** will continue with the reduced **sum insured**.

If a payment is made under a partial payment **trauma condition**, including Cancer (of specified criteria) early payment, the plan won't end, however the trauma insurance **sum insured** and any linked TPD insurance will be reduced by the amount we pay.

Where the **insurance schedule** shows a **Double trauma option** and 100% of the trauma insurance **sum insured** is paid, any **life insurance plan** to which this option is linked won't reduce. However, any linked TPD **option** or **FlexiLink TPD plan** will be reduced by the benefit we pay for trauma insurance.

Where the **insurance schedule** shows a Children's trauma option and a benefit is paid, the Children's trauma option will cease but it won't reduce the **sum insured** of the **plan** it is linked to or the **sum insured** for any other Children's trauma option.

Survival period

If you purchase a **trauma option** linked to a **life insurance plan**, or a **FlexiLink trauma** insurance plan, and you suffer a **trauma condition** and the **insured person** meets the definition, there is no survival period requirement.

If you purchase a:

- **trauma insurance plan**, or
- **Double trauma option**, and

the **insured person** suffers a **trauma condition** and meets the definition, a 14 day survival period applies from the date the **insured person** becomes eligible for a Trauma benefit.

Premium freeze

LIFE **TPD** **TRAUMA** **S** **NS** **SMSF**

This option is only available for stepped premiums.

Exercising this option allows you to maintain your current premium at the time this option is exercised. Your **sum insured** will reduce each year that this option is applied.

If you choose to cancel Premium freeze, your **sum insured** current at that time will not reduce anymore and Automatic inflation will recommence without further health evidence. Premiums will then increase each year according to your age.

You can request to exercise Premium freeze or cancel it at any time, which will take effect from the next **extension date** of the **plan**.

If you wish to request a Premium freeze, you must let us know in writing. Any special conditions such as exclusions and **loadings** will still apply.

Automatic inflation will not apply while Premium freeze is exercised. Premium freeze is not available on a **FlexiLink plan**, PremierLink TPD option or the plans/options to which they are linked.

Upgrade of benefits

LIFE **TPD** **TRAUMA** **S** **NS** **SMSF** 

If we make future improvements to your **plan**, and such improvements would not result in an increase in premium rates, we'll pass these changes on to you without you having to provide us with any medical evidence or evidence regarding the **insured person's** occupation, pastimes or place of residence.

Upgrades provide improvements to your plan including additional benefits and improved definitions. You will still retain your existing terms, conditions and premium rates for your plan.

Any improvements and/or changes to your plan definitions will always be reviewed at claim time to ensure the **insured person** is assessed using the definition that benefits them the most. This means that should a definition or benefit from the original plan be more beneficial, you'll still be eligible to claim under your original plan definitions.

If the **insured person** is suffering a **pre-existing condition** at the time the improvement is provided, the improvement will not apply when assessing any claim affected by that pre-existing condition.

24-hour worldwide cover

LIFE **TPD** **TRAUMA** **S** **NS** **SMSF** 

We'll cover the **insured person** 24 hours a day anywhere in the world, subject to the terms and conditions of the plan.

Options

This section outlines the options that can be added to the plan at an additional cost. An option only applies if it's specified in your **insurance schedule**.

Business solutions option – Life, TPD or Trauma

LIFE **TPD** **TRAUMA** **S** **NS** **SMSF** 

Unless otherwise specified, all parts of this section apply to the following options:

- Business solutions option – Life
- Business solutions option – TPD
- Business solutions option – Trauma.

General

This option allows you to apply each year for an increase to your **sum insured** in line with:

- the **value** of the **insured person's business**
- the **value of the insured person to the business**, or
- the **value of the relevant business loan** at the time of the increase.

During the initial application the **insured person** will be fully medically underwritten for the potential **sum insured**. This option is only available to lives that are accepted for cover on standard premium rates, terms and conditions. Financial requirements at application stage will be based on the initial **sum insured** and the reason for cover.

If you choose to exercise this option, we'll require financial evidence and possibly other additional information that supports the increase to the benefit. The amount we pay will be inclusive of the total of the sums insured under any plans held by us or another insurer on the **insured person** that provide the cover.

How much cover can I purchase?

Type of Business solutions option	Maximum sum insured that can be purchased
Business solutions option – Life	The maximum sum insured that may be purchased is the lower of: <ul style="list-style-type: none"> • four times the life insurance sum insured benefit amount before the increase, or • \$15,000,000 less the total sums insured under any other plans held with us or another company that provides cover for life insurance.
Business solutions option – TPD	The maximum sum insured that may be purchased is the lower of: <ul style="list-style-type: none"> • four times the TPD insurance sum insured before the increase, or • \$5,000,000 less the total sums insured under any other plans held with us or another company that provides cover for TPD insurance.
Business solutions option – Trauma	The maximum sum insured that may be purchased is the lower of: <ul style="list-style-type: none"> • four times the trauma insurance sum insured benefit amount before the increase, or • \$2,000,000 less the total sums insured under any other plans held with us or another company that provides cover for trauma insurance.

Conditions that apply

The following conditions apply:

- the **sum insured** will not be increased by Automatic inflation under any **plans** or **options** covered by this option
- the maximum increase to the **sum insured** allowed under this option is the amount shown in the **insurance schedule**
- any increase applied for must meet our minimum and maximum **sum insured** increase requirements
- the **sum insured** cannot be increased to an amount that exceeds the **value of the business, value of the insured person to the business** or the **value of the relevant loan** at the time of the increase, and

- if the original **sum insured** was less than 100% of the **value of the business, the value of the insured person to the business** or the **value of the relevant loan** at that time, then the **sum insured** can only be increased under this option to an equivalent percentage of the **value of the business, the value of the insured person to the business** or the **value of the relevant loan** at the time of the application to increase the **sum insured**.

How to apply for an increase

You must complete and forward to us the current application form. Your financial adviser will be able to assist in completing this form. You are required to provide details of the **insured person's** occupation, pastimes, residence, travel and any other insurance.

You must provide us with financial and supporting evidence to our satisfaction. The person providing the evidence cannot be you or the **insured person** or a family member, business partner, employee or employer of you or the **insured person**.

When is medical evidence required when applying for an increase?

You won't be required to provide medical evidence about the **insured person's** health when you apply for an increase in the **sum insured** unless you've received, are receiving or are eligible to receive any benefit for the **insured person** under a **plan** held by us or another company.

When does the option end?

In addition to the circumstances detailed in the section for **When the plan will end** (page 100), this option will also end as soon as:

- a claim has been made, or there is an entitlement to make a claim, under the **plan** to which this option is linked
- when the **insured person** turns 65
- the **sum insured** has increased to the maximum amount permitted under this option, or
- the start of any period for which you haven't paid premiums for the **plan** to which this option is linked.

Refer to the **Eligibility criteria for options** table on pages 25 to 27 for entry requirements, expiry age and maximum limits on this option.

Premium waiver option

LIFE **NS** **S** **SMSF**

We'll waive your premiums while the **insured person** is:

- totally disabled, or
- **involuntarily unemployed**.

Premium waiver while totally disabled

If the **insured person** is totally disabled for greater than 90 consecutive days, you won't have to pay any further premium for the **life insurance plan** (including the plan

fee and any linked options or **FlexiLink plans** while the **insured person** remains totally disabled until he or she reaches age 65.

For the purpose of this option only, the **insured person** is totally disabled if, because of an **injury** or **sickness**, he or she is:

- not capable of doing the **important duties** of his or her occupation
- not working in any occupation (whether paid or unpaid), and
- under **medical care**.

We won't waive any premium if the **insured person's** total disability was caused directly or indirectly by the **insured person** or you performing an act or omission with the intention or likely outcome of causing harm to the **insured person**.

Premium waiver while involuntarily unemployed

If the **insured person** becomes **involuntarily unemployed** and you let us know in writing within three months of the date this took place, you don't have to pay your premium for the **life insurance plan** (including the plan fee and any linked **options** or **FlexiLink plans**) for three months from the date the **insured person** became **involuntarily unemployed** or until the **insured person** is employed, whichever is shorter. This option only applies if:

- your plan has been in force for six months in a row at the time the **insured person** becomes **involuntarily unemployed**
- the **insured person** registers with an **employment agency** within three months of becoming **involuntarily unemployed**, and
- the **insured person** demonstrates that he or she is actively seeking employment.

Under this option, we'll waive premiums due or paid for all involuntary unemployment periods for a cumulative period of up to 12 months during the life of the plan.

We won't increase the benefit under Automatic inflation while premiums are waived

While we waive premiums under this option, we won't increase any benefits by Automatic inflation.

However, if we're no longer waiving premiums under this option and you're required to resume premium payments, we'll recommence increases to the benefits under Automatic inflation.

Not included in the premium waived

The premium waived does not include:

- any premium increases, as a result of an increase in the **sum insured**, purchasing a new **option** or increasing the **sum insured** of an **option** linked to the **life insurance plan**. An exception to this is due to a change in the **insured person's** age after the commencement of the premium waiver, or

- any part of the premium that is applicable to changes in the benefit resulting from you exercising an option after the commencement of the premium waiver.

Refer to the **Eligibility criteria for options** table on pages 25 to 27 for entry requirements, expiry age and maximum limits on this option.

Double TPD option

TPD NS S SMSF

Until the first **extension date** after the **insured person** turns 65, this option has all the benefits of the relevant **TPD option**, plus the following additional benefits.

If we pay a TPD benefit

If we pay 100% of the TPD benefit under this option, the **sum insured** of the **life insurance plan** this option is linked to won't reduce. However, the **sum insured** of any linked **option** or **FlexiLink plan** (if applicable) will be reduced by the TPD benefit we pay. If the **sum insured** reduces to nil, these **options/plans** will cease.

If we pay a TPD benefit under this option that is equal to the Life benefit under the **life insurance plan** to which this option is linked, you won't be required to pay any future premiums for the **life insurance plan** or any linked **options** or **FlexiLink plans**.

Where we pay a TPD benefit that is less than the Life benefit, you won't be required to pay the proportionate amount of future premiums for the **life insurance plan** plus any linked **options** or **FlexiLink plans**.

Additionally, you won't be required to pay the plan fee.

Where we're waiving future premiums, increases under Automatic inflation and the Future insurability benefit will not be available on the **life insurance plan** and any linked **options**.

After the first **extension date** after the **insured person** turns 65, the additional benefits of this **Double TPD option** no longer applies.

Refer to the **Eligibility criteria for options** table on pages 25 to 27 for entry requirements, expiry age and maximum limits on this option.

Life buy back – TPD option

TPD NS S SMSF

If we pay 100% of the **sum insured** for a TPD benefit under a **TPD option**, and this leads to a decrease in the life insurance **sum insured**, this option allows you to buy another plan providing life insurance on the life of the **insured person** (the new plan) without the need to provide us with any health or other evidence.

How to exercise this option

You can buy the new plan by submitting to us the required form, plus the appropriate premium, immediately from the date the TPD benefit was paid. If we do not hear from you within 60 days of that date, you will lose the right to buy the new plan and this option will cease.

How much cover can I apply for?

The maximum amount of life insurance you can apply for under the new plan is the lower of:

- the **sum insured** of the **TPD option**, and
- the amount of the decrease in the life insurance **sum insured** that occurred due to any payments for TPD.

The new plan must be a plan on-sale from us at that time and must be of a similar design and benefit structure to the **life insurance plan** whose benefit was decreased.

The premium payable for the new plan will be based on the premium rates and plan terms and conditions applicable at the time the new plan is applied for. The premium payable and conditions for the new plan will include any **revised terms** such as exclusions and **loadings** that applied to the original plan.

Any exclusion periods or qualifying periods on the new plan will be regarded as having applied from the time of taking out the original plan. The new plan is issued on the basis that the Duty to Take Reasonable Care Not to Make a Misrepresentation was complied with when you were issued with the original plan. We may exercise the same rights on your new plan arising from any misrepresentations that we could have exercised on your original plan.

Increases to the **sum insured** under Automatic inflation and the Future insurability benefit will not be available on the new **life insurance plan**. This option can only be exercised once.

Refer to the **Eligibility criteria for options** table on pages 25 to 27 for entry requirements, expiry age and maximum limits on this option.

PremierLink TPD option



If this option is selected, a **TPD own occupation** option will be issued with ownership outside of **super**.

This option links a **TPD own occupation** benefit outside **super** to:

- a **TPD any occupation option** held on a Life Insurance Superannuation Plan or Life Insurance SMSF Plan, or
- a TPD Insurance Superannuation Plan (Any) or TPD Insurance SMSF Plan (Any).

If a TPD claim is lodged, it will be assessed against a **TPD any occupation** definition in the first instance. If the **insured person** meets this definition, the benefit will be paid to the Trustee. If the **insured person** does not meet the **TPD any occupation** definition, they will be assessed under the **TPD own occupation** definition

under the PremierLink TPD option. If the **insured person** meets this definition, the benefit will be paid directly to you. The definitions for **TPD any occupation** and **TPD own occupation** can be found in the **Glossary of Total and Permanent Disability (TPD) insurance definitions** on page 122.

If you're also eligible for the Accommodation benefit and/or the Financial plan benefit, then these benefits will be paid to you directly under the PremierLink TPD option held outside of **super**.

If you're eligible for the Partial TPD benefit, this will be paid directly to you under the PremierLink TPD option.

If we pay a benefit under this option it will reduce the **sum insured** of the **life insurance plan** or **TPD insurance plan** to which it is linked, the linked **TPD any occupation** benefit and any other linked **options** by the amount we pay. Similarly, if we pay a benefit under any **plan** or **option** to which the PremierLink TPD option is linked, the **sum insured** under the PremierLink TPD option will reduce.

General

- This option is held on a separate **insurance schedule** to the **life insurance plan** or **TPD insurance plan**, and **TPD any occupation** benefit to which it is linked.
- When both a **TPD any occupation option** or **plan** and PremierLink TPD option are purchased, they will have the same **sum insured** (which cannot exceed the **sum insured** of the **life insurance plan** or **TPD insurance plan** to which they are linked).
- If an increase or reduction is made to the **TPD any occupation option** or **plan**, the alteration will automatically be applied to the **TPD own occupation** cover held under the PremierLink TPD option.
- A payment of 100% of the **TPD benefit** under either the **TPD any occupation option** or **plan**, or the PremierLink TPD option will automatically cancel both options.
- If you cancel the **TPD any occupation option** or **plan**, the PremierLink TPD option will automatically be cancelled. However, if you cancel the PremierLink TPD option, the **TPD any occupation option** or **plan** can continue.
- If the Business solutions option – TPD and/or the Life buy back – TPD option are purchased they will be applied to both the **TPD any occupation option** or **plan** and the PremierLink TPD option. If they are cancelled, they will be cancelled from both the **TPD options/plans**.
- When the PremierLink TPD option is purchased, **FlexiLink TPD plans** and **Double TPD options** won't be available on the **life insurance plan** and any other linked **options**.

For further information on the PremierLink TPD option, refer to **How PremierLink TPD works** section on page 19.

Refer to the **Eligibility criteria for options** table on pages 25 to 27 for entry requirements, expiry age and maximum limits on this option.

Double trauma option

TRAUMA NS

Until the first **extension date** after the **insured person** turns 70, this option has all the benefits of the trauma insurance option or trauma insurance plus option (as appropriate), plus the following additional benefits.

If we pay a Trauma benefit

If we pay 100% of the Trauma benefit under this option, the **sum insured** of the **life insurance plan** this option is linked to won't reduce. However, any benefit under any linked **option** or **FlexiLink plan** (if applicable) will be reduced by the Trauma benefit we pay. If this reduces the **sum insured** to nil, these **options/plans** will cease.

The Future insurability benefit will not be available on the **life insurance plan** or any linked **TPD option** once the **Double trauma option** has been activated.

If we pay a Trauma benefit under this option that is equal to the Life benefit under the **life insurance plan** to which this option is linked, you won't be required to pay any future premiums for the **life insurance plan** or any **options** linked to the **life insurance plan** (including a **FlexiLink plan**).

Where we have paid a Trauma benefit that is less than the Life benefit, you won't be required to pay the proportionate amount of future premiums for the **life insurance plan** or any linked **options**.

Additionally, you won't be required to pay the plan fee.

Where we're waiving future premiums, increases under Automatic inflation will no longer be applied to the **sum insured** of the **life insurance plan** and any linked **options**.

After the first **extension date** after the **insured person** turns 70, the additional benefits of this Double trauma option no longer apply.

Refer to the **Eligibility criteria for options** table on pages 25 to 27 for entry requirements, expiry age and maximum limits on this option.

Life buy back – Trauma option

TRAUMA NS

If we pay 100% of the **sum insured** for a Trauma benefit under a **trauma option**, and this leads to a decrease in the life insurance **sum insured**, you may choose to buy another plan providing life insurance on the life of the **insured person** (the new plan) without the need to provide us with any health or other evidence.

How to exercise this option

This benefit can only be exercised from the later of:

- 12 months after we receive the trauma insurance claim form, or
- the date the claim is paid.

To exercise this benefit, you'll need to submit to us the required form plus the appropriate premium. You'll still be eligible even if the **trauma option** expires, as long as trauma insurance claim is lodged before the **insured person's** 65th birthday.

From the date you are eligible to exercise this benefit, you have 60 days to apply for the new life insurance cover. If we don't hear from you within 60 days of that date, the right to exercise this benefit will cease.

How much cover can I apply for?

The maximum amount of life insurance you can apply for under the new plan is the lower of:

- the **sum insured** of the **trauma option**, and
- the amount of the decrease in the life insurance **sum insured** due to any payments for trauma.

The new plan must be a plan on-sale from us at that time and must be of a similar design and benefit structure to the **life insurance plan** whose benefit was decreased.

The premium payable for the new plan will be based on the premium rates and plan terms and conditions applicable at the time the new plan is applied for. The premium payable and conditions for the new plan will include any **revised terms** such as exclusions and **loadings** that applied to this plan.

Any exclusion periods or qualifying periods on the new plan will be regarded as having applied from the time of taking out the original plan. The new plan is issued on the basis that the Duty to Take Reasonable Care Not to Make a Misrepresentation was complied with when you were issued with the original plan. We may exercise the same rights on your new plan arising from any misrepresentations that we could have exercised on your original plan.

Increases to the **sum insured** under Automatic inflation and the Future insurability benefit won't be available on the new life insurance plan. This option can only be exercised once.

Refer to the **Eligibility criteria for options** table on pages 25 to 27 for entry requirements, expiry age and maximum limits on this option.

Trauma reinstatement option

TRAUMA NS

If we pay 100% of the **sum insured** for a Trauma benefit, you may choose to buy another plan providing trauma insurance for the **insured person** (the new plan) without the need to provide us with any health or other evidence. The option to buy a new plan may be exercised once only.

Introducing
Elevate
Insurance

Applying
for cover

Cost of
insurance

Approach
to claims

Customer
service and
complaints

Life, TPD
and trauma

Income and
business
expenses

Continuing,
ending and
restoring a plan

Key
information

Glossary

Interim cover

When the claim is for a related trauma condition

We'll pay a reduced benefit for Cancer (of specified criteria) or Heart attack (of specified severity) that is related to the original claim under the plan. In this case we'll pay 10% of the trauma insurance **sum insured** under the new plan, up to a maximum of \$50,000.

For all **trauma conditions** other than Cancer (of specified criteria) or Heart attack (of specified severity), we won't pay a benefit under the new plan for a **trauma condition** that is related to, or caused by, the medical condition resulting in the original claim under the original **plan**.

How to exercise this option?

This benefit can only be exercised from the later of:

- 12 months after we receive the trauma insurance claim form, or
- the date the claim is paid.

To exercise this benefit, you'll need to submit to us the required form plus the appropriate premium. You'll still be eligible even if the **trauma option** expires, as long as you lodge your trauma insurance claim before the **insured person** turns 70.

From the date you're eligible to exercise this benefit, you have 60 days to apply for the new trauma insurance cover. If we don't hear from you within 60 days of that date, the right to exercise this benefit will cease.

How much cover can I apply for?

The amount of trauma insurance you can have under the new plan can be up to the **sum insured** under the **trauma insurance plan**, as shown in the **insurance schedule**.

The new plan must be a plan on-sale from us at that time.

The premium payable for the new plan will be based on the premium rates and plan terms and conditions applicable at the time the new plan is applied for. The premium payable and conditions for the new plan will also include any **revised terms** such as exclusions and **loadings** that applied to the plan.

Increases to the **sum insured** under Automatic inflation and the Future insurability benefit will not be available on the new trauma plan.

Any exclusion periods or qualifying periods on the new plan will be regarded as having applied from the time of taking out the original plan. The new plan is issued on the basis that the Duty to Take Reasonable Care Not to Make a Misrepresentation was complied with when you were issued with the original plan. We may exercise the same rights on your new plan arising from any misrepresentations that we could have exercised on your original plan.

Refer to the **Eligibility criteria for options** table on pages 25 to 27 for entry requirements, expiry age and maximum limits on this option.

Children's trauma option

LIFE TPD TRAUMA NS 

Any references to **insured person** in the definitions of **trauma conditions** covered under this option relate to the **nominated child**, for the purposes of this option.

If a nominated child dies, becomes terminally ill or suffers a trauma condition

We'll pay the children's trauma sum insured if the **nominated child** dies, becomes **terminally ill** or suffers a **trauma condition**. The trauma conditions covered are listed on page 49 and defined in the **Glossary of medical conditions** starting on page 123.

We'll only pay if the nominated child's death, terminal illness or trauma condition occurs:

- after this option commences
- before this option ends, and
- before the nominated child turns 21.

For this option, terminally ill means:

- a **medical practitioner** has certified that the **nominated child** suffers from a **sickness**, or has incurred an **injury**, that is likely to result in the **nominated child's** death within 12 months, and
- we agree with that prognosis, based on **evidence**.

We may require additional evidence in order to agree with the prognosis.

No benefit will be paid if this option has lapsed, been cancelled, or is otherwise not in force prior to the date the **nominated child** becomes terminally ill.

How much we'll pay

The maximum we'll pay under this option for each **nominated child** is 100% of the children's trauma **sum insured** as it appears in the **insurance schedule**. On payment of 100% of the Children's trauma benefit, this option will cease.

Payment of this benefit will not reduce the **sum insured** on any **plan** that this option is linked to.

Automatic inflation does not apply to the **sum insured** of this option.

When we'll pay

Subject to any qualifying period, we'll pay you the amount as soon as possible after we are satisfied that a death, terminal illness or **trauma condition** has occurred. The date the death, terminal illness or **trauma condition** occurs is the date **evidence** shows it to have occurred.

When we won't pay

We won't pay a benefit if the nominated child's death, **terminal illness** or trauma condition:

- is attributable to or consequential upon intentional self-**injury**, or
- was caused directly or indirectly by you or the **insured person** on purpose.

In some cases, a qualifying period applies

For the **trauma conditions** listed on page 49 which are subject to a qualifying period, we won't pay if the **trauma condition** occurs within 90 days of either of the following dates:

- the commencement date of this option, or
- the date the **plan** is last restored.

If the **trauma condition** occurs within 90 days from the date of any increase in the **sum insured** of the Children's trauma option, we won't pay the amount of that increase.

When the option ends

In addition to the circumstances detailed in **When the plan will end** (page 100), this option will also end for each **nominated child** as soon as:

- the **nominated child** turns 21
- the **insured person** or the **nominated child** dies
- we pay you the full benefit under this option because the **nominated child** dies, has a **terminal illness** or suffers a **trauma condition**, or
- the cover is continued for the **nominated child** under a new **plan**.

You can take out a new plan for your nominated child between ages 16 and 21

You can continue your **nominated child's** trauma cover, if he or she is between the ages of 16 and 21, by purchasing any of the following **plans** without the need to provide us with any health evidence:

- Trauma Insurance Plan
- Life Insurance Plan with Trauma insurance option, or
- Life Insurance Plan, Life Insurance Superannuation Plan or Life Insurance SMSF Plan with FlexiLink Trauma Insurance Plan.

You must complete and forward to us the current application form. You are required to provide details of the **nominated child's** occupation, smoking status, sports and pastimes, residence and travel details and any other insurance. Your financial adviser will be able to assist you in completing this form.

The maximum amount of cover you can apply for under the new plan is the **sum insured** for that **nominated child** under this Children's trauma option. The new plan must meet the minimum premium requirements on-sale from us at that time.

The premium payable for the new plan will be based on the premium rates and plan terms and conditions applicable at the time the new plan is applied for. The premium payable and conditions for the new plan will include any **revised terms** such as exclusions and **loadings** that applied to this option.

FlexiLink



If you purchase a **FlexiLink plan**, it is linked to a **life insurance plan** but held on a separate **insurance schedule**. Changes to the benefits in the **life insurance plan** can affect the benefits of the **FlexiLink plan**. If the **life insurance plan** to which the **FlexiLink plan** is linked is cancelled, the **FlexiLink plan** will automatically be cancelled.

FlexiLink TPD plan

FlexiLink TPD links TPD insurance to a **life insurance plan**. It works similarly to a **TPD option**, except that it enables you to have a different plan owner than the **plan** to which it is linked.

Where TPD insurance is purchased as **FlexiLink TPD plan** linked to a **life insurance plan**, the TPD insurance will operate as an **option** linked to that **plan**. Therefore, the Life insurance **sum insured** will be reduced by the amount of any TPD insurance we pay.

FlexiLink Trauma plan

FlexiLink Trauma links trauma insurance to a **life insurance plan**. It works similarly to a **trauma option**, except that it enables you to have a different plan owner than the **plan** to which it is linked.

Where trauma insurance is purchased as **FlexiLink trauma plan** linked to a **life insurance plan**, the trauma insurance will operate as an **option** linked to that **plan**. Therefore the life insurance **sum insured** will be reduced by the amount of any trauma insurance we pay.

For further information on FlexiLink, refer to **How FlexiLink works** section on page 18.

Refer to the **Eligibility criteria for options** table on pages 25 to 27 for entry requirements, expiry age and maximum limits on this option.

When we pay

LIFE TPD TRAUMA NS S SMSF 

Type of insurance	When we pay
Life insurance	We'll pay a benefit for claimable events that are applicable for the life insurance plan . We only pay a benefit under life insurance if the claimable event happens after the plan starts and before it ends.
Total and Permanent Disability (TPD) insurance	We'll pay a benefit for claimable events that are applicable for the TPD insurance plan and/or TPD option . We only pay a benefit under TPD insurance if the claimable event happens after the plan starts and before it ends.
Trauma insurance	We'll pay a benefit for claimable events that are applicable for the trauma insurance plan and/or trauma option . We only pay a benefit under trauma insurance if the claimable event happens after cover starts and before cover ends, and subject to any qualifying period. We'll pay the benefit as soon as possible after we are satisfied that a trauma condition has occurred. The date the trauma condition occurs is the date evidence shows it to have occurred.

When we won't pay

LIFE TPD TRAUMA NS S SMSF 

If the insured person had a medical condition, injury or sickness before the plan began

We won't pay a benefit for a medical condition, **injury** or **sickness** that occurred before the commencement date unless you or the **insured person** told us about the medical condition, **injury** or **sickness**, in response to a question asked when you or the **insured person** applied:

- for the **plan**
- to have the plan increased (except where the increase was due to exercising an option), or
- to have the plan restored, and

we agreed to accept it.

The above does not apply if you were not asked a question during the application process when applying for the cover or restoring the plan that required you to tell us about the medical condition, **injury** or **sickness**.

For the purposes of this clause only, the **insured person** had a medical condition, **injury** or **sickness** if:

- a **medical practitioner** or other health professional gave the **insured person**, or recommended that he or she receive advice, care or **treatment**, or
- the **insured person** had symptoms of a medical condition, **injury** or **sickness** for which a reasonable person would have tried to receive advice, care or **treatment** from a **medical practitioner** or other health professional unless:
 - the **insured person** was not aware of, and
 - a reasonable person in the circumstances could not be expected to have been aware of, the medical condition, **injury** or **sickness** at the time.

Medical practitioner means a registered medical practitioner who is appropriately qualified to treat the **insured person** for a medical condition, **injury** or

sickness. For the purposes of this clause only, the **medical practitioner** can be you or the **insured person** or a family member, business partner, employee or employer of you or the **insured person**. For all other clauses in this plan, the definition of **medical practitioner** is contained in the **Glossary of general terms** starting on page 117.

