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Supplementary Product Disclosure Statement

Issued: 30 January 2023

SUPPLEMENTARY PRODUCT DISCLOSURE STATEMENT AND POLICY UPDATE

This Supplementary Product Disclosure Statement (SPDS) and Policy Update is issued by Integrity Life Australia Limited (ABN 83 089 981 073, AFSL 245492). This SPDS and Policy Update is effective on and from 30 January 2023 and supplements the information contained in the Integrity's Here for You Product Disclosure Statement (PDS) and Integrity's Here for You Policy Document (Policy Document), each of which were issued on 1 October 2021.

You should read this SPDS and Policy Update together with the PDS issued on 1 October 2021 before making a decision about purchasing an Integrity's Here for You policy.

When reading this SPDS, some words or expressions and medical terms (which generally begin with a capital letter) have a defined meaning. Where those words appear in this SPDS, they will have the meaning set out in the PDS, or the updated meaning as set out in this SPDS.

Summary of the changes we are making

The changes we are making to Integrity's Here for You PDS and Policy Document are summarised below.

- **Duty to take reasonable care** – We've updated our explanation of your duty to take reasonable care when applying for insurance. To find out more, see pages 2-4 and 22-23.
- **Applying for Cover** – Blue occupation class applicants aged 18 to 55 applying for Income Insurance can apply for a To Age 65 Payment Period. To find out more, see page 7.
- **Shared Product Features** – CPI rate increases are now available for Income Insurance Cover. To find out more, see pages 8 and 24.
- **Income Insurance Cover** – We've:
 - changed the way partial disability and returning to work impacts the Waiting Period. To find out more, see pages 8-9, and 24-25;
 - expanded access to the Top Up option to 70% Income Replacement Ratio. To find out more, see pages 9-10, and 26-27;
 - increased the amounts payable where you have an IRR of 70%. To find out more, see pages 11 and 27;
 - extended the time for which we will consider your Occupation to be Suitable Work where you have a 5 year Payment Period. To find out more, see page 19; and
 - limited the circumstances in which we will reduce your monthly benefits because of other payments you receive. We have removed Passive Income payments from the list of payments that will reduce the monthly benefit. If you receive payments from other disability insurance policies, credit or mortgage insurance, those payments will only reduce your monthly benefit if the cumulative total of those payments and your monthly benefits would exceed the maximum Cover Amount. To find out more, see pages 11-12 and 25.
- **Life Cover** – We've introduced a new 14 day Life Cover Reset option. If you have Life Cover and TPD Insurance, have selected this option, and your Life Cover Amount was reduced by a TPD claim, you can reset your Life Cover Amount 14 days after it was

reduced without further medical evidence being provided. To find out more, see pages 6, 12-13, and 28-29.

- **Critical Illness Cover (Medical Definitions)** – We've:
 - updated the definition of Multiple Sclerosis – with specified severity (full benefit), which supersedes the Multiple Sclerosis (partial benefit) medical condition, which has therefore been removed from the list of partial benefits under Extra Medical conditions. To find out more, see pages 20 and 32-33;
 - updated the definition of Severe Parkinson's Disease (full benefit), which supersedes the Parkinson's Disease (partial benefit) medical condition, which has therefore been removed from the list of partial benefits under Extra Medical conditions. To find out more, see pages 21 and 33;
 - updated the table references to the Medical Conditions table. To find out more, see pages 14-17 and 18.
- **Care Support Package** – The Care Support Package is now available to Occupation Class 5. We've also clarified when the Care Support Package ends. To find out more, see pages 17 and 30.
- **Definitions (Non-Medical Definitions)** – We've updated the definition of Insurable Monthly Earnings, Suitable Work, and Total Disability. To find out more, see pages 18-20 and 30-32.

PART A: CHANGES TO THE PDS

To help you understand the changes to your product, this SPDS amends the PDS as follows:

In the **What you need to know** section, the information that appears under the heading **Duty to take reasonable care** on pages 9-11 of the PDS is deleted and replaced with the following.

Duty to take reasonable care

When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into.

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

This duty also applies when extending or making changes to existing insurance, and reinstating insurance.

If you do not meet your duty

If you do not meet your legal duty, 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.

Guidance for answering our questions

You are responsible for the information provided to us. 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.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) 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.

If you need help

It's important that you understand this information and the questions we ask. Ask us or your adviser for help if you have difficulty understanding the process of buying insurance or answering our questions.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help and can provide additional support for anyone who might need it. If you want, you can have a support person you trust with you.

About this application

When you apply for life 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.

Notifying the insurer

If, after the Cover starts, you think you may not have met your duty, please contact us immediately and we'll let you know whether it has any impact on the Cover.

What can we do if the duty is not met?

If the person who answers our questions does not 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.

For example we may:

- avoid the Cover (treat it as if it never existed);
- vary the amount of the Cover; or
- vary the terms of the Cover.

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 explain our reasons, how to respond and provide further information, and what you can do if you disagree.

Update to Overview

In the **Overview** section, the table that appears under the heading **Income Insurance** on pages 14 and 15 of the PDS is deleted and replaced with the following because for Income Insurance, CPI Rate increases are available.



Income Insurance – helps protect the Life Insured's income if the Life Insured becomes Totally or Partially Disabled and does not have capacity to carry out Suitable Work as a result of sickness or injury.

Stepped Premium

For Cover with a **2 year Payment Period**, you can apply for Stepped Premium if the Life Insured is aged between 18 and 59 years of age.

For Cover with a **5 year Payment Period** or **To Age 65 Payment Period**, you can apply for Stepped Premium if the Life Insured is aged between 18 and 55 years of age.

Application Age

Level Premium

For Cover with a **2 year Payment Period** you can apply for Level Premium if the Life Insured is aged between 18 and 55 years of age.

For Cover with a **5 year Payment Period** or **To Age 65 Payment Period**, you can apply for Level Premium if the Life Insured is aged between 18 and 50 years of age.

Expiry Age

Income Insurance Cover will end on the Life Insured's 65th birthday.

Minimum Cover Amount

The minimum Cover Amount is \$1,500 per month.

Maximum Cover Amount

The maximum Cover Amount is calculated as the amount covered for every dollar in each Monthly Earnings bracket depending on your Monthly Earnings (as set out on page 43) and the Income Replacement Ratio (IRR) you choose and is subject to a maximum for the IRR (as set out below).

IRR	Maximum Cover Amount
50%	\$17,500 per month
60%	\$25,250 per month
70%	\$30,000 per month

Eligibility

Income Insurance Cover is available to Australian Residents and Occupation classes 1 to 4, subject to the Payment Period chosen.

Features

- Total Disability benefit.
 - Partial Disability benefit.
 - Rehabilitation and retraining benefit.
 - Relapse of Total Disability or Partial Disability.
 - Interim Accident Cover.
 - Easy Increases for Life Events.
 - Premium Relief in the event of difficult or changing times.
 - 24 hours Worldwide protection.
 - CPI Rate increase.
 - Continued Cover at Policy Anniversary until Cover Expiry Date.
 - Guaranteed Upgrade.
 - Continuation option (where Cover is held inside superannuation).
-

Optional Extras

Available on all Income Insurance Cover:

- Total Disability Top Up option.
 - Superannuation Continuation Cover option (where Cover is held outside superannuation).
 - Claim Benefit Indexation option (except where 2 year Payment Period is chosen).
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In the **Overview** section, the table that appears under the heading **Life** on page 15 of the PDS is deleted and replaced with the following because a 14 day Life Cover Reset is now available for Life cover.



Life – provides a lump sum in the event of the Life Insured's death or diagnosis of a Terminal Illness.

	<p>Stepped Premium</p> <p>You can apply if the Life Insured is aged between 18 and 75 years of age.</p> <p>Level Premium</p> <p>You can apply if the Life Insured is aged between 18 and 59 years of age.</p>
Application Age	
Expiry Age	<p>Life Cover will end on:</p> <ul style="list-style-type: none"> the Life Insured's 135th birthday (for a Policy held outside superannuation), or the Life Insured's 100th birthday (for a Policy held inside superannuation).
Minimum Cover Amount	The minimum Cover Amount is \$50,000.
Maximum Cover Amount	There is no maximum Cover Amount.
Eligibility	Life Cover is available to Australian Residents and all Occupation classes.
Features	<ul style="list-style-type: none"> Lump sum benefit in the event of Death and Terminal Illness. Advance payments of \$25,000 for funeral costs or other end of life expenses. Interim Accident Cover. Easy increases for Life Events and Business Events. Professional Services benefit. Premium Relief in the event of difficult or changing times. 24 hours Worldwide protection. CPI Rate increase. Continued Cover at Policy Anniversary. Guaranteed Upgrade. Care Support Package.
Optional Extras	<ul style="list-style-type: none"> Premium Waiver. Continuation option. Life Cover Reset. 14 day Life Cover Reset.

Update to Applying for Cover

In the **Applying for Cover** section, **table 5 Overview of entry and expiry ages for Income Insurance** page 22 of the PDS is deleted and replaced with the following because the 5 year Payment Period entry age is available to applicants aged between 18-55 years old only for the Stepped premium type.

Table 5. Overview of entry and expiry ages for Income Insurance

Cover type	Premium type	Payment Period	Entry ages	Expiry ages
Income Insurance	Stepped	2 year	18-59	The Life Insured's 65th birthday.
		5 year To Age 65	18-55	
	Level	2 year	18-55	
		5 year To Age 65	18-50	

In the **Applying for Cover** section, **table 5.1** (Income insurance entry ages by Occupation in class – stepped premiums only) page 23 of the PDS is deleted and replaced with the following because Blue occupation class applicants aged 18 to 55 can apply to have a Payment Period to Age 65.

Table 5.1 Income Insurance entry ages by Occupation class – stepped premiums only

Payment Period	Professional		White Collar		Light Blue		Blue		Heavy Blue	
	18-55	56-59	18-55	56-59	18-55	56-59	18-55	56-59	18-55	56-59
2 years	✓	✓	✓	✓	✓	✓	✓	x	✓	x
5 years	✓	x	✓	x	✓	x	✓	x	x	x
To Age 65	✓	x	✓	x	✓	x	✓	x	x	x

Update to Shared Product Features

In the **Shared Product Features** section, the information that appears under the heading **CPI increases for Cover** on page 38 of the PDS is deleted and replaced with the following because for Income Insurance, CPI rate increases are available.

CPI increases for Cover

If you select CPI rate increases your Cover Amount for Life Cover, Critical Illness Cover, TPD Cover or Income Insurance Cover will adjust each year in line with the CPI Rate unless you contact us to decline the increase. By adjusting your Cover Amount by the CPI Rate each year, your Cover reflects changes to the cost of living. When a Cover Amount increases each year, so will your premiums.

If a Life Insured is covered for the Care Support Package, the benefits are fixed and will not increase in line with the CPI Rate, although these amounts may increase in the future, in accordance with our upgrade guarantee.

If you select CPI rate increases for Income Insurance it's important you check that the increased Cover doesn't exceed the maximum Cover Amount based on the Income Replacement Ratio you've selected. Where it does, there is a risk that you will be over insured (that is, your Cover Amount may be more than the possible loss you could claim as a result of the insured event). If this occurs, you should contact your financial adviser and consider whether you should adjust your Cover.

If you have suspended Cover for a Life Insured, we will not increase the Cover Amount while the Cover is on hold. Cover will not increase above the maximum Cover Amount as set out in Table 8 on page 26.

Update to Income Insurance Cover

In the **Income Insurance Cover** section, the information that appears under the heading **What is a Waiting Period?** on page 44 of the PDS is deleted and replaced with the following to update the definition for Waiting Period. Any days or part days in which the Life Insured works during the Waiting Period will no longer automatically extend the Waiting Period, and if the Life Insured has a Waiting Period of 30, 60 or 90 days and remains at least Partially Disabled, the Waiting Period will no longer restart if the Life Insured works at full capacity for 5 consecutive days.