Other health professional means a physiotherapist, chiropractor, occupational therapist, practitioner of Chinese medicine, herbal therapies or any other such person.

Where this plan has been set up by exercising an option

For the purpose of this clause only, where this plan has been set up by exercising an option under another plan through a:

- Life buy back – TPD option
- Life buy back – Trauma option
- Trauma reinstatement option

then the commencement date is that of the other plan.

When we won't pay if you have life, TPD or trauma insurance

Type of insurance	When we won't pay
Life insurance	<p>We won't pay a benefit or an increase in the benefit if the insured person dies as a result of suicide within 13 months of:</p> <ul style="list-style-type: none"> the commencement date the date the plan was last restored, or the date of any increase, in which case we'll only pay the amount of the benefit in place before the increase (this does not include any increases due to Automatic inflation). <p>Replacement plans, conversions and takeover from us or another insurer</p> <p>Subject to how the 13 month suicide exclusion applies below, we'll waive the 13 month suicide exclusion if:</p> <ul style="list-style-type: none"> we've agreed to replace a previous life benefit held by either us or another insurer (via takeover terms, conversions or subject to full underwriting) the previous life benefit was subject to a suicide exclusion, and the previous life benefit was terminated at the commencement date of this plan. <p>How the 13 month suicide exclusion applies</p> <ul style="list-style-type: none"> If the period for the suicide exclusion of the plan being replaced has not expired, any remaining months of the suicide exclusion period will apply to this plan, to a maximum of 13 months. If the life benefit being replaced has been restored or increased within 13 months of the replacement, and the suicide exclusion period of the plan being replaced has not expired, any remaining months of the suicide exclusion period will apply to this plan, to a maximum of 13 months. Where the life benefit under this plan exceeds the life benefit being replaced, the 13 month suicide exclusion applies to the excess amount. Where the life benefit being replaced is not subject to a suicide exclusion, the 13 month suicide exclusion period will apply to this plan.
Total and permanent disability (TPD) insurance	<p>We won't pay a benefit if:</p> <ul style="list-style-type: none"> the insured person's total and permanent disability was caused directly or indirectly by the insured person or you on purpose, or for all TPD insurance plans, Double TPD options and TPD options (only applies to TPD options purchased on a trauma plan outside super), the insured person dies within eight days from the date the insured person becomes eligible for a total and permanent disability (TPD) benefit.
Trauma insurance	<p>We won't pay a benefit if:</p> <ul style="list-style-type: none"> the insured person's trauma condition was caused directly or indirectly by the insured person or you on purpose for all trauma insurance plans and Double trauma options, the insured person dies within 14 days from the date the insured person becomes eligible for a Trauma benefit any trauma conditions covered under the 90 day qualifying period, and the trauma condition occurs within 90 days of the commencement date, the date the plan is last restored, or any trauma conditions covered under the 90 day qualifying period, and the trauma condition occurs within 90 days of any increase in the benefit, not including any Automatic inflation increases or from the exercise of a Business solutions option – Trauma, we won't pay the amount of that increase. <p>Replacement plans, conversions and takeover from us or another insurer</p> <p>We'll waive the 90 day qualifying period on trauma conditions that were covered under the trauma plan or option being replaced if:</p> <ul style="list-style-type: none"> we've agreed to replace an existing trauma insurance plan or trauma option held by either us or another insurer the trauma conditions were subject to a 90 day or longer qualifying period the previous trauma plan or option was terminated at the commencement date of this plan, and the trauma benefit has not increased under this plan. <p>We won't waive the 90 day qualifying period if:</p> <ul style="list-style-type: none"> any trauma conditions on this plan were not covered under the trauma plan or option being replaced. In this circumstance, this plan will be subject to a 90 day qualifying period the 90 day qualifying period of the trauma plan or option being replaced has not expired. In this circumstance, any remaining days of the qualifying period will apply to this plan, to a maximum of 90 days the trauma plan or option being replaced has been reinstated or increased within 90 days of the replacement, and the 90 day qualifying period of the trauma plan or option being replaced has not expired. In this circumstance, any remaining days of the qualifying period will apply to this plan, to a maximum of 90 days. the trauma benefit under this plan exceeds the trauma benefit being replaced. In this circumstance, the 90 day qualifying period for trauma conditions applies to the excess amount, or the trauma plan or option being replaced is not subject to a qualifying period. In this circumstance, the 90 day qualifying period will apply to this plan.

If a fraudulent claim is made

If you or the **insured person** makes a fraudulent claim, we may refuse to pay the claim.

If the insured person has an exclusion(s)

We won't pay a benefit if the **insured person** has a medical condition, **injury** or **sickness** that has been excluded based on their health, pastimes or occupation. These additional exclusions will be specified on the **insurance schedule**.

Income and business expenses insurance

In this section:

- ▶ About Elevate income insurance
- ▶ About Elevate business expenses insurance
- ▶ Selecting your level of income insurance and business expenses insurance
- ▶ Income insurance and business expenses insurance benefits and features in detail

Income and business expenses insurance

About Elevate income insurance

Protect your income

Your income is your financial lifeblood. Elevate income insurance can help you to keep paying your living expenses and look after your commitments, while you look after your recovery and hopefully your return to work. We can work with you to help you get there.

Who can apply for an income insurance plan

Elevate **income insurance plans** are only available to **Resolution Life customers** who hold an existing **income insurance plan** (or equivalent income replacement product) and a new **income insurance plan** is required in specific circumstances.

To see whether you can apply for a new **income insurance plan** please contact your financial adviser.

Elevate your income protection

Elevate income insurance offers a range of plans:

Plan name	Ownership	Description
Income Insurance Premier Plan	NS	Our premium plan which has all the features of our Income Insurance Plus Plan with more flexible criteria when assessing your ability to work.
Income Insurance Plus Plan	NS	All the benefits of our entry level plan, with added features to help the insured person on the path to recovery, such as nursing care, a rehabilitation program and family carer's income.
Income Insurance Plan	NS	Our entry level Income Insurance Plan held outside super . This provides a benefit if you become sick or injured and can't work.
Income Insurance Senior Plan (only available as a conversion from eligible plans)	NS	You can convert eligible Elevate income insurance plans to an Income Insurance Senior Plan at a later stage of your working life to ensure you have some Total disability insurance cover up to age 70.
Income Insurance Superannuation Plan	S	Our entry level Income insurance taken through super .
Income Insurance SMSF Plan	SMSF	

PremierLink IP option



The PremierLink IP option can be linked to the Income Insurance Superannuation Plan or the Income Insurance SMSF Plan. The PremierLink IP option has the same structure as the linked income insurance plan. For example, they will have the same **monthly benefit**, **waiting period** and **benefit period**. The PremierLink IP option has the same premium structure and the same **extension date** as the income insurance plan. If an alteration, increase or reduction is made to the Income Insurance Superannuation Plan or the Income Insurance SMSF Plan, the alteration, increase or reduction will automatically be applied to the PremierLink IP option.

Benefits and features at a glance

Included benefits and features

The following table outlines the benefits that are included at no additional cost. Full detail of these benefits can be found on the pages indicated below.

Benefits	Page	Income Insurance Premier Plan	Income Insurance Plus Plan	Income Insurance Plan	Income Insurance Superannuation Plan Income Insurance SMSF Plan	PremierLink IP option	Income Insurance Senior Plan
		NS	NS	NS	S SMSF	🔗	NS
Total disability – hours, income and duties based	75	✓				✓	
Total disability – duties based	75		✓	✓	✓		✓
Partial disability – hours and duties based	77	✓				✓	
Partial disability – duties based	77		✓	✓	✓		
Automatic inflation	74	✓	✓	✓	✓	✓	
Leave without pay continuation ⁽ⁱ⁾	87	✓	✓	✓	✓	✓	
Premium freeze ⁽ⁱⁱ⁾	92	✓	✓	✓	✓		✓
Recurring disability	87	✓	✓	✓	✓	✓	
Right to convert 730 day waiting period to 90 day waiting period	88	✓	✓	✓	✓	✓	
Right to take out an Income Insurance Senior Plan ⁽ⁱⁱⁱ⁾	89	✓	✓	✓	✓		
Attempted return to work during waiting period	85	✓	✓	✓	✓	✓	
Elective or cosmetic surgery ^(iv)	86	✓	✓	✓		✓	
Return to work bonus	88	✓	✓	✓		✓	
Rehabilitation expenses	88	✓	✓	✓		✓	
Specific injuries and sicknesses	89	✓	✓	✓		✓	
Unemployment continuation benefit ^(v)	91	✓	✓	✓		✓	
Death	85	✓	✓			✓	
Family carer's income	86	✓	✓			✓	
Family member's accommodation	86	✓	✓			✓	
Home coming cost	86	✓	✓			✓	
Nursing care	87	✓	✓			✓	
Rehabilitation program	87	✓	✓			✓	
Special care	89	✓	✓			✓	
Unemployment premium waiver	91	✓	✓			✓	
Full benefit where no appropriate work is available ^(v)	85	✓				✓	

Benefits	Page	Income Insurance Premier Plan	Income Insurance Plus Plan	Income Insurance Plan	Income Insurance Superannuation Plan Income Insurance SMSF Plan	PremierLink IP option	Income Insurance Senior Plan
		NS	NS	NS	S SMSF		NS
Upgrade of benefits	92	✓	✓	✓	✓	✓	✓
Waiver of premium	92	✓	✓	✓	✓	✓	✓
24-hour worldwide cover	92	✓	✓	✓	✓	✓	✓

- (i) Not available for occupation category F.
- (ii) Not available for PremierLink IP option or the plan to which it is linked.
- (iii) Occupation categories MP, AA and A only.
- (iv) Not available for occupation categories BY, CY and DY.
- (v) Not available for C rated mining industry occupations.

Options you can add

The following table outlines the options that can be added to the plan at an additional cost. Full detail of these benefits can be found on the pages indicated below.

An option only applies if it's specified in the **insurance schedule**. Where an option is specified in the **insurance schedule**, it forms part of the plan it's linked to.

Options	Page	Income Insurance Premier Plan	Income Insurance Plus Plan	Income Insurance Plan	Income Insurance Superannuation Plan Income Insurance SMSF Plan	PremierLink IP option	Income Insurance Senior Plan
		NS	NS	NS	S SMSF		NS
Accelerated accident option	92	✓	✓	✓	✓	✓	
Cover boost option ⁽ⁱ⁾	93	✓	✓	✓	✓	✓	
Increasing claim option	94	✓	✓	✓	✓	✓	
Superannuation contributions option	95	✓	✓	✓	✓	✓	
Accident lump sum option	93	✓	✓	✓		✓ ⁽ⁱⁱ⁾	
Occupationally acquired HIV, Hepatitis B or C ⁽ⁱⁱⁱ⁾	94	✓	✓			✓ ⁽ⁱⁱ⁾	
PremierLink IP option ^(iv)	94						

- (i) Occupation categories MP, AA and A only.
- (ii) Only available if the PremierLink IP option is linked to the Income Insurance Superannuation or Income Insurance SMSF Plan.
- (iii) Only available to medical occupation categories MP or AA.
- (iv) Available for occupation categories MP, AA, A, B and C only.

Occupation categories

The following table shows the occupation category that applies to each occupation type.

Occupation classification is determined by the duties performed not the occupation title. This information will help you identify whether the **insured person** is eligible for certain Elevate income insurance products.

Occupation category	Description
MP	Selected medical professionals.
AA	Professionals whose working environment presents minimal accident/health risk. Includes selected medical specialists and dentists. This also includes individuals who are in an office-based management role only and are earning in excess of \$130,000 per annum and are: <ul style="list-style-type: none"> • degree qualified, or • individuals who are not degree qualified but have been in their current role for at least two years.
A	White collar workers whose duties are primarily of a sedentary nature with minimal accident/health risk.
B	Blue or white collar workers whose duties involve a moderate level of manual work with slight accident/health risk.
BY ⁽ⁱ⁾	Blue or white collar workers whose duties involve a moderate level of manual work with an extra risk to B occupations.
C	Skilled occupations of a predominantly manual nature and semi-skilled occupations involving a moderate level of manual work, with some accident/health risk.
CY ⁽ⁱ⁾	Skilled occupations of a predominantly manual nature and semi-skilled occupations involving a moderate level of manual work, with an extra risk to C occupations.
D	Predominantly manual labour, physically strenuous work with significant accident/health risks.
DY ⁽ⁱ⁾	Predominantly manual labour, physically strenuous work with an extra risk to D occupations.
F	Farmers who own and work full-time farming on their own properties or full-time share farmers. They must have been well established in this manner for at least three years.

(i) These occupations are subject to the terms as outlined in Cancellable plans on page 96.

Waiting periods (days)

A **waiting period** is the period of time that needs to have passed before a benefit is paid. The **waiting period** starts from the date we agree the **insured person** is totally or partially disabled from. Other eligibility criteria will apply in the event of a claim.

Type of plan	Occupation category					
	MP, AA, A	B, C	D	F	BY, CY, DY	
Income Insurance Premier Plan PremierLink IP option	NS	30, 60, 90, 180, 365, 730	30, 60, 90, 180, 365, 730	N/A	N/A	N/A
Income Insurance Plus Plan	NS	30, 60, 90, 180, 365, 730	14, 30, 60, 90, 180, 365, 730	30, 60, 180, 730	N/A	N/A
Income Insurance Plan	NS	30, 60, 90, 180, 365, 730	14, 30, 60, 90, 180, 365, 730	30, 60, 90, 180, 730	14, 30, 30, 60, 90, 180, 730	14, 30, 30, 60, 90, 180, 730
Income Insurance Superannuation Plan or Income Insurance SMSF Plan	S SMSF	30, 60, 90, 180, 365, 730	14, 30, 60, 90, 180, 365, 730	30, 60, 90, 180, 730	14, 30, 60, 90, 180, 730	14, 30, 30, 60, 90, 180, 730
Income Insurance Senior Plan	NS	30, 60	N/A	N/A	N/A	N/A
Business Expenses Insurance Plan	NS	30, 60, 90	14, 30, 60, 90	30, 60, 90	N/A	N/A

Benefit periods

Type of plan	Occupation category					
	MP, AA, A	B, C	D	F	BY, CY, DY	
Income Insurance Premier Plan PremierLink IP option	 	2 years, 5 years, to age 60, to age 65, to age 70	2 years, 5 years, to age 60, to age 65	N/A	N/A	N/A
Income Insurance Plus Plan		2 years, 5 years, to age 60, to age 65, to age 70	2 years, 5 years, to age 60, to age 65	2 years, 5 years	N/A	N/A
Income Insurance Plan	 	2 years, 5 years, to age 60, to age 65, to age 70	2 years, 5 years, to age 60, to age 65	2 years, 5 years	2 years, 5 years, to age 60, to age 65	1 year, 2 years
Income Insurance Superannuation Plan or Income Insurance SMSF Plan	 	2 years, 5 years, to age 60, to age 65, to age 70	2 years, 5 years, to age 60, to age 65	2 years, 5 years	2 years, 5 years, to age 60, to age 65	1 year, 2 years
Income Insurance Senior Plan		1 year	N/A	N/A	N/A	N/A
Business Expenses Insurance Plan		1 year	1 year	1 year	N/A	N/A

Please note for the **benefit period** to age 70, if a claim is paid after age 65, the benefit payable will be reduced each year up to age 70 as set out on page 97.

The above **waiting periods** and **benefit periods** are available; however, there may be instances when not all combinations are available. For eligibility and maximum **monthly benefit** amounts you should contact your financial adviser.

About Elevate business expenses insurance

Cover for your business expenses

Elevate business expenses insurance will help to keep your business working, even if you are unable to. We'll pay some of the fixed costs of running your business if you suffer an injury or sickness that leaves you disabled.

Plan name	Ownership	Description
Business Expenses Insurance Plan	NS	Cover some of your business expenses if you're unable to work due to injury or sickness . Insure up to 100% of your average insurable expenses (see below). See more details on page 72 for included expenses.

Benefits and features at a glance

Included benefits and features

The following table outlines the benefits that are included at no additional cost. Full details of these benefits can be found on the pages indicated below.

Benefits	Page	Business Expenses Insurance Plan NS
Total disability benefit – duties based	76	✓
Partial disability benefit – duties based	78	✓
Automatic inflation	74	✓
Premium freeze	92	✓
Recurring disability	87	✓
Attempted return to work during waiting period	85	✓
Elective or cosmetic surgery ⁽ⁱ⁾	86	✓
Death	85	✓
Upgrade of benefits	92	✓
Waiver of premium	92	✓
24-hour worldwide cover	92	✓

(i) Not available for occupation categories BY, CY and DY.

The business expenses we pay for

The expenses that we pay for are those that are actually incurred in the operation of the **business** during the period of the claim and which are essential to producing the income of that **business**. We will pay:

- property rates and taxes
- rent or the regular instalment payment of any loan or mortgage which solely relates to the conduct of the **business**
- electricity, gas and water rates, general insurance premiums, cleaning, laundry, heating and phone accounts, leasing of equipment or motor vehicles, dues to professional bodies
- salaries of employees who do not contribute directly to the **insured person's earnings** or the **earnings** of his or her **business** and costs directly related to those salaries (eg superannuation)
- net cost of a medical locum (where fees incurred for the locum exceed the income generated by the locum), and
- other fixed expenses which are normal and customary in the conduct and operation of the **insured person's business**.

What we won't pay for

We won't pay for:

- goods, wares or merchandise or stock in trade, or depreciation of real estate
- remuneration, however paid, to the **insured person** or to any other person who directly contributes to the **earnings** of the **insured person** or **earnings** of the **business** (unless it is for the net cost of a locum detailed above)
- remuneration, however paid, to members of the **insured person's** family unless they were full-time employed at least 30 days prior to the **insured person's** total disability and they did not directly contribute to the **earnings** of the **insured person** or **earnings** of the **business**
- any expenses which are not regularly paid or payable, or
- taxes levied in respect of the expenses or outgoings of **business**, (including taxes levied pursuant to the Income Tax Assessment Act), or in respect of benefits payable under the plan.

Joint business expenses

If the **insured person** is a co-owner of the **business**, we'll calculate, at our discretion, a fair and reasonable share of the business expenses. We will have regard to the ordinary manner in which profits and any losses of the **business** are allocated between the **insured person** and the other co-owners.

Selecting your level of income insurance and business expenses insurance

Elevate income insurance plans and Business Expenses Insurance Plan	
Indemnity	In the event of an income insurance claim we'll calculate your benefit by taking into account your pre-disability income . In the event of a Business Expenses Insurance Plan claim we'll calculate your benefit by taking into account your actual business expenses incurred.
Waiting period	The waiting period determines how long the insured person must have been disabled before we start paying a benefit. Depending on the plan you choose and the insured person's occupation classification, you can choose from a waiting period of 14 to 730 days.
Benefit period	The benefit period determines how long the claim can be paid for as long as the insured person is totally or partially disabled. Depending on the plan you choose and the insured person's occupation category, you could choose from a benefit period of 1 year up to a benefit period to age 70.
Occupation category	The insured person's occupation category will impact the type of plan you can apply for, premiums you will pay, benefit period, waiting period and the amount of cover you can apply for. In considering which plan is most suitable for you, it is important to note that not all plans are available for all occupations. You will be advised of our occupation classification which will be determined during the application process. The key features of the plan that will change based on the insured person's occupation category are: <ul style="list-style-type: none"> • the total disability and partial disability definitions • your eligibility for a Partial disability benefit • how the Partial disability benefit is calculated • offset amounts • when your benefit is reduced • unemployment and leave without pay provisions. Where the operation of this plan differs depending on the occupation category, the difference will be specified.
Premium structure	Resolution Life's income insurance products may be purchased with a stepped premium structure or a level premium structure, with the exception of the Income Insurance Senior Plan which is only available with a stepped premium structure. For further information on premium structures refer to the Cost of insurance section on page 29.

Introducing Elevate Insurance

Applying for cover

Cost of insurance

Approach to claims

Customer service and complaints

Life, TPD and trauma

Income and business expenses

Continuing, ending and restoring a plan

Key information

Glossary

Interim cover

Income insurance and business expenses insurance benefits and features in detail

Please take the time to read the details about the benefits your **income insurance plan** or Business Expenses Insurance Plan provides. This section will provide you with the terms and conditions of each benefit and is an important part of this PDS. Your **insurance schedule** will show you which plan and **option(s)** apply to you. Please contact us or speak to your financial adviser if you would like any of the details explained to you.

Please use the symbols below to assist you in identifying which benefits are available for the different **plans** and **options**.

Benefits available under:	Symbol
Income Insurance Premier Plan	PREMIER
Income Insurance Plus Plan	PLUS
Income Insurance Plan	PLAN
Income Insurance Superannuation Plan	S
Income Insurance SMSF Plan	SMSF
Income Insurance Senior Plan	SENIOR
Business Expenses Insurance Plan	BUSINESS EXPENSES
PremierLink IP option	PREMIER and 

Included benefits

The benefits explained in this section are included in your plan at no additional cost. A summary is set out in **Benefits and features at a glance** on pages 68 to 69 for **income insurance plans** and on page 72 for the Business Expenses Insurance Plan.

Automatic inflation

PREMIER PLUS PLAN BUSINESS EXPENSES
NS S SMSF

To protect your benefit against the effects of inflation, up until age 65, your **monthly benefit** is automatically increased each year on the **extension date** by the greater of 3% or the Consumer Price Index (CPI).

Your premium will increase as a result of this increase in the **monthly benefit**. You may decline the **monthly benefit** increase for any particular year or for all years by writing to us.

The increase to the **monthly benefit** on the schedule only applies to a claim you make under the plan that happens after the date of the increase. If **insured person** suffers the **injury** or **sickness** before the increase, or are on a claim at the time of the increase, the **monthly benefit** on the **insurance schedule** at the start of the claim will apply.

The increased **monthly benefit** on the **insurance schedule** will only apply for any later and separate claims. The increased **monthly benefit** will be reflected in your premiums.

These increases only occur until the **insured person's** 65th birthday.

Automatic inflation will not be permitted where a **loading** exceeding 100% is applied to your premium. Any **revised terms** applicable to your **policy** will also apply to increases exercised under this benefit.

The CPI information we use

The increase we make to the **monthly benefit** will normally be based on the Australian National All Groups Consumer Price Index weighted average of eight capital cities combined. We use the last published Index for the 12 months ending 30 September each year. Any increase will be applied on the next **extension date** on or after 1 January the following year. However, we may use the Index published for a more recent 12 month period and/or another index or rate which we believe more fairly and accurately reflects changes in the cost of living.

Total disability benefit

PREMIER PLUS PLAN SENIOR BUSINESS EXPENSES S NS SMSF

If the **insured person** is totally disabled (defined below), we'll pay the Total disability benefit. For **income insurance plans** through **super**, the **Temporary incapacity** definition must also be satisfied.

The **Total disability benefit amount** is calculated and paid monthly. If a Total disability benefit amount is paid, we'll pay half in arrears and half in advance. If a benefit is paid under the Business Expenses Insurance Plan, we'll pay the Total disability benefit amount at the end of each month in arrears.

What it means to be totally disabled depends on which **plan** you hold. Except in relation to the Income Insurance Senior Plan and the Business Expenses Insurance Plan, the definition of totally disabled also depends on the occupation category.

Plan or option	Total disability definition
Income Insurance Premier Plan PremierLink IP option	<p>Total disability – Hours, income and duties based definition</p> <p>For all occupations except C rated mining industry occupations</p> <p>The insured person is totally disabled if, because of an injury or sickness, he or she is:</p> <ul style="list-style-type: none"> • under medical care, and • not working in any occupation (whether paid or unpaid), and <ul style="list-style-type: none"> • unable to do one or more duties that are important and essential in producing income of his or her occupation, or • unable to do the duties that are important and essential in producing income of his or her occupation for more than 10 hours per week, or • unable to generate more than 20% of his or her pre-disability income. <p>OR</p> <ul style="list-style-type: none"> • under medical care, and • working less than 10 hours per week and unable to do the duties that are important and essential in producing income of his or her occupation for more than 10 hours per week. <p>For C rated mining industry occupations</p> <p>The insured person is totally disabled if, because of an injury or sickness, he or she is:</p> <ul style="list-style-type: none"> • under medical care, and • not working in any occupation (whether paid or unpaid), and <ul style="list-style-type: none"> • not capable of doing one or more duties that are important and essential in producing income of his or her occupation, or • not capable of doing the duties that are important and essential in producing income of his or her occupation for more than 10 hours per week, or • not capable of generating more than 20% of his or her pre-disability income. <p>OR</p> <ul style="list-style-type: none"> • under medical care, and • working less than 10 hours per week and not capable of doing the duties that are important and essential in producing income of his or her occupation for more than 10 hours per week.
Income Insurance Plus Plan Income Insurance Plan Income Insurance Senior Plan Income Insurance Superannuation Plan Income Insurance SMSF Plan	<p>Total disability – duties based definition</p> <p>Occupation categories MP, AA, A, B, C, BY, CY and DY</p> <p>The insured person is totally disabled if, because of an injury or sickness, he or she is:</p> <ul style="list-style-type: none"> • under medical care • not working in any occupation (whether paid or unpaid), and • not capable of doing one or more duties that are important and essential in producing income of his or her occupation. <p>Occupation category D</p> <p>For the first two years of a claim the insured person is totally disabled if, because of an injury or sickness, he or she is:</p> <ul style="list-style-type: none"> • under medical care • not working in any occupation (whether paid or unpaid), and • not capable of doing one or more duties that are important and essential in producing income of his or her occupation. <p>After the first two years of a claim, the insured person is totally disabled if, because of an injury or sickness, he or she is:</p> <ul style="list-style-type: none"> • under medical care • not working in any occupation (whether paid or unpaid), and • not capable of performing any occupation (whether paid or unpaid) for which he or she is reasonably fitted by education, training or experience.

Plan or option	Total disability definition
Income Insurance Plus Plan Income Insurance Plan Income Insurance Senior Plan Income Insurance Superannuation Plan Income Insurance SMSF Plan <i>(continued)</i>	<p>Occupation category F</p> <p>For the first two years of a claim the insured person is totally disabled if, because of an injury or sickness, he or she is:</p> <ul style="list-style-type: none"> • under medical care • not working in any occupation (whether paid or unpaid), and • not capable of doing normal farming duties. <p>After the first two years of a claim, the insured person is totally disabled if, because of an injury or sickness, he or she is:</p> <ul style="list-style-type: none"> • under medical care • not working in any occupation (whether paid or unpaid), and • not capable of performing any occupation (whether paid or unpaid) for which he or she is reasonably fitted by education, training or experience.
Business Expenses Insurance Plan	<p>A benefit will only be paid if the insured person owns a business immediately before and during his or her total disability, and he or she was actively managing that business immediately before his or her total disability.</p> <p>The insured person is totally disabled if, because of an injury or sickness, he or she is:</p> <ul style="list-style-type: none"> • under medical care • not working in any occupation (whether paid or unpaid), and • not capable of doing one or more duties that are important and essential in producing income of his or her occupation.

How much we pay for total disability

The amount we pay depends on the **plan** and occupation category specified in the **insurance schedule**.

Please note for the **benefit period** to age 70, and if the **insured person** is age 65 and above, the **monthly benefit** will reduce each year as set out in the section for **If your benefit period is to age 70** on page 97.

Plan or option	Total disability benefit amount
Income Insurance Premier Plan Income Insurance Plus Plan Income Insurance Plan Income Insurance Senior Plan Income Insurance Superannuation Plan Income Insurance SMSF Plan PremierLink IP option	<p>For all occupation categories except for F</p> <p>The Total disability benefit amount is the lower of:</p> <ul style="list-style-type: none"> • the monthly benefit set out in the insurance schedule, and • 75% of the insured person's pre-disability income. <p>Occupation category F</p> <p>The Total disability benefit amount is the lower of:</p> <ul style="list-style-type: none"> • the monthly benefit set out in the insurance schedule, and • 30% of the insured person's pre-disability income.
Business Expenses Insurance Plan	<p>The Total disability benefit amount is the lower of:</p> <ul style="list-style-type: none"> • the monthly benefit amount set out in the insurance schedule, and • the insured person's share of the business expenses actually incurred while on claim in the operation of their business. <p>We'll pay the insured person's business expenses up to the Total disability benefit amount for which he or she is insured. The amount we pay is also subject to the maximum Total disability benefit amount limits applicable at the time you applied for this plan.</p> <p>The maximum we pay is 12 times the Total disability benefit amount. Whenever payment in any particular month during the benefit period is less than the Total disability benefit amount, we'll extend the benefit period at the end of the 12 month period until we have paid a total amount equal to 12 times the Total disability benefit amount.</p> <p>For part of a month, we pay 1/30th of the Total disability benefit amount for each day you are entitled to be paid.</p>

Rehabilitation expenses under the Income Insurance Superannuation Plan and the Income Insurance SMSF Plan

If the **insured person** is totally disabled for at least the **waiting period**, we may require the **insured person** to undergo, at our expense (up to a maximum amount of six times the **Total disability benefit amount**), **rehabilitation** that is designed to assist the **insured person** in returning to full-time work provided that a **medical practitioner** states in writing that they have the capacity to participate in the **rehabilitation**.

Partial disability benefit

PREMIER PLUS PLAN BUSINESS EXPENSES NS S SMSF

If the **insured person** is partially disabled, we may pay a reduced benefit as a Partial disability benefit. For **income insurance plans** through **super**, the **Temporary incapacity** definition must also be satisfied. We'll pay monthly in arrears. What it means to be partially disabled depends on the **plan** and the occupation category.

Plan or option	Partial disability definition
Income Insurance Premier Plan PremierLink IP option	<p>Hours and duties based definition</p> <p>For all occupations except C rated mining industry occupations</p> <p>The insured person is partially disabled if, immediately after being totally or partially disabled during the entire duration of the waiting period, he or she has returned to work and, solely because of injury or sickness, he or she is:</p> <ul style="list-style-type: none"> not able to do one or more duties that are important and essential in producing income of his or her occupation, or able to do one or more duties that are important and essential in producing income of his or her occupation, but in a reduced capacity, <p>AND</p> <ul style="list-style-type: none"> earning less than 75% of his or her pre-disability income <p>AND</p> <ul style="list-style-type: none"> under medical care. <p>If he or she meets the above definition and is unable to work for more than 10 hours per week, we'll pay a benefit equal to the Total disability benefit amount.</p> <p>For C rated mining industry occupations</p> <p>The insured person is partially disabled if, immediately after being totally or partially disabled during the entire duration of the waiting period, he or she has returned to work or is capable of returning to work as determined by us based on evidence and, solely because of injury or sickness, he or she is:</p> <ul style="list-style-type: none"> not capable of doing one or more duties that are important and essential in producing income of his or her occupation, or capable of doing one or more duties that are important and essential in producing income of his or her occupation, but in a reduced capacity, <p>AND</p> <p>earning less than 75% of his or her pre-disability income,</p> <p>AND</p> <ul style="list-style-type: none"> under medical care. <p>If he or she meets the above definition and is not capable of working for more than 10 hours per week, we'll pay a benefit equal to the Total disability benefit amount.</p>
Income Insurance Plus Plan Income Insurance Plan Income Insurance Superannuation Plan Income Insurance SMSF Plan	<p>Duties based definition</p> <p>Occupation categories MP, AA and A</p> <p>The insured person is partially disabled if, immediately after being totally disabled for at least 7 out of a consecutive 12 days, he or she returned to work or was capable of returning to work as determined by us based on evidence, and, because of the disability, he or she is:</p> <ul style="list-style-type: none"> not capable of doing one or more duties that are important and essential in producing income of his or her occupation, or capable of doing one or more duties that are important and essential in producing income of his or her occupation, but in a reduced capacity, <p>AND</p> <ul style="list-style-type: none"> earning an income less than 75% of his or her pre-disability income <p>AND</p> <ul style="list-style-type: none"> under medical care.

Plan or option	Partial disability definition
Income Insurance Plus Plan Income Insurance Plan Income Insurance Superannuation Plan Income Insurance SMSF Plan (continued)	<ul style="list-style-type: none"> • Occupation categories B and C <p>The insured person is partially disabled if, immediately after being totally disabled for at least 14 days, he or she returned to work or was capable of returning to work as determined by us based on evidence, and, because of the disability, he or she is:</p> <ul style="list-style-type: none"> • not capable of doing one or more duties that are important and essential in producing income of his or her occupation, or • capable of doing one or more duties that are important and essential in producing income of his or her occupation, but in a reduced capacity, <p>AND</p> <ul style="list-style-type: none"> • earning an income less than 75% of his or her pre-disability income <p>AND</p> <ul style="list-style-type: none"> • under medical care. <p>Occupation category D</p> <p>The insured person is partially disabled if, immediately after being totally disabled for at least 14 days, he or she returned to work or was capable of returning to work as determined by us based on evidence, and, because of the disability:</p> <ul style="list-style-type: none"> • for the first two years of the claim, the insured person is: <ul style="list-style-type: none"> • not capable of doing one or more duties that are important and essential in producing income of his or her occupation, or • capable of doing one or more duties that are important and essential in producing income of his or her occupation, but in a reduced capacity, <p>AND</p> <ul style="list-style-type: none"> • after the first two years of a claim, the insured person is: <ul style="list-style-type: none"> • not capable of doing one or more duties that are important and essential in producing income of any occupation (whether paid or unpaid) for which he or she is reasonably fitted by education, training or experience • capable of doing one or more duties that are important and essential in producing income of any occupation (whether paid or unpaid) for which he or she is reasonably fitted by education, training or experience, but in a reduced capacity, <p>AND</p> <ul style="list-style-type: none"> • earns an income less than 75% of his or her pre-disability income, <p>AND</p> <ul style="list-style-type: none"> • under medical care. <p>Occupation categories BY, CY and DY</p> <p>The insured person is partially disabled if, immediately after being totally disabled for at least 14 days, he or she returned to work or was capable of returning to work as determined by us based on evidence, and, because of the disability, he or she is:</p> <ul style="list-style-type: none"> • not capable of doing one or more duties that are important and essential in producing income of his or her occupation, or • capable of doing one or more duties that are important and essential in producing income of his or her occupation, but in a reduced capacity, <p>AND</p> <ul style="list-style-type: none"> • earns an income less than 75% of his or her pre-disability income, <p>AND</p> <ul style="list-style-type: none"> • under medical care. <p>Occupation category F</p> <p>The insured person is partially disabled if, immediately after being totally disabled for at least the waiting period, he or she returned to work and because of the disability is:</p> <ul style="list-style-type: none"> • unable to perform at least 25% of his or her normal farming duties, or • working in an occupation other than farming and earns an income less than 75% of the pre-disability income, <p>AND</p> <ul style="list-style-type: none"> • under medical care.
Business Expenses Insurance Plan	<p>Occupation categories MP, AA and A</p> <p>The insured person is partially disabled if, immediately after being totally disabled for a period of at least 7 out of a consecutive 12 days of the waiting period, he or she has returned to work or was capable of returning to work as determined by us based on evidence and, solely because of injury or sickness, he or she is:</p> <ul style="list-style-type: none"> • not capable of doing one or more duties that are important and essential in producing income of his or her occupation, or

Plan or option	Partial disability definition
Business Expenses Insurance Plan (continued)	<ul style="list-style-type: none"> capable of doing one or more duties that are important and essential in producing income of his or her occupation, but in a reduced capacity, <p>AND</p> <ul style="list-style-type: none"> under medical care. <p>Occupation categories B, C and D</p> <p>The insured person is partially disabled if, immediately after being totally disabled for a period of at least 14 days of the waiting period, he or she has returned to work or was capable of returning to work as determined by us based on evidence and, solely because of injury or sickness, he or she is:</p> <ul style="list-style-type: none"> not capable of doing one or more duties that are important and essential in producing income of his or her occupation, or capable of doing one or more duties that are important and essential in producing income of his or her occupation, but in a reduced capacity, <p>AND</p> <ul style="list-style-type: none"> under medical care.

How much we pay for partial disability

How much we pay depends on the **plan** and the occupation category.

Plan or option	How much we pay for partial disability
Income Insurance Premier Plan PremierLink IP option	<p>The amount we pay for each month that the insured person is partially disabled is the lower of:</p> <ul style="list-style-type: none"> A – B, or C – B. <p>Where:</p> <p>A equals 75% of the insured person's pre-disability income.</p> <p>B is the insured person's average monthly income during the period for which he or she is partially disabled.</p> <p>B will equal zero if income is a loss.</p> <p>C is the monthly benefit specified on the insurance schedule.</p> <p>Important note:</p> <p>For all occupation categories except C rated mining industry occupations</p> <p>If the insured person satisfies the Partial disability definition and is unable to work more than 10 hours per week, B will equal zero.</p> <p>For all C rated mining industry occupations</p> <p>If the insured person satisfies the Partial disability definition and is not capable of working more than 10 hours per week, B will equal zero.</p> <p>For the purposes of B in the formula, if the insured person satisfies the Partial disability definition and has not returned to work but evidence shows that he or she is capable of returning to work, income is the amount that the insured person would be capable of earning as determined by us, based on evidence.</p>
Income Insurance Plus Plan Income Insurance Plan Income Insurance Superannuation Plan Income Insurance SMSF Plan	<p>Occupation categories MP, AA, A, B, C, D, BY, CY and DY</p> <p>The amount we pay for each month that the insured person is partially disabled is the lower of:</p> <ul style="list-style-type: none"> A – B, or C – B. <p>Where:</p> <p>A equals 75% of the insured person's pre-disability income</p> <p>B is the insured person's average monthly income during the period for which he or she is partially disabled</p> <p>B will equal zero if income is a loss</p> <p>C is the monthly benefit specified on the insurance schedule. Where C is more than the insured person's pre-disability income, we'll use his or her pre-disability income for the Income Insurance Superannuation Plan and Income Insurance SMSF Plan</p> <p>For the purpose of B, if the insured person has not returned to work but evidence shows he or she is capable of returning to work, income is the amount that the insured person would be capable of earning as determined by us, based on evidence.</p> <p>Occupation category F</p> <p>The amount we pay is 25% of the Total disability benefit amount for each month that the insured person is partially disabled.</p>

For the Business Expenses Insurance Plan

Plan	How much we pay for partial disability
Business Expenses Insurance Plan	<p>The amount we pay will be determined on a daily basis and will be paid monthly in arrears. It will be the lower of the:</p> <ul style="list-style-type: none"> • Total disability benefit amount, and • the insured person's share of the business expenses actually incurred which relate to the period the insured person is partially disabled less: <ul style="list-style-type: none"> • any amounts that are reimbursed from elsewhere, and • the insured person's share of the business turnover for that period. <p>Business turnover for a period will be the gross income of the business for the period of partial disability. The insured person's share of business expenses actually incurred, or of business turnover, will be determined in line with the usual manner of apportioning profits and/or losses of the business between the insured person and any co-owners of the business. When the insured person is partially disabled and is not working but is capable of returning to work, business turnover will be determined by us based on his or her capacity to return to work based on evidence.</p> <p>The maximum we pay is 12 times the Total disability benefit amount. Whenever payment in any particular month during the benefit period is less than the Total disability benefit amount, we'll extend the benefit period at the end of the 12 month period until we have paid a total amount equal to 12 times the Total disability benefit amount.</p>

If the insured person has been totally disabled but is capable of returning to work in a partial capacity
Only applies to the Income Insurance Plus Plan, Income Insurance Plan, Income Insurance Superannuation Plan, Income Insurance SMSF Plan.

Depending on the **insured person's** occupation category, a reduced benefit may be payable where the **insured person** does not return to work. The amount we pay will be worked out applying the formula as set out in the **How much we pay for partial disability** section above.

Occupation categories MP, AA and A

If the **insured person** has been totally disabled for at least 7 out of a consecutive 12 days, and does not return to work but **evidence** demonstrates a capacity to work, we may pay a Partial disability benefit based on the **insured person's** capacity to return to work.

Occupation categories B, C, D, BY, CY, DY and F

If the **insured person** has been totally disabled for at least 14 days, and does not return to work but **evidence** demonstrates a capacity to work, we may pay a Partial disability benefit based on the **insured person's** capacity to return to work.

When your benefit is reduced

PREMIER PLUS PLAN SENIOR NS S SMSF

An **offset amount** is the amount which we may reduce your benefit due to any sum of money that you or the **insured person** receive from any other source. The **offset amount** depends on the **plan** that applies and your occupation category. However, we won't pay more than the **Total disability benefit amount** in all situations.

If we're paying a benefit under the **plan**, your benefit may be reduced to nil because of the **offset amounts**. In this case, we'll be deemed to be paying you a benefit, even though no money is paid by us.

Offset amounts

Occupation category and plan	We'll reduce the benefit we pay if you or the insured person receives any of the following:
<p>NS Occupation categories MP, AA and A</p>	<p>We'll reduce the Total disability benefit amount or Partial disability benefit amount we pay by any amount that is paid (whether by lump sum, periodic payment or otherwise) for any injury or sickness from any other disability income, sickness or accident plan with another company which commenced, or had been applied for, by or on behalf of the insured person before this plan and was not disclosed to us before this plan commenced.</p>
<p>NS Occupation categories B, C, D, BY, CY, DY and F, or if you've purchased the Income Insurance Senior Plan</p>	<p>We'll reduce the Total disability benefit amount or Partial disability benefit amount we pay by any amount that is paid (whether by lump sum, periodic payment or otherwise) for any injury or sickness:</p> <ul style="list-style-type: none"> • under legislation, or • from any other disability income, sickness or accident plan with another company which commenced or had been applied for, by or on behalf of the insured person before this plan and was not disclosed to us before this plan commenced.
<p>S Income Insurance Superannuation Plan SMSF Income Insurance SMSF Plan</p>	<p>We'll reduce the Total disability benefit amount or Partial disability benefit amount we pay by any amount that is paid or payable (whether by lump sum, periodic payment or otherwise) for any injury or sickness:</p> <ul style="list-style-type: none"> • under legislation • from any other disability income, sickness or accident plan • under common law, and/or • from any employer paid leave (including sick leave, annual leave and long service leave). <p>It is a requirement under superannuation law that you cannot receive more than 100% of the pre-disability income (excluding any increases due to Automatic inflation) from all sources. Therefore we may reduce the benefit we pay accordingly.</p>

Occupation category and plan	We'll reduce the benefit we pay if you or the insured person receives any of the following:
<p>S Income Insurance Superannuation Plan SMSF Income Insurance SMSF Plan (continued)</p>	<p>Therefore, we'll limit your benefit so that the total amounts received:</p> <ul style="list-style-type: none"> • from income • under legislation • under common law • from any other disability income, sickness or accident plan • from any employer paid leave (including sick leave, annual leave and long service leave) • from any other offset amounts, and/or • this plan, <p>do not exceed 100% of the insured person's pre-disability income at the time he or she became sick or injured.</p>

When income is received as a lump sum

If an **offset amount** is paid as a lump sum, we'll only reduce what we pay by the portion of the lump sum relating to **income** for the same period.

If the amount relating to **income** is not easy to identify within the lump sum, we'll agree to an **offset amount** with you. In calculating the amount relating to income, we will refer to any breakdown of the lump sum (where available).

When we won't reduce your benefit

Occupation category and plan	When your benefit is not reduced
<p>NS Occupation categories MP, AA and A</p>	<p>We do not reduce what we pay by any amounts paid to you:</p> <ul style="list-style-type: none"> • from a disability income, sickness or accident plan that commenced after this plan commenced • from any lump sum total and permanent disablement benefits, or any business overheads disability plan benefits indemnifying you against business expenses • from superannuation benefits (excluding insurance) • from social security benefits • from any payment made under legislation, or • from any employer paid leave (including sick leave, annual leave and long service leave).

Occupation category and plan	When your benefit is not reduced
<p>NS Occupation categories B, C, D, BY, CY, DY and F</p>	<p>We do not reduce what we pay by any amounts paid to you:</p> <ul style="list-style-type: none"> from a disability income, sickness or accident plan with any company that commenced after this plan commenced from lump sum total and permanent disablement benefits, or any business overheads disability plan benefits indemnifying you against business expenses from superannuation benefits (excluding insurance) from social security benefits, or from any employer paid leave (including sick leave, annual leave and long service leave).
<p>NS Income Insurance Senior Plan</p>	<p>We do not reduce what we pay by any amounts paid to you:</p> <ul style="list-style-type: none"> from lump sum total and permanent disablement benefits, or any business overheads disability plan benefits indemnifying you against business expenses from superannuation benefits (excluding insurance) from social security benefits, or from any employer paid leave (including sick leave, annual leave and long service leave).
<p>S Income Insurance Superannuation Plan</p> <p>SMSF Income Insurance SMSF Plan</p>	<p>We do not reduce what we pay by any amounts paid to you:</p> <ul style="list-style-type: none"> from superannuation benefits (excluding insurance), or from social security benefits.

How the Total disability benefit amount is reduced

We won't pay more than the **Total disability benefit amount** in all situations.

If you have a claim under the plan, your benefit may be reduced to nil because of these **offset amounts**. In this case, we'll be deemed to be paying a benefit, even though you receive no money from us.

Occupation category	How your Total disability benefit is reduced
For all occupation categories except for F	We'll only reduce the Total disability benefit amount if the offset amounts , plus the Total disability benefit amount payable to you under this plan, total more than 75% of the insured person's pre-disability income . If this applies, we'll reduce the Total disability benefit amount under this plan to an amount which, when added to the offset amounts , equals 75% of the insured person's pre-disability income .

Occupation category	How your Total disability benefit is reduced
Occupation category F	We'll only reduce the Total disability benefit amount if the offset amounts , plus the Total disability benefit amount payable to you under this plan, total more than 30% of the insured person's pre-disability income . If this applies, we'll reduce the Total disability benefit amount under this plan to an amount which, when added to the offset amounts , equals 30% of the insured person's pre-disability income .

How the partial disability benefit is reduced

We won't pay more than the **Total disability benefit amount** in all situations.

If you have a claim under the plan, your benefit may be reduced to nil because of these **offset amounts**. In this case, we will be deemed to be paying a benefit, even though you receive no money from us.

Occupation category	How your Partial disability benefit is reduced
For all occupation categories except F	We'll only reduce the Partial disability benefit amount if the offset amounts , plus the benefit payable under this plan , total more than 75% of the insured person's pre-disability income . If this applies, we'll reduce the benefit to an amount which, when added to the offset amounts , equals 75% of the insured person's pre-disability income .
Occupation category F	We'll only reduce the Partial disability benefit amount if the offset amounts , plus the benefit payable under this plan , total more than 30% of the insured person's pre-disability income . If this applies, we'll reduce the benefit to an amount which, when added to the offset amounts , equals 30% of the insured person's pre-disability income .

We may recover any offset amounts

If you receive any **offset amounts** you must promptly inform us in writing and provide us with full details of the amounts you have received.

If you inform us about an amount you have received, or we otherwise become aware that you have received an **offset amount**, we may then reduce the benefit or recover the amount of any benefits overpaid to you, which should have been reduced by any **offset amounts**.

When your benefit is reduced

BUSINESS EXPENSES NS

An **offset amount** is the amount by which we may reduce your benefit due to any sum of money that you or the **insured person** receive from any other source. The **offset amount** depends on your occupation category.

Occupation category	We'll reduce the benefit we pay if you or the insured person receives any of the following:
Occupation categories MP, AA and A	We'll reduce the Total disability benefit amount or Partial disability benefit amount we pay by any amount which is paid (whether by lump sum, periodic payment or otherwise) for any injury or sickness under any other business expenses plan with another company which commenced, or had been applied for, by or on behalf of the insured person before this plan and was not disclosed to us before this plan commenced.
Occupation categories B, C and D	We'll reduce the Total disability benefit amount or Partial disability benefit amount we pay by any amount which is paid (whether by lump sum, periodic payment or otherwise) for any injury or sickness under: <ul style="list-style-type: none"> • legislation, or • any other business expenses plan with another company which commenced or had been applied for by or on behalf of the insured person before this plan and was not disclosed to us before this plan commenced.

Such amounts are defined under this plan as **offset amounts**. We will only do this if the amount paid covers the same or similar business expenses as the plan. If we're paying a benefit under the plan, your benefit may be reduced to nil because of these **offset amounts**. In this case, we'll be deemed to be paying a benefit, even though you receive no money from us.

We may reduce the benefit by the insured person's earnings

If the **insured person** earns money from the **business**, or if the **insured person** is a co-owner and the **insured person's** share of the **business** earns money, during a period for which we are paying a benefit, the amount he or she earns in any month may be deducted from the benefit we pay. If we deduct **earnings**, we'll first reduce them by any costs. That is, any amount paid by the **business** in any way to the replacement, or to any other employee at the **business** who generated those **earnings**.

When will we deduct earnings

In deciding whether we'll deduct **earnings**, we'll calculate the difference between the actual monthly business expenses incurred and the monthly **Total disability benefit amount** for which you're insured.

We'll deduct net earnings (**earnings** less costs) from the **Total disability benefit amount** we pay, if the net earnings in the period we're paying a benefit are more than or equal to that difference.

Examples

Example 1	Business expenses	\$10,000	earnings	\$5,000
	less Total disability benefit amount	\$7,000	less costs	\$3,000
	Difference	\$3,000	net earnings	\$2,000
As the amount of net earnings (\$2,000) is less than the difference between actual business expenses and the Total disability benefit amount (\$3,000), we will not deduct earnings from the actual monthly business expenses. Therefore, as you're entitled to monthly business expenses up to the Total disability benefit amount , we'll pay you \$7,000.				
Example 2	Business expenses	\$10,000	earnings	\$5,000
	less Total disability benefit amount	\$9,000	less costs	\$3,000
	Difference	\$1,000	net earnings	\$2,000
As the amount of the net earnings (\$2,000) is more than the difference between the actual business expenses and the Total disability benefit amount (\$1,000), we'll deduct the net earnings from the monthly business expenses as follows:				
	Business expenses			\$10,000
	less Net earnings			\$2,000
	Net business expenses			\$8,000
As you're entitled to monthly business expenses up to the Total disability benefit amount , we'll pay you \$8,000.				

We may recover any offset amounts

If you receive any **offset amounts** you must promptly inform us in writing and provide us with full details of the amounts you have received.

If you inform us about an amount you have received, or we otherwise become aware that you have received an **offset amount**, we may then reduce the benefit or recover the amount of any benefits overpaid to you, which should have been reduced by any **offset amounts**.

Total and Partial disability benefit while unemployed or on leave without pay

PREMIER PLUS PLAN NS S SMSF

Not available for occupation categories BY, CY, DY, F or if you've purchased the Income Insurance Senior Plan.

Total disability benefit

If immediately preceding a claim the **insured person** has been:

- unemployed for 15 months or more (not available for **income insurance plans** through **super**), or
- on leave without pay for 12 months or more,

the **insured person** is totally disabled if, because of an **injury** or **sickness**, he or she is:

- under **medical care**
- not working in any occupation (whether paid or unpaid), and
- not capable of performing any occupation (whether paid or unpaid) for which he or she is reasonably fitted by education, training or experience.

Partial disability benefit

Plan or option	Partial disability benefit while unemployed or on leave without pay
Income Insurance Premier Plan PremierLink IP option	<p>For all occupations except C rated mining industry occupations</p> <p>If immediately preceding a claim the insured person has been unemployed for 15 months or more or on leave without pay for 12 months or more, he or she is partially disabled if immediately after being totally or partially disabled during the entire duration of the waiting period, he or she has returned to work and, solely because of injury or sickness, he or she is:</p> <ul style="list-style-type: none"> • not capable of doing one or more duties that are important and essential in producing income of any occupation (whether paid or unpaid) for which he or she is reasonably fitted by education, training or experience, or • capable of doing one or more duties that are important and essential in producing income of any occupation (whether paid or unpaid) for which he or she is reasonably fitted by education, training or experience, but in a reduced capacity, <p>AND</p> <ul style="list-style-type: none"> • earning less than his or her pre-disability income, and • under medical care. <p>For C rated mining industry occupations</p> <p>If immediately preceding a claim the insured person has been unemployed for 15 months or more or on leave without pay for 12 months or more, he or she is partially disabled if immediately after being totally or partially disabled during the entire duration of the waiting period, he or she has returned to work or was capable of returning to work as determined by us based on evidence and, solely because of injury or sickness, he or she is:</p> <ul style="list-style-type: none"> • not capable of doing one or more duties that are important and essential in producing income of any occupation (whether paid or unpaid) for which he or she is reasonably fitted by education, training or experience, or • capable of doing one or more duties that are important and essential in producing income of any occupation (whether paid or unpaid) for which he or she is reasonably fitted by education, training or experience, but in a reduced capacity, <p>AND</p> <ul style="list-style-type: none"> • earning an income less than his or her pre-disability income, and • under medical care.

Plan or option	Partial disability benefit while unemployed or on leave without pay
Income Insurance Plus Plan	<p>Occupation categories MP, AA, A</p> <p>If immediately preceding a claim the insured person has been:</p> <ul style="list-style-type: none"> unemployed for 15 months or more (not available for income insurance plans through super), or on leave without pay for 12 months or more, <p>he or she is partially disabled if immediately after being totally disabled for at least 7 out of a consecutive 12 days, he or she has returned to work or was capable of returning to work as determined by us based on evidence, and because of the disability he or she is:</p> <ul style="list-style-type: none"> not capable of doing one or more duties that are important and essential in producing income of any occupation (whether paid or unpaid) for which he or she is reasonably fitted by education, training or experience, or capable of doing one or more duties that are important and essential in producing income of any occupation (whether paid or unpaid) for which he or she is reasonably fitted by education, training or experience, but in a reduced capacity, <p>AND</p> <ul style="list-style-type: none"> earning an income less than his or her pre-disability income, and under medical care. <p>Occupation categories B, C, D</p> <p>If immediately preceding a claim the insured person has been:</p> <ul style="list-style-type: none"> unemployed for 15 months or more (not available for income insurance plans through super), or on leave without pay for 12 months or more, <p>he or she is partially disabled if immediately after being totally disabled for at least 14 days, he or she has returned to work or was capable of returning to work as determined by us based on evidence, and because of the disability he or she is:</p> <ul style="list-style-type: none"> not capable of doing one or more duties that are important and essential in producing income of any occupation (whether paid or unpaid) for which he or she is reasonably fitted by education, training or experience, or capable of doing one or more duties that are important and essential in producing income of any occupation (whether paid or unpaid) for which he or she is reasonably fitted by education, training or experience, but in a reduced capacity, <p>AND</p> <ul style="list-style-type: none"> earning an income less than his or her pre-disability income, and under medical care.
Income Insurance Plan	
Income Insurance Superannuation Plan	
Income Insurance SMSF Plan	<p>he or she is partially disabled if immediately after being totally disabled for at least 7 out of a consecutive 12 days, he or she has returned to work or was capable of returning to work as determined by us based on evidence, and because of the disability he or she is:</p> <ul style="list-style-type: none"> not capable of doing one or more duties that are important and essential in producing income of any occupation (whether paid or unpaid) for which he or she is reasonably fitted by education, training or experience, or capable of doing one or more duties that are important and essential in producing income of any occupation (whether paid or unpaid) for which he or she is reasonably fitted by education, training or experience, but in a reduced capacity, <p>AND</p> <ul style="list-style-type: none"> earning an income less than his or her pre-disability income, and under medical care.

Full benefit where no appropriate work is available

PREMIER NS

Not available for C rated mining industry occupations.

If the **insured person** has been totally or partially disabled for the entire duration of the **waiting period**, and at the end of the **waiting period**, does not return to work but medical evidence demonstrates an ability to work, and no **appropriate work** is available, we won't reduce the **monthly benefit** payable.

Attempted return to work during the waiting period in a partial capacity

PREMIER NS

If the **insured person** is totally or partially disabled for the entire duration of the **waiting period** and is totally disabled at the end of the **waiting period**, the **waiting period** will not be extended by the number of days the **insured person** has returned to work in a partial capacity.

Attempted return to work during the waiting period in a full-time capacity

PREMIER PLUS PLAN BUSINESS EXPENSES

NS S SMSF

Where 14 or 30 day waiting periods apply

If the **insured person** returns to work during the **waiting period** in a full-time capacity for five consecutive days or less, we'll extend the **waiting period** by the number of days he or she has returned to work in a full-time capacity. If the **insured person** returns to work during the **waiting period** in a full-time capacity for more than five consecutive days, the **waiting period** starts again.