What is a Waiting Period?

The Waiting Period is the number of consecutive days which the Life Insured must:

- be either Totally or Partially Disabled; and
- be under the regular care and following the advice of a Medical Practitioner in relation to the sickness or injury causing Total Disability or Partial Disability,

before a monthly benefit is payable.

No monthly benefit is payable during, or in respect of, the Waiting Period.

The Waiting Period will restart if the Life Insured returns to work at full capacity for:

- 5 consecutive days where a Waiting Period of 180 days is chosen; or
- 10 consecutive days where a Waiting Period greater than 180 days is chosen.

If your Waiting Period is 30, 60 or 90 days and you remain at least Partially Disabled, the Waiting Period will not restart if you return to work during the Waiting Period.

In the **Income Insurance Cover** section, **table 13** on page 45 of the PDS and **table 13.1** on page 46 of the PDS are deleted and replaced with the following because we are now offering the Top Up option for IRR of 70%.

Table 13. Total Disability Top Up option example#

IRR	Top Up amount
50%	<p>The monthly benefit will increase by 20% subject to a maximum Income Replacement Ratio of 60%.</p> <p>For example, where the IRR 50% has been chosen and the Total Disability monthly benefit payable in a month is \$5,000 (from Pre-Disability Income of \$10,000 per month), the Total Disability Top Up benefit would be \$1,000 – so it tops up the total benefit payable in that month to \$6,000.</p> <p>Refer to the table on the following page to see how this option will apply to all income brackets.</p>
60%	<p>The monthly benefit will increase by 16.67% subject to a maximum Income Replacement Ratio of 70%.</p> <p>Where the IRR 60% has been chosen and the Total Disability monthly benefit payable in a month is \$6,000 (from Pre-Disability Income of \$10,000 per month), the Total Disability Top Up benefit would be \$1,000 – so it tops up the total benefit payable in that month to \$7,000.</p> <p>Refer to the table on the following page to see how this option will apply to all income brackets.</p>
70%	<p>The monthly benefit will increase by 28.57% subject to a maximum Income Replacement Ratio of 90%.</p> <p>Where the IRR 70% has been chosen and the Total Disability monthly benefit payable in a month is \$7,000 (from Pre-Disability Income of \$10,000 per month), the Total Disability Top Up benefit would be \$2,000 – so it tops up the total benefit payable in that month to \$9,000.</p> <p>Refer to the table on the following page to see how this option will apply to all income brackets.</p>

Payment amount may be impacted by the effects of rounding.

Table 13.1. Effect of Total Disability Top Up option on IRRs#

Pre-Disability Income Bracket	IRR of 50%	IRR of 60%	IRR of 70%
For the first 6 month of claim			
Bracket 1 (\$0 - \$16,667)	60 cents for each dollar for the first six months (50 cents for each dollar where this option is not chosen)	70 cents for each dollar for the first six months (60 cents for each dollar where this option is not chosen)	90 cents for each dollar for the first six months (70 cents for each dollar where this option is not chosen)
Bracket 2 (\$16,667 - \$36,667)	30 cents for each dollar for the first six months (25 cents for each dollar where this option is not chosen)	52.5 cents for each dollar for the first six months (45 cents for each dollar where this option is not chosen)	64.3 cents for each dollar for the first six months (50 cents for each dollar where this option is not chosen)
Bracket 3 (\$36,667 - \$78,333)	12 cents for each dollar for the first six months (10 cents for each dollar where this option is not chosen)	17.5 cents for each dollar for the first six months (15 cents for each dollar where this option is not chosen)	25.7 cents for each dollar for the first six months (20 cents for each dollar where this option is not chosen)

Payment amount may be impacted by the effects of rounding.

In the **Income Insurance section**, the information that appears under the heading **How your benefit changes at different stages of your claim** on pages 47 and 48 of the PDS is deleted and replaced with the following, because we have removed the feature that reduces the Cover Amount payable after the first 2 years of a claim when a Life Insured is covered by an IRR of 70%. (This feature did not apply to a Life Insured covered by IRR of 50% or 60%.)

How your benefit changes at different stages of your claim

Where the Total Disability Top Up option has been chosen, the benefit paid in the first 6 months of claim may be increased (see page 45).

Note: On and after the Life Insured's 60th birthday and the Life Insured is not on claim, the Payment Period reduces to a maximum of 2 years. Where a claim is accepted after the Life Insured's 63rd birthday, the Payment Period will end on their 65th birthday.

In the **Income Insurance Cover section**, the information that appears under the heading **When we reduce the monthly benefit** on pages 48 and 49 of the PDS is deleted and replaced with the following because we will no longer reduce your monthly benefit by any Passive Income you receive.

In addition, we will only reduce your monthly benefit by payments you receive through any other individual or group disability income insurance, credit or mortgage insurance where the cumulative total of these amounts and your monthly benefits would exceed your maximum Cover Amount.

When we reduce the monthly benefit

We will reduce the monthly benefit payable by any of the following amounts the Life Insured receives:

- any payment received as a result of a worker's compensation or motor accident claim, or any claim under similar state or federal legislation in respect of the sickness or injury causing Total Disability or Partial Disability;
- social security benefits resulting from reduced Work Capacity; or
- lump sum payments related to disability which are intended to replace their income based on an appropriate monthly equivalent.

If the Policy is held inside superannuation, we will also reduce the monthly benefit payable by sick leave, annual leave or long service leave payments received by the Life Insured. If split Income Insurance applies, the balance of the Cover Amount (if any) is payable under the policy held outside superannuation.

We will also reduce the monthly benefit payable where payments are received through any other individual or group disability income insurance, credit or mortgage insurance and the cumulative total of those amounts and your Cover Amount would exceed the maximum Cover Amount applicable to the Income Replacement Ratio (IRR) chosen for your policy.

If the amount received is a lump sum payment, then for the purpose of the reduction, this will be treated as a series of 60 monthly payments, with each monthly payment equal to 1/60th of the lump sum payment.

We will reduce the monthly benefit payable to fully offset any other payment received as described in this section, however we will not offset any Life Cover, TPD Cover, or Critical illness Cover payments.

Update to Life Cover

In the **Life Cover** section, the **table 16** on page 57 of the PDS is deleted and replaced with the following because a Life Insured who also has TPD cover can apply for the new 14 day Life Cover Reset option and elect to reset their Life Cover 14 days after it was reduced by a TPD claim.

Table 16. Life Cover options extras

Extras – Available for additional cost	
Extras	Description
Premium waiver	<p>If the Life Insured holds Income Insurance Cover under this Policy and is continuously Totally Disabled or Partially Disabled due to sickness or injury for at least 3 months, we will waive the Life Cover premiums for that Life Insured from the end of the 3 month qualifying period until the earliest of:</p> <ul style="list-style-type: none"> - the Life Insured is no longer continuously Totally Disabled or Partially Disabled; - the Life Insured 's 65th birthday; and - the Life Insured dies. <p>Premiums under your Policy must be paid up to date for this to occur and overdue premiums will not be waived.</p> <p>We will not waive premiums if the Life Insured's Total Disability or Partial Disability is a result of a sickness or injury was either caused, or contributed to, by:</p> <ul style="list-style-type: none"> - an intentional self-inflicted injury or attempted suicide; - a normal or uncomplicated pregnancy or childbirth; - war or an act of war; - the Life Insured's participation in criminal activity or resulting from incarceration; or - something that we have specifically excluded; or

Extras – Available for additional cost

Extras	Description
	<ul style="list-style-type: none">– the conduct of the Life Insured, which has resulted in them being unable to perform the duties of their usual Occupation as a result of them being temporarily or permanently disqualified or deregistered, or a restriction being placed on them.
Life Cover Reset	<p>If:</p> <ul style="list-style-type: none">– Life Cover is combined with Critical Illness Cover and/or TPD Cover, and Life Cover is reduced¹,– For TPD Cover claims where the 14 Day Life Cover Reset Option doesn't apply, <p>the Cover that was reduced can be reset 12 months after it was reduced without having to provide further medical evidence.</p> <p>This option ceases on the Life Insured's 65th birthday. This option is only available once for a Life Insured and increases from Life Events will no longer be available for the Life Insured.</p>
14 Day Life Cover Reset (TPD only)	<p>If:</p> <ul style="list-style-type: none">– You select this option, and– Life Cover is combined with TPD Cover, and– Life Cover is reduced by a TPD claim¹, <p>your reduced Life Cover can be reset 14 days after it was reduced without any further medical evidence provided.</p> <p>This option ceases on the Life Insured's 65th birthday. This option is only available once for a Life Insured and Life Events increases will no longer be available for the Life Insured.</p>

¹ Where Life Cover, Critical Illness Cover and/or TPD Cover are combined, payment of one benefit will reduce the others by the amount paid.

Update to Critical Illness Cover

In the **Critical Illness** section, the information that appears in **Table 17** on pages 63 and 64 of the PDS is deleted and replaced with the following because we have updated the table reference to Table 19 for the Medical Conditions Table.

Table 17. Features of Critical Illness Cover

Features		
Cover	Description	How payments work
Before Life Insured's 70th birthday	<p>This Cover provides a lump sum payment in the event of the Life Insured's experiencing a Medical Condition listed in Table 19 Medical Conditions while the cover is in force*.</p> <p>The date that each Medical Condition will be deemed to have occurred is as follows:</p> <ul style="list-style-type: none"> - for a sickness, the date on which the sickness is diagnosed by a Medical Practitioner; - for an injury, the date that the injury occurs; - for a procedure or surgery, the date on which the Life Insured undergoes the procedure or surgery. <p>Each Medical Condition listed in Table 19 has a specific meaning as explained in the Medical Conditions Definitions section starting at page 103.</p>	<ul style="list-style-type: none"> - Other than for Coronary Artery Angioplasty, the benefit payable is the Critical Illness Cover Amount. - For Coronary Artery Angioplasty, the benefit payable is 25% of the Critical Illness Cover Amount up to a maximum of \$50,000. Multiple claims for Coronary Artery Angioplasty can be made until the Critical Illness cover Amount for the Life Insured has been paid.
When Life Insured aged between 70 and 75	<p>This Cover provides a lump sum payment in the event that the Life Insured, as a result of sickness or injury:</p> <ul style="list-style-type: none"> - is totally and permanently unable to perform at least 2 of the 6 Activities of Daily Living without the physical assistance of another person; or - suffers a Severe Cognitive loss (total and permanent) – requiring permanent caregiver, <p>while the Cover is inforce.</p> <p>When this change in Critical Illness cover occurs, your premium will be reduced.</p>	<p>The maximum Critical Illness Cover Amount available from the date the Life Insured turns 70 is \$2,000,000 across all policies issued by us. If the Life Insured is covered for more than \$2,000,000 at age 70, we will reduce the total Cover Amount pro rata under each policy and refund any overpaid premium.</p>

* For some conditions a qualifying period applies as shown on page 67 and 68.

In the **Critical Illness** section, the information that appears in Table 20 **Extra Medical Conditions table** on page 69 of the PDS is deleted and replaced with the following because we have removed the now redundant Nervous system conditions of Multiple Sclerosis and Parkinson's Disease.