Where 60, 90, 180, 365 or 730 day waiting periods apply

If the **insured person** returns to work during the **waiting period** in a full-time capacity for 10 consecutive days or less, we'll extend the **waiting period** by the number of days he or she has returned to work in a full-time capacity. If the **insured person** returns to work during the **waiting period** in a full-time capacity for more than 10 consecutive days, the **waiting period** starts again.

Death benefit

PREMIER PLUS BUSINESS EXPENSES NS

If the **insured person** dies while the plan is still current, we'll pay you or your estate a lump sum equal to six times the **Total disability benefit amount**, with a maximum amount payable of \$60,000.

Introducing
Elevate
Insurance

Applying
for cover

Cost of
insurance

Approach
to claims

Customer
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complaints

Life, TPD
and trauma

Income and
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expenses

Continuing,
ending and
restoring a plan

Key
information

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Interim cover

Family carer's income benefit

PREMIER PLUS NS 

The Family carer's income benefit is payable if an **immediate family member** of the **insured person** stops earning his or her **income** because he or she stop working due to caring for the **insured person's** total disability. This benefit is paid in addition to the Total disability benefit.

All of the following conditions must be met:

- we must have paid the Total disability benefit for more than 30 days
- we are continuing to pay the Total disability benefit as the **insured person** continues to be totally disabled
- the **immediate family member** must not have been an employee of you or the **insured person** or an employee of an entity which you or the **insured person** own or owned, and
- the **immediate family member** must have been earning income from a full-time or permanent part-time occupation.

How much we pay

For each complete month you're entitled to be paid, we'll pay the lower of the following for up to six months:

- the **Total disability benefit amount**
- the amount the **immediate family member** would have earned if the **insured person** had not been totally disabled, or
- \$2,000.

Family member's accommodation benefit

PREMIER PLUS NS 

We will pay the accommodation costs of an **immediate family member** of the **insured person** if the **immediate family member** has to stay away from home to be with the **insured person**.

This benefit is payable when the **insured person** is totally disabled for at least the length of the **waiting period** and, on the advice of a **medical practitioner**:

- the **insured person** is more than 100km from his or her home, or needs to travel to a place that is more than 100km from his or her home for medical **treatment**, and an **immediate family member** is required to stay with the **insured person**, or
- an **immediate family member** is required to stay with the **insured person** and must travel more than 100km from his or her home to do so.

How much we pay

We'll reimburse you up to \$300 per day for each day the **immediate family member** has to stay away from home after the end of the **waiting period**, to a maximum of \$10,000. The benefit will be paid as soon as is reasonably possible after the expenses are incurred. Before we pay, we must receive receipts for the accommodation costs of the relevant **immediate family member** being claimed.

Home coming costs benefit

PREMIER PLUS NS 

We'll pay the **insured person's** actual travel costs in returning home if he or she:

- becomes totally disabled away from home
- is totally disabled for more than 30 days, and
- returns home while still totally disabled.

The amount we pay will be reduced by any other amounts which anyone else will reimburse. The **waiting period** does not apply to this benefit.

How much we pay

We'll pay the lower of:

- a single standard economy airfare to the nearest airport in Australia where the **insured person** resides or, if necessary, a medical facility in Australia by the most direct route, or
- three times the **Total disability benefit amount**.

The benefit will be paid as soon as is reasonably possible after the expenses are incurred. Before we pay you, we must receive receipts for the travel costs being claimed.

Elective or cosmetic surgery benefit

PREMIER PLUS PLAN BUSINESS EXPENSES

NS 

We'll pay the Total disability benefit if the **insured person's** total disability is caused because he or she had:

- elective surgery either on the advice of a **medical practitioner** or to improve his or her appearance, or
- surgery to transplant part of his or her body to someone else.

This does not apply if, when the **insured person** had the surgery:

- the plan had been in force for less than six months, or
- the plan was last restored less than six months ago.

This does not apply to any increases in cover if, when the **insured person** had the surgery there was an increase in cover in the preceding six months, except where the increase in cover was in accordance with Automatic inflation.

If both an **income insurance plan** and a PremierLink IP option have been purchased, this benefit will be paid under the PremierLink IP option held outside **super**.

Leave without pay continuation benefit

PREMIER PLUS PLAN NS S SMSF

Not available for occupation category F.

You can continue your Income insurance while the **insured person** is on leave without pay.

For occupation categories MP, AA, A, B, C or D.

The **insured person** can be on leave without pay for maternity or paternity leave, study leave, compassionate leave or any other leave without pay and continue the **plan** and any linked PremierLink IP option. To continue the **plan** and be eligible to submit a claim, you must keep paying the premium. While the **insured person** is on leave without pay the definition of total disability and partial disability will change as outlined in the Total and partial disability benefit while unemployed or on leave without pay section on page 84.

For occupation categories BY, CY or DY.

The **insured person** can be on leave without pay for maternity or paternity leave, study leave or compassionate leave or any other leave without pay and continue the **plan**. To continue the **plan**, you must keep paying the premium. We won't pay benefits while the **insured person** is on leave without pay.

Nursing care benefit

PREMIER PLUS NS

We'll pay a daily amount during the **waiting period** to help with nursing expenses if the **insured person** is totally disabled.

We'll pay a Nursing care benefit where:

- the **insured person** is totally disabled
- the **insured person** is confined to bed, and
- a **medical practitioner** certifies in writing that the **insured person** needs the full-time care of a registered nurse for more than two days in a row.

The nurse cannot be you or a family member, business partner, employee or employer, of you or the **person insured**.

How much we pay

We'll pay 1/30th of the **Total disability benefit amount** for each day you're entitled to be paid.

If the **waiting period** is greater than 90 days, then we'll only pay you a daily amount for a maximum of 90 days.

Rehabilitation program benefit

PREMIER PLUS NS

If the **insured person** is totally disabled for at least the **waiting period** and takes part in a **rehabilitation** program, we'll pay an amount towards the cost of the **rehabilitation** program.

Examples of a **rehabilitation** program include:

- work conditioning program (physical and mental)
- exercise program designed to assist the **insured person** with their recovery and return to work in their own or alternative occupation
- vocational program designed to assist the **insured person** identify suitable alternative occupations
- vocational guidance or counselling, training, work experience, work trial, business coaching, and
- approved period of study.

We'll only do this if all the following conditions are satisfied:

- we must approve the **rehabilitation** program before the **insured person** enters the program
- the **insured person** must undertake the **rehabilitation** program to rehabilitate himself or herself for the total disability he or she is claiming, and not for any other reason, and
- a **medical practitioner** must state, in writing, that the **insured person** needs to undertake the program as part of his or her **rehabilitation**.

The rehabilitation benefit accrues from the day the **insured person** starts the program after the expiry of the **waiting period**, for a maximum of 12 months or to the end of the **benefit period**, whichever comes first.

How much we pay

We'll pay up to an additional 50% of the **Total disability benefit amount** for up to 12 months after the end of the **waiting period**. If you're eligible to be paid for part of a month we'll pay 1/30th of the additional benefit for each day you're eligible to be paid.

Recurring disability benefit

PREMIER PLUS PLAN BUSINESS EXPENSES

NS S SMSF

If the **insured person** returns to full-time work for less than 12 months since a total disability or partial disability benefit was last paid, and:

- the plan is still current, and
- the **insured person** has a recurrence of total disability or partial disability from the same cause or a related cause as the original claim,

then we'll treat it as a continuation of the same claim and we won't restart the **waiting period** or **benefit period**.

Medical and other evidence will be used to determine if the disability is from the same or a related cause.

Where the **benefit period** is one year, two years or five years, the disability must recur within six months since the date the total disability or partial disability benefit was last paid.

If the **insured person** can demonstrate that he or she returned to full-time work for longer than 12 months, or six months where the **benefit period** is one year, two years or five years, then the claim will be treated as a separate claim.

For the Business Expenses Insurance Plan

If the **insured person** returns to full-time work for less than six months since a total disability benefit was paid, and:

- the plan is still current, and
- the **insured person** has a recurrence of total disability from the same cause or a related cause as the original claim,

then we'll treat it as a continuation of the same claim and we won't restart the **waiting period** or **benefit period**.

Medical and other evidence will be used to determine if the disability is from the same or a related cause. However, the claim will be treated as a separate claim if the **insured person** returns to full-time work for six months or more.

Rehabilitation expenses benefit

PREMIER PLUS PLAN NS 

If the **insured person** is totally disabled for at least the **waiting period**, you can ask us to pay the **insured person's rehabilitation** expenses. These expenses include, for example, rehabilitation program fees, or buying equipment designed to assist the insured person to re-enter the workforce, job seeking assistance, study/training programs, and enrolling in a rehabilitation program or ergonomic office equipment.

We'll only pay an amount for **rehabilitation** expenses that:

- we have approved before you or the **insured person** incurs them
- a **medical practitioner** states in writing the **insured person** needs to incur, as part of his or her rehabilitation
- cannot be reimbursed from any other source, and
- we receive **evidence** for.

How much we pay

The most we'll pay is an amount equal to six times the **Total disability benefit amount**.

The benefit will be paid as soon as is reasonably possible after the expenses are incurred.

If both an **income insurance plan** and a PremierLink IP option have been purchased, this benefit will be paid under the PremierLink IP option held outside **super**.

Return to work bonus

PREMIER PLUS PLAN NS 

If the **insured person** has participated in an occupational **rehabilitation** program (approved in writing by us) for at least three months, and has since returned to paid work for at least 30 hours a week, we'll pay an additional benefit.

The additional benefit is based on the **Total disability benefit amount** and will be paid on completion of:

- One month of consecutive employment (50% of the **Total disability benefit amount**)

- Three months of consecutive employment (One times the **Total disability benefit amount**)
- Six months of consecutive employment (one and a half times the **Total disability benefit amount**)

We'll only pay up to a total of three times the **Total disability benefit amount**, for the life of the **plan**. Payment of this benefit is not dependent on the **insured person** being totally disabled.

If both an **income insurance plan** and a PremierLink IP option is purchased, this benefit will be paid under the PremierLink IP option held outside **super**.

Right to convert 730 day waiting to 90 day waiting period

PREMIER PLUS PLAN NS S SMSF 

If this **plan** has a 730 day **waiting period** and the **insured person** also has cover under a group income protection plan with a two year **benefit period** (with us or another insurer), we will allow the **waiting period** of this **plan** and any linked PremierLink IP option to be reduced from 730 days to 90 days upon the cancellation of the **insured person's** group insurance cover.

The reduction in the **waiting period** won't require medical evidence, subject to the following conditions:

- the group insurance cover must have ceased due to the **insured person** ceasing employment and consequently ceasing to meet the criteria for cover under the group income protection plan
- the **insured person** must not be claiming a benefit or be eligible to claim a benefit under this plan, any linked PremierLink IP option or the group income protection plan
- the **insured person** must not have ceased work due to any **injury** or **sickness**
- the **insured person** must not exercise or have exercised a continuation option, transfer or conversion from the group income protection plan
- the **insured person** must apply for the reduction in the **waiting period** within 60 days of ceasing cover under the group income protection plan
- the **insured person** must be gainfully employed for more than 30 hours per week at the time you apply for the reduction of the **waiting period**
- the **insured person** must not have had their **benefit period** on this plan limited previously, and
- any exclusions, **loadings** or restrictions on this plan that were conditional on a 90 day **waiting period** will apply from the date the **waiting period** is reduced to 90 days.

Right to take out an Income Insurance Senior Plan

PREMIER PLUS PLAN NS S SMSF

Occupation categories MP, AA or A only.

If we end this plan because the plan has reached its expiry date, you have the right to apply for an Income Insurance Senior Plan provided that plan is available at the time you apply. Under the Income Insurance Senior Plan, the **insured person** can be covered for income insurance until the **insured person** turns 70, subject to the conditions of the plan.

If you have an **injury** and **sickness benefit period** to age 60, as noted in the **insurance schedule**, you have the right to apply for an Income Insurance Senior Plan if we end the plan because the **insured person** turns 60. The conversion to the Income Insurance Senior Plan will be conditional on the requirements of the Income Insurance Senior Plan at the time of conversion.

When applying for cover under the Income Insurance Senior Plan, the **insured person** does not have to give us any medical evidence (smoking details are required) or evidence about his or her pursuits, pastimes, travel details or place of residence.

If you wish to apply for cover under the Income Insurance Senior Plan, the following conditions apply:

- the level of cover you apply for under the Income Insurance Senior Plan may not be more than the level of cover you currently have under this **plan** or any other plan you currently hold where Income Insurance Senior Plan is offered at the time you apply
- the **insured person** must be gainfully employed for more than 30 hours per week at the time you apply for the Income Insurance Senior Plan
- the current cover the **insured person** has must not have any **loadings**, exclusions or limited terms applying to it
- the level of cover under the Income Insurance Senior Plan must not be less than the minimum cover that we allow for the Income Insurance Senior Plan at the time you apply for it
- to be eligible to apply for the Income Insurance Senior Plan, you must not have claimed or have been eligible for any claims under this plan or any linked PremierLink IP option in the 12 months prior to the **insured person** turning 65 (or 60, if age 60 **benefit period** applies)
- the **insured person** under the Income Insurance Senior Plan must be the same **insured person** as under this plan, and
- the **insured person** must have an occupation with an occupation category of MP, AA, A at the time of applying for an Income Insurance Senior Plan.

The application form, together with the correct premium or an effective deduction authority for that amount, must be received by us within 60 days before the date this plan ends.

The **insured person** won't be covered under this plan once this plan has ended and will not be covered under the Income Insurance Senior Plan until we give you written notice that cover under the Income Insurance Senior Plan has commenced. There may be a period of time where the **insured person** will not be covered for income insurance.

The premium rate and the conditions applying to the Income Insurance Senior Plan will be those that are relevant at the time you apply for the Income Insurance Senior Plan.

Special care benefit

PREMIER PLUS NS

The Special care benefit is payable if, after the end of the **waiting period**, the **insured person** is totally disabled, confined to bed and is under the full-time care of a registered nurse or personal care attendant. We'll pay an amount towards the costs of the nurse or personal care attendant.

We'll pay a special care benefit for each complete month during the **benefit period** where:

- the **insured person** is totally disabled, and
- we agree, based on **evidence** that, because of the **insured person's** total disability, he or she is totally dependent on the full-time care of a nurse or personal care attendant.

The nurse or personal care attendant cannot be a family member, business partner, employee or employer of you or the **insured person**.

How much we pay

For each complete month you're entitled to be paid, we'll pay the lower of the following for up to six months:

- the **Total disability benefit amount**, and
- \$4,500.

We won't pay for this benefit during a claim period if we are paying, or have paid during that claim period, the Family member's accommodation benefit or the Family carer's income benefit.

Specific injuries and sickness benefit

PREMIER PLUS PLAN NS

The Specific injuries and sickness benefit is payable if the **insured person** suffers a specific **injury** or **sickness** set out in the table on page 90.

We'll pay the **Total disability benefit amount** for the payment period set out in the table, or for the **benefit period**, whichever is the lesser.

There is no **waiting period** for this benefit. We'll pay even if the **insured person** is not totally disabled. We will continue to pay for the payment period even if you have returned to work.

We'll stop paying if the **insured person** dies.

Introducing
Elevate
Insurance

Applying
for cover

Cost of
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Approach
to claims

Customer
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Life, TPD
and trauma

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Glossary

Interim cover

Specific injuries and sicknesses

Total and permanent loss of the use of:	Payment period
Both arms and both legs due to spinal cord injury or disease – quadriplegia	60 months
Both legs due to spinal cord injury or disease – paraplegia	60 months
Both sides of the body due to injury or sickness – diplegia	60 months
One side of the body due to injury or sickness – hemiplegia	60 months
Both hands or both feet	24 months
Entire sight in both eyes	24 months
One hand and one foot	24 months
One hand and the entire sight in one eye	24 months
One foot and the entire sight in one eye	24 months
One arm or one leg	18 months
One hand, one foot or entire sight in one eye	12 months
Thumb and index finger from same hand	6 months

Fracture ⁽ⁱ⁾ (requiring a pin, traction, a plaster cast, sling or other immobilising structure as recommended by your medical practitioner) of the insured person's:	Payment period
Thigh shaft	3 months
Pelvis, except coccyx	3 months
Skull, except bones of face or nose	2 months
Upper arm, including elbow or shoulder	2 months
Shoulder blade	2 months
Lower leg, including ankle, but excluding knee cap and foot	2 months
Knee cap	2 months
Collar bone	1.5 months
Lower arm, including wrist but excluding elbow and hand	1.5 months
Hand, except fingers	1.5 months
Foot, except toes	1.5 months

(i) Fracture events are not available on plans with a **waiting period** of more than 90 days. If you hold a contract with **revised terms** due to the **insured person's** participation in a pastime and he or she subsequently suffers a fracture directly or indirectly related to participating in or practicing for that pastime, you're not eligible to make a claim under this benefit.

Trauma conditions	Payment period
Cancer (of specified criteria)	6 months
Coronary artery bypass surgery	
End stage kidney failure	
Heart attack (of specified severity)	
Heart valve surgery (via open heart)	
Major organ transplant	
Severe burns to specified body surface area	
Stroke (diagnosed)	
Advanced diabetes	3 months
Aortic surgery to correct structural abnormality of the aorta	
Aplastic anaemia (requiring treatment)	
Benign brain tumour	
Blindness (permanent) full payment	
Cardiomyopathy (permanent)	
Chronic lung failure	
Coma	
Deafness (permanent) full payment	
Dementia including Alzheimer's disease (with severe cognitive impairment)	
Encephalitis (resulting in permanent neurological deficit)	
End stage liver failure	
HIV – accidental infection through medical procedure	
Idiopathic pulmonary hypertension	
Loss of capacity for independent living	
Loss of speech (permanent)	
Major head trauma (with permanent neurological deficit)	
Motor neurone disease	
Multiple sclerosis (persisting impairment)	
Muscular dystrophy	
Out of hospital cardiac arrest	
Parkinson's disease (with significant functional impairment)	
Pneumonectomy	
Severe rheumatoid arthritis	
Triple vessel angioplasty	

The definitions for the **trauma conditions** listed above can be found in the **Glossary of medical conditions** starting on page 123.

We only pay one benefit

We won't pay any other benefit under the **plan** while we are paying the benefit for a specific **injury** or **sickness**.

If the **insured person** suffers from more than one of the specific injuries or sicknesses at the same time, we'll only pay for one **injury** or one **sickness** at a time. We only pay once for each **trauma condition**. More than one claim may be made under the benefit as long as each claim is for a different trauma condition.

We'll pay for one **injury** or one **sickness** even if the injuries or sicknesses do not commence at the same time. We'll pay the benefit for the injury or sickness with the longest remaining payment period.

Examples

Example 1	<p>The maximum benefit period under this benefit for cancer is six months and for a fractured thigh shaft is three months.</p> <p>If:</p> <ol style="list-style-type: none"> 1. we have been paying a benefit for Cancer (of specified criteria) for two months, and 2. at the start of the third month the insured person also suffers a fractured thigh shaft, we will pay no benefits in respect of the fractured thigh shaft. <p>This is because the remaining benefit period for Cancer (of specified criteria), which is four months, is greater than the benefit period for the fractured thigh shaft, which is three months. The total amount of benefits paid for the two conditions would be six months.</p>
Example 2	<p>If:</p> <ol style="list-style-type: none"> 1. we have been paying a benefit for Cancer (of specified criteria) for four months, and 2. at the start of the fifth month, you suffer a fractured thigh shaft, we will stop paying the benefit for Cancer (of specified criteria) and pay the benefit for the fractured thigh shaft for three months. The total amount of benefits paid for the two conditions would be seven months. <p>This is because the benefit period for the fractured thigh shaft, which is three months, is greater than the remaining benefit period for Cancer (of specified criteria), which is two months.</p>

We will keep paying if the insured person is disabled after the period set out in the table ends.

If, after the payment period ends, the **insured person** is totally disabled or partially disabled because of the same specific **injury** or **sickness**, we'll pay the Total disability benefit or Partial disability benefit, from the later of:

- the end of the payment period for the specific **injury** or **sickness**, or
- the end of the **waiting period**.

The payment period for the specific injuries and sicknesses will count towards the **waiting period** and, where the **benefit period** is 2 or 5 years, the payment period will also count towards your **benefit period**.

We'll stop paying if the **insured person** stops being entitled to benefits for being totally disabled or partially disabled.

If both an **income insurance plan** and a PremierLink IP option have been purchased, this benefit will be paid under the PremierLink IP option held outside **super**.

Unemployment continuation benefit

PREMIER PLUS PLAN NS 

Not available for occupation category F.

You can continue your Income insurance while the **insured person** is unemployed.

If the **insured person** is unemployed, you will still be eligible to submit a claim during a period of unemployment provided that the **insured person** can provide evidence that he or she is actively seeking employment.

While the **insured person** is unemployed, the definition of total disability will change as outlined in the **Total and Partial disability benefit while unemployed or on leave without pay** section on page 84.

You may be eligible for a premium waiver for three months if the **insured person** is **involuntarily unemployed** as set out in the **Unemployment premium waiver benefit** (below).

If both an Income Insurance Superannuation Plan/Income Insurance SMSF Plan and a PremierLink IP option is purchased, the Unemployment continuation benefit will continue to apply to the Income Insurance Superannuation Plan. But you're eligible to claim on the PremierLink IP option as per the terms and conditions above.

If you have an Income Insurance Plan and the occupation category is BY, CY or DY.

If the **insured person** is unemployed and can provide **evidence** that he or she is actively seeking employment, you can continue the plan. To continue the plan, you must keep paying the premium.

We won't pay benefits for an **injury** or **sickness** that commenced during the period the **insured person** is unemployed.

Unemployment premium waiver benefit

PREMIER PLUS NS 

If the **insured person** is **involuntarily unemployed** and you let us know in writing within three months of the date this took place, you do not have to pay the premium for this plan and any linked PremierLink IP option (including any linked options) for three months from the date the **insured person** became **involuntarily unemployed** or until the **insured person** is employed, whichever is shorter.

This benefit only applies if:

- the **income insurance plan** and any linked PremierLink option have been in force for six months in a row at the time the **insured person** becomes **involuntarily unemployed**
- the **insured person** registers with an **employment agency** approved by Resolution Life within 30 days of becoming **involuntarily unemployed**, and
- demonstrates that he or she is actively seeking employment.

Waiver of premium

PREMIER PLUS PLAN SENIOR BUSINESS EXPENSES

NS S SMSF

If we're paying a benefit under an **income insurance plan**, or PremierLink IP option (except the Nursing care benefit and the Return to work bonus) you do not have to pay the premium for:

- the **income insurance plan** and any other plans shown on the **insurance schedule** or which commenced at the same time, and
- the PremierLink IP option and any linked **options**.

We won't waive your premium where the **plan(s)/options** commenced or were restored after an **insured person** was entitled to be paid a benefit under the **plan/option**. We will also not waive your premiums for any plans with a different **insured person**.

You must start paying your premium again as soon as we stop paying that benefit and any benefit under the PremierLink IP option.

Premium freeze

PREMIER PLUS PLAN SENIOR BUSINESS EXPENSES

NS S SMSF

This option is only available for stepped premiums.

Exercising this option allows you to maintain your current premium at the time this option is exercised. Your **monthly benefit** will reduce each year that this option is applied.

If you choose to cancel Premium freeze, your **monthly benefit** current at that time will not reduce anymore and Automatic inflation will recommence without further health evidence. Premiums will then increase each year according to your age.

You can request to exercise Premium freeze or cancel it at any time, which will take effect from the next **extension date** of the plan.

If you wish to request a premium freeze, you must let us know in writing. Any special conditions such as exclusions and **loadings** will still apply.

Automatic inflation will not apply while Premium freeze is exercised.

Premium freeze is not available on a PremierLink IP option or the **income insurance plan** to which it is linked.

Upgrade of benefits

PREMIER PLUS PLAN SENIOR BUSINESS EXPENSES

NS S SMSF

If we make future improvements to your plan, and such improvements would not result in an increase in premium rates, we will pass these changes on to you without you having to provide us with any medical evidence or evidence regarding the **insured person's** occupation, pastimes or place of residence.

Upgrades provide improvements to your plan including additional benefits and improved definitions. You will still retain your existing terms, conditions and premium rates for this plan. Any improvements and/or changes to your plan definitions will always be reviewed at claim time to ensure you're assessed using the definition that benefits you most. This means that should a definition or benefit from your original plan be more beneficial to you, you will still be eligible to claim under your original plan definitions.

If the **insured person** is suffering a **pre-existing condition** at the time the improvement is provided, the improvement will not apply when assessing any claim affected by that **pre-existing condition**.

If the **insured person** is on claim at the time of the upgrade, it will not apply until six months after the claim has ended.

Occupation category

We may reclassify the **insured person's** occupation into another occupation category based on the claims history of the **insured person's** occupation. If we do this, it will apply to all **insured persons** of the same occupation. A change to the **insured person's** occupation category may result in a different premium being applied.

Premiums may also change in other circumstances in the manner set out on page 32.

24-hour worldwide cover

PREMIER PLUS PLAN SENIOR BUSINESS EXPENSES

NS S SMSF

We'll cover the **insured person** 24 hours a day anywhere in the world, subject to the terms and conditions of the plan.

Options

This section outlines the **options** that can be added to the **plan** at an additional cost. An **option** only applies if it is specified in your **insurance schedule**.

Accelerated accident option

PREMIER PLUS PLAN NS S SMSF

This option is only available with 14 or 30 day waiting periods.

If an **injury** causes the **insured person** to be totally disabled for more than three days in a row, we'll pay a daily amount during the **waiting period**.

When we start paying

We start paying when we agree the **insured person** is totally disabled, in accordance with the terms and conditions of your plan. However, we won't pay if you're receiving the Specific injuries or sicknesses benefit or the Nursing care benefit.

How much we pay

For each day the **insured person** is totally disabled, we'll pay 1/30th of the **Total disability benefit amount** for each day they're entitled to be paid.

Accident lump sum option

PREMIER PLUS PLAN NS 

If the **insured person** is involved in an accident which causes death or one of the injuries set out in the table below within one year from the date of the accident, we'll pay a lump sum. This benefit can be paid in addition to the Total disability benefit and other benefits available under this **plan**. These benefits will not reduce as a result of a payment under this **option**.

Accident lump sum conditions	% of lump sum amount
Accidental death	100
Total and permanent loss of the use of:	
Both hands or both feet	100
Entire sight in both eyes	100
One hand and one foot	100
One hand and the entire sight in one eye	100
One foot and the entire sight in one eye	100
One arm or one leg	75
One hand, one foot or entire sight in one eye	50
Thumb and index finger from same hand	25
Thumb or index finger	15
Two or more fingers	15
One finger	5

How much we pay

The amount that we pay will be the percentage (as set out in the table above) of the lump sum amount shown in the **insurance schedule**.

If the **insured person** has more than one of the injuries at the same time, we'll only pay for the one with the highest percentage.

If we pay an amount under this option, then the lump sum amount is reduced by that amount paid, and we won't pay more than 100% of the lump sum option amount in total for all claims.

We'll increase the lump sum amount by Automatic inflation

Each year on the **extension date**, we'll increase the lump sum amount in accordance with Automatic inflation.

When we won't pay

In addition to the reasons given in **When we won't pay** (page 98) we won't pay a benefit under this option if the **insured person's injury** is caused or contributed to by:

- alcohol or non-prescribed drugs, or
- any flying activities, other than as a fare paying passenger in an aircraft.

Cover boost option

PREMIER PLUS PLAN NS S SMSF 

You can increase the **monthly benefit** by up to 20%, without having to give us medical evidence or evidence about the **insured person's** occupations, pursuits, pastimes or place of residence.

Any **revised terms** applicable to the **plan** will also apply to increases exercised under this benefit.

When you can make an increase

We'll offer to increase the **monthly benefit** every third **extension date** after this option commenced, up to the **insured person's** 55th birthday. We call these dates the increase dates. If you increase the **monthly benefit**, this will increase your premium. If you want to accept this increase you must tell us in writing within 30 days of the eligible **extension date**.

You can bring forward an increase date up to four times by letting us know in writing. This means that you can make up to four increases to the **monthly benefit** of up to 20% each at an earlier time than every third **extension date**.

If you bring forward an increase date, any remaining increase dates will fall on every third anniversary of the **extension date** which falls after the date the increase took effect. You cannot bring forward an increase date if you're on claim under the **plan**, including during the **waiting period**.

When the increase applies

The increase will take effect from the increase date. However, the increased benefit will not apply where:

- an **injury** or **sickness** happened before the increase date
- the **insured person** is on claim at the time of the increase
- the maximum number of increase dates has been reached
- after the increase, the **Total disability benefit amount** would be more than 75% of your **pre-disability income** at that date, or
- after the increase, the **Total disability benefit amount** would be more than our limit for new plans at that date.

There is a maximum number of increase dates

We'll offer to increase the **monthly benefit** a maximum number of times. The maximum number is calculated by using the following formula:

$$\frac{(55 - A)}{3}$$

A = age of the **insured person** when this **option** began.

Fractions are disregarded when calculating the maximum number of increase dates according to the formula.

Increasing claim option

PREMIER PLUS PLAN NS S SMSF 

This option is not available to occupation categories **BY, CY or DY**.

If we're paying a benefit because the **insured person** is totally disabled, we'll increase the **monthly benefit** in accordance with Automatic inflation to calculate the **Total disability benefit amount**.

If we're paying a benefit because the **insured person** is partially disabled, we'll increase the **monthly benefit** and **pre-disability income** in accordance with Automatic inflation to calculate the **Partial disability benefit amount**.

Any increases to the **monthly benefit** or the **pre-disability income** will occur on each **extension date** while we're paying you a claim.

We won't increase the **monthly benefit** or **pre-disability income** after the **insured person's** 65th birthday.

For Income Insurance Superannuation Plans and Income Insurance SMSF Plans.

It is a requirement under superannuation law that you cannot receive more than 100% of the **insured person's pre-disability income** (excluding any indexation). Your benefit under this option will only increase in accordance with Automatic inflation on each **extension date** up to 100% of the **insured person's pre-disability income** (excluding any indexation) at the time he or she becomes totally or partially disabled.

Occupationally acquired HIV, Hepatitis B and Hepatitis C option

PREMIER PLUS NS 

Applies to medical occupation categories **MP or AA only**.

If the **insured person** becomes infected with **HIV, Hepatitis B or Hepatitis C** as a result of an **occupational incident** before the **plan** ends, we'll pay a lump sum amount, as specified in the **insurance schedule**. This benefit can be paid in addition to the Total disability benefit and any other benefits available under this **plan**. These benefits will not reduce as a result of a payment under this **option**.

We'll pay this benefit if all of the following conditions are satisfied:

- you provide us with proof of the **occupational incident** that gave rise to the infection. This proof must include the incident report and the names of the witnesses to the occupational incident
- you provide us with proof that the occupational incident involved a definite source of the relevant infection, and
- you provide us with proof that a new infection with either HIV, Hepatitis B or Hepatitis C has occurred within 180 days of the documented occupational incident. This proof must include proof of sero-conversion from:
 - HIV antibody negative to HIV antibody positive
 - Hepatitis C antibody negative to Hepatitis C antibody positive, or
 - Hepatitis B surface antigen negative to Hepatitis B surface antigen positive.

All testing must be conducted by Australian government approved specialist pathology laboratories. If required by us, we must be given access to all blood and body fluid samples tested and we must be allowed to independently test them. We may require that blood and body fluid collection and diagnostic testing be repeated.

How much we pay

We'll pay the lump sum benefit for this **option** as set out in the **insurance schedule**.

When we won't pay

We won't pay if:

- the **insured person** becomes positive to Hepatitis B surface antigen within 180 days from the start of the **plan** or this option, or the date the **plan** or this option is last restored
- a cure is available for the infection for which you're claiming. Cure means any **treatment** which renders the **HIV** inactive or non infectious, or
- the **insured person** is first diagnosed to be infected with **HIV, Hepatitis B or Hepatitis C** after he or she dies.

PremierLink IP option

PLAN SUPER/SMSF 

The PremierLink IP option allows you to link benefits that are not available on **plans** issued through **super**, to your **income insurance plan** inside super. These benefits are held on a separate plan outside of super.

In the event of a claim, the **insured person** will be assessed under the Total disability benefit or Partial disability benefit on your **income insurance plan** inside **super**. If that definition is met the benefit will be paid directly to the Trustee. At the same time, the **insured person** will also be assessed under the Total disability benefit or Partial disability benefit on your PremierLink IP option outside of **super**. If that definition is met a benefit will be paid on your PremierLink IP option.

General

- The PremierLink IP option is held outside super on a separate **insurance schedule** to the **income insurance plan** inside **super** to which it is linked.
- If you're paid an Elective or cosmetic surgery benefit, a Return to work bonus, a Rehabilitation expenses benefit or a Specific injuries and sickness benefit, these benefits will be paid to you directly under the PremierLink IP option outside of super.
- When both an **income insurance plan** inside super and PremierLink IP option are purchased, they have the same structure. For example, they will have the same **monthly benefit, waiting period** and **benefit period**. The PremierLink IP option has the same premium structure and the same **extension date** as the **income insurance plan** inside super.
- If an alteration, increase or reduction is made to the **income insurance plan** inside super, the alteration, increase or reduction will automatically be applied to the PremierLink IP option.
- If you cancel your **income insurance plan** inside super, the PremierLink IP option will automatically be cancelled. However, if you cancel the PremierLink IP option, the **income insurance plan** inside **super** can remain.

When other options are purchased

- If the Accelerated accident option, Cover boost option, Increasing claim option and/or Superannuation contributions option are purchased, they will be applied to both your **income insurance plan** inside superannuation and the PremierLink option. If they are cancelled, they will be cancelled from both.
- If the Accident lump sum option is purchased, it will be applied to the PremierLink IP option. If you cancel your PremierLink IP option, this option will automatically be cancelled.
- If the Occupationally Acquired **HIV**, Hepatitis B and Hepatitis C option is purchased, it will be applied to the PremierLink IP option. If you cancel your PremierLink IP option, this option will automatically be cancelled.

For further information on the PremierLink IP option, refer to **How PremierLink IP works** section on page 21.

Refer to the **Eligibility criteria for options** table on page 27 for entry requirements, expiry age and maximum limits on this option.

Superannuation contributions option

PREMIER PLUS PLAN NS S SMSF

Up to 100% of the **insured person's** employer superannuation contributions can be insured in addition to the **monthly benefit**.

We allow you to select a superannuation contribution rate ranging from the legislated **Superannuation Guarantee Rate** to 15%. Please refer to **Superannuation Guarantee Rate** on page 131 for further information.

The superannuation contribution rate that you choose will remain the same for the life of the **plan** and will not increase together with the **Superannuation Guarantee Rate** legislated increases.

In the event of a claim we'll pay an amount based on the Superannuation contributions **monthly benefit** on the **insurance schedule** to the **insured person's** nominated complying superannuation fund for the duration of the claim.

The amount payable is calculated in the same way as the benefits payable on your **income insurance plan** or PremierLink IP option.

For example, if the **monthly benefit** on your **income insurance plan**, PremierLink IP option and Superannuation contributions option is \$6,250 and \$750 respectively, and we pay you a Partial disability benefit on the **income insurance plan** of \$3,000 (48% of \$6,250) per month, we will pay a Partial disability benefit on the Superannuation contributions option of \$360 (48% of \$750) per month to your nominated complying superannuation fund.

If you purchase the Superannuation contributions option, your superannuation contributions cannot be included as **income** when determining the **monthly benefit**. Any contributions exceeding the selected superannuation contributions rate can be included as income for the purpose of calculating the **monthly benefit**.

The Superannuation contributions option applies if we are paying under one of the following:

- Total disability benefit
- Partial disability benefit
- Specific injuries and sickness benefit
- Nursing care benefit
- Accelerated accident option

In the event of a claim, the **insured person** will need to provide details of their complying superannuation provider to enable payment of the benefit. The superannuation provider must be either a regulated superannuation fund or retirement savings account as defined in the relevant superannuation and taxation laws.

S SMSF

For Income Insurance SMSF Plans, the amount we pay to your nominated complying superannuation provider needs to be included in your income tax return in the financial year it is received. The income tax payable on the amount paid will need to be paid from another source as the amount paid to the complying superannuation fund or retirement savings account cannot be used to pay income tax because it is required to be preserved in accordance with legislation.

For Income Insurance Superannuation Plans, the amount we pay to your nominated complying superannuation provider needs to be included in your income tax return in the financial year it is received. The amount will be paid net of tax. Please refer to the **Taxation of superannuation benefits** section on page 105 for more information.

Cancellable plans

PLUS PLAN NS S SMSF

For occupation categories BY, CY or DY, and on completion of a claim for injury or sickness.

We may, from three years after the **plan** commencement date shown in your **insurance schedule**:

- continue the **plan** on the same terms that applied before the **injury** or **sickness** claim
- offer to continue the **plan** by applying exclusions, premium **loadings** and/or special conditions to the **plan** subject to your agreement, or
- cancel the **plan**.

If we wish to apply exclusions, premium **loadings** and/or special conditions following the completion of a claim for **injury** or **sickness**, we will send you a written notice prior to the next **extension date**. You'll have 30 days from the date of the notice to confirm your agreement, after which time the **plan** will end and cover under this **plan** will automatically cease.

Following the completion of a claim for **injury** or **sickness**, if we cancel the **plan**, we will send you a written notice. The **plan** will end 30 days after you have received the notice from us.

Replacement plan

PLAN NS S SMSF

For occupation category F only.

We'll issue a replacement **income insurance plan** without further health evidence if the **insured person** commences other full-time work within three months of the **insured person** ceasing **farming**. We'll do this provided we receive your written request for a new plan within three months from the date the **insured person** stopped **farming**. We'll forward you a new **insurance schedule** and will notify you when cover begins.

The new plan you will be entitled to will:

- have a **waiting period** no shorter than the **waiting period** under this plan
- have a **benefit period** for **injury** and **sickness** no longer than the **benefit period** for **injury** and **sickness** under this plan, and
- have a **monthly benefit** which will be the lower of:
 - the **monthly benefit** under this plan, as at the date the **insured person** stops **farming**, or
 - 75% of the average monthly **income** the **insured person** earns for the work he or she does in the new occupation, less business expenses but before personal deductions and income tax.

Financial evidence will be required to determine the level of cover under the new plan.

When we pay

PREMIER PLUS PLAN SENIOR
BUSINESS EXPENSES NS S SMSF

We'll pay a benefit for **claimable events** that are applicable for the **income insurance plan**.

We only pay a benefit under income insurance if the **claimable event** happens after the plan starts and before it ends, and subject to the **waiting period**.

We won't pay a benefit under income insurance in some circumstances as set out in **When we won't pay** on page 98. Also, for some plans, we may reduce the amount we pay under a benefit if you or the **insured person** receive payments from other sources (see **When your benefit is reduced** on pages 81 to 83). The **insured person** must satisfy our claim requirements before we pay a benefit.

If the **insured person** suffers more than one **injury** or **sickness**, or both, at the same time, we'll only pay a benefit for either one **injury** or one **sickness** (the condition). We'll do this regardless of whether the sicknesses or injuries are related. We'll determine the condition for which we pay the benefit, based on **evidence**.

The **Total disability benefit amount** is calculated and paid monthly. We'll pay half of the benefit in arrears and half of the benefit in advance. For the Business Expenses Insurance Plan, the **Total disability benefit amount** will be proportioned out and paid at the end of each month in arrears. If you're eligible to be paid for part of a month, we'll pay 1/30th of the **Total disability benefit amount** for each day you're entitled to be paid.

For the Partial disability benefit, we'll pay a proportion of the **Total disability benefit amount** at the end of each month for which you're entitled to be paid.

When we start paying

PREMIER PLUS PLAN SENIOR
BUSINESS EXPENSES NS S SMSF

If the **insured person** is totally disabled or partially disabled, we start paying when the **waiting period** has ended and when the requirements set out in **How to claim** on page 36 have been met.

The **waiting period** starts from the date we agree the **insured person** is totally disabled or partially disabled, in accordance with the terms and conditions of your **plan**. The **benefit period** begins from the end of the **waiting period**. A Total disability benefit or Partial disability benefit won't be paid during the **waiting period**.

If your benefit period is to age 70

Only available for occupation categories MP, AA, A. Not available for the Income Insurance Senior Plan.

Regardless of the age of the **insured person** when they become totally or partially disabled, when the **insured person** is over the age of 65 the **Total disability benefit amount** or **Partial disability benefit amount** will be reduced. Any benefit or options that are calculated using the **Total or Partial disability benefit amount** will also be reduced. The percentage of the benefit that you will receive is outlined in the table below:

Age	% of Total or Partial disability benefits
65	100
66	80
67	60
68	40
69	20

When we stop paying Total and Partial disability benefits

PREMIER PLUS PLAN SENIOR
BUSINESS EXPENSES NS S SMSF

We stop paying the Total disability benefit or Partial disability benefit as soon as one of the following happens:

- the **insured person** is not totally or partially disabled
- the **insured person** dies
- we've paid 12 times the monthly **Total disability benefit amount** (only if the Business Expenses Insurance Plan applies)
- the **benefit period** ends
- the **insured person** turns 65 unless the **insurance schedule** specifies the **benefit period** is to age 70, or when the **insured person** turns 70 if the Income Insurance Senior Plan applies
- the **insured person** fails to take all steps to return to:
 - **appropriate work** (if the Income Insurance Premier Plan or the PremierLink IP option applies)
 - full-time work (if the Income Insurance Plus Plan, Income Insurance Plan, Income Insurance Senior Plan, Income Insurance Superannuation Plan or Income Insurance SMSF Plan applies), or
 - work (if the Business Expenses Insurance Plan applies) if he or she has the capacity to do so.

We also stop paying for other reasons

We'll also stop paying as soon as one of the following happens:

- the **insured person** is in jail or otherwise detained as a result of a criminal act
- the **insured person** fails to make available to us **evidence** which we require to assess the claim, or
- the **insured person** is not under **medical care**.

Subject to the terms of the **plan** and where payments have ceased for one of the three reasons above, payments may recommence if:

- the reason for stopping payments no longer applies
- the **insured person** continues to be totally or partially disabled, and
- cover has not ceased under the plan.

Where the **insured person** has remained totally or partially disabled for the duration of the period in which payments were stopped, we'll treat the resumption of payments as a continuation of the same claim and won't restart the **waiting period**. However, the **benefit period** continues throughout the period in which the payments were stopped.

We'll only make payments for the period in which they were stopped if you can demonstrate that the **insured person** has continued to meet the terms and conditions of the plan during the period when payments were stopped.

When we won't pay

PREMIER PLUS PLAN SENIOR
BUSINESS EXPENSES NS S SMSF

If the insured person had a medical condition, injury or sickness before the plan began

We won't pay a benefit for a medical condition, **injury** or **sickness** that occurred before the commencement date unless you or the **insured person** told us about the medical condition, **injury** or **sickness**, in response to a question asked when you or the **insured person** applied:

- for the plan
- to have the **monthly benefit** under the plan increased (except where the increase was due to exercising an option), or
- to have the plan restored, and

we agreed to accept it.

The above does not apply if you were not asked a question during the application process when applying for the cover or restoring the plan that required you to tell us about the medical condition, **injury** or **sickness**.

For the purposes of this clause only, the **insured person** had a medical condition, **injury** or **sickness** if:

- a **medical practitioner** or other health professional gave the **insured person**, or recommended that he or she receive advice, care or **treatment**, or
- the **insured person** had symptoms of a medical condition, **injury** or **sickness** for which a reasonable person would have tried to receive advice, care or **treatment** from a **medical practitioner** or other health professional unless:
 - the **insured person** was not aware of, and
 - a reasonable person in the circumstances could not be expected to have been aware of, the medical condition, **injury** or **sickness** at the time.

Medical practitioner means a registered **medical practitioner** who is appropriately qualified to treat you for a medical condition, **injury** or **sickness**. For the purposes of this clause only, the **medical practitioner** can be you or the **insured person** or your family member, business partner, employee or employer of you or the **insured person**. For all other clauses in this **plan**, the definition of **medical practitioner** is contained in the **Glossary of defined terms** on page 119.

Other health professional means a physiotherapist, chiropractor, occupational therapist, practitioner of Chinese medicine, herbal therapies or any other such person.

If the insured person's injury or sickness was caused by you or the insured person, pregnancy or war

We won't pay if the **insured person's injury** or **sickness** was caused by:

- the **insured person** or you on purpose
- the **insured person's injury** or **sickness** arises as a result of his or her commission of, or involvement in, an intentional criminal act
- uncomplicated pregnancy, miscarriage or childbirth
- war or war-like activities.

Complications arising from pregnancy that result in disablement are covered under the **plan**.

If a fraudulent claim is made

If you or the **insured person** make a fraudulent claim we may refuse payment of the claim.

If the insured person has an exclusion(s)

We won't pay a benefit if the **insured person** has a medical condition, **injury** or **sickness** that has been excluded based on their health, pastimes or occupation.

These additional exclusions will be specified on the **insurance schedule**.

Unemployment

Under the Income Insurance Superannuation Plan and Income Insurance SMSF Plan only, you won't be eligible to submit a claim during a period of unemployment. If you wish to maintain the **plan**, you're required to keep paying premiums. If you don't pay your premiums, the **plan** will be cancelled.

For occupation category F, the **insured person** is considered to be unemployed while not engaged in **farming**.

Continuing, ending and restoring your insurance plan

In this section:

- ▶ Continuing your insurance cover
- ▶ When the plan will end
- ▶ Restoring a plan

Continuing, ending and restoring your insurance plan

Continuing your insurance cover

If you purchase any **life insurance plan, TPD insurance plan, trauma insurance plan** or **income insurance plan**, as long as you have met your Duty to Take Reasonable Care Not to Make a Misrepresentation (as detailed on pages 14 to 15), pay the premiums on time and comply with the terms set out in this document we'll:

- pay benefits in Australian dollars when you are entitled to them
- continue the plan until the plan ends or the expiry date, as set out in the **insurance schedule**, and
- not place any further conditions such as exclusions or **loadings** on the plan.

We'll do so no matter how many claims you make, what happens to the **insured person's** health, whether the **insured person's** occupation changes, and what pastimes the **insured person** has.

However, if you apply to vary, extend or reinstate your plan, you have a Duty to Take Reasonable Care Not to Make a Misrepresentation (as detailed on pages 14 to 15).

For income insurance plans for occupation categories BY, CY or DY, following a claim for injury or sickness.

We may, from three years after the plan commencement date shown in your **insurance schedule**:

- continue your plan on the same terms that applied before the **injury** or **sickness** claim
- offer to continue your plan by applying exclusions, premium **loadings** and/or special conditions to your plan subject to your agreement, or
- cancel your plan.

If we wish to apply exclusions, premium **loadings** and/or special conditions following the end of a claim period, we'll send you a written notice prior to the next **extension date**. You'll have 30 days from the date of the notice to confirm your agreement, after which time your plan will end and cover under this plan will automatically cease.

If we cancel your plan, we'll send you a written notice. Your plan will end 30 days after you have received the notice from us.

When the plan will end

You can end the plan

You can end the **plan** at any time. You need to contact us to end your plan.

If you cancel it in the first 28 days from the date your **insurance schedule** is first received, we'll refund any premiums paid provided you haven't made a claim during this period. Please see **Cooling-off period** section on page 15 for further detail.

The plan ends on the date we receive the notice requesting the plan termination.

When the plan ends, you can no longer make a claim under the plan and we don't have to pay any benefits.

When the plan will end for life, TPD or trauma insurance plans

Please note that the **insurance schedule** may show a number of **plans** and/or **options**, each of which may have a different expiry date. Refer to the **insurance schedule** for the expiry date of each **plan** and/or **option**.

A **plan** or **option** automatically ends as soon as one of the following happens:

- we have paid, in full, the benefit that applied at the time of the claim event
- we have paid, in full, the benefit that applied at the time of the claim event under a plan to which this **plan/option** is linked (if applicable)
- the **insured person** dies
- the plan to which this **plan** or **option** is linked ends (if applicable)
- the expiry date is reached, or
- the premium is not paid when it becomes due. However, we'll give you 28 days written notice before we end it for this reason.

When the plan will end for income insurance and the Business Expenses Insurance Plan

Please note that the **insurance schedule** may show a number of **plans** and/or **options**, each of which may have a different expiry date. Refer to the **insurance schedule** for the expiry date of each **plan** and/or **option**.

The **plan** automatically ends as soon as one of the following happens:

- the **insured person** permanently retires
- the **insured person** dies
- on the expiry date, or
- the premium is not paid when it becomes due. However, we will give you 28 days written notice before we end it for this reason.

Occupation category or benefit type	Specific rules for when cover ends
Occupation category F	The plan will also automatically end as soon as one of the following happens: <ul style="list-style-type: none"> • the insured person ceases farming for more than three months in a row for a reason other than disability (the insured person must notify us once they have ceased farming for more than three months for a reason other than disability), or • we issue a replacement plan under the Replacement plan section on page 96.
Occupation categories BY, CY or DY, and following the completion of a claim for injury or sickness	Following the completion of a claim for injury or sickness , we may, from three years after the plan commencement date shown in your insurance schedule , cancel your plan as set out in Cancellable plans .
Income Insurance Senior Plan	The plan will also automatically end if the insured person is not employed in full-time paid work. However, we won't end the plan if the insured person is not working while you are receiving a Total disability benefit. The insured person must notify us once he or she has ceased full-time paid work for a reason other than disability.
Business Expenses Insurance Plan	The plan will also automatically end if the insured person ceases paid work for more than three months other than by reason of death or total disability. However, we won't end the plan if the insured person is not working while he or she is receiving a Total disability benefit. The insured person must notify us once he or she has ceased paid work for more than three months for a reason other than disability.
Accelerated accident option	The option ceases to apply when the plan ends.
Accident lump sum option	The option ceases to apply when the plan ends or when we have paid you 100% of the lump sum option amount, whichever happens first.
Cover boost option	The option ceases to apply when the plan ends or when the insured person turns 55 or the maximum number of increase dates, whichever happens first.
Increasing claim option	The option ceases to apply when the plan ends or when the insured person turn 65, whichever happens first.
Occupationally acquired HIV, Hepatitis B and Hepatitis C option	The option ceases to apply when the plan ends or when we pay you the lump sum under this option, whichever happens first.

Restoring a plan

If the **plan** ends because the premium is not paid when it becomes due, you have six months after the date your premiums are paid, in which to ask us to restore it. When we are deciding whether or not to restore the plan, we will ask you to provide current medical, financial and other information (such as your occupation) and/or require you to undergo a medical assessment. For a superannuation plan through NMRF, you may also be required to apply for membership of NMRF again. The restored plan is a new contract of insurance. You must comply with the **Duty to Take Reasonable Care Not to Make a Misrepresentation** on pages 14 to 15.

If we restore the plan, you'll have to pay any premium owing. The plan is restored when we tell you that in writing.

We can set conditions

Upon assessment of the information provided, we can restore the **plan** on certain conditions (such as a higher premium, exclusions and restrictions) or we may decide not to restore the plan. If we restore the plan on a condition that is inconsistent with any condition that was in place before the plan was terminated, that new condition takes priority.

What we'll cover

If we restore the **plan**, the restored plan and any new or changed terms and conditions only apply in relation to the diagnosis of, or the suffering from an **injury** or **sickness**, or a **claimable event** which occurs after it is restored.

Key information you need to know

In this section:

- ▶ **Holding your plan in super – plan membership**
- ▶ **Holding your plan in super – taxation information**
- ▶ **Nominating superannuation death benefit beneficiaries**
- ▶ **General terms and conditions**

Paying your premiums

Financial adviser remuneration

Declarations and consent

Significant risks

Your application

Your Privacy

Key information you need to know

Holding your plan in super – plan membership

Superannuation plans through NMRF

The Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan and Income Insurance Superannuation Plan are issued by us to ETSL and provide insurance for eligible members of NMRF. These plans provide insurance for eligible members within NMRF. You can hold one or more of these plans through NMRF, provided you become and remain a member of NMRF. If you are not already a member of NMRF, you can only become a member if you are an existing **Resolution Life customer**.

Insurance cover can't be provided through NMRF if any of the following apply:

- you are aged under 25
- since opening the account, your balance hasn't reached \$6,000
- ETSL hasn't received an amount in respect of you (ie a contribution or rollover) for 16 months,

unless you provide us with a written election (when you apply for a plan through NMRF) that you want insurance cover to be provided and kept. These requirements have been introduced by the Government to help ensure that retirement savings are not inappropriately eroded by insurance premiums paid out of **super**. If you haven't made this election and the superannuation product for Elevate plans offered through NMRF hasn't received a contribution or rollover in 16 months your **plan(s)** in NMRF will be cancelled on the later of:

- the date on which NMRF hasn't received a contribution or rollover for 16 continuous months, or
- the date to which any plan is paid in advance.

If any plan in NMRF is cancelled as a result of not receiving a contribution or rollover for 16 continuous months, this will supersede any other means by which your insurance cover may stop (including those outlined in this document). If all plans held in NMRF for you are cancelled, your membership of NMRF will also cease.

SMSF plans

Although the above requirements do not apply to a self-managed superannuation fund or Small APRA Super Fund, you should consider whether insurance plans available to SMSFs are appropriate having regard to your age, the size of your account balance and any other personal circumstances.

Ownership of the plan

Any Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan and Income Insurance Superannuation Plan is held by ETSL as trustee of NMRF.

Upon acceptance of your application for a plan, ETSL will purchase a Life Insurance Superannuation Plan/TPD Insurance Superannuation Plan/Income Insurance Superannuation Plan from Resolution Life to provide the benefits you have requested, subject to acceptance of the application for insurance by the Insurer. ETSL owns the Life Insurance Superannuation Plan/TPD Insurance Superannuation Plan/Income Insurance Superannuation Plan and holds it for the benefit of the insured person, as a member of NMRF. Your first application for a superannuation plan through NMRF is treated as an application for membership of NMRF.

If you purchase a **life insurance plan**, **TPD insurance plan** or **income insurance plan** to be owned by the trustee(s) of a self-managed superannuation fund or Small APRA Super Fund, the trustee(s) is responsible for meeting the requirements under superannuation law, including ensuring that the release of any insurance benefits from the fund is in accordance with superannuation law.

Membership of the super fund

To be an **insured person** under a plan available through **super** you must be a member of a superannuation fund.

NMRF: The NMRF is registered as a superannuation entity under SIS. For plans available through NMRF, your membership will be governed by the terms and conditions of the NMRF Trust Deed (as amended from time to time) and superannuation law.

The premium (including any premium **loading**) you pay for the Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan and the Income Insurance Superannuation Plan, the stamp duty and the plan fee are the only costs charged to you by ETSL and reflect the premiums, fees and costs that Resolution Life charges for providing insurance cover. ETSL does not charge any other fee or charge for membership of, or having insurance in, NMRF. What you pay also depends on whether you meet the cost of your premium by making contributions or rollovers to NMRF. See pages 29 to 32 for information about Resolution Life's premiums and other fees or charges.

The benefits to which you are entitled through NMRF are limited to those specified under the Life Insurance Superannuation Plan/TPD Insurance Superannuation Plan/Income Insurance Superannuation Plan.

SMSF

We must be satisfied you are a member of a complying self-managed superannuation fund or Small APRA Super Fund. The relevant trust deed (as amended from time to time) and superannuation law are relevant to membership of these funds, the acceptance of contributions or rollovers and the payment of benefits.

The premium (including any premium **loading**) for the Life Insurance SMSF Plan, TPD Insurance SMSF Plan and the Income Insurance SMSF Plan, the stamp duty and the plan fee are the only costs charged to you in relation to insurance cover acquired through an SMSF.

Payment of any benefit through **super** to you by the Trustee is subject to acceptance of a claim by Resolution Life. Payment of premiums beyond age 66 is subject to you remaining eligible to contribute to superannuation, unless you pay for premiums with compulsory employer contributions or rollovers.

Holding your plan in super – taxation information

The tax information relating to **super** contained in this PDS is based on an understanding of the current law and of current Australian Taxation Office (ATO) practice at the date of preparation of this PDS. This summary is a general guide only. The tax treatment may vary according to your individual circumstances.