Table 20. Extra Medical Conditions table

Extra Medical Conditions table	
Cancer and tumour conditions	Body organ conditions
Breast carcinoma in situ (with specified treatment)^	Colostomy/Ileostomy (permanent and irreversible)^
Carcinoma in situ (specified)^	Severe Crohn's Disease - requiring permanent immunosuppressant or biologic medication^
Chronic lymphocytic leukaemia – Rai Stage 0^	Severe Ulcerative Colitis - requiring permanent immunosuppressant or biologic medication^
Hydatidiform Mole - requiring surgical removal^	Blood conditions
Melanoma (early stage)^	Type 1 diabetes complications – with at least two complications of specified severity^
Prostate Cancer (early stage)^	
Other conditions	
Blindness in One Eye (total and permanent, best corrected)^	
Deafness in One Ear (total and permanent, best corrected)^	
Premature (early onset) osteoporosis – severe with bone fracture^	
Total and Permanent Loss of Use of One Specified Limb ^	

^ A 90 day qualifying period applies for the Extra Medical Condition

In the **Critical Illness** section, the information that appears in **When we will not pay a claim under reset Critical Illness Cover – Exclusions** on pages 70 and 71 of the PDS is deleted and replaced with the following because we have updated the table reference to Table 19 for the Medical Conditions Table .

When we will not pay a claim under reset Critical Illness Cover – Exclusions

In addition to the Critical Illness Cover exclusions, we will also not pay all or part of the reset Critical Illness Cover Amount for a Life Insured in the circumstances explained in Table 21.

Table 21: Critical Illness Cover Exclusions Table

Column 1	Column 2
For a Medical Condition which occurs (as explained in Table 17), or for which symptoms leading to the Medical Condition first became apparent, before the date the Critical Illness Cover is reset.	For the same Medical Condition as that for which the previous Critical Illness Cover claim was paid.
For Paralysis, Blindness in Both Eyes (total and permanent, best corrected) or Blindness in One Eye (total and permanent, best corrected), if caused by, or results from, a Stroke (excluding transient ischaemia attacks and other events) for which the previous Critical Illness Cover claim was paid.	For a Medical Condition the cause of which was related to, was caused by, or contributed to, the Medical Condition for which the previous Critical Illness Cover claim was paid.
For Paralysis, Blindness in Both Eyes (total and permanent, best corrected) or Blindness in One Eye (total and permanent, best corrected), if the previous Critical Illness Cover claim was paid for a Medical Condition listed under 'Heart and vessels conditions' in the Medical Conditions table.	For a Medical Condition which is listed under 'Heart and vessel conditions' in the Medical Conditions table if the previous Critical Illness Cover claim was paid for one of these Medical Conditions.
For Heart Attack or Stroke (excluding transient ischaemia attacks and other events) if the previous Critical Illness Cover claim was paid for Dementia including Alzheimer's Disease.	For a Medical Condition which is listed under 'Cancer and tumours conditions' in the Medical Conditions table or Extra Medical Conditions table if the previous Critical Illness Cover claim was paid for one of these Medical Conditions.

In addition to the circumstances under which the reset Critical Illness Cover can be paid, if the relapse option applies, we will pay a Critical Illness Relapse benefit if the Life Insured experiences a Medical Condition listed under:

- 'Heart and vessels conditions' in Table 19 Medical Conditions, or
- 'Cancer and tumours conditions in the Table 19 Medical Conditions, or Table 20 Extra Medical Conditions,

while the Cover is in force and before age 65, even if it would otherwise be excluded under Column 2 of Table 21. Otherwise, the exclusions which apply to Critical Illness Cover that is reset apply.

The Critical Illness Relapse benefit payable is 10% of the Critical Illness Cover Amount, up to a maximum of \$50,000 unless the Critical Illness Relapse benefit is payable for a 'Cancer and tumours' condition which is not due to the same, related to, was caused by or contributed to, a prior 'Cancer and tumours' condition.

If a Critical Illness Relapse benefit is payable for a 'Cancer and tumours' condition which is not the same, related to, was caused by or contributed to, a prior 'Cancer and tumours' condition, the amount payable for the Medical Condition is as described in Table 17 or the Extra Medical Conditions in Table 20. The Critical Illness Relapse benefit is not payable if the Life Insured is eligible for a benefit under the reset Critical Illness Cover.

Update to Care Support Package

In the **Care Support Package** section, the information that appears under the heading **Who can apply?** on page 80 of the PDS is deleted and replaced with the following because the Care Support Package is now available to Occupation class 5.

Who can apply?

The Care Support Package is made available to all Australian Residents who apply for an Integrity's Here for You Policy, and who are between 18 and 59 years of age.

The Care Support Package is included where the Life Insured holds Life Cover, Critical Illness Cover or TPD Cover. Eligibility for the Care Support Package is subject to underwriting.

In the **Care Support Package** section, the information that appears under the heading **When does Care Support Package Cover end?** on page 80 of the PDS is deleted and replaced with the following because the conditions on when the Care Support Package ends have been updated.

When does Care Support Package Cover end?

The Cover Expiry Date for Care Support Package Cover is the earliest of:

- when the last of Life Cover/Critical Illness Cover/TPD Cover the Care Support Package is combined with ends; or
- the Life Insured's 65th birthday; or
- when the Life Insured dies.

The Cover Expiry Date for Care Support Package Cover will be shown on your Policy Schedule.

The types of Care Support benefits payable are set out in Table 23.

Update to Definitions (non-medical definitions)

In the **Definitions (non-medical definitions)** section, the definition for Critical Illness Event on page 95 of the PDS is deleted and replaced with the following because the table reference for the Medical Conditions has been updated.

Critical Illness Event

means one of the Medical Conditions listed in Table 19 Medical Conditions.

In the **Definitions (non-medical definitions)** section, the definition for Insurable Monthly Earnings on page 96 is deleted and replaced with the following as we will no longer deduct Passive Income when calculating your Insurable Monthly Earnings.

Insurable Monthly Earnings

is the Life Insured's Monthly Earnings adjusted as follows:

- Where the Life Insured's Monthly Earnings are based on the Life Insured working more than 45 hours a week, we will reduce the Monthly Earnings in proportion to calculate Monthly Earnings equivalent to a 45 hour week (i.e. you cannot insure your income beyond what you can reasonably earn within a 45 hour week).
- Where the Life Insured receives large amounts that do not regularly occur, Monthly Earnings will be adjusted to ensure amounts which are not true reflection of Monthly Earnings including unusual bonuses, redundancy payments, over-time or other one-off amounts, are not included in the calculation of Monthly Earnings.

In the **Definitions (non-medical definitions)** section, the definition for Partial Disability and Partially Disabled on page 98 of the PDS is deleted and replaced with the following:

Partial Disability and **Partially Disabled** means solely as a result of sickness or injury, the Life Insured is:

- working to their full Work Capacity for less than 32 hours per week in Suitable Work; and
- earning Monthly Earnings of less than 80% of their Pre-Disability Income; and
- under the regular care and following the advice of a Medical Practitioner (including the requirements of any Recovery Management Plan) in relation to the sickness or injury which caused Partial Disability; and
- while not Totally Disabled, has solely due to sickness or injury returned to work in a reduced capacity in their Occupation, or any other occupation; and
- is no longer able to earn their Pre-Disability Income solely as a result of a sickness or injury.

If the Life Insured is not working or they are working but not to their full Work Capacity, then a Partial Disability benefit will be calculated allowing for the Life Insured's Work Capacity and not actual hours worked.

In the **Definitions (non-medical definitions)** section, the definition for Suitable Work on page 99 of the PDS is deleted and replaced with the following because for 5 Year Payment Periods, we are extending the time for which we will consider your Occupation to be Suitable Work.

Suitable Work

means:

- if you have a 2 or 5 year Payment Period, from the Date of your Disability and for the duration of your Waiting Period and your Payment Period, Suitable Work means your Occupation;
- if you have a to Age 65 Payment Period:
 - from the Date of your Disability and for the duration of your Waiting Period and the first 2 years of your Payment Period, Suitable Work means your Occupation; and
 - after that time and for the remainder of your Payment Period, Suitable Work means any occupation for which you are reasonably suited by way of education, training or experience.

In performing this assessment of Suitable Work, we will have regard to:

- the nature of your incapacity;
- your education, skills and work experience;
- any plan or document prepared as part of your Recovery Management Plan;
- any reasonable job modification;
- any occupational rehabilitation or retraining services that are being, or have been, provided to you; and
- any other relevant matters.

In performing this assessment, we will not take into consideration any expectations or demands to work more than 45 hours per week (i.e. our assessment will have regard to your capacity to perform Suitable Work for up to 45 hours per week, and not the physical and mental demands or expectations of working greater hours than 45 hours per week).

In the **Definitions (non-medical definitions)** section, the definition for Total Disability and Totally Disabled on pages 100-101 is deleted and replaced with the following:

Total Disability and Totally Disabled

means:

- within the initial 24 months of Total Disability for the Age 65 Payment Period, (in addition to the applicable Waiting Period); or
- the whole Payment Period for 2 Year and 5 Year Payment Periods (in addition to the applicable Waiting Period); and
- solely as result of a sickness or injury and the Life Insured is:

- not working in their Occupation and does not have Work Capacity to undertake Suitable Work; and
- under the regular care and following the advice of a Medical Practitioner (including the requirements of any Recovery Management Plan) in relation to the sickness or injury causing Total Disability.

For the Age 65 Payment Period, where the Life Insured has been Totally Disabled for 24 months or more (in addition to the applicable Waiting Period), Total Disability means, solely as result of a sickness or injury the Life Insured is:

- not working in their Occupation or in any other occupation for which they are reasonably suited by way of education, training or experience, and they do not have the Work Capacity to undertake Suitable Work; and
- under the regular care and following the advice of a Medical Practitioner (including the requirements of any Recovery Management Plan) in relation to the sickness or injury causing Total Disability.

Suitable Work at claim inception relates to the Life Insured's Occupation prior to the date of disability.

Update to Definitions (Medical Definitions)

In the **Definitions (Medical Definitions)** section, the definition of **Multiple Sclerosis** on page 110 of the PDS has been deleted.

The upgrade to the **Multiple Sclerosis - with specified severity** definition (for a full benefit) means the **Multiple Sclerosis** medical condition (for a partial benefit) has been removed.

In the **Definitions (Medical Definitions)** section, the definition of **Multiple Sclerosis - with specified severity** on page 110 of the PDS is deleted and replaced with the following.

Multiple Sclerosis - with specified severity

An unequivocal diagnosis by a specialist Medical Practitioner of multiple sclerosis with evidence of both of the following:

- More than one episode of well-defined neurological deficit with persistent neurological impairment.
- Neurological investigations that support the diagnosis (such as lumbar puncture abnormalities, MRI showing evidence of lesions in the central nervous system, evoked visual responses and evoked auditory responses).

In the **Definitions (Medical Definitions)** section, On page 112 of the PDS the definition of **Parkinson's Disease** has been deleted.

The upgrade to the **Severe Parkinson's Disease** medical definition (for a full benefit) means the **Parkinson's Disease** medical condition (for a partial benefit) has been removed.

In the **Definitions (Medical Definitions)** section, on page 113 of the PDS the definition of **Severe Parkinson's Disease** has been deleted and replaced with the following.

Severe Parkinson's Disease

An unequivocal diagnosis of Idiopathic Parkinson's Disease as confirmed by a specialist Medical Practitioner.

All other types of parkinsonism, including secondary parkinsonism due to medication, are excluded.

PART B: CHANGES TO THE POLICY DOCUMENT

To help you understand the changes to your product, we are also updating your Policy document as follows:

Update to Your Policy

1.17 Duty to take reasonable care

When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into.

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

This duty also applies when extending or making changes to existing insurance, and reinstating insurance.

1.17.1 If you do not meet your duty

If you do not meet your legal duty, 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.

Guidance for answering our questions

You are responsible for the information provided to us. 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.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) 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.

If you need help

It's important that you understand this information and the questions we ask. Ask us or your adviser for help if you have difficulty understanding the process of buying insurance or answering our questions.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help and can provide additional support for anyone who might need it. If you want, you can have a support person you trust with you.

About this application

When you apply for life 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.

Notifying the insurer

If, after the Cover starts, you think you may not have met your duty, please contact us immediately and we'll let you know whether it has any impact on the Cover.

1.17.2 What can we do if the duty is not met?

If the person who answers our questions does not 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.

For example we may:

- avoid the Cover (treat it as if it never existed);
- vary the amount of the Cover; or
- vary the terms of the Cover.

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 explain our reasons, how to respond and provide further information, and what you can do if you disagree.

Update to Shared Product Features

1.9 Your Cover Amount will increase each year in line with the CPI Rate

If you select CPI increases for Cover, we'll increase your Life Cover Amount, Critical Illness Cover Amount, TPD Cover Amount and Income Insurance Cover Amount each year in line with the CPI Rate, so your Cover keeps up with the cost of living. When your Cover Amount increases, so will your premiums.

If you would like us to stop increasing a Cover Amount by the CPI Rate then please contact us. If you select CPI rate increases for Income Insurance it's important you check that the increased Cover doesn't exceed the maximum Cover Amount based on the Income Replacement Ratio you've selected. Where it does, there is a risk that you will be over insured (that is, your Cover Amount may be more than the possible loss you can experience as a result of the insured event). If this occurs, you should contact your financial adviser and consider whether you should adjust your Cover.

If a Life Insured is covered for the Care Support Package, as shown in your Policy Schedule, the benefits provided under the Care Support Package are fixed and will not increase in line with the CPI Rate, although these amounts may increase in the future.

We will not increase the Cover Amount above the maximum Cover Amount or while Cover is suspended.

Update to Income Insurance Cover

2.3 Waiting Period

The Waiting Period commences from the Date of Disability, which is either:

- the date on which the Life Insured first consults a Medical Practitioner for the sickness or injury causing Total Disability or Partial Disability; or
- the date on which the Life Insured is first Totally Disabled or Partially Disabled, as long as they consult a Medical Practitioner for the sickness or injury causing Total Disability or Partial Disability within 7 days of this date and can provide medical evidence to support the consultation.

To be eligible for a Total Disability or Partial Disability payment at the end of the Waiting Period, during the Waiting Period the Life Insured must be:

- either Totally or Partially Disabled; and
- be under the regular care and following the advice of a Medical Practitioner in relation to the sickness or injury causing Total Disability or Partial Disability.

The Waiting Period will restart if the Life Insured returns to work at full capacity for:

- 5 consecutive days where a Waiting Period of 180 days is chosen; or
- 10 consecutive days where a Waiting Period greater than 180 days is chosen.

If the Waiting Period is 30, 60 or 90 days and the Life Insured remains at least Partially Disabled, the Waiting Period will not restart if the Life Insured returns to work during the Waiting Period.

No Total Disability or Partial Disability amount is payable for a Life Insured in respect of the Waiting Period.

2.8 When we will adjust the amount we pay

If we are paying an Income Insurance Cover monthly benefit due to the Life Insured's Total Disability or Partial Disability, we will reduce the monthly benefit payable by amounts received by the Life Insured, as follows:

- any payment received by the Life Insured as a result of a worker's compensation or motor accident claim, or any claim under similar state or federal legislation in respect of the sickness or injury causing Total Disability or Partial Disability;
- social security benefits resulting from reduced Work Capacity; or
- lump sum payments related to disability based on appropriate monthly equivalent.

If the Policy is held inside superannuation, we will also reduce the monthly benefit payable by sick leave, annual leave or long service leave payments received by the Life Insured. If split Income Insurance applies, the balance of the Cover Amount (if any) is payable under the Policy held outside superannuation.

We will also reduce the monthly benefit payable where payments are received through any other individual or group disability income insurance, credit or mortgage insurance, to ensure that, when combined with any other disability insurance payment, you do not receive more than your maximum Cover Amount in line with the Income Replacement Ratio (IRR) you choose.

If the amount received is a lump sum payment, then for the purpose of the reduction, this will be treated as a series of 60 monthly payments, with each monthly payment equal to 1/60th of the lump sum payment.

We will reduce the monthly benefit payable to fully offset any other payment received as described in this section, however we will not offset any Life Cover, TPD Cover, or Critical illness Cover payments.

2.14 Total Disability Top Up option

If this option is shown for the Life Insured on your Policy Schedule, we will increase the Total Disability monthly benefit for a maximum of six months for any one claim. The increase that will apply to your monthly benefit will depend on the Income Replacement Ratio you have chosen.

IRR	Top Up amount
50%	<p>The monthly benefit will increase by 20% subject to a maximum Income Replacement Ratio of 60%.</p> <p>For example, where the IRR 50% has been chosen and the Total Disability monthly benefit payable in a month is \$5,000 (from Pre-Disability Income of \$10,000 per month), the Total Disability Top Up benefit would be \$1,000 – so it tops up the total benefit payable in that month to \$6,000.</p> <p>Refer to the table on the following page to see how this option will apply to all income brackets.</p>
60%	<p>The monthly benefit will increase by 16.67% subject to a maximum Income Replacement Ratio of 70%.</p> <p>Where the IRR 60% has been chosen and the Total Disability monthly benefit payable in a month is \$6,000 (from Pre-Disability Income of \$10,000 per month), the Total Disability Top Up benefit would be \$1,000 – so it tops up the total benefit payable in that month to \$7,000.</p> <p>Refer to the table on the following page to see how this option will apply to all income brackets.</p>
70%	<p>The monthly benefit will increase by 28.57% subject to a maximum Income Replacement Ratio of 90%.</p> <p>Where the IRR 70% has been chosen and the Total Disability monthly benefit payable in a month is \$7,000 (from Pre-Disability Income of \$10,000 per month), the Total Disability Top Up benefit would be \$2,000 – so it tops up the total benefit payable in that month to \$9,000.</p> <p>Refer to the table on the following page to see how this option will apply to all income brackets.</p>

Pre-Disability Income bracket	IRR of 50%	IRR of 60%	IRR of 70%
For the first 6 month of claim			
Bracket 1 (\$0 - \$16,667)	<p>60 cents for each dollar for the first six months</p> <p>(25 cents for each dollar where this option is not chosen)</p>	<p>70 cents for each dollar for the first six months</p> <p>(60 cents for each dollar where this option is not chosen)</p>	<p>90 cents for each dollar for the first six months</p> <p>(70 cents for each dollar where this option is not chosen)</p>

Pre-Disability Income bracket	IRR of 50%	IRR of 60%	IRR of 70%
Bracket 2 (\$16,667 - \$36,667)	30 cents for each dollar for the first six months (25 cents for each dollar where this option is not chosen)	52.2 cents for each dollar for the first six months (45 cents for each dollar where this option is not chosen)	64.3 cents for each dollar for the first six months (50 cents for each dollar where this option is not chosen)
Bracket 3 (\$36,667 - \$78,333)	12 cents for each dollar for the first six months (10 cents for each dollar where this option is not chosen)	17.4 cents for each dollar for the first six months (15 cents for each dollar where this option is not chosen)	25.7 cents for each dollar for the first six months (20 cents for each dollar where this option is not chosen)

2.18 Income Replacement Ratio

You can choose what percentage of your Monthly Earnings you insure – this is called the Income Replacement Ratio. You have a choice of replacing up to 70%, 60% or 50% of your Monthly Earnings.

The Income Replacement Ratio you choose for a Life Insured will be shown on your Policy Schedule for the Life Insured.

The IRR you choose will determine the percentages that apply to the Monthly Earnings brackets that we use to calculate the Cover Amount and the Pre-Disability Income brackets we use to calculate your monthly benefit.

How we calculate the maximum Cover Amount

The maximum Cover Amount for each Income Replacement Ratio is shown in section 1.10.

How your benefit changes at different stages of your claim

Where the Total Disability Top Up option has been chosen, the benefit paid in the first 6 months of claim may be increased (see section 2.14).

Note: On and after the Life Insured's 60th birthday and the Life Insured is not on claim, the Payment Period reduces to a maximum of 2 years. Where a claim is accepted after the Life Insured's 63rd birthday, the Payment Period will end on their 65th birthday.

Update to Life Cover

3.4 Life Cover Reset option

The Life Cover Reset option applies for the Life Insured if shown in your Policy Schedule.

Under this option, if the Life Cover Amount for the Life Insured has been reduced by the amount of a Critical Illness Cover or TPD Disability Insurance paid for that Life Insured, you can reset the Life Cover Amount on the date that is 12 months after it was reduced (Life Cover Reset Date) without having to provide further medical evidence. Your Life Cover Amount will be reset to the level it was before it was reduced.

This option ceases on the Life Insured's 65th birthday, and doesn't apply if you've selected the 14 day Life Cover Reset Option (as described in section 3.4.1).

The following conditions apply:

- To activate this option, you must contact us within 30 days of the Life Cover Reset Date.
- The option can only be taken up once for a Life Insured.
- If you previously had a Stepped Premium, as shown on your Policy Schedule, the cost of the reset Life Cover will be based on the Life Insured's age at the time of reset.
- If you previously had a Level Premium, as shown on your Policy Schedule, the cost of the reset Life Cover will be based on the Life Insured's age when Life Cover commenced for that Life Insured.
- Any loadings, exclusions or special conditions that previously applied will apply to the reset Life Cover.
- Increases from Life Events will no longer be available for the Life Insured.

3.4.1 14 Day Life Cover Reset option

The 14 Day Life Cover Reset option applies for the Life Insured if shown in your Policy Schedule.

Under this option, if the Life Cover Amount for the Life Insured has been reduced by the amount of a TPD Disability Insurance paid for that Life Insured, you can reset the Life Cover Amount on the date that is 14 days after it was reduced without having to provide further medical evidence. Your Life Cover Amount will be reset to the level it was before it was reduced.

This option ceases on the Life Insured's 65th birthday.

If this option applies then the Life Cover Reset Option described in 3.4 doesn't apply to your Policy.

The following conditions apply:

- To activate this option, you must notify us as part of your TPD claim.
- The option can only be taken up once for a Life Insured.
- If you previously had a Stepped Premium, as shown on your Policy Schedule, the cost of the reset Life Cover will be based on the Life Insured's age at the time of reset.

- If you previously had a Level Premium, as shown on your Policy Schedule, the cost of the reset Life Cover will be based on the Life Insured's age when Life Cover commenced for that Life Insured.
- Any loadings, exclusions or special conditions that previously applied will apply to the reset Life Cover.
- Increases from Life Events will no longer be available for the Life Insured.

Update to Extra Medical Conditions

4.2 Extra Medical Conditions

If Critical Illness Cover Extra Medical Conditions is shown for the Life Insured on your Policy Schedule, we will pay 20% of the Critical Illness Cover Amount, up to a maximum of \$100,000, if the Life Insured experiences one of the Medical Conditions in the Extra Medical Conditions Table while the cover is in force and before age 70. In the case of Breast carcinoma in situ (with specified treatment), we will pay 100% of the Critical Illness Cover Amount. The date that each Extra Medical Condition will be deemed to have occurred is as explained in section 4.1. The Critical Illness Cover Amount for the Life Insured is reduced by the amount paid. If a payment reduces the remaining Critical Illness Cover Amount for the Life Insured below \$10,000, we will also pay the remaining Critical Illness Cover Amount.