You should seek professional advice concerning your own taxation position. Further taxation information can be found at ato.gov.au.

Contributions tax

Premiums for insurance cover under a **plan** inside **super** are paid to Resolution Life by the Trustee, from amounts in the superannuation fund. In the NMRF, premiums are paid by ETSL from contributions or rollovers received by ETSL.

For insurance cover via a self-managed superannuation fund or Small APRA Super Fund, the trustee(s) of your fund will pay the premium from a member's account balance. Please refer to your trustee(s) for information on the taxation consequences that may apply.

Depending on the type of contribution, tax may apply.

All employer contributions paid to a superannuation fund (including voluntary salary sacrifice contributions) and any contributions for which you claim a tax deduction are called concessional contributions and are currently subject to tax payable by the fund at a maximum rate of 15%.

The fund will deduct this tax when the contributions are received by the fund or on receipt of a valid notice of your intention to claim a tax deduction.

This 15% contributions tax may be reduced by tax deductions (available to the fund) for items such as insurance premiums. Where a contribution is wholly applied to pay for insurance premiums, for a plan provided via NMRF, the contributions tax charge rate is set as zero. For the approach to tax deductions in SMSFs, refer to the applicable trustee(s).

Partial rollovers into NMRF are not (usually) subject to tax in the superannuation fund. The amount required to pay the premium by rollover will be reduced by a 15% tax benefit, which means that only 85% of the premium due needs to be rolled over (provided the rollover comes from a taxed source).

Individuals with income and certain contributions for an income year over the high income earners cap will be liable for an additional tax of 15% on the lesser of the excess over that cap and the contributions. This is in addition to contributions tax and is taxed by the Australian Taxation Office (ATO) direct to the member. This may be paid from your **super** account balance, but not from a defined benefit interest. As the NMRF does not maintain a **super** account balance for 'insurance only' members, this additional tax cannot be paid from the superannuation product for Elevate plans offered through NMRF.

Concessional contributions cap

An annual contribution limit (also known as a contributions cap) applies on the amount of concessional contributions each person can make per year. You may be able to offset excess concessional contribution caps from prior years. You should seek professional advice.

Contributions in excess of the annual cap (referred to as excess concessional contributions) are included in the individual's taxable income and taxed at their marginal rate (plus Medicare levy less a 15% tax offset). The tax on excess concessional contributions is imposed on the individual.

The annual concessional contribution cap is indexed. When assessing your eligibility to make concessional contributions you should check that current cap at ato.gov.au.

Furthermore, excess concessional contributions are counted towards the non-concessional contributions cap (see below).

Non-concessional contributions cap

Non-concessional contributions may include:

- personal contributions for which you do not claim a tax deduction, and
- spouse contributions.

An annual contribution limit (also known as a contributions cap) applies on the amount of non-concessional contributions each person can make per year. The annual non-concessional contribution cap is indexed. When assessing your eligibility to make non-concessional contributions you should check the current cap rules at ato.gov.au.

If you are under age 67 on 1 July of the financial year, you may be able to bring forward up to two additional years of contributions.

If you have a total superannuation balance of \$1.7 million (indexed) or more as at 30 June of the previous financial year you will not be able to make contributions towards the non-concessional cap without resulting in an excess.

For more information, refer to the **Eligibility to make contributions** section on page 106.

Through the ATO release authority process, amounts contributed above your non-concessional contributions caps plus 85% of an associated earnings amount may be released from **super** and returned to you. The full amount of associated earnings will be taxed at your marginal tax rate less a 15% tax offset. If you choose to leave your excess in **super**, the excess contributions will be taxed at the top marginal tax rate (including Medicare levy).

The ability to have the excess non-concessional contributions refunded is not available in the superannuation product for Elevate plans offered through NMRF, because all contributions are fully applied to premiums, leaving no balance to enable a refund. You may however be able to release the amounts from one of your other superannuation accounts.

If you are a member of NMRF or an SMSF, any insurance premiums you pay to the fund are considered to be superannuation contributions and will count towards the applicable contributions cap.

Your NMRF membership does not have an investment component. This means it cannot accept spouse contributions, co-contributions or other amounts from the ATO, or rollovers from other superannuation funds, except as part of the partial rollover facility.

The contribution tax rules are complex and their impact on you depends on your personal circumstances. There are some exceptions to the contribution tax rules. For more information, please contact your financial adviser.

In addition to the contribution tax rules, the NMRF has its own rules in relation to the contributions it can accept. Refer to the **Eligibility to make contributions** section on page 106 of this PDS.

Deductions and offsets

Depending on your circumstances, personal tax deductions or offsets for superannuation contributions used to fund the premiums may be available. Tax deductions (subject to certain restrictions) may be available for premiums paid by employers and members in respect of member contributions they personally make to a superannuation fund if the member submits a form notifying the trustee of the superannuation fund that they will be claiming a tax deduction (and the trustee acknowledges the form). For more information, including information about how to claim a tax deduction for personal member contributions, go to ato.gov.au or please contact your financial adviser/tax adviser.

Taxation of superannuation benefits

Death benefit lump sums paid to dependants, as defined for tax purposes (tax dependants) for example your spouse/de facto spouse, your child under age 18, any person who is financially dependent on you, and any person with whom you have an interdependency relationship) are generally tax free. The tax treatment is generally the same if tax dependants receive death benefit lump sums via the deceased's estate.

Where death benefit lump sums are paid to a person who is not a tax dependant they are generally taxed at a rate of up to 15% (30% in certain circumstances) plus the Medicare levy.

For TPD insurance, the insurance benefit will be part of the taxable component, but can be reduced by a tax free component calculated under tax law. Tax treatment will depend on whether you take the benefit as a lump sum or rollover to purchase an income stream. Please speak to your tax adviser for further information.

Income insurance benefits (including Superannuation contributions option benefits), where applicable will need to be included in your assessable income and will be paid to you net of tax.

Members of NMRF that receive income insurance benefits under an Income Insurance Superannuation Plan will be provided, at the end of each financial year, with a PAYG summary showing the benefits paid and tax deducted. This will need to be included in your tax return. Please speak to your tax adviser for further information.

Providing a tax file number (TFN)

Your TFN is confidential. Before you provide your TFN we are required to tell you the following:

- Under the *Superannuation Industry (Supervision) Act 1993*, superannuation fund trustees are authorised to collect, use and disclose your TFN.
- The Trustee may disclose your TFN to another superannuation provider, when your benefits are being transferred, unless you request the Trustee in writing that your TFN not be disclosed to any other superannuation provider.

It is not an offence not to quote your TFN. However, giving your TFN to the Trustee will have the following advantages:

- your superannuation fund will be able to accept all permitted types of contributions to your account(s)
- other than the tax that may ordinarily apply, you will not pay more tax than you need to – this affects both contributions to your superannuation and benefit payments when you start drawing down your superannuation benefits, and
- it will be easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

Under the NMRF's governing rules, you cannot be a member without providing your TFN to ETSL. If you do not provide your TFN, ETSL will not be able to accept any payment for premiums and your application for insurance will not be accepted.

Eligibility to make contributions

Your eligibility to make superannuation contributions depends on superannuation law and the rules of your superannuation fund.

Under superannuation law, anyone under the age of 67 can contribute to superannuation at any time on their own behalf or for someone else who is under 67.

Contributions for members aged 67 years or over

If you are aged 67 to 74, you can continue to make (or receive) voluntary employer or member contributions to your superannuation account. If you attend to claim a tax deduction for the contributions, you will need to either meet the work test or qualify for the work test exemption for the financial year the contributions are made.

Meeting the work test means you've been gainfully employed for at least 40 hours within 30 consecutive days in the financial year the contributions are made.

To qualify for the work test exemption, you must satisfy the following conditions:

- you've met the work test in the previous financial year
- you haven't been, and don't intend to be, gainfully employed for at least 40 hours within 30 consecutive days in the financial year the contributions are made
- your total superannuation balance with all **super** providers was below \$300,000 at 30 June of the previous financial year, and
- you haven't previously made contributions to **super** using the work test exemption.

Compulsory employer contributions can be made to your account regardless of whether you satisfy the work test.

Employer/member supported plans

Life insurance and income insurance superannuation plans through a superannuation fund can be:

- employer supported—the employer pays voluntary (including salary sacrifice) contributions or compulsory contributions to your superannuation fund to fund the premium on behalf of the employee, and
- member supported—the member pays the premiums.

Refer to **Ways you can pay** on page 111 for further information.

Cancelling your plan

You can cancel your **plan(s)** at any time. Refer to pages 15 and 100 for more information about this.

However you should note that if you are a member of NMRF and you cancel all your insurance in NMRF, you will automatically cancel your membership of the Fund.

You must be a member of NMRF to hold insurance through NMRF.

If you cancel some or all of your insurance in NMRF, any premiums paid that are refundable to you will be paid to ETSL and dealt with by ETSL in accordance with superannuation laws applicable at the time. This means, for example, that any contributions or rollovers to NMRF used to fund premiums may not be able to be returned to you personally, because SIS preservation rules require that these amounts remain in the superannuation system until a condition of release under superannuation law is satisfied. The amount of the refund will not include any tax paid or payable by ETSL and may be reduced by any period of cover that you have already received as determined by Resolution Life. For more information about this contact us or your financial adviser.

These superannuation laws are also applicable to members of self-managed superannuation funds and Small APRA Super Funds that cancel insurance under an SMSF Plan.

Nominating superannuation death benefit beneficiaries

It's important your money ends up in the right hands in the event of your death while you have life insurance through super. You probably want it to go to your loved ones and make the process as easy as possible.

Your beneficiaries are those who receive your money when you die. It is generally straightforward to nominate beneficiaries under insurance policies outside **super**, but there are some differences to policies held through **super**.

How your plan is structured	Who receives your benefit
Beneficiaries through insurance policies	Your benefit is paid to the policy owner , the nominated beneficiaries or, where applicable, to your estate.
Beneficiaries through super	Your benefit is paid to, and dealt with, by the Trustee in accordance with the superannuation fund's governing rules and superannuation law. The Trustee may take into account your wishes, depending on the type of nomination and the relationship you have with those nominated. The information below relates to the NMRF and its governing rules. The payment of death benefits from a self-managed superannuation fund or Small APRA Super Fund is also subject to superannuation law, however the approach to nomination of beneficiaries depends on the rules of that fund.

Nomination of beneficiaries

If applying for a Life Insurance Superannuation Plan held through NMRF, you should complete the non-binding or binding nomination form in the application form.

The recipient of death benefits from NMRF in the event of the death of a member is generally determined by ETSL, at its discretion. However, ETSL offers binding nominations for people who hold the Life Insurance Superannuation Plan offered through NMRF.

Binding nominations give you greater control over who receives your life insurance benefit under your Life Insurance Superannuation Plan.

Alternatively, you may still make a non-binding nomination; however, this nomination gives ETSL discretion on how to pay your benefit.

If you make no nomination, ETSL will also have discretion on how to pay your death benefit, and may pay the benefit to your estate.

Types of nominations

There are two types of nominations:

- binding
- non-binding.

Binding nominations

A binding nomination means ETSL is obliged to pay your benefit to the people you nominate in the proportions you specify, provided the nomination is valid and effective at the date of your death.

It's important you:

- only nominate those who are eligible, such as your dependants and/or your legal personal representative (see page 108)
- ensure the allocations add up to 100% (use whole numbers)
- update your binding nomination before it expires (ie before three years has lapsed since the making of the nomination), and
- update your binding nomination if there is a change in your personal circumstances, such as marriage, divorce or entering a de facto relationship and/or the death of one of your beneficiaries.

A binding death benefit nomination gives you greater certainty about who will receive your superannuation benefit in the event of your death. When you have nominated one or more eligible beneficiaries and the nomination is valid and effective under superannuation law at the date of your death, ETSL will act in accordance with that nomination. However, the Federal Government has imposed strict conditions on who can be nominated as a beneficiary and how the nomination is made.

Who can be nominated as a beneficiary

You can only nominate a dependant and/or legal personal representative as defined under superannuation law. See the next page for an explanation of 'dependant' and 'legal personal representative'.

If any beneficiary nominated is not a dependant or a legal personal representative according to superannuation law at the date of your death, ETSL will not be bound by the nomination.

How to make a binding nomination

Please complete the binding death benefit nomination section of the application form when applying for life insurance.

To make a binding nomination you will need to provide the personal details of your dependant(s) and/or legal personal representative(s) to whom your death benefit is to be paid. You will need to provide their full name, address details, date of birth, sex, and their relationship to you.

If you choose to make a binding nomination, ETSL will pay your benefit to the person(s) you have nominated as long as your nomination:

- has been made in the prescribed manner
- is received from you personally by ETSL before your death (binding nominations under a Power of Attorney are not accepted)
- has not expired, and
- the nominated person(s) is a dependant (as defined in superannuation law) or your legal personal representative at the date of your death.

To be valid and effective, a nomination must be made in the following prescribed manner:

- provide the percentage of the death benefit for each nominee to receive in the event of your death. The proportional entitlements must total 100%
- be fully completed by you and signed in the presence of your witnesses
- be witnessed by two people who are aged 18 years or over and neither of whom is nominated on the form. Each witness must also sign and date the Witness Declaration section, and
- date the form as at the date of completion.

A binding nomination will normally become invalid or ineffective when one of the following happens:

- three years have lapsed from the date the Binding nomination form was signed (see below),
- any nominated beneficiary dies before you die,
- any nominated beneficiary is not a dependant or legal personal representative at the time of death. For example, if your spouse is nominated and you get divorced or your **de facto relationship** ends after signing the Binding nomination form.

Also, ETSL is not required to pay the death benefit in accordance with a valid and effective binding nomination in some circumstances including where:

- ETSL is subject to a court order and doing so would breach the court order, or
- ETSL is aware that the giving of, or failure to amend or revoke a nomination was a breach of a court order.

As your binding nomination expires after three years, you may want to review your nomination regularly and either confirm the nomination before it expires (eg because there has been no change to your circumstances) or update (vary) your nomination as your personal circumstances change, eg divorce, birth of children, death of a partner or nominee. It is your responsibility to keep your nomination up-to date and review it regularly. You may confirm or update your binding nomination by completing a new binding Death benefit beneficiary nomination form at any time.

If the binding nomination is not valid and effective at the date of your death (including because it has expired), then ETSL will automatically treat the binding nomination as a non-binding nomination. This means your death benefit may be paid at the discretion of ETSL to one or more of your dependants and/or legal personal representative.

If you wish to revoke a binding death benefit nomination, you must complete, sign and date the revocation in the presence of two witnesses who are aged 18 years or over and neither of whom were nominated on the form. Each witness must also sign and date the witness declaration section.

If you nominate your legal personal representative as your beneficiary, please make sure that you have a valid and up-to-date will. If you die without a will, ETSL may have to pay the benefit to a court-appointed administrator who will pay the benefit in accordance with a statutory formula that varies from state to state.

Payment to a legal personal representative may also take longer to effect as it is necessary for a Grant of Probate or Letters of Administration to be issued before the benefit can be paid.

You should note that by directing payment to your legal personal representative you may be exposing the benefit to claims by creditors of your estate.

Your financial adviser may be able to assist you in assessing your estate planning.

Non-binding nomination or no nomination made

A non-binding nomination means ETSL will pay your benefit to your dependant(s) or legal personal representative in the proportions ETSL determines. Non-binding nominations don't need to be updated every three years, but they still should specify eligible beneficiaries (ie dependant(s) and/or legal personal representative(s)) only, and should be reviewed regularly and updated to reflect any changes in your personal circumstances.

If you haven't nominated a beneficiary ETSL may pay your benefit to your estate. It is important to have a will and make sure it covers your superannuation benefit. If your estate is insolvent or a legal personal representative isn't appointed to manage your estate within a reasonable amount of time, ETSL will decide which of your beneficiaries, or others where you have no eligible beneficiaries, will receive your benefit and in what proportions.

Regardless of whether you make a non-binding nomination or no nomination, ETSL has the discretion to pay your benefit to one or more of your dependants and/or your legal personal representative(s) in any proportions it determines.

To make a non-binding death benefit nomination, NMRF members should complete the Nomination of dependants section of the application form when applying for life insurance. Alternatively you can make a non-binding death benefit nomination at any other time by completing the relevant form available on request by contacting us.

You should be aware that any directions that you may have included in your last will for the payment of any life insurance benefit in NMRF cannot legally bind ETSL. However, ETSL will take your expressed wishes into account. Therefore you may want to update your will and your non-binding nomination whenever your circumstances change.

It is important that you keep ETSL fully informed of your current preferences for the payment of your benefits in the event of your death.

Who qualifies as your dependant?

In summary, under superannuation law, a dependant includes:

- the spouse of the member
- each child (including an adopted child, step-child or an ex-nuptial child) of a member, or the child of a member's spouse
- any person who is, or was at the relevant time, in an interdependency relationship with the member (generally a close personal relationship between two people who live together, where one or both provides the other with financial support, domestic support and personal care)
- any person who is, or was at the relevant time, dependent in whole or in part upon the member, or
- any other person treated for the purposes of superannuation law as a dependant.

The beneficiary of your death benefit will receive the payment as a lump sum.

Who is a spouse?

A spouse is a person who is legally married to the member, or a person who, although not legally married to the member, lives (or lived at the time of the member's death) with the member on a genuine domestic basis in a relationship as a couple and includes a same-sex partner.

Who is a legal personal representative?

This is the executor of your will (if you have a will) or the administrator appointed to your estate.

Introducing
Elevate
Insurance

Applying
for cover

Cost of
insurance

Approach
to claims

Customer
service and
complaints

Life, TPD
and trauma

Income and
business
expenses

Continuing,
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restoring a plan

Key
information

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Interim cover

General terms and conditions

A plan is issued subject to relevant laws including, depending on whether the plan is issued inside or outside super, the *Life Insurance Act 1995*, the *Insurance Contracts Act 1984*, the *Income Tax Assessment Act 1936*, the *Income Tax Assessment Act 1997*, the *Superannuation Industry (Supervision) Act 1993* and any other Act of Parliament regulating the terms of insurance contracts and the operation of superannuation funds.

The plans in this PDS are not savings plans

The **plans** described in this PDS are not savings plans. They have no cash value. This means you're not entitled to any payment if you end the **plan** (except for refundable premiums), or to share in any of the profit or surplus.

Tax on insurance outside super

The information about tax on insurance outside **super** outlined in this section is based on the continuation of present laws and their interpretation and is a general statement only.

Individual circumstances may vary. You should consult your professional tax adviser for advice regarding your personal situation. Further taxation information can be found at ato.gov.au.

For information about tax on insurance inside super, please refer to the **Key information you need to know** section on page 103.

Life, TPD and trauma insurance plans

Premiums are generally not tax deductible. Lump sum payments made in the event of the **insured person's** death, disability or **trauma condition** are generally free of income tax in the hands of you, the **policy owner**.

If you are in business and take out this cover for revenue purposes (for example, replacing business income if a key person dies), the premiums will generally be tax deductible and any benefits received will generally be assessed as income.

If you are in business and take out this cover for a capital purpose (for example, repaying a debt if a key person dies), then the premium is not tax deductible and the proceeds will not be subject to income tax. However, CGT may apply depending on who receives the proceeds.

In the case of TPD and trauma proceeds, as long as the **insured person** or a defined relative of the **insured person** receives the insurance proceeds, there will not be any CGT implications. For more information please consult your tax adviser.

CGT will not apply to life insurance proceeds received upon the death of the **insured person** unless the recipient of the proceeds is not the original beneficial owner and that person acquired the right to the plan for money or other consideration.

Income insurance and business expenses plans

Generally, your premium is tax deductible and any amounts (including PremierLink IP and Superannuation contributions option) we pay to or for you are assessable income.

However, premiums paid to acquire certain ancillary benefits, for example, the accident lump sum option or the occupationally acquired HIV, Hepatitis B and Hepatitis C option may not be tax deductible and benefits received not assessable for income tax.

Please consult your tax adviser regarding your personal situation. They will be able to provide you with more detailed information.

Goods and services tax (GST)

You do not have to pay GST on your premiums or any benefits you receive.

Paying your premiums

Statutory Fund

We pay your premiums into, and all benefit payments are paid out of (and are limited to), a statutory fund called the Resolution Life Statutory Fund No. 1. The statutory fund is regulated under the *Life Insurance Act 1995*.

Payment of premiums

You must pay your premiums, including any charges, when they are due and in Australian dollars for the plan to remain current. The premium includes the cost of providing the insurance and all taxes, duties, charges and the plan fee.

If your premium is not paid when it becomes due, we may cancel your plan. However, we will give you 28 days written notice before we cancel it for this reason.

Frequency: You can pay fortnightly, monthly, quarterly, half-yearly or yearly. If you are paying your premiums inside the NMRF by partial rollovers (see page 111) you must select a yearly frequency.

Ways you can pay

If you pay quarterly, half-yearly or yearly you can ask to receive a payment due notice. Or you have the option of paying via direct debit from your bank account or credit card.

If you choose to pay fortnightly or monthly, you'll need to pay by direct debit. A direct debit form is enclosed in the Elevate application form.

Payment method	How your plan is structured		
	Individuals, companies and SMSFs	NMRF	
		Member supported	Employer supported
Direct debit ⁽ⁱ⁾	✓	✓	
Deducted from your credit card ⁽ⁱⁱ⁾ (Visa and Mastercard only)	✓ ⁽ⁱⁱⁱ⁾	✓	
Payment due notice <ul style="list-style-type: none"> • BPAY[®] • Credit card (Visa and Mastercard only) 	✓	✓	
Partial rollover		✓	
SuperStream			✓

(i) Please refer to the Direct Debit Request Service Agreement on page 112.

(ii) The bank, financial institution or credit card provider may in its absolute discretion charge a fee for this service. In that event, we will pass the fee on to you.

(iii) Not available for plans owned by SMSFs.

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For plans owned by NMRF

If you are a member of NMRF and you elect to use the rollover facility, your premiums will be paid from your nominated superannuation fund via annual rollover. If you elect one of the other available payment methods, the premium payment is made via the NMRF and any authority or instruction is treated as an authority or instruction to pay NMRF.

Paying using the rollover facility

Members of NMRF have access to a facility that enables premiums to be paid using superannuation savings. If you wish to have your insurance with Resolution Life but your nominated superannuation account is with another superannuation fund (provided it's a taxed superannuation fund), you can pay the premiums using money from your nominated superannuation fund. You simply need to complete the enduring rollover authority (contained in the application form). Once received by ETSL, this authority allows ETSL or its representatives to act on your behalf to request a rollover from your nominated superannuation account as and when the **policy** premium is due.

You won't need to complete a new authority each year. The authority continues until the earliest of you requesting a revocation, you giving us a new authority, the plan ending or your death.

If you change your nominated superannuation account, you will need to provide a new enduring rollover authority.

If the amount received from your nominated superannuation account is not equal to the amount requested, it will be returned to the transferring fund. If this happens, or if the rollover or transfer is not successful for any other reason, an alternative payment is required otherwise your plan may lapse. If ETSL can't return any amounts to the transferring fund, ETSL may transfer the amount to the ATO in accordance with the relevant legislation which will attempt to consolidate these amounts with your most recent, active, super account.

The amount required to pay the premium by rollover or transfer will be reduced by a 15% tax benefit, which means that only 85% of the premium due needs to be rolled over. For example, if your annual premium is \$100, we will only request for a rollover of \$85. If you change the method of payment in the future or a rollover or transfer request is not successful and an alternative payment method is required, you may not receive the credit of the tax benefit. This tax benefit is allocated at ETSL's discretion. ETSL may review or change its practice in the future.

Importantly, only annual premium payments are available when paying using the rollover facility.

Other ways to pay the premium

You can make your premium payments using phone or internet banking from your credit card, cheque or savings account.

For information on your biller code and CRN, please refer to your payment due notice. You can also access your payment due notice by logging onto your My Resolution Life account and viewing your statements.

Direct debit request service agreement

This charter outlines our and your responsibilities to ensure the smooth and secure operation of our direct debit agreement.

Our responsibilities

- We'll only deduct premiums from your chosen account. Your **insurance schedule** shows the premium amount and how often we have agreed to deduct it.
- We will not disclose your bank details to anyone, unless you have agreed in writing that we can, or the law requires or allows us to do this.
- If the payment date is a weekend or public holiday, we will debit your account on the next business day following the weekend or public holiday.
- We'll give you at least 14 days' notice when changes to the initial terms of this arrangement are made.
- We'll keep your financial details confidential. However, we will disclose these details:
 - if you give permission
 - if a court order applies
 - to settle a claim
 - if our financial institution needs information.

Where a direct debit request is being provided in relation to premiums inside **super**, the responsibilities set out above apply to the Trustee.

Your responsibilities

- Before sending us your account details, please check with your financial institution that direct debit deductions are allowed on the account you have chosen.
- Please ensure you have enough money in your account to pay your premiums when due.
- Your bank or financial institution may charge a fee if the payment can't be met.
- Your bank or financial institution may charge a direct debit fee. This will be reflected in your account statement.

Can we help?

Contact us on 133 731 or your financial adviser if:

- you need to change your payment details, cancel or alter direct debit deductions at any time, or
- you have any queries about your direct debit agreement.

We respond to queries concerning disputed transactions within five working days of notification.

Financial adviser remuneration

Resolution Life pays financial adviser remuneration to financial advisers including when you purchase a plan through your financial adviser. This remuneration forms part of the premium rates determined by us (the premium rates are the same whether or not remuneration is paid to your financial adviser). Your financial adviser has the option to reduce their remuneration (including by reducing it to nil), which in turn will decrease the dollar amount of premiums you pay. This is a matter of negotiation between you and your financial adviser.

From time to time, we may decide to provide financial advisers with non-monetary benefits (such as training or entertainment). This is in addition to the monetary remuneration your financial adviser may receive from us. Your financial adviser is required to provide details of the remuneration they receive from us or others in the Statement of Advice they must provide to you when they give you personal financial advice, including personal advice relating to the insurance and/or superannuation products described in this PDS.

ETSL does not provide monetary or non-monetary remuneration to financial advisers, and is not responsible for any financial advice financial advisers provide to you.

Declarations and consent

By proceeding with your application you are deemed to have acknowledged and agreed with the following:

Product Disclosure Statement	Your financial adviser has provided you with, and you have read, the current PDS. Your insurance needs have been discussed with your financial adviser, and you will retain this PDS for future reference.
Duty to Take Reasonable Care Not to Make a Misrepresentation	You have read the PDS, and your financial adviser has drawn your attention to the Duty to Take Reasonable Care Not to Make a Misrepresentation set out in the Steps to being insured section on page 13. You understand that if the Duty to Take Reasonable Care Not to Make a Misrepresentation is not met it could have serious impacts on your insurance as explained in The Duty to Take Reasonable Care Not to Make a Misrepresentation section of the PDS on pages 14 to 15 – including the possible avoidance of your insurance (which treats it as if it never existed).
Truth and accuracy	You are required to check the truth, accuracy and completeness of the information contained in your application—whether this is a paper-based application or one submitted online by your financial adviser. If your financial adviser submits your application online and you have not signed a printed copy, your financial adviser is required to send you a copy within five working days of submission. You are required to check your application for truth, accuracy and completeness and contact us on 133 731 to notify us of any amendments. If you do not receive a printed copy of your online application within five working days, you are required to contact your financial adviser and ask for a copy to be provided immediately.
Online application	Your financial adviser may submit your insurance application to us online.
Replacement of existing insurance	Where you have indicated that the insurance you are applying for is to replace existing insurance, you will be required to cancel this existing insurance at the time that your application is accepted by us. However, if the existing insurance is held with us, you authorise us to cancel that insurance effective the date that the new insurance commences.
Medical and other information	By completing your application, you're authorising: <ul style="list-style-type: none"> • other insurers (including related companies of Resolution Life) or other professional, such as a financial adviser or accountant, to disclose any information they may possess about you, whether held in hard copy or in any other format, to us, and • Resolution Life or our appointed representatives to collect any information we have on your health, medical history, pastimes, work history or anything else that we consider to be relevant to assessing or underwriting this cover or assessing any claim under it. <p>Where I hold other policies or plans within the Resolution Life Group, I authorise the use of any information obtained under this authority in connection with those policies or plans.</p>
Policy conversions and revised terms	If you are converting an existing Resolution Life insurance policy, any loadings and/or exclusions that applied to that existing policy will continue to apply to this policy that you are applying for.
Your Privacy	By completing your application, you are authorising us to disclose any information related to your application for insurance to any person/authorised third parties. We will only share sensitive information, such as medical details, where it is necessary to do so to properly assess your application. You are deemed to have agreed that personal information may be disclosed to third parties, where that disclosure is for the purpose of assisting us in making a decision in relation to your application for insurance, or in relation to a claim made under the policy of insurance. <p>In addition, you give our health screening provider permission to speak to a third party for the purpose of arranging a health screening appointment. This third party may be a spouse, family member, personal assistant or adviser. Neither Resolution Life nor any service provider will disclose any information that is of a sensitive nature to this third party. You give us permission to advise your usual doctor of the reason(s) behind any adverse assessment of your application if it was based on health evidence obtained during the assessment of your application.</p> <p>You are required to read and understand the Your Privacy section on page 115. You consent to your personal information being collected and used in accordance with this PDS and our policy on privacy. You can opt out from the use of that information for the purpose of direct marketing by contacting us.</p>

Acceptance of your application is subject to us searching our records for any other business with the person to be insured. We may vary the terms of the policy of insurance to be issued on the basis of any information contained in our records.