Extra Medical Conditions table	
Cancer and tumour conditions	Body organ conditions
Breast carcinoma in situ (with specified treatment)^	Colostomy/Ileostomy (permanent and irreversible)^
Carcinoma in situ (specified)^	Severe Crohn's Disease - requiring permanent immunosuppressant or biologic medication^
Chronic lymphocytic leukaemia – Rai Stage 0^	Severe Ulcerative Colitis - requiring permanent immunosuppressant or biologic medication^
Hydatidiform Mole - requiring surgical removal^	Blood conditions
Melanoma (early stage)^	Type 1 diabetes complications – with at least two complications of specified severity^
Prostate Cancer (early stage)^	
Other conditions	
Blindness in One Eye (total and permanent, best corrected)^	
Deafness in One Ear (total and permanent, best corrected)^	
Premature (early onset) osteoporosis – severe with bone fracture^	

Total and Permanent Loss of Use of One Specified Limb ^	
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^A qualifying period applies, as explained in section 4.3.

You can only claim for each Extra Medical Condition once.

Update to Care Support Package

6.11 When does Care Support Package end?

Care Support Package Cover will end on the earlier of:

- when the last of Life Cover/Critical Illness Cover/TPD Cover the Care Support Package is combined with ends; or
- the Life Insured's 65th birthday; or
- when the Life Insured dies.

Update to variations and changes to Cover

7.1.1 Limits on Life Event increases

A Life Event increase in your Critical Illness Cover, Total and Permanent Disability Insurance and Life Cover for a Life Insured will be limited, if necessary, so that:

- the Cover Amount after the increase does not exceed the maximum cover limit explained in section 1.10; and
- the aggregate amount of all Life Event increases in the applicable Cover Amount does not exceed the lesser of:
 - an amount equal to the Cover Amount for the Life Insured at the Cover Start Date; and
 - \$1,000,000.

If you have Life Cover and have used either the Life Cover Reset or the 14 Day Life Cover Reset option, Life Event increases will no longer be available for the Life Insured.

Update to Definitions

13. Definitions

13.1 General

14 Day Life Cover Reset option has the meaning explained in section 3.4.1

Insurable Monthly Earnings is the Life Insured's Monthly Earnings adjusted as follows:

- Where the Life Insured's Monthly Earnings are based on the Life Insured working more than 45 hours a week, we will reduce the Monthly Earnings in proportion to calculate Monthly Earnings equivalent to a 45 hour week. (i.e. you cannot insure your income beyond what you can reasonably earn within a 45 hour week).
- Where the Life Insured receives large amounts that do not regularly occur, Monthly Earnings will be adjusted to ensure amounts which are not true reflection of Monthly Earnings including unusual bonuses, redundancy payments, over-time or other one-off amounts, are not included in the calculation of Monthly Earnings.

Partial Disability and **Partially Disabled** means solely as a result of sickness or injury, the Life Insured:

- working to their full Work Capacity for less than 32 hours per week in Suitable Work; and
- earning Monthly Earnings of less than 80% of their Pre-Disability Income; and
- under the regular care and following the advice of a Medical Practitioner (including the requirements of any Recovery Management Plan) in relation to the sickness or injury which caused Partial Disability; and
- while not Totally Disabled, has solely due to sickness or injury returned to work in a reduced capacity in their Occupation, or any other occupation; and
- is no longer able to earn their Pre-Disability Income solely as a result of a sickness or injury.

If the Life Insured is not working or they are working but not to their full Work Capacity, then a Partial Disability benefit will be calculated allowing for the Life Insured's Work Capacity and not actual hours worked.

Suitable Work means:

- if you have a 2 or 5 year Payment Period, from the Date of your Disability and for the duration of your Waiting Period and your Payment Period, Suitable Work means your Occupation;
- if you have a to Age 65 Payment Period:
 - from the Date of your Disability and for the duration of your Waiting Period and the first 2 years of your Payment Period, Suitable Work means your Occupation; and
 - after that time and for the remainder of your Payment Period, Suitable Work means any occupation for which you are reasonably suited by way of education, training or experience.

In performing this assessment of Suitable Work, we will have regard to:

- the nature of your incapacity;
- your education, skills and work experience;
- any plan or document prepared as part of your Recovery Management Plan;
- any reasonable job modification;
- any occupational rehabilitation or retraining services that are being, or have been, provided to you; and
- any other relevant matters.

In performing this assessment, we will not take into consideration any expectations or demands to work more than 45 hours per week (i.e. our assessment will have regard to your capacity to perform suitable work for up to 45 hours per week, and not the physical and mental demands or expectations of working greater hours than 45 hours per week).

Total Disability and **Totally Disabled** means:

- within the initial 24 months of Total Disability for the Age 65 Payment Period, (in addition to the applicable Waiting Period); or
- the whole Payment Period for 2 Year and 5 Year Payment Periods (in addition to the applicable Waiting Period); and
- solely as result of a sickness or injury and the Life Insured is:
 - not working in their Occupation and does not have Work Capacity to undertake Suitable Work; and
 - under the regular care and following the advice of a Medical Practitioner (including the requirement of any Recovery Management Plan) in relation to the sickness or injury causing Total Disability.

For the Age 65 Payment Period, where the Life Insured has been Totally Disabled for 24 months or more (in addition to the applicable Waiting Period), Total Disability means, solely as result of a sickness or injury the Life Insured is:

- not working in their Occupation or in any other occupation for which they are reasonably suited by way of education, training or experience, and they do not have the Work Capacity to undertake Suitable Work; and
- under the regular care and following the advice of a Medical Practitioner (including the requirement of any Recovery Management Plan) in relation to the sickness or injury causing Total Disability.

Suitable Work at claim inception relates to the Life Insured's Occupation prior to the date of disability.

13.2 Schedule of Medical Definitions

Previous definition	Current definition
<p>Multiple Sclerosis The unequivocal diagnosis by a specialist Medical Practitioner of multiple sclerosis (an immune-mediated inflammatory disease causing neurological impairment due to the demyelination of nerves in the brain, brainstem, spinal cord and/or optic nerves). Clinically isolated syndromes are excluded.</p>	Deleted.

Multiple Sclerosis – with specified severity

The unequivocal diagnosis by a specialist Medical Practitioner of multiple sclerosis (an immunemediated inflammatory disease causing neurological impairment due to the demyelination of nerves in the brain, brainstem, spinal cord and/or optic nerves) resulting in persisting clinical neurological abnormalities resulting in the total and irreversible inability to perform at least three (3) of the 6 Activities of Daily Living without the physical assistance of another person. Clinically isolated syndromes are excluded.

Multiple Sclerosis – with specified severity

An unequivocal diagnosis by a specialist Medical Practitioner of multiple sclerosis with evidence of both of the following:

- More than one episode of well-defined neurological deficit with persistent neurological impairment
- Neurological investigations that support the diagnosis (such as lumbar puncture abnormalities, MRI showing evidence of lesions in the central nervous system, evoked visual responses and evoked auditory responses)

Current definition**New definition****Parkinson's Disease**

The unequivocal diagnosis of Idiopathic Parkinson's Disease as confirmed by a specialist Medical Practitioner.

Deleted.

Severe Parkinson's Disease

Diagnosis of Parkinson's Disease which is characterised by irreversible neurological deficit resulting in the total and irreversible inability to perform at least 3 of the 6 Activities of Daily Living without the physical assistance of another person.

Severe Parkinson's Disease

An unequivocal diagnosis of Idiopathic Parkinson's Disease as confirmed by a specialist Medical Practitioner. All other types of parkinsonism, including secondary parkinsonism due to medication, are excluded.

Here to help.

Check out integritylife.com.au


For more information about Integrity and our products.


Connect with us

For assistance with customer service and claims enquiries, please contact us on the below details:

Phone: 1300 54 33 66

Email: hello@integritylife.com.au

 facebook.com/integritylifeau

 instagram.com/integritylifeau

integrity.

Integrity's

Here for
you.



Product Disclosure Statement

Issued: 1 October 2021

ABOUT THIS DOCUMENT

Product Disclosure Statement (PDS)

This PDS provides important information about Integrity's Here for You life insurance, including the insurance cover types you can apply for and the available options.

Integrity's Here for You can be held inside superannuation (including inside your self-managed superannuation fund (SMSF)) or outside superannuation.

Integrity's Here for You is issued by Integrity Life Australia Limited (ABN 83 089 981 073, AFSL 245492) (Integrity, us, we, our).

We take full responsibility for the information contained in this PDS.

Please read the PDS carefully before making any decision about Integrity's Here for You and the life insurance cover provided under it.

The issue date of this PDS is 1 October 2021.

This document is designed to help you decide whether this product is appropriate for you.

The Policy

The terms and conditions of the Cover available through Integrity's Here for You are documented in the Policy Document.

The Policy Schedule provides key details of the Cover for each Life Insured.

Together, the PDS, Policy Document and Policy Schedule make up what we refer to as the Policy. They are issued to you when Cover for the Life Insured starts.

Who is this product for?

There are several types of Cover available with this Policy (which are described in this PDS). To understand who this product has been designed for, the different types of Cover, and if the Covers are likely to be consistent with your needs, objectives and financial situation, you can review the Target Market Determination which is available on our www.integritylife.com.au website at www.integritylife.com.au/products/pds-forms, or you can request a free paper copy by contacting us.

General information only

The information within this PDS is general in nature and does not consider your individual needs, objectives or financial situation. You should read this PDS and the Target Market Determination carefully and speak to your financial adviser to decide whether this product is appropriate for you. Consider your own needs, objectives and financial circumstances, or obtain advice, before you make any decision about this product.

Life Insurance Code of Practice

Integrity is a signatory to the Financial Services Council's Life Insurance Code of Practice (**Code**). This means that we will comply with all our obligations as outlined within the Code as we interact with you. For more information, please refer to www.fsc.org.au/policy/life-insurance/code-of-practice/life-code-of-practice

Changes to information

The information in this PDS is current as at the date of issue. Certain information in this PDS, including taxation information, is based on present laws and how we interpret those laws. We will issue a supplementary or replacement PDS if there is a materially adverse change to, or omission of, information in this PDS.

If we make any changes that are not material, or do not have any adverse effects on you, we will publish these changes to the PDS on our website.

You can request a free paper copy of any updated information by contacting us.

Integrity's contact details

Your first point of contact for making informed decisions about your life insurance should be your financial adviser who will be able to consider your current financial situation, needs and objectives.

When you need to contact us, our contact details are:

Phone: 1300 54 33 66

Email: hello@integritylife.com.au

Web: integritylife.com.au

**Post: PO Box R1741
Royal Exchange NSW 1225**

Your financial adviser

Integrity's Here for You can only be acquired through a financial adviser. Please contact your financial adviser if you wish to discuss your insurance cover with Integrity, the insurance cover types you can apply for and the available options.

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WHAT YOU NEED TO KNOW

This section outlines important information that will help you understand the features of Integrity's Here for You.

What is Integrity's Here for You?

Integrity's Here for You provides a range of Cover types that can be structured to suit your insurance needs. Extra benefits and options are also available.

Types of cover

There are four Core Cover types available within Integrity's Here for You. You can choose one, all or any combination of these Core Cover types:



Income Insurance – helps protect the Life Insured's income if the Life Insured becomes Totally or Partially Disabled and does not have capacity to carry out Suitable Work as a result of sickness or injury.



Life – provides a lump sum in the event of the Life Insured's death or diagnosis of a Terminal Illness.



Critical Illness – provides a lump sum in the event of the Life Insured being diagnosed with a specified Medical Condition.



Total and Permanent Disablement (TPD) – provides a lump sum in the event of the Life Insured becoming Totally and Permanently Disabled.

You can find a summary of each type of Cover at the beginning of each Cover section, which includes information about the features, additional options and ways to structure your insurance.