Significant risks

There are a number of risks associated with holding a **plan** including:

- the insurance you select may not provide sufficient cover for your needs. Your financial adviser can help you select the insurance that is the most appropriate for your needs and circumstances
- we may reduce or not pay a benefit, or avoid your plan (treat it as if it never existed), if you don't comply with the **Duty to Take Reasonable Care Not to Make a Misrepresentation** set out on pages 14 to 15
- we may not pay a benefit because exclusions apply, based on your personal circumstances
- if you purchase insurance through **super**, the Trustee can only pay a benefit if permitted under superannuation law. Any amounts contributed to, or benefits paid from, a superannuation fund may be affected by changes to taxation law or superannuation law
- the premium rates aren't guaranteed and will increase over time
- we may cancel your plan if your premium isn't paid in time, in which case you will no longer be covered and won't be able to make a claim.

Your application

Application	By completing your application you are asking us to provide insurance on the usual conditions set out in this PDS—including any modifications to the plan that we consider appropriate given the information submitted for your application.
Nomination of beneficiary	The payment of benefits from a Life Insurance Plan will be made on the basis of the latest nomination received in writing by us. This does not apply for the Life Insurance SMSF Plan.

When applying for the Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan or Income Insurance Superannuation Plan

Prospective members of NMRF

Application	<p>By completing your application you are applying to ETSL for membership of NMRF. You're asking ETSL to propose to us to provide insurance on the terms and conditions set out in this PDS—including any modifications to the plan that we consider appropriate given the information submitted for your application. You are confirming you are eligible to contribute to superannuation, and agree to notify ETSL in writing immediately if you cease to be gainfully employed or if you cease to be eligible to contribute to the NMRF.</p> <p>You should review any binding death benefit nomination you make regularly or before it expires (three years from the making of the nomination). If your circumstances change, the nomination may cease to have effect.</p> <p>If you are paying for your premiums by rollover and you have completed the relevant section of the application accordingly, you authorise ETSL or its representative to request an annual rollover from your complying nominated superannuation fund to the NMRF to pay the premiums for your plan on an ongoing basis.</p>
Fund Membership	You are completing your application for the Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan and/or the Income Insurance Superannuation Plan as a prospective member of the NMRF.

Your Privacy

References to you and your in this section refer to the **policy owner** and **insured person**.

Protecting your personal and sensitive information is important to us. Any information we collect, use, store or disclose about you will be handled in accordance with our Privacy Policy and relevant privacy and data protection legislation.

The information we collect about you is used to provide you with our products and services including to issue, arrange and manage your insurance and membership with us. We will only collect personal and sensitive information from you, from those authorised by you or where required by law.

There may be situations where we will collect sensitive information, such as your health information in order to assess your application for new or additional insurance. We will only use this information for the primary purpose for which it was collected or a directly related purpose, such as to process a claim.

We will only use and disclose this information where you have provided expressed consent or where it is permitted under relevant privacy and data protection legislation.

We may disclose your personal information to third parties involved in the above process such as:

- financial advisers
- brokers
- parent or guardian where you are under 18 years of age
- insurers and re-insurers
- claims handlers, investigators
- legal and other professional advisers, regulators and our related companies.

Some of these third parties may be located in other countries such as the European Union, UK, India, New Zealand, Bermuda or USA.

Our Privacy Policy details how we collect, use, store and disclose your personal and sensitive information as well as how you can seek access to and correct your personal information or make a complaint. You may not access or correct personal information of others unless you have been authorised by them, or are authorised under law or they are your dependants.

By providing us your personal and sensitive information you consent to us collecting, using, storing and disclosing it in accordance with our Privacy Policy. If you do not provide all of the personal and sensitive information we've requested we may not be able to provide you with our services or products including being able to process your application for insurance.

For more information, see our full privacy policy at resolutionlife.com.au/privacy.

For the full privacy policy applicable to ETSL, refer to the privacy statement accessible from eqt.com.au/global/privacystatement.

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Glossary

In this section:

- ▶ Glossary of general terms in this document
- ▶ Glossary of total and permanent disability (TPD) insurance definitions
- ▶ Glossary of medical conditions
- ▶ Glossary of income insurance definitions

Glossary

The section sets out definitions of key terms used in this PDS. It does not set all definitions. Some additional definitions are shown elsewhere in this PDS.

Glossary of general terms in this document

Term	Definition
25% permanent impairment	Where the trauma condition definition refers to a 25% permanent impairment of whole body function, we will rely on the latest published edition of American Medical Association (AMA) Guides to the Evaluation of Permanent Impairment at the time of claim. Assessment must be carried out by a medical practitioner accredited in the evaluation of permanent impairment.
Activities of daily living (ADL)	Activities of daily living are the following: <ul style="list-style-type: none"> • bathing/showering • dressing/undressing • eating/drinking • using the toilet to maintain personal hygiene • getting in and out of bed, a chair or wheelchair or moving from place to place by walking, a wheelchair or with a walking aid.
Resolution Life customer	Resolution Life customer is defined as: any individual or entity that is a policy owner or an insured person under a life policy insured by Resolution Life.
Business	Business means the entity on which we based our underwriting at the time you applied for insurance under Elevate.
Claimable event	Claimable event means: <p>For life insurance:</p> <ul style="list-style-type: none"> • Death • Terminal illness <p>For Total and permanent disability (TPD) insurance:</p> <ul style="list-style-type: none"> • suffer a specific loss • is unlikely to work • is unlikely to perform domestic work • requires future care, or • suffers significant cognitive impairment, as defined in the Glossary of TPD definitions (page 122). <p>For trauma insurance:</p> <ul style="list-style-type: none"> • suffers a trauma condition. Each trauma condition is defined in the Glossary of medical conditions starting on page 123. <p>For income insurance plans and the Business Expenses Insurance Plan:</p> <ul style="list-style-type: none"> • Total disability • Partial disability • Specific injuries and sicknesses
De facto relationship	De facto relationship means: <ul style="list-style-type: none"> • a relationship between two persons (whether of the same sex or different sexes) that is registered under a law of a State or Territory of Australia, or • a relationship between two persons (whether of the same sex or different sexes) who, although not legally married to each other, live with each other on a genuine domestic basis in a relationship as a couple.
Dependent child	Dependent child means a natural child, a step child or adopted child or a child under the legal guardianship of the insured person .
Double TPD option(s)	Double TPD option(s) means any of: <ul style="list-style-type: none"> • Double TPD insurance option (Any occupation) • Double TPD insurance option (Own occupation)
Double trauma option(s)	Double trauma option(s) means any of: <ul style="list-style-type: none"> • Double Trauma insurance option • Double Trauma insurance plus option.
Employment agency	Government agency responsible for the provision of unemployment benefits.

Term	Definition
Evidence	<p>Evidence will vary depending on the assessment, however, generally this includes:</p> <ul style="list-style-type: none"> • medical information • employment records • financial records • personal statement • employer records, job descriptions, employer statements • tax returns (previous work) • employment status • rehabilitation assessments and reports • functional assessments, reports and investigations • claims forms and phone conversations • receipts or invoices.
Extension date	Extension date means the anniversary of your plan commencement date.
FlexiLink plan(s)	<p>FlexiLink plan(s) means any of:</p> <ul style="list-style-type: none"> • FlexiLink TPD Insurance Plan (Own occupation) • FlexiLink TPD Insurance Plan (Any occupation) • FlexiLink Trauma Insurance Plan • FlexiLink Trauma Insurance Plus Plan
FlexiLink TPD plan(s)	<p>FlexiLink TPD plan(s) means any of:</p> <ul style="list-style-type: none"> • FlexiLink TPD Insurance Plan (Own occupation) • FlexiLink TPD Insurance Plan (Any occupation)
FlexiLink Trauma plan(s)	<p>FlexiLink Trauma plan(s) means any of:</p> <ul style="list-style-type: none"> • FlexiLink Trauma Insurance Plan • FlexiLink Trauma Insurance Plus Plan
Immediate family member	<p>Immediate family member means:</p> <ul style="list-style-type: none"> • the insured person's legal husband or wife • a person living with the insured person as the insured person's spouse on a domestic basis in good faith. He or she can be of the same sex as the insured person • the insured person's mother, father, mother-in-law or father-in-law, or • a child of the insured person.
Income insurance plans	<p>Income insurance plans means any of:</p> <ul style="list-style-type: none"> • Income Insurance Premier Plan • Income Insurance Plus Plan • Income Insurance Plan • Income Insurance Senior Plan • Income Insurance Superannuation Plan • Income Insurance SMSF Plan
Injury	Injury means accidental bodily injury.
Insurance schedule	The insurance schedule issued to the policy owner if we have accepted their application for insurance, and specifies important details about the plan .
Insured person	The person who is to be insured.
Involuntarily unemployed	<p>Involuntarily unemployed means the insured person becoming unemployed as a result of the termination of his or her employment by his or her employer, or the insured person being made redundant without his or her consent.</p> <p>It does not include unemployment as a result of:</p> <ul style="list-style-type: none"> • the insured person ceasing employment of a casual, seasonal or temporary nature • the expiration of a fixed term employment contract or other specified period of work, or • the insured person's deliberate or serious misconduct.
Life insurance plans	<p>Life insurance plans means any of:</p> <ul style="list-style-type: none"> • Life Insurance Plan • Life Insurance Superannuation Plan • Life Insurance SMSF Plan
Loading	A loading is an increase in the standard premium, usually due to a pre-existing medical condition, occupation or pastimes.

Term	Definition
Medical care	<p>Medical care means the insured person:</p> <ul style="list-style-type: none"> • has sought and is following advice, care and associated treatment that is reasonably necessary and appropriate, from an appropriate medical practitioner who has personally assessed the insured person and been provided with full clinical details in relation to his or her injury or sickness, and is continuing to do so at reasonable intervals in the circumstances, and • is taking all other reasonable measures to minimise or avoid further injury or sickness.
Medical practitioner	<p>Medical practitioner means a legally qualified doctor or consultant medical specialist registered to practice in Australia, New Zealand, the United Kingdom, the United States of America or Canada. If the medical practitioner is located outside of those countries, we will only accept them as a Medical Practitioner if we have reviewed their qualifications and are satisfied they are sufficiently qualified to treat the relevant injury or sickness.</p> <p>That person may not be you or the insured person, you or the insured person's business partner, an employee or employer of you or the insured person, or a member of your or the insured person's immediate family.</p>
Nominated child	<p>Nominated child means a child nominated in the insurance schedule for the purposes of a Children's trauma option.</p>
Option(s)	<p>For life, TPD and trauma insurance plans, option(s) mean any of:</p> <ul style="list-style-type: none"> • Business solutions option – Life • Premium waiver option • TPD insurance option (Own occupation) • TPD insurance option (Any occupation) • Double TPD insurance option (Own occupation) • Double TPD insurance option (Any occupation) • Activities of Daily Living TPD insurance option • Business solutions option – TPD • Life buy back – TPD option • PremierLink TPD option (held on a separate insurance schedule) • Trauma insurance option • Trauma insurance plus option • Double trauma insurance option • Double trauma insurance plus option • Business solutions option – Trauma • Children's trauma option (held on a separate insurance schedule) • Life buy back – Trauma option • Trauma reinstatement option <p>For income insurance plans, options means any of:</p> <ul style="list-style-type: none"> • Accelerated accident option • Accident lump sum option • Cover boost option • Increasing claim option • Occupationally acquired HIV, Hepatitis B and Hepatitis C option • PremierLink IP option (held on a separate insurance schedule) • Superannuation contributions option
Permanent incapacity	<p>Permanent incapacity means that we are reasonably satisfied, based on evidence that the insured person's ill-health (whether physical or mental) makes it unlikely that he or she will engage in gainful employment for which he or she is reasonably fitted by education, training or experience.</p>

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Plan(s)	<p>Plan(s) means any of:</p> <ul style="list-style-type: none"> • Life Insurance Plan • Life Insurance Superannuation Plan • Life Insurance SMSF Plan • Total and Permanent Disability Insurance Plan (Own occupation) • Total and Permanent Disability Insurance Plan (Any occupation) • Total and Permanent Disability Superannuation Plan (Any occupation) • Total and Permanent Disability SMSF Plan (Any occupation) • Activities of Daily Living TPD Insurance Plan • Trauma Insurance Plan • Trauma Insurance Plus Plan • Income Insurance Premier Plan • Income Insurance Plus Plan • Income Insurance Plan • Income Insurance Senior Plan • Income Insurance Superannuation Plan • Income Insurance SMSF Plan • Business Expenses Insurance Plan
Policy	Policy means the contract of insurance which is documented by this PDS and the insurance schedule .
Policy owner	<p>The policy owner is the person who owns the plan as identified in the insurance schedule. In many cases, the policy owner is the same person as the insured person, but a policy owner can apply to take out insurance on a different person.</p> <p>When applying for the Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan or the Income Insurance Superannuation Plan, the policy owner is ETSL as trustee of NMRF.</p> <p>When applying for the Life Insurance SMSF Plan, TPD Insurance SMSF Plan or the Income Insurance SMSF Plan, the policy owner is the trustee(s) of your self-managed superannuation fund or Small APRA Super Fund, in which case the trustee(s) of that fund will be responsible for providing information and meeting the requirements under the superannuation law.</p>
Pre-existing condition	<p>Pre-existing condition means a medical condition, injury or sickness the insured person was diagnosed with, had any symptoms of, or was treated for, prior to the commencement, reinstatement or upgrade of their cover unless:</p> <ul style="list-style-type: none"> • the insured person was not aware of, and • a reasonable person in the circumstances could not be expected to have been aware of the medical condition, injury or sickness at the time.
Premium(s)	The cost of insurance cover provided by your plan(s) . Depending on the context in which this term is used, premium(s) include associated charges such as the plan fee, and stamp duty. You will be advised the applicable premium(s) inclusive of all associated charges.
Revised terms	Revised terms means any terms which we apply to the insured person or the plan which does not apply to all Elevate Insurance plans.
Separation/separating	<p>Separation/separating means:</p> <ul style="list-style-type: none"> • in the case of marriage, not living as a married couple for a period of 12 months, whether or not an application for divorce has been made, or • in the case of a de facto relationship, ceasing to be in that de facto relationship for a period of 12 months.
Sickness	Sickness means illness or disease that manifests itself.
SMSF	Small superannuation funds (with less than five members) including a self-managed superannuation fund or a Small APRA Super Fund.
Sum insured	The amount that you're insured for is known as the sum insured for a lump sum payment and is stated in your insurance schedule . This amount is fixed and will only change if it is increased in accordance with Automatic inflation, if you later apply to increase or decrease your cover, or if it's reduced by the amount of any benefit we have paid.
Temporary incapacity	Temporary incapacity means in relation to an insured person who has ceased to be gainfully employed (including an insured person who has ceased temporarily to receive any gain or reward under a continuing gainful employment arrangement) that we are reasonably satisfied, based on evidence that the insured person's ill-health (whether physical or mental) that caused the insured person to cease to be gainfully employed but does not constitute permanent incapacity .
Terminal illness	<p>Terminal illness for a life insurance plan is defined on page 52.</p> <p>Terminal illness for the Children's Trauma option is defined on page 62.</p>
TPD ADL plan	Activities of Daily Living TPD Insurance Plan
TPD ADL option	Activities of Daily Living TPD insurance option

Term	Definition
TPD any occupation	<p>TPD any occupation means any of:</p> <ul style="list-style-type: none"> • Total and Permanent Disability Insurance Plan (Any occupation) • Total and Permanent Disability Superannuation Plan (Any occupation) • Total and Permanent Disability SMSF Plan (Any occupation) • FlexiLink TPD Insurance Plan (Any occupation) • Total and Permanent Disability insurance option (Any occupation) • Double TPD insurance option (Any occupation)
TPD insurance plans	<p>TPD insurance plans means any of:</p> <ul style="list-style-type: none"> • Total and Permanent Disability Insurance Plan (Own occupation) • Total and Permanent Disability Insurance Plan (Any occupation) • Total and Permanent Disability Insurance Superannuation Plan (Any occupation) • Total and Permanent Disability Insurance SMSF Plan (Any occupation) • Activities of Daily Living TPD Insurance Plan
TPD option(s)	<p>TPD option(s) means any of:</p> <ul style="list-style-type: none"> • Total and Permanent Disability insurance option (Any occupation) • Total and Permanent Disability insurance option (Own occupation) • Business solutions option – TPD • Life buy back – TPD option • PremierLink TPD option (held on a separate insurance schedule) • Double TPD insurance option (Own occupation) • Double TPD insurance option (Any occupation) • Activities of Daily Living TPD insurance option
TPD own occupation	<p>TPD own occupation means any of:</p> <ul style="list-style-type: none"> • Total and Permanent Disability Insurance Plan (Own occupation) • FlexiLink TPD Insurance Plan (Own occupation) • Total and Permanent Disability insurance option (Own occupation) • Double TPD insurance option (Own occupation) • PremierLink TPD option
Trauma condition	<p>Trauma condition means:</p> <ul style="list-style-type: none"> • in relation to a Trauma Insurance Plan or Trauma Insurance Plus Plan, one of the medical conditions listed on pages 47 to 48. • In relation to a Children’s trauma option, one of the medical conditions listed on page 49. <p>Each trauma condition is defined in the Glossary of medical conditions starting on page 123.</p>
Trauma insurance plan(s)	<p>Trauma insurance plans means any of:</p> <ul style="list-style-type: none"> • Trauma Insurance Plan • Trauma Insurance Plus Plan
Trauma option(s)	<p>Trauma option(s) means any of:</p> <ul style="list-style-type: none"> • Trauma insurance option • Trauma insurance plus option • Business solutions option – Trauma • Double trauma insurance option • Double trauma insurance plus option • Life buy back – Trauma option • Trauma reinstatement option
Trauma plus	<p>Trauma plus means any of:</p> <ul style="list-style-type: none"> • Trauma Insurance Plus Plan • FlexiLink Trauma Insurance Plus Plan • Trauma insurance plus option
Treatment	<p>Treatment means appropriate and industry recognised medical care under the direction of a medical practitioner and which is reasonable and necessary for the management the insured person’s injury or sickness.</p>
Valuation, value	<p>Valuation, value means a valuation of the business based on the same method of valuation for the business we used when you applied for insurance under Elevate.</p>
Value of the insured person to the business	<p>Value of the insured person to the business means either the value of the proportion of the business owned by the insured person, or the worth (agreed to by us) of the insured person to the business.</p>
Value of the relevant loan	<p>Value of the relevant loan means the value of a loan or loans (agreed to by us).</p>

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Glossary of total and permanent disability (TPD) insurance definitions

Term	Definition
Total and permanent disability	<p>A. Unlikely to work</p> <p>Is unlikely to work (any occupation)</p> <p>NS The insured person has been unable to follow his or her own occupation for a continuous period of three months solely because of an injury or sickness, and in our opinion, based on all of the evidence before us, solely as a result of that injury or sickness, he or she is unlikely ever to be able to follow his or her occupation or any other occupation for which he or she is reasonably fitted by education, training or experience, which would pay remuneration at a rate greater than 25% of his or her income during his or her last 12 months of work.</p>
	<p>S SMSF The insured person has been unable to follow his or her own occupation for a continuous period of three months solely because of an injury or sickness, and in our opinion, based on all of the evidence before us, solely as a result of that injury or sickness, he or she is unlikely ever to be able to follow his or her occupation or any other occupation for which he or she is reasonably fitted by education, training or experience.</p>
	<p>Is unlikely to work (own occupation)</p> <p>The insured person is unable to follow his or her own occupation for a continuous period of three months because of an injury or sickness and in our opinion, based on all of the evidence before us, because of that injury or sickness, he or she is unlikely ever to be able to follow his or her own occupation.</p>
	<p>B. Suffers a specific loss</p> <p>The insured person has suffered the total and permanent loss of the use of:</p> <ul style="list-style-type: none"> • both hands • both feet • one hand and one foot • the entire sight in both eyes • one hand and the entire sight in one eye, or • one foot and the entire sight in one eye.
	<p>C. Requires future care</p> <p>Because of an injury or sickness, the insured person is totally and permanently unable to perform at least two of the five activities of daily living without assistance.</p>
	<p>D. Is unlikely to perform domestic work</p> <p>The insured person is totally unable to perform his or her usual unpaid domestic work duties without assistance or modification for a continuous period of three months because of an injury or sickness and in our opinion, based on all of the evidence before us, because of that injury or sickness, he or she:</p> <ul style="list-style-type: none"> • is unlikely ever to be able to perform all of his or her usual unpaid domestic work duties without assistance or modification • is diagnosed by a medical practitioner as having a permanent disability and we agree, based on the evidence before us • is unlikely ever to be able to engage in any occupation, and • receives regular medical attention from a medical practitioner. <p>Domestic Work</p> <p>The insured person is engaged in domestic work if they are performing the following duties related to running the family home:</p> <ul style="list-style-type: none"> • cleaning the family home—to use domestic appliances and equipment such as a vacuum and mop to clean and maintain the family home • shopping for food and household items—to shop for everyday household provisions • meal preparation—to use kitchen and cooking utensils, appliances and equipment to prepare more than the most basic meals for oneself and/or others • laundry services—means the ability to do household laundry to a basic standard • caring for a child or dependant including driving or transporting family to and from school, sport, work or social events (if applicable).
	<p>E. Suffers significant cognitive impairment</p> <p>The insured person suffers a permanent deterioration of cognitive functioning as observed clinically and confirmed by standardised testing, which results in a requirement for continuous supervision and care of the insured by another person.</p>

Glossary of medical conditions

These definitions apply to **trauma conditions** and medical procedures covered under **trauma insurance plans, trauma options, income insurance plans** and the Day one TPD benefit.

Claims guiding statement

Medical diagnoses and investigation methods used in many of the **trauma conditions** that we cover are advancing at a rapid rate. To assist the assessment of your claim, if the method for diagnosing one of the conditions in this Glossary has been superseded due to medical improvements, we may consider other appropriate and medically recognised methods or tests that conclusively diagnose the event to at least the same severity.

Term	Definition
Adult insulin dependent diabetes <ul style="list-style-type: none"> Subject to a 90 day qualifying period 	Adult insulin dependent diabetes means the diagnosis of type 1 insulin dependent diabetes mellitus (IDDM) by an appropriate specialist medical practitioner after the insured person's 30th birthday.
Advanced diabetes	<p>For us to pay a claim under this condition, the diabetes must be of a specified severity as set out below.</p> <p>Advanced diabetes means severe diabetes mellitus, either insulin or non-insulin dependent, as certified by an appropriate specialist medical practitioner and resulting in at least two of the following:</p> <ul style="list-style-type: none"> severe diabetic retinopathy resulting in visual acuity uncorrected and corrected of 6/36 or worse in both eyes severe diabetic neuropathy causing motor and/or autonomic impairment diabetic gangrene leading to surgical intervention, or severe diabetic nephropathy causing chronic irreversible renal impairment (as measured by a corrected creatinine clearance below the laboratory's measured normal range).
Angioplasty	<p>The treatment of a coronary artery obstruction by balloon angioplasty, other catheter-based techniques, or endoscopic surgery, where at least one of the following criteria have been met:</p> <ul style="list-style-type: none"> the obstruction is giving rise to impairment of ventricular function the obstruction is giving rise to disabling symptoms, or the obstruction is associated with unstable angina pectoris or myocardial infarction. <p>We'll pay a benefit for angioplasty on more than one occasion provided that the procedures occur at least six months apart.</p>
Aortic surgery to correct structural abnormality of the aorta	Aortic surgery to correct structural abnormality of the aorta means surgery performed to correct any narrowing, dissection, or aneurysm of the thoracic or abdominal aorta but does not include angioplasty, intraarterial procedures or other non-surgical techniques.
Aplastic anaemia (requiring treatment) <ul style="list-style-type: none"> Subject to a 90 day qualifying period for Children's trauma option 	<p>For us to pay a claim under this condition, the aplastic anaemia must be of a specified severity as set out below.</p> <p>The insured person has severe aplasia as diagnosed by an appropriate specialist medical practitioner and requiring treatment with at least one of the following:</p> <ul style="list-style-type: none"> blood product support of red cell or platelet transfusion bone marrow transplantation, or Immunosuppressive agents.
Benign brain tumour	<p>For us to pay a claim under this condition, the benign brain tumour must be of a specified severity as set out below.</p> <p>A non-cancerous tumour in the brain that gives rise to characteristic symptoms of increased intracranial pressure such as papilledema, mental symptoms, seizures and sensory impairment. The tumour must result in neurological deficit, where:</p> <ul style="list-style-type: none"> there is at least 25% permanent impairment of whole body function, or cranial surgery is required for its treatment. <p>The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI (Magnetic Resonance Imaging). The following are excluded:</p> <ul style="list-style-type: none"> cysts granulomas malformations in or of the arteries or veins of the brain haematomas, and tumours in the pituitary gland or spine.

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Blindness (permanent) full payment	<p>For us to pay a claim under this condition, blindness must be of a specified severity as set out below.</p> <p>Blindness means the permanent loss of sight in both eyes as a result of injury or sickness to the extent that visual acuity is 6/60 or less in both eyes, or to the extent that visual field is reduced to 20 degrees or less of arc irrespective of corrected visual acuity.</p>
Blindness (permanent) partial payment	<p>We will make a partial payment, once only, if sight is permanently lost in one eye as a result of injury or sickness to the extent that visual acuity is 6/60 or less in one eye, or to the extent that visual field is reduced to 20 degrees or less of arc irrespective of corrected visual acuity.</p>
Cancer (of specified criteria)	<p>For us to pay a claim under this condition, the cancer must be of a specified severity and cannot be of an early stage as set out below.</p> <p>Cancer as defined in this policy means an abnormal growth of cells that is confirmed on pathology tests to include the uncontrolled spread of malignant cells and the invasion and destruction of normal tissue. The term cancer includes leukaemia, lymphomas such as Hodgkin's disease, other malignant tumours and melanomas greater than or equal to 1.0 mm thickness using the Breslow method or Clark Level 3 or where the melanoma is showing signs of ulceration.</p> <p>The following cancers are excluded:</p> <ul style="list-style-type: none"> • carcinoma in situ of the breast where the tumour is classified as stage Tis under the TNM classification system unless requiring surgery that results in the removal of the entire breast or requiring breast conserving surgery and radiotherapy • all other tumours classified as carcinoma in situ • all other melanomas, including melanoma in situ • other skin cancers unless there has been evidence of spread (that is, metastasis) to other parts of the body • prostate tumours classified as T1 (all categories) under the TNM classification system unless the tumour also has a Gleason score of 7 or above, or prostatectomy is performed • chronic lymphocytic leukaemia less than Rai stage I • tumours that occur within the 90 day qualifying period, and • tumours that are a recurrence or metastasis of a tumour that first occurred within the 90 day qualifying period.
Cancer (of specified criteria) early payment <ul style="list-style-type: none"> • Subject to a 90 day qualifying period 	<ul style="list-style-type: none"> • melanomas that are less than 1.0 mm in thickness using the Breslow method or less than Clark Level 3. • prostate tumours classified as T1a or T1b under the TNM classification system with either a Gleason score less than 6, or where major interventionist therapy is not required. Major interventionist therapy includes but is not limited to prostatectomy, radiotherapy, brachytherapy, chemotherapy, biological response modifiers or any other major treatment. • Carcinoma in situ of the penis where the tumour is classified as stage Tis under the TNM classification system and the tumour requires surgical excision. • Carcinoma in situ of one or both testes where the tumour is classified as stage Tis under the TNM classification system. • Carcinoma in situ of the perineum where the tumour is classified as stage Tis under the TNM classification system. • Carcinoma in situ of the breast where the tumour is classified as stage Tis under the TNM classification system. • Carcinoma in situ of the vulva, vagina or fallopian tube where the tumour is classified as stage Tis under the TNM classification system. • Carcinoma in situ of the cervix where the tumour is classified as stage Tis under the TNM classification system or CIN 3 grading. • Carcinoma in situ of the ovary where the tumour is classified as stage Tis under the TNM classification system. • Carcinoma in situ of the uterus where the tumour is classified as stage Tis under the TNM classification system. <p>We will make a payment of 100% of the benefit in the following circumstances:</p> <ul style="list-style-type: none"> • If a prostate tumour is classified under the TNM classification system as: <ul style="list-style-type: none"> • T1c or above, • T1a or T1b with a Gleason Score of 6 or above, or • T1a or T1b and is considered untreatable or if the insured person is required to undertake major interventionist therapy, which includes but is not limited to radiotherapy, brachytherapy, chemotherapy, biological response modifiers or any other major treatment. • Carcinoma in situ of the testicle, where one or both testes are removed by radical orchidectomy. <p>The following cancers are excluded:</p> <ul style="list-style-type: none"> • tumours that occur within the 90 day qualifying period, and • tumours that are a recurrence or metastases of a tumour that first occurred within the 90 day qualifying period.