Our **Care Support Package** – provides support and reimbursement of expenses if the Life Insured suffers a Care Support Event. The Care Support Package is included where Life Cover, Critical Illness Cover or TPD Cover are held. Eligibility for our Care Support Package is subject to underwriting.

Expressions that have a special meaning

When reading this PDS, some words or expressions and medical terms (which generally begin with a capital letter) have a defined meaning which is explained in the Definitions section (which starts on page 93).

Any reference to "you" or "your" is to:

- the Life Insured or Policy Owner where the Policy is held outside superannuation; or
- the Life Insured where the Policy is held inside superannuation.

What are the risks?

Some of the risks associated with purchasing Integrity's Here for You include:

- The type and amount of Cover you apply for is not in line with what you need and with what you can afford.
- If you have Income Insurance Cover, not monitoring changes in your income and Cover levels to ensure that the level of Cover you have remains appropriate. Your financial adviser can help you with this.
- The Policy will be cancelled if you don't pay your premium.
- The terms and conditions of some benefits change when you reach a certain age or have been on claim for an extended period (usually two years or more) so you may not be covered for what you thought you were.
- If the age of the Life Insured has been understated, then the Cover Amount will be recalculated based on the amount that the premium you paid would have purchased if the correct age had been provided.
- Premium rates are not guaranteed, and we may increase or decrease your premium in the future, regardless of which premium type you select but only if we change the premium rate applying to all (or the same group of) Policy Owners.

Additional risks exist where Cover is held inside superannuation including:

- Depending on your tax circumstances, a benefit paid from a Policy inside superannuation may be subject to more tax than would otherwise apply if the benefit was paid from the same insurance held outside superannuation.
- Amounts contributed to your superannuation account to pay insurance premiums will reduce the amount you may be able to contribute for retirement savings purposes, and the premiums paid reduce the savings that would otherwise be available on retirement.
- Taxation or superannuation laws may change in the future, altering the suitability of holding insurance inside superannuation in your situation.

Please consider these risks when selecting the type and amount of Cover, and whether the Cover is held inside superannuation, for your situation.

Premiums

Your premium is the amount that you will pay to maintain the Cover for each Life Insured. It is important that you pay the premium on or before the relevant due date to ensure that your Cover will remain in place. If the premium is not paid in full, we may cancel the Policy, which means that your Policy and all Cover provided under it will end. Please see 'Maintaining the Policy' on page 90 for further information.

If the Policy is held inside superannuation, the Life Insured is a member of the superannuation fund, and the superannuation trustee is the Policy Owner and holds it for the Life Insured. Premiums are paid from contributions or rollovers made by, or on behalf of, the Life Insured to the superannuation fund.

We can provide you with premium relief if you're experiencing difficult or changing times.

This may include:

- suspending Cover for the Life Insured
- applying a freeze on premiums, or
- waiving premiums for up to 3 months if the Life Insured becomes Involuntarily Unemployed or goes on Parental Leave.

If you are experiencing financial hardship resulting in difficulty in paying your premium, please contact us to understand the options that may be available for you. We may ask you to provide reasonable evidence of your hardship.

More information on premium relief can be found on page 36 of this PDS.

Cooling-off period

As long as you haven't made a claim, you may cancel the Policy with us by phone or email, or by asking your Adviser to let us know within 30 days of the date of commencement, which is recorded in your Policy Schedule (this is known as the cooling off period).

If you do cancel your Policy within this cooling off period, we will refund any money you have paid. If the Policy is inside superannuation, the refund will be made to the trustee of the Life Insured's superannuation fund.

Policy Anniversary and underwriting

Providing you continue to pay your premiums on or before the relevant due date, Cover under your Policy will continue until the relevant Cover Expiry Date without you needing to provide health or financial information.

It's only when you apply for new or increased Cover that we will ask for information to support your application so that we can assess the application according to the Life Insured's situation at the time.

No cash value

The premiums you pay are used to provide the Cover for each Life Insured and your Policy will not have a cash-in value or surrender value.

Replacing existing cover

You should always ensure that your new cover for a Life Insured is in place before cancelling your existing cover.

Prior to selecting your new cover with Integrity's Here for You, you should carefully consider the terms and conditions of your current insurance product(s) and the consequences and implications of replacing them. Your financial adviser can help make this assessment.

Personal information

We may use your personal information to provide you with up to date information regarding the products and services that we offer.

Please contact us if you wish to opt out of these marketing communications.

For more information on Integrity's privacy and information handling practices, read our information handling policy at integritylife.com.au/privacy-policy or call **1300 54 33 66** for a copy.

Duty to take reasonable care

This Policy is a consumer insurance contract for the purposes of the Insurance Contracts Act 1984 (Cth) and the duty to take reasonable care will apply.

Please read your ***duty to take reasonable care*** carefully and understand that we will rely on the information submitted to us. It is your responsibility to ensure that the information you have given us, or the information given to us on your behalf, is complete and accurate. Your duty to take reasonable care continues, after your application, until we agree to insure the Life Insured.

If the cover being applied is not on your life, or you are applying for cover to be held inside superannuation, it is crucial that the person whose life is being insured also reads this duty to take reasonable care and gives complete and accurate information to you so you are able to provide the information to us in accordance with your ***duty to take reasonable care***.

Your duty to take reasonable care

Before you enter into a contract of life insurance with us, you have a duty under the Insurance Contracts Act 1984 to take reasonable care not to make a misrepresentation to us. You have the same duty before you extend, vary or reinstate this Policy.

Whether you have taken reasonable care not to make a misrepresentation will be determined with regard to all relevant circumstances, including:

- the product type and its target market;
- explanatory material or publicity produced or authorised by us;
- how clear, and how specific, any questions we asked were and how clearly we communicated to you the importance of answering those questions, and the possible consequences of failing to do so;
- whether or not an agent was acting for you;
- whether the contract was a new contract or was being renewed, extended, varied or reinstated;
- any particular characteristics or circumstances relating to you which we are aware or ought reasonably to have been aware.

You will not be taken to have made a misrepresentation merely because you fail to answer a question or give an obviously incomplete or irrelevant answer to a question.

Any misrepresentation made fraudulently is a breach of your duty to take reasonable care.

When you are not the Life Insured, and the Life Insured does not take reasonable care not to make a misrepresentation to us, this may be treated as a failure of your duty to take reasonable care.

Failure of your duty to take reasonable care

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

If you make a misrepresentation in breach of your duty to take reasonable care and we would not have entered into the contract on any terms if the failure had not occurred, we may avoid the contract within three years of entering into it. Where such misrepresentation is fraudulent, we may avoid the contract at any time.

If we avoid a contract we will not pay any claim under that contract.

If we do not avoid a contract:

- unless the contract provides Cover on death, we may at any time reduce the Cover Amount under the contract using a formula that takes into account the premium that would have been payable if you had complied with your duty to take reasonable care. If the contract provides Cover on death, we may only exercise this right within three years of entering into the contract; or
- unless the contract provides Cover on death, we may at any time vary the contract in such a way that places us in the same position that we would have been in if you had complied with your duty to take reasonable care. We do not have this right if the contract provides Cover on death.

Complaints

Integrity is committed to handling your enquiries, feedback and complaints in a reasonable and timely manner. If something goes wrong and you aren't happy with our products or services, we would like to know straight away so we can work with you to find a resolution. In the first instance, please contact us to tell us about your complaint:

Phone: 1300 54 33 66

Email: hello@integritylife.com.au

Web: integritylife.com.au

**Post: PO Box R1741
Royal Exchange NSW 1225**

If you need additional assistance lodging your complaint, for example, due to illness, disability or English as a second language, please contact us and we will assist you through the complaints resolution process.

Your complaint will be assigned to one of our staff who is independent of the cause of complaint and we will keep you up to date on the progress of your complaint resolution.

We will endeavour to provide you with a written response informing you of our final decision within 30 days of receiving your complaint, or within 45 days if your complaint relates to an insurance policy held within superannuation. If we are unable to resolve your complaint within that period, we will let you know the reasons for the delay and when we expect to be able to provide you with a response.

If you aren't satisfied with our response or if we have been unable to resolve your concerns, you can contact the Australian Financial Complaints Authority (AFCA). AFCA is an independent complaint resolution body whose services are free.

To contact AFCA:

Online: www.afca.org.au

Email: info@afca.org.au

Phone: 1800 931 678 (free call)

Mail: Australian Financial Complaints Authority
GPO Box 3, Melbourne VIC 3001

Time limits may apply to complaints to AFCA. You may wish to consult the AFCA website or contact AFCA directly to find out if there is a time limit on lodging your complaint.

You can find out more about Integrity's complaints resolution process on our website at integritylife.com.au/complaints.

integrity.

Overview.



OVERVIEW

Integrity's Here for You provides a range of insurance cover types that can be customised to suit your needs.

If your application is approved for an Integrity's Here for You Policy, you become the Policy Owner. The person whose life you are insuring is referred to as the Life Insured. This can be you, a family member, or someone else. If the Policy is to be held inside superannuation, the Policy Owner will be the trustee of the Life Insured's superannuation fund.

Types of cover

There are four Core Cover types available within Integrity's Here for You. You can choose one, all or any combination of these Core Cover types. Extra benefits and options are also available.





Income Insurance – helps protect the Life Insured’s income if the Life Insured becomes Totally or Partially Disabled and does not have capacity to carry out Suitable Work as a result of sickness or injury.

<p>Application Age</p>	<p><i>Stepped Premium</i></p> <p>For Cover with a 2 year Payment Period, you can apply for Stepped Premium if the Life Insured is aged between 18 and 59 years of age.</p> <p>For Cover with a 5 year Payment Period or To Age 65 Payment Period, you can apply for Stepped Premium if the Life Insured is aged between 18 and 55 years of age.</p> <p><i>Level Premium</i></p> <p>For Cover with a 2 year Payment Period or, you can apply for Level Premium if the Life Insured is aged between 18 and 55 years of age.</p> <p>For Cover with a 5 year Payment Period or To age 65 Payment Period, you can apply for Level Premium if the Life Insured is aged between 18 and 50 years of age.</p>								
<p>Expiry Age</p>	<p>Income Insurance Cover will end on the Life Insured’s 65th birthday.</p>								
<p>Minimum Cover Amount</p>	<p>The minimum Cover Amount is \$1,500 per month.</p>								
<p>Maximum Cover Amount</p>	<p>The maximum Cover Amount is calculated as the amount covered for every dollar in each Monthly Earnings bracket depending on your Monthly Earnings (as set out on page 43) and the Income Replacement Ratio (IRR) you choose and is subject to a maximum for the IRR (as set out below).</p> <table border="1" data-bbox="587 1317 1433 1462"> <thead> <tr> <th data-bbox="587 1317 1002 1350">IRR</th> <th data-bbox="1010 1317 1433 1350">Maximum Cover Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="587 1361 1002 1395">50%</td> <td data-bbox="1010 1361 1433 1395">\$17,500 per month</td> </tr> <tr> <td data-bbox="587 1406 1002 1440">60%</td> <td data-bbox="1010 1406 1433 1440">\$25,250 per month</td> </tr> <tr> <td data-bbox="587 1451 1002 1462">70%</td> <td data-bbox="1010 1451 1433 1462">\$30,000 per month</td> </tr> </tbody> </table>	IRR	Maximum Cover Amount	50%	\$17,500 per month	60%	\$25,250 per month	70%	\$30,000 per month
IRR	Maximum Cover Amount								
50%	\$17,500 per month								
60%	\$25,250 per month								
70%	\$30,000 per month								
<p>Eligibility</p>	<p>Income Insurance Cover is available to Australian Residents and Occupation classes 1 to 4, subject to the Payment Period chosen.</p> <ul style="list-style-type: none"> • Total Disability benefit. • Partial Disability benefit. • Rehabilitation and retraining benefit. • Relapse of Total Disability or Partial Disability. • Interim Accident Cover. • Easy Increases for Life Events. • Premium Relief in the event of difficult or changing times. • 24 hours Worldwide protection. • Continued Cover at Policy Anniversary until Cover Expiry Date. • Guaranteed Upgrade. • Continuation option (where Cover is held inside superannuation). 								
<p>Features</p>									

Optional Extras	<p>Available on all Income Insurance Cover:</p> <ul style="list-style-type: none"> • Total Disability Top Up option. • Superannuation Continuation Cover option (where Cover is held outside superannuation). • Claim Benefit Indexation option (except where 2 year Payment Period is chosen).
------------------------	--



Life – provides a lump sum in the event of the Life Insured’s death or diagnosis of a Terminal Illness.

Application Age	<p><i>Stepped Premium</i> You can apply if the Life Insured is aged between 18 and 75 years of age.</p> <p><i>Level Premium</i> You can apply if the Life Insured is aged between 18 and 59 years of age.</p>
Expiry Age	<p>Life Cover will end on:</p> <ul style="list-style-type: none"> • the Life Insured’s 135th birthday (for a Policy held outside superannuation) or • the Life Insured’s 100th birthday (for a Policy held inside superannuation).
Minimum Cover Amount	The minimum Cover Amount is \$50,000.
Maximum Cover Amount	There is no maximum Cover Amount.
Eligibility	Life Cover is available to Australian Residents and all Occupation classes.
Features	<ul style="list-style-type: none"> • Lump sum benefit in the event of Death and Terminal Illness. • Advance payments of \$25,000 for funeral costs or other end of life expenses. • Interim Accident Cover. • Easy increases for Life Events and Business Events • Professional Services benefit. • Premium Relief in the event of difficult or changing times. • 24 hours Worldwide protection. • CPI Rate increase. • Continued Cover at Policy Anniversary. • Guaranteed Upgrade. • Care Support Package.
Optional Extras	<ul style="list-style-type: none"> • Premium Waiver. • Continuation option. • Life Cover Reset.



Critical Illness – provides a lump sum in the event of the Life Insured being diagnosed with a specified Medical Condition.

Application Age	<i>Stepped and Level Premium</i> You can apply if Life Insured is aged between 18 and 59 years of age.
Expiry Age	Critical Illness Cover will end on the Life Insured's 75 th birthday.
Minimum Cover Amount	The minimum Cover Amount is \$30,000.
Maximum Cover Amount	The maximum Cover Amount is \$2,000,000.
Eligibility	Critical Illness Cover is available to Australian Residents and all Occupation classes.
Features	<ul style="list-style-type: none"> • Provides a lump sum benefit where the Life Insured suffers or is diagnosed with one of the 42 Medical Conditions to age 70. • From age 70-75, provides a lump sum benefit where the Life Insured is totally and permanently unable to perform at least 2 of the 6 Activities of Daily Living without the physical assistance of another person, or suffers Severe cognitive loss (total and permanent) – requiring permanent caregiver. • Reduced premium when combined with Life Cover. • Interim Accident Cover. • Easy Increases for Life Events and Business Events. • Professional Services benefit. • Premium Relief in the event of difficult or changing times. • 24 hours Worldwide protection. • CPI Rate increase. • Continued Cover at Policy Anniversary. • Guaranteed Upgrade. • Care Support Package.
Optional Extras	<ul style="list-style-type: none"> • 16 Extra Medical Conditions. • Critical Illness Reset option. • Critical Illness Relapse option. • Premium Waiver.



Total and Permanent Disablement (TPD) – provides a lump sum in the event of the Life Insured becoming Totally and Permanently Disabled.

<i>Stepped and Level Premium</i>	
Application Age	You can apply if the Life Insured is aged between 18 and 59 years of age.
Expiry Age	TPD Cover will end on the Life Insured's 75 th birthday or the Life Insured's 65 th birthday (if spilt TPD is chosen).
Minimum Cover Amount	The minimum Cover Amount is \$50,000.
Maximum Cover Amount	The maximum Cover Amount is \$5,000,000.
Eligibility	TPD Cover is available to Australian Residents and Occupation classes 1 to 4 (under TPD Any Occupation) or Occupation classes 1 to 3 (under TPD Own Occupation)
Features	<ul style="list-style-type: none"> • Lump sum benefit assessed under TPD Own Occupation or TPD Any Occupation to age 65. • From age 65-75, provides a lump sum benefit where the Life Insured is totally and permanently unable to perform at least 2 of the 6 Activities of Daily Living without the physical assistance of another person, or suffers Severe cognitive loss (total and permanent) – requiring permanent caregiver. • Partial TPD advance payment . • Reduced premium when combined with Life Cover. • Interim Accident Cover. • Easy Increases for Life Events and Business Events. • Professional Services benefit. • Premium Relief in the event of difficult or changing times. • 24 hours Worldwide protection. • CPI Rate increase. • Care Support Package.
Optional Extras	<ul style="list-style-type: none"> • Continuation option. • Premium Waiver.

STRUCTURING YOUR COVER

Integrity's Here for You provides the flexibility of allowing you to choose how to structure your insurance. You can also choose to hold cover inside or outside superannuation. Your financial adviser will be able to provide guidance on how to combine the different Cover options that are available.

Where the Policy is held inside superannuation, Critical Illness Cover cannot be included under this Policy and different terms apply to Income Insurance Cover, Life Cover and TPD Cover.

Where eligible, the Care Support Package is provided on a Policy held outside superannuation.

Table 1 below shows the Cover that is available, depending on whether the Policy is held inside or outside superannuation.

Table 1. Types of Cover available

Cover type	Outside superannuation	Inside superannuation
Income Insurance	✓	✓
Life	✓	✓
Critical Illness	✓	×
TPD	✓	✓

SHARED PRODUCT FEATURES

Table 2 provides an overview of Shared Product Features. More information on each of these is available from page 32.

Table 2. Shared Product Features

Shared Product Features			
Interim Accident Cover	Easy Increases for Life Events	Easy Increases for Business Events*	Professional Services benefit*
Premium relief	24 hours worldwide protection	CPI Rate increases*	Policy Anniversary

*Not available for Income Insurance Cover.

CARE SUPPORT PACKAGE



Our **Care Support Package** – provides support and reimbursement of expenses if the Life Insured suffers a Care Support Event. The Care Support Package is included where Life Cover, Critical Illness Cover or TPD Cover are held. Eligibility for Care Support Package is subject to underwriting.

Where eligible for the Care Support Package, it will be provided under a Policy held in the name of the Life Insured. Table 3 provides an overview of the features of the Care Support Package.

More information on each of the Care Support Package features is available from page 80.

Table 3. Care Support Package

Care Support Package				
The following benefits and options are available if the Life Insured suffers a Care Support Event				
Accommodation – bedside attendance	Accommodation – funeral attendance	Grief Support	Child Support	Overseas Assistance
Bed Confinement	Family Support	Terminal Illness Care	Home Care	

COMBINING COVER

We offer different ways for you to hold Cover under Integrity's Here for You, allowing you to tailor cover to your individual needs.

Table 4. How Cover can be held

Type of Cover	What it is	How it works
Single Cover	Cover that isn't combined with any other Cover. This is also known as stand-alone cover. A benefit paid under single cover won't affect or reduce any other cover on the Life Insured.	Jacqui has \$1 million Life Cover and \$500,000 of Critical Illness Cover. If Jacqui receives a Critical Illness Cover benefit, her Life Cover remains at \$1 million.
Combined Cover	This is Cover that is combined with another type of Cover under the same Policy or across two separate Policies. If a benefit is paid under Cover which is combined, the Cover Amount under the other combined Covers will reduce by the amount of the benefit paid.	Ash has \$1 million Life Cover and he has combined this with \$600,000 of TPD Cover. He receives a TPD Cover benefit of \$600,000 which reduces his Life Cover to \$400,000 from the original \$1 million.
Split Cover	Instead of having all your TPD Cover or Income Insurance Cover under one Policy, the Cover can be split across two separate Policies. One Policy is held inside superannuation and is owned by the trustee of the Life Insured's superannuation fund, and the other Policy is owned outside superannuation.	Because limitations apply to Income Insurance Cover and TPD Cover held inside superannuation, splitting your Income Insurance Cover and TPD Cover lets you access Cover under the Policy held outside superannuation where the benefit may not be payable from the Policy held inside superannuation. For information on split Income Insurance Cover, go to page 50. For information on split TPD, go to page 72.

Even if you don't need all of these options when you apply for your Policy, you may be able to combine or split your Cover at a later time. Your financial adviser will be able to provide guidance on how to combine the different Cover available under Integrity's Here for You.

integrity.

Applying for Cover.



APPLYING FOR COVER

There are a number of eligibility requirements you should be aware of before applying for Cover under Integrity's Here for You. When you apply for new or increased Cover, we will ask for information to support your application and the Cover, based on the Life Insured's situation at that time.

Residency eligibility

In order for the Cover on the Life Insured to be effective, the person whose life is to be insured must be an Australian Resident at the time your application for Cover is accepted by us.

Entry ages and Cover expiry

There are entry age requirements that apply for the Cover types you select for the Life Insured. Any Cover ceases when the Life Insured reaches the expiry age for the Cover type. If the Policy is held inside superannuation, different expiry ages may apply. The expiry date for Cover will be shown on your Policy Schedule.

Table 5 below shows the entry ages and expiry ages for Integrity's Here for You. Entry age and Cover expiry age may change based on the premium type you select. Premium types are explained on page 89.

Table 5. Overview of entry and expiry ages for Income Insurance

Cover type	Premium type	Payment Period	Entry ages	Expiry ages
Income Insurance	Stepped	2 year	18-59	The Life Insured's 65th birthday.
		5 year		
	To Age 65	18-55		
	Level		2 year	
		5 year	18-50	
		To Age 65		

Table 5.1 Income Insurance entry ages by Occupation class – stepped premiums only

Payment Period	Professional		White Collar		Light Blue		Blue		Heavy Blue	
	18-55	56-59	18-55	56-59	18-55	56-59	18-55	56-59	18-55	56-59
2 years	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗
5 years	✓	✗	✓	✗	✓	✗	✓	✗	✗	✗
To Age 65	✓	✗	✓	✗	✓	✗	✗	✗	✗	✗

For more information on Occupation classes, please see page 24.

Table 5.2 Overview of entry and expiry ages for all other Cover types

Cover type	Premium type	Entry ages	Expiry ages
Life	Stepped	18-75	The Life Insured's 135th birthday.
	Level ¹	18-59	For a Policy held inside superannuation, cover ends at the Life Insured's 100 th birthday.
Critical Illness	Stepped	18-59	The Life Insured's 75th birthday.
	Level ¹	18-59	
TPD	Stepped	18-59	The Life Insured's 75th birthday.
	Level ¹	18-59	Split TPD ends on the Life Insured's 65th birthday.
Care Support Package	Stepped	18-59	The Life Insured's 65th birthday.

1. Level premiums are replaced by Stepped premiums if you continue Cover after the Life Insured's 65th birthday.

Explaining occupation classes

When you apply for Cover, you will be asked to provide the occupation of the person whose life is to be insured. Based on this occupation we will assign an occupation class to the Life Insured. We do this because some occupations have more risks than others. As a result, the occupation class we assign to the Life Insured will impact the premiums you pay and the type of Cover available. Table 6 below shows Integrity's occupation classes and Table 7 shows the available Cover by occupation class.