Term	Definition
Carcinoma in situ	Carcinoma in situ means new growth of malignant cells in a specific location that have not yet invaded normal tissues and have been diagnosed by biopsy.
Cardiomyopathy (permanent)	<p>For us to pay a claim under this condition, the cardiomyopathy must be of a specified severity as set out below.</p> <p>Cardiomyopathy (permanent) means impairment of the ventricular function of variable aetiology resulting in significant and irreversible physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.</p>
Chronic lung failure	<p>For us to pay a claim under this condition, the lung failure must be of a specified severity as set out below.</p> <p>Chronic lung failure requiring permanent supplementary oxygen. For the purposes of this definition, the criteria for requiring supplementary oxygen will be an arterial blood oxygen partial pressure of 55 mmHg or less, while breathing room air.</p>
Coma	Coma means the failure of cerebral function as shown by total unresponsiveness to all external stimuli persisting continuously with the use of a life support system for a period of at least three days.
Coronary artery bypass surgery • Subject to a 90 day qualifying period	<p>Coronary artery bypass surgery means bypass grafting performed to correct or treat coronary artery disease but does not include:</p> <ul style="list-style-type: none"> • angioplasty • intra-arterial procedures • laser techniques, or • other non-surgical techniques.
Deafness (permanent) full payment	<p>For us to pay a claim under this condition, deafness must be of a specified severity as set out below.</p> <p>Deafness means the total and permanent loss of hearing in both ears, resulting in an auditory threshold of 91 decibels or greater, averaged at frequencies 500, 1000, 1500 and 3000 hertz, both natural and assisted, as a result of injury or sickness. The diagnosis needs to be confirmed by an appropriate specialist medical practitioner.</p>
Deafness (permanent) partial payment	We will make a partial payment, once only, if deafness (permanent) occurs in one ear resulting in an auditory threshold of 91 decibels or greater, averaged at frequencies 500, 1000, 1500 and 3000 hertz, both natural and assisted, as a result of injury or sickness . The diagnosis needs to be confirmed by an appropriate specialist medical practitioner .
Dementia including Alzheimer's disease (with severe cognitive impairment)	<p>For us to pay a claim under this condition, the definition of Alzheimer's disease and other dementias must be of a specified severity as set out below.</p> <p>Alzheimer's disease and other dementias means an unequivocal clinical diagnosis of dementia (including Alzheimer's disease) by an appropriate specialist medical practitioner resulting in significant cognitive impairment.</p> <p>Significant cognitive impairment means a deterioration in the insured person's Mini-Mental State Examination scores to 24 or less.</p>
Diplegia (permanent)	<p>For us to pay a claim under this condition, there must be permanent loss as set out below.</p> <p>The total and permanent loss of the use of both sides of the body due to injury or sickness.</p>
Encephalitis (resulting in permanent neurological deficit)	<p>For us to pay a claim under this condition, the encephalitis must be of a specified severity as set out below.</p> <p>Encephalitis means the severe inflammation of brain substance that results in significant and permanent neurological sequelae:</p> <ul style="list-style-type: none"> • with at least 25% permanent impairment of whole body function, or • the insured person being totally and permanently unable to perform at least one of the activities of daily living.

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End stage kidney failure	<p>For us to pay a claim under this condition, the kidney failure must be of a specified severity as set out below.</p> <p>Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.</p>
End stage liver failure	<p>For us to pay a claim under this condition, the liver failure must be of a specified severity as set out below.</p> <p>End stage liver failure resulting in:</p> <ul style="list-style-type: none"> • permanent jaundice, and • ascites or encephalopathy.
Heart attack (of specified severity) <ul style="list-style-type: none"> • Subject to a 90 day qualifying period 	<p>For us to pay a claim under this condition, the heart attack must be of a specified severity as set out below.</p> <p>Heart attack (myocardial infarction) means the death of heart muscle as a result of inadequate blood supply to the relevant area.</p> <p>There must be an unequivocal diagnosis of a heart attack by a cardiologist, with evidence of typical rise and/or fall of cardiac biomarkers with at least one value above the 99th percentile of the upper reference limit, plus at least one of the following:</p> <ul style="list-style-type: none"> • cardiac symptoms and signs consistent with myocardial infarction (eg chest pain), • new serial ECG changes with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block (LBBB), or • imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. <p>If the above tests are inconclusive, we may consider other appropriate and medically recognised tests that unequivocally diagnose a myocardial infarction to the degree of severity or greater than that outlined above.</p> <p>The following are not covered:</p> <ul style="list-style-type: none"> • other acute coronary syndromes including but not limited to angina pectoris, and • elevated cardiac enzymes or biomarkers arising from elective percutaneous coronary interventions or coronary bypass grafting.
Heart valve surgery (via open heart)	<p>The undergoing of open heart surgery to replace or repair a heart valve as a consequence of a heart valve defect. Angioplasty, intra-arterial procedures and other non-surgical techniques are excluded.</p>
Hemiplegia (permanent)	<p>For us to pay a claim under this condition, there must be permanent loss as set out below.</p> <p>Hemiplegia means the total and permanent loss of the use of one side of the body due to injury or sickness.</p>
HIV – accidental infection through medical procedure	<p>The accidental infection with the Human Immunodeficiency Virus (HIV) after the start of this plan, which arose from one of the following medically necessary events which must have occurred to the insured person while in Australia by a recognised and registered health professional:</p> <ul style="list-style-type: none"> • a blood transfusion • transfusion with blood products • organ transplant to the insured person • assisted reproductive techniques, or • a medical procedure or operation performed by a medical practitioner. <p>Notification and proof of the incident will be required via a statement from the appropriate Statutory Health Authority that the infection is medically acquired. HIV infection transmitted by any other means including sexual activity or recreational intravenous drug use is specifically excluded.</p> <p>This benefit will not apply in the event that any medical cure is found for AIDS or the effects of the HIV virus or a medical treatment is developed that results in the prevention of the occurrence of AIDS. Cure means any treatment that renders the HIV inactive or non infectious.</p> <p>All testing must be conducted by Australian Government approved specialist pathology laboratories. If required by us, we must be given access to all blood and body fluid samples tested and we must be allowed to independently test them.</p> <p>We may require that blood and body fluid collection and diagnostic testing be repeated.</p>

Term	Definition
HIV – accidental occupational infection	<p>Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring while the insured person was carrying out the normal duties of his or her usual occupation. No payment will be made unless all the following are proven to our satisfaction:</p> <ul style="list-style-type: none"> • proof of the accident giving rise to the infection • proof that the accident involved a definite source of the HIV infection, and • proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident. <p>All testing must be conducted by Australian Government approved specialist pathology laboratories. If required by us, we must be given access to all blood and body fluid samples tested and we must be allowed to independently test them. We may require that blood and body fluid collection and diagnostic testing be repeated.</p> <p>HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.</p> <p>This benefit will not apply in the event that any medical cure is found for AIDS or the effects of the HIV virus or a medical treatment is developed that results in the prevention of the occurrence of AIDS. Cure means any treatment that renders the HIV inactive or non infectious.</p>
Idiopathic pulmonary hypertension	Idiopathic pulmonary hypertension means primary pulmonary hypertension with right ventricular enlargement established by investigations including cardiac catheterisation.
Invade	Invade means to move away from the site of origin into surrounding tissue or beyond.
Loss of capacity for independent living	<p>For us to pay a claim under this condition, the definition of Loss of capacity for independent living must be of a specified severity as set out below.</p> <p>Loss of capacity for independent living means that as a result of an injury or sickness, the insured person is permanently unable to perform at least two of the activities of daily living without assistance.</p>
Loss of the use of a limb (permanent)	<p>For us to pay a claim under this condition, there must be permanent loss as set out below.</p> <p>The total and permanent loss of the use of one hand or foot.</p>
Loss of the use of limbs (permanent)	<p>For us to pay a claim under this condition, there must be permanent loss as set out below.</p> <p>The total and permanent loss of the use of:</p> <ul style="list-style-type: none"> • both hands • both feet, or • one hand and one foot.
Loss of the use of limbs and sight (permanent)	<p>For us to pay a claim under this condition, there must be permanent loss as set out below.</p> <p>The total and permanent loss of the use of:</p> <ul style="list-style-type: none"> • one hand and the sight of one eye, or • one foot and the sight of one eye.
Loss of speech (permanent)	<p>For us to pay a claim under this condition, there must be permanent loss as set out below.</p> <p>Total and permanent loss of the ability to produce intelligible speech as a result of permanent damage to the larynx or its nerve supply from the speech centres of the brain, whether caused by injury, tumour or sickness.</p>
Major head trauma (with permanent neurological deficit)	<p>For us to pay a claim under this condition, the major head injury must be of a specified severity as set out below.</p> <p>Major head trauma (with permanent neurological deficit) means cerebral injury caused by external trauma which results in permanent neurological deficit:</p> <ul style="list-style-type: none"> • with at least 25% permanent impairment of whole body function, or • with the insured person becoming totally and permanently unable to perform at least one of the activities of daily living.

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Major organ transplant <ul style="list-style-type: none"> Subject to a 90 day qualifying period for Children's trauma option 	Major organ transplant means: <ul style="list-style-type: none"> the receipt of a transplant, from someone else, of human stem cells from blood or bone marrow, or of whole human organs upon specialist medical advice and proof of being placed on an official Australian acute care hospital waiting list to undergo necessary organ transplant, or undergoing permanent mechanical replacement for one or more of the following human organs: heart, lung, liver, kidney, pancreas or small bowel.
Medical condition requiring life support	The occurrence of a medical condition that causes the need for continuous mechanical ventilation via tracheal intubation 24 hours per day for 10 consecutive days in an authorised intensive care unit of an acute care hospital. Any medical conditions resulting from alcohol or drug intake, or other self inflicted means, are excluded.
Motor neurone disease	Motor neurone disease means unequivocal diagnosis of motor neurone disease by an appropriate specialist medical practitioner and confirmed by neurological investigations.
Multiple sclerosis (persisting impairment)	Multiple sclerosis (persisting impairment) means the unequivocal diagnosis of multiple sclerosis confirmed by an appropriate specialist medical practitioner where there has been more than one episode of neurological deficit with persisting neurological abnormalities.
Muscular dystrophy	Muscular dystrophy means the unequivocal diagnosis of muscular dystrophy confirmed by an appropriate specialist medical practitioner .
Out of hospital cardiac arrest	Cardiac arrest that is the sudden breakdown of the heart's pumping function where it: <ul style="list-style-type: none"> is due to asystole or ventricular fibrillation as documented by electrocardiographic (ECG) changes is not associated with any clinical procedure, and occurs outside a hospital or other medical facility. If electrocardiogram changes are inconclusive or an ECG is not available, we will consider other medical evidence that unequivocally confirms an out of hospital cardiac arrest has occurred. Examples of suitable evidence include but are not limited to: Ambulance and Hospital Medical Reports confirming cardiac arrest or the administration of Cardiopulmonary Resuscitation (CPR) by an attending ambulance officer or trained first aid officer or Automated External Defibrillator (AED) data.
Paraplegia (permanent)	<div style="background-color: #e6f2ff; padding: 5px;"> <p>For us to pay a claim under this condition, there must be permanent loss as set out below.</p> </div> <p>The total and permanent loss of the use of the lower limbs due to spinal cord injury or sickness.</p>
Parkinson's disease (with significant functional impairment)	<div style="background-color: #e6f2ff; padding: 5px;"> <p>For us to pay a claim under this condition, Parkinson's disease must be of a specified severity as set out below.</p> </div> <p>Parkinson's disease (with significant functional impairment) means an unequivocal diagnosis of degenerative idiopathic Parkinson's disease confirmed by an appropriate specialist medical practitioner, as characterised by the clinical manifestation of one or more of the following:</p> <ul style="list-style-type: none"> rigidity tremor akinesia <p>resulting from the degeneration of the nigrostriatal system. All other types of Parkinsonism are excluded (for example, secondary to medication).</p>
Pneumonectomy	The insured person undergoes surgical removal of an entire lung.
Quadriplegia (permanent) (also defined as tetraplegia)	<div style="background-color: #e6f2ff; padding: 5px;"> <p>For us to pay a claim under this condition, there must be permanent loss as set out below.</p> </div> <p>The total and permanent loss of the use of the upper and lower limbs due to spinal cord injury or sickness.</p>
Severe burns to specified body surface area	<div style="background-color: #e6f2ff; padding: 5px;"> <p>For us to pay a claim under this condition, the burns must be of a specified severity as set out below.</p> </div> <p>Severe burns to specified body surface area means full thickness burns to:</p> <ul style="list-style-type: none"> 20% or more of the body surface as measured by the Lund and Browder Body Surface chart (or equivalent classification) 50% or more of the face requiring surgical debridement and/or grafting, or 50% of both hands or both feet requiring surgical debridement and/or grafting.

Term	Definition
Severe rheumatoid arthritis	<p>For us to pay a claim under this condition, the rheumatoid arthritis must be of a specified severity as set out below.</p> <p>Severe rheumatoid arthritis means the unequivocal diagnosis of severe rheumatoid arthritis by an appropriate specialist medical practitioner. To fulfil the criteria for severe rheumatoid arthritis:</p> <ul style="list-style-type: none"> there must be a diagnosis of Rheumatoid Arthritis as specified by the 2010 Rheumatoid Arthritis Classification Criteria⁽ⁱ⁾ the condition must be unresponsive to treatment for at least nine months with disease-modifying antirheumatic drugs and biologic agents there must be symptoms and signs of persistent inflammation (swelling and tenderness) of multiple joints, and due to rheumatoid arthritis, the insured person must permanently satisfy two of the following criteria: <ul style="list-style-type: none"> Dexterity – The inability to use hands and fingers to pick up and manipulate small objects such as cutlery, including being unable to write using a pen or pencil. Lifting – The inability to lift, carry or otherwise move everyday objects by hand. Everyday objects include a kettle of water, a bag of shopping, an overnight bag or briefcase. Bending – The inability to bend or kneel to pick up something from the floor and stand up again and the inability to get into and out of a standard car. Mobility – The inability to walk a distance of 200 metres on flat ground, with or without the aid of a walking stick and without having to rest or experiencing severe discomfort. <p>(i) American College of Rheumatology and European League Against Rheumatism.</p>
Stroke (diagnosed)	<p>Stroke (diagnosed) means the damage of brain tissue because of a cerebrovascular incident caused by haemorrhage, embolism, or thrombosis, associated with the sudden onset of objective neurological deficit.</p> <p>The incident must be demonstrated by Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.</p> <p>The following are not covered:</p> <ul style="list-style-type: none"> transient ischaemic attacks cerebral symptoms associated with reversible neurological deficit cerebrovascular disorder of the eye or optic nerve symptoms due to migraine or headache, and brain tissue damage caused by head injury.
Subacute sclerosing panencephalitis	<p>The certain diagnosis of subacute sclerosing panencephalitis.</p>
Triple vessel angioplasty	<p>Triple vessel angioplasty means the actual undergoing for the first time of coronary artery angioplasty to correct a narrowing or blockage of three or more coronary arteries within the same procedure or via two procedures no more than two months apart. Angiographic evidence, indicating obstruction of three or more coronary arteries, is required to confirm the need for this procedure.</p> <p>Coronary arteries refer to the right coronary, circumflex, left main stem and left anterior descending arteries.</p>
Viral encephalitis	<p>For us to pay a claim under this condition, the viral encephalitis must be of a specified severity as set out below.</p> <p>Viral encephalitis means the severe inflammation of brain substance that results in significant and permanent neurological sequelae, with at least 25% permanent impairment of whole body function.</p>

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Term	Definition
Appropriate work	<p>Appropriate work means an occupation that:</p> <ul style="list-style-type: none"> • does not require the insured person to move their residence or travel unreasonable distances to get to work • involves the important duties that are consistent with those performed by the insured person prior to their disability, and • based on medical evidence, involves duties that can be performed by the insured person.
Benefit period	<p>Benefit period means the maximum period of time that we'll pay a benefit for any one injury or sickness for which we assess the insured person as totally or partially disabled. Unless otherwise specified, the benefit period commences at the end of the waiting period. The insurance schedule specifies the benefit period that has been selected.</p>
Earnings	<p>Earnings means the total of the proceeds of sales of goods and/or services that is earned in the course of the business before any expenses.</p>
Farming	<p>Farming means being actively engaged in raising crops or animals for commercial purposes.</p>
HIV	<p>HIV means any Human Immunodeficiency Virus evidenced by the presence of the virus, or antibodies to the virus, in the blood of the insured person.</p>
Important duties	<p>Important duties means one or more duties that are important and essential in producing income.</p>
Income	<p>Occupation categories MP, AA, A, B, C, D, BY, CY and DY</p> <p>Income means:</p> <ul style="list-style-type: none"> • if the insured person owns part or all of a business or practice, income is money generated by the business or practice due to the insured person's own activity, after all expenses in earning that income have been deducted, or • if the insured person is employed, his or her income is the total package, including commissions, regular bonuses, superannuation and fringe benefits. <p>Income does not include investment or interest income.</p> <p>For the purpose of Partial disability benefit for the Income Insurance Plus Plan and Income Insurance Plan, if the insured person has not returned to work but evidence shows he or she is capable of returning to work, income is the amount the insured person would be capable of earning.</p> <p>Occupation category F</p> <p>Income means the gross farm income attributable to the insured person. Income does not include investment or interest income.</p> <p>If you purchase the Superannuation contributions option</p> <p>If you purchase the Superannuation contributions option your superannuation contributions, up to the selected superannuation contributions rate, will not be included as income. Any contributions exceeding the selected superannuation contributions rate will be included as income.</p>
Monthly benefit	<p>The amount that is insured is known as the monthly benefit for income insurance plans or the Business Expenses Insurance Plan. This amount is fixed and will only change if you choose to increase your cover to keep up with increases in inflation, or you later apply to increase or decrease your cover.</p>
Occupational incident	<p>Occupational incident means an incident that happens while the insured person is performing the usual duties of his or her normal occupation and involves contact with a body substance that may put the insured person at risk of transmission of HIV, Hepatitis B or Hepatitis C infection.</p>
Offset amounts	<p>Offset amounts means any sum of money paid to you for which we are entitled to reduce the benefit. Refer to When your benefit is reduced from pages 81 to 83.</p>
Partial disability benefit amount	<p>This is the amount calculated in the Partial disability benefit – How much we pay for partial disability section on page 79.</p> <p>If you purchase a benefit period to age 70 plan, your benefit amount will reduce when you are over the age of 65. The percentage of the benefit that you will receive is outlined in the If your benefit period to age 70 section on page 97.</p>
Pre-disability income	<p>Pre-disability income means the insured person's highest average monthly income for any consecutive 12 months over the three years prior to disability. If the insured person is on maternity, paternity or sabbatical leave and becomes disabled, the three year period will be up to immediately before the leave commenced. Pre-disability income is indexed while on claim.</p>

Term	Definition
Rehabilitation	Rehabilitation means occupational rehabilitation for the purpose of returning the insured person to employment. Occupational rehabilitation includes initial rehabilitation assessment, functional assessment, workplace assessment, vocational assessment and vocational retraining. Any occupational rehabilitation must be as part of a return to work program approved by us.
Superannuation Guarantee Rate	The Superannuation Guarantee Rate is 10.5% as at 1 July 2022. The government has passed legislation for this to incrementally rise to a maximum of 12%, however this may change. For the rate applicable from time to time, please refer to ato.gov.au .
Total disability benefit amount	This is the amount calculated in the Total disability benefit – How much we pay for total disability section on page 76. If you purchase a benefit period to age 70, your benefit amount will reduce when you are over the age of 65. The percentage of the benefit that you will receive is outlined in the If your benefit period to age 70 section on page 97.
Waiting period	Waiting period means the period length of time that needs to have passed before we will commence paying a benefit. Unless otherwise specified, the waiting period starts from the date we agree the insured person is totally disabled or partially disabled from, in accordance with the terms and conditions of your plan. Some benefits are payable during the waiting period. Where benefits are payable during the waiting period, this is described in the relevant definitions of this PDS. The insurance schedule specifies the waiting period that has been selected.

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Interim cover

Interim cover

In this section:

- ▶ **Interim cover certificate – Elevate Insurance**
 - Life insurance
 - Total and permanent disability (TPD) insurance
 - Trauma insurance
 - Income insurance and Business expenses insurance
- ▶ **When we won't pay for interim cover under Life insurance, Trauma insurance and TPD insurance**
- ▶ **When we won't pay for interim cover under income insurance or business expenses insurance**
- ▶ **When does interim cover commence?**
- ▶ **Duration of interim cover**

Interim cover

Interim cover certificate – Elevate Insurance

This certificate applies to all the plans listed below. It does not apply where an existing contract of insurance held with Resolution Life is being replaced.

Details (please print):

Insured/Proposer:

Person to be insured:

Resolution Life provides you with interim cover at no extra cost while your application for cover is being assessed. Interim cover may be inside or outside **super**, depending on whether your application for insurance cover is inside or outside super. However, if your application for insurance cover is being made as a prospective member of NMRF, any interim cover will be provided outside super.

Life insurance

If you have applied for a **life insurance plan**, you are covered for interim death cover. The interim death cover will be payable if the **insured person** dies within 90 days of the date that interim cover commences as a result of an **injury** or **sickness** that occurs during the term of the interim cover and is subject to superannuation law, for interim death cover inside super.

Total and permanent disability (TPD) insurance

If you have applied for a **TPD insurance plan** or **TPD option** (other than **ADL TPD**), you are covered for interim accident TPD cover. Generally, the interim accident TPD cover will be payable if the **insured person** suffers TPD (based on the any occupation definition) as a result of an accidental body **injury**. For interim TPD insurance inside super, a TPD benefit will only be payable if the insured person also meets the **permanent incapacity** definition (page 119). Payment is subject to superannuation law.

Please refer to the **Glossary of total and permanent disability (TPD) insurance definitions** starting on page 122.

Trauma insurance

If you have applied for a **trauma insurance plan** or **trauma option**, you are covered for interim accident trauma cover. The interim accident trauma cover will be payable if the **insured person** suffers one of the following **trauma conditions** solely as a result of accidental body **injury**:

- blindness (permanent)
- coma
- diplegia (permanent)
- hemiplegia (permanent)
- loss of capacity for independent living
- major head trauma (with permanent neurological deficit)
- paraplegia (permanent)
- quadriplegia (permanent) (also defined as tetraplegia)
- severe burns to specified body surface area.

Please refer to the **Glossary of medical conditions** starting on page 123.

Income insurance and Business expenses insurance

If you have applied for an **income insurance plan** or the Business Expenses Insurance Plan, you are covered for interim income insurance or business expenses insurance cover.

We will pay the amount of cover if the total disability of the person to be insured lasts for at least the length of the **waiting period** that is applied for. The total disability must be caused by an **injury** which occurs after this cover starts, or by a **sickness** which is contracted and commences more than 30 days after this cover starts. For interim income insurance inside super, the payment of a total disability benefit is subject to superannuation law.

The **benefit period** under this cover will be the shorter of:

- the benefit period for **injury** or **sickness** applied for, or
- two years.

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When we won't pay for interim cover under Life insurance, Trauma insurance and TPD insurance

We will not pay if death, **TPD** or trauma was as a result of or associated with or was caused by or contributed to by:

- the **insured person** or the **policy owner**, on purpose
- suicide, whether sane or insane
- intentional self **injury**, including intentionally contracted infection by bacteria or virus, or any attempt there at
- making or attempting to make a flight in an aircraft other than as a passenger for whom a fare or fee has been paid, or as a passenger in an aircraft under charter
- the use of alcohol, recreational, illegal or prescription drugs or medicine, except where following medical advice
- an event which occurred before the application was submitted
- any medical condition, **injury** or **sickness** that the **insured person** had before the application was submitted unless:
 - the **insured person** was not aware of, and
 - a reasonable person in the circumstances could not be expected to have been aware of the medical condition, **injury** or **sickness** at or before the time the application was submitted.

We will also not pay for the following:

- if the insurance plan applied for is to replace existing insurance cover or another application for insurance on the **insured person's** life
- if your application for insurance would not have been accepted, had the underwriting decision been made immediately before the **injury** or **sickness** giving rise to a claim, under our standard underwriting rules at that time
- if the **injury** or **sickness** which is the cause of the claim would have been excluded, had the underwriting decision been made immediately before the **injury** or **sickness** under our standard underwriting rules at that time.

When we won't pay for interim cover under income insurance or business expenses insurance

No benefit is payable under this cover if total disability is caused or contributed to by:

- an **injury** or **sickness** that the **insured person** had before this cover began unless:
 - the **insured person** was not aware of, and
 - a reasonable person in the circumstances could not be expected to have been aware of the medical condition, **injury** or **sickness** at or before the time the application was submitted.
- the **insured person** or the **policy owner** on purpose
- uncomplicated pregnancy, miscarriage or childbirth
- war or war-like activities
- football injuries (all codes, types and forms), or
- motor cycle riding injuries (including trail and dirt bike riding).

We will also not pay for the following:

- if the insurance plan applied for is to replace existing insurance cover or another application for life insurance on the **insured person's** life
- if your application for insurance would not have been accepted, had the underwriting decision been made immediately before the **injury** or **sickness** giving rise to a claim, under our standard underwriting rules at that time
- if the **injury** or **sickness** which is the cause of the claim would have been excluded, had the underwriting decision been made immediately before the **injury** or **sickness**, under our standard underwriting rules at that time.

When does interim cover commence?

Cover commences on the date your completed application form, Personal statement and first premium payment (or an effective deduction authority for that amount) are received by us.

Duration of interim cover

The cover provided is valid until the earliest of the following:

- the time when insurance cover commences under another contract of insurance, being insurance cover that is intended to replace the insurance cover provided by the interim contract of insurance
- the time when the interim contract of insurance is cancelled
- the date of withdrawal, if you withdraw your application
- the date your application for insurance is declined
- 90 days after this cover starts.

Benefit payable for interim cover

Benefit	Amount
Life insurance	The lower of: <ul style="list-style-type: none">• the amount applied for, and• \$1,000,000
Total and permanent disability (TPD) insurance	The lower of: <ul style="list-style-type: none">• the amount applied for, and• \$600,000
Trauma insurance	The lower of: <ul style="list-style-type: none">• the amount applied for, and• \$600,000
Income insurance and Business expenses insurance	The lower of: <ul style="list-style-type: none">• the Total disability benefit applied for excluding additional options, and• the Total disability benefit we would allow under our usual underwriting rules. <p>The maximum benefit we will pay under this cover is \$200,000</p>

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