Table 6. Occupation classes

Occupation class	Occupation class description
1 - Professional / White	Degree qualified white collar professionals and high income earning senior business executives. Clerical and managerial occupations.
2 - Light Blue	A broad range of occupations with low physical activity.
3 - Blue	Qualified trades with a minimum 2-years' experience, not working at heights above 10 metres.
4 - Heavy Blue	A range of blue collar occupations including trades without qualifications.
5 - Red	High risk / special risk occupations.

Table 7. Cover available by occupation class

Occupation class	Income Insurance			TPD	
	2 year payment period	5 year payment period	To Age 65	TPD Any Occupation	TPD Own Occupation
1 Professional / White	✓	✓	✓	✓	✓
2 Light Blue	✓	✓	✓	✓	✓
3 Blue	✓	✓	x	✓	✓
4 Heavy Blue	✓	x	x	✓	x
5 Red	x	x	x	x	x

Minimum and maximum Cover Amounts

There are minimum and maximum Cover Amounts applicable to each Cover type, as explained in Table 8.

Once the Policy is in-force, your Cover Amount for Life Cover, Critical Illness Cover or TPD Cover will adjust each year in line with the CPI Rate unless you contact us to decline the increase or the maximum Cover Amount is reached. This is explained on page 38.

For some Covers, you can also apply to increase Cover for a Life Insured:

- when certain events occur, such as marriage or having a child, with limited health information (explained on page 32); or
- when certain business related events occur (explained on page 34); or
- at any time by providing full health information.

You can also reduce cover for a Life Insured.

At all times, the amount of Cover you hold must be within the minimum and maximum Cover Amounts.

Table 8. Minimum and maximum Cover Amounts

Cover type	Minimum and maximum Cover Amounts ¹			
Income Insurance	<p>Minimum: \$1,500 per month</p> <p>Maximum: The maximum Cover Amount is calculated as the amount covered for every dollar in each Monthly Earnings bracket depending on your Monthly Earnings (as set out below) and the Income Replacement Ratio (IRR) you choose, and is subject to a maximum for the IRR.</p>			
	Monthly Earnings bracket	Cover provided on these earnings		
		IRR 50%	IRR 60%	IRR 70%
	\$0 - \$16,667	50 cents for each dollar per month (\$0 - \$8,333 per month)	60 cents for each dollar per month (\$0 - \$10,000 per month)	70 cents for each dollar per month (\$0 - \$11,667 per month)
		plus		
	\$16,667 - \$36,667	25 cents for each dollar per month (\$0 - \$5,000 per month)	45 cents for each dollar per month (\$0 - \$9,000 per month)	50 cents for each dollar per month (\$0 - \$10,000 per month)
		plus		
	\$36,667 - \$78,333	10 cents for each dollar per month (\$0 - \$4,167 per month)	15 cents for each dollar per month (\$0 - \$6,250 per month)	20 cents for each dollar per month (\$0 - \$8,333 per month)
	Up to a maximum of:			
	\$17,500 per month	\$25,250 per month	\$30,000 per month	

Cover type	Minimum and maximum Cover Amounts ¹
Life	Minimum Cover amount \$50,000
	No maximum
Critical Illness	Minimum Cover Amount \$30,000
	Maximum Cover Amount \$2,000,000
TPD	Minimum Cover Amount \$50,000
	Maximum Cover Amount \$5,000,000

1. We may also limit the maximum Cover Amounts according to financial circumstances and the total Cover for a Life Insured.

Refer to page 80 for details of coverage provided under Care Support Package, including the maximum payment amounts.

How to apply

You can only apply for Integrity's Here for You through your financial adviser.

During the application process your financial adviser can provide you with guidance on:

- which Core Cover types you may need;
- the options and extras available for each Cover type;
- the amount of the Cover appropriate to your circumstances and the amount you will pay for your cover, and
- choosing the best premium structure for you.

It is important to understand exclusions when you apply

There are some situations and conditions for each type of Cover which are listed as exclusions. This means we will not pay a claim if the event giving rise to the claim is subject to an exclusion.

Exclusions for each type of cover can be found in this PDS in the following sections:

- Interim Accident Cover page 28
- Income Insurance Cover page 41
- Life Cover page 54
- Critical Illness Cover page 61
- TPD Cover Page 73

In addition to the exclusions that apply for a type of Cover, when we assess an application, we may only offer Cover if it is subject to a further exclusion related to the Life Insured's health, pastimes

and/or personal circumstances. You will be told if any exclusions apply when we offer Cover and, if you agree, it will then be included as a special condition on your Policy Schedule.

When will the Policy start and end?

If your application is accepted, we will issue you a Policy Document and Policy Schedule which will show the Cover provided and the expiry ages applying.

Your Policy will end on the earliest of the following dates:

- the date you cancel all Cover on your Policy, which you can do by phone or email;
- the date we cancel the Policy because you have not paid premiums when they were due or we cancel or avoid your Policy in accordance with our legal rights; or
- the date all Cover on your Policy ends for any reason, such as the Life Insured reaching the Cover Expiry age.

Understanding your duty to take reasonable care when you apply

Your duty to take reasonable care, outlined on page 9 is important to read and understand.

Interim Accident Cover

Interim Accident Cover provides the life to be insured with some Cover while an application for Cover is being considered. Interim Accident Cover starts when we receive your application for an eligible person completed in full with valid payment details and ends on the earliest of:

- 90 days from the commencement date of the Interim Accident Cover;
- the date we accept or reject your application;
- the date your application is withdrawn; or
- the date we cancel your Interim Accident Cover.

Table 9. Interim Accident Cover eligibility and maximums

Cover type	When we will pay	What we will pay
Income Insurance	<p>We will pay a monthly benefit if the person whose life you are applying to insure becomes Totally Disabled as the result of an Accident which occurs while Interim Accident Cover is in force and Total Disability occurs within 90 days of the Accident.</p> <p>The Cover Amount is payable monthly, from the end of the Waiting Period you selected, while the person remains Totally Disabled, for a maximum Payment Period of 6 months.</p>	<p>The lowest of:</p> <ul style="list-style-type: none"> – the total of the monthly Cover amount applied for; – the total of the monthly Cover amount which would be offered by us based on our underwriting rules in normal circumstances; and – \$5,000.

Cover type	When we will pay	What we will pay
Life	We will pay a benefit if the person whose life you are applying to insure dies as the result of an Accident which occurs while Interim Accident Cover is in force and death occurs within 90 days of the Accident.	The lower of: <ul style="list-style-type: none"> - the Cover amount applied for; and - \$1,000,000.
Critical Illness	<p>We will pay a benefit if the person whose life you are applying to insure suffers one of the following critical illness conditions as the result of an Accident which occurs while Interim Accident Cover is in force, and the person survives 14 days after the Accident:</p> <ul style="list-style-type: none"> - Major Head Trauma – resulting in permanent and significant neurological impairment - Paralysis (total and permanent) - specified - Blindness in both eyes (total and permanent, best corrected) - Deafness in Both Ears (total and permanent, best corrected – including requiring cochlear implant) - Severe Burns to the Skin – of specified severity or requiring specific treatment - Total and Permanent Loss of Limb/s or Sight. 	The lower of: <ul style="list-style-type: none"> - the Cover amount applied for; and - \$1,000,000.
TPD	We will pay a benefit if the person whose life you are applying to insure becomes Totally and Permanently Disabled as the result of an Accident which occurs while Interim Accident Cover is in force.	The lower of: <ul style="list-style-type: none"> - the Cover amount applied for; and - \$1,000,000.

Interim Accident Cover Exclusions

No benefit will be paid where the condition or event giving rise to the claim under Interim Accident Cover was either caused, or contributed to, by:

- an Accident that occurred before the Interim Accident Cover started;
- suicide or any intentional self-inflicted act;
- an act of war (whether declared or not); or
- the Life Insured's participation in any occupation, sport or activity that we would not normally insure on standard terms.

Claims

You must meet our normal claim requirements – see page 87 for more information.

Your application

We will take the consequences of the Accident into account when assessing the application for Cover.

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Shared Product Features.



SHARED PRODUCT FEATURES

Shared Product features are features that apply to all Core Cover types.

Interim Accident Cover

If you are eligible to apply for new type of Cover or an increase in Cover, we will provide Interim Accident Cover for the type and amount of the Cover, or the increased Cover, applied for while we assess your application.

See page 28 for information on Interim Accident Cover.

Guaranteed Upgrade

Whenever we make improvements to a type of Cover without adjusting premium rates to reflect the improvement, and that type of Cover is provided under your Policy, we will let you know and make the improved terms available to you. This applies to Policy terms and conditions, including Medical Conditions.

If you believe that any improvement is less favourable for you in the event of a claim, we will assess your claim against the terms of your Policy prior to the upgrade.

Any changes that we make as a result of an upgrade to your Policy will not apply to a Life Insured where:

- you have made, or are eligible to make, a claim for that Life Insured before we make the change; or
- in respect of any Cover which has ended under your Policy.

This means that if a condition for a Life Insured existed before the date of the upgrade, the upgrade will not apply to that condition for the Life Insured.

Easy increases for Life Events

Life does change. Sometimes you need more insurance and sometimes you need less.

You can request an increase in cover when certain Life Events happen to a Life Insured (a "Life Event Increase"). These events, and the maximum and minimum limits that apply, are explained in Table 10. You also cannot increase your insurance beyond the Cover Amount available for a Cover type as set out in Table 8 on page 26 and 27.

You must apply for a Life Event Increase within the later of 90 days after the Life Event occurs or 30 days prior to your next Policy Anniversary following the Life Event.

The new premium will be calculated as per the Life Insured's age at the time of acceptance of the Life Event Increase.

You cannot request a Life Event Increase:

- if the Life Insured is aged 60 or older;
- if the Life Insured has made, or is eligible to make, a claim under the type of Cover for which an increase is being sought; or
- for the Care Support Package as the benefits under this package are fixed.

Table 10 outlines how Easy Increases for Life Events work.

Table 10. Easy Increases for specific Life Events that happen to the Life Insured

Cover Type	Specific Event	Maximum and minimum limits	How many times can you apply
Income Insurance	– Increase in Monthly Earnings	<p>Maximum amount:</p> <p>Lesser of:</p> <ul style="list-style-type: none"> – 15% of the Life Insured’s Income Insurance Cover Amount at the Cover Start Date; or – up to 50%, 60% or 70% of the increase in Monthly Earnings, depending on your chosen IRR at the Cover Start Date (refer to the table on page 43 for more information on Income Replacement Ratio’s (IRR) and how the Monthly Earnings brackets apply). <p>The total of all Life Event Increases for each Life Insured cannot exceed the maximum Income Insurance Cover Amount for the Income Replacement Ratio selected at the Cover Start Date.</p> <p>Minimum amount:</p> <p>\$250 per month. The total of all Life Event Increases for each Life Insured cannot exceed the original amount of Cover at the Cover Start Date.</p>	One increase per life event in any 12 month period.

Cover Type	Specific Event	Maximum and minimum limits	How many times can you apply
Life	<ul style="list-style-type: none"> - marriage or divorce - birth or adoption of a Child 	<p>Maximum amount:</p> <p>Lowest of \$200,000, 25% of cover at the Cover Start Date, and the limit for the particular Life Event.</p>	One increase per life event in any 12 month period.
Critical Illness	<ul style="list-style-type: none"> - dependent Child starts secondary school 	<p>In the case of new or increase in an existing mortgage, the increase in Cover is limited to the new mortgage amount or the increase .</p>	
TPD	<ul style="list-style-type: none"> - completion of an undergraduate degree at a government recognised Australian university - spouse dies - becomes a carer for an Immediate Family Member for the first time - take out or increase a mortgage over principal place of residence with an accredited mortgage provider - receive an increase of 15% or more to base annual salary (excluding irregular items like bonuses and commissions). 	<p>In the case of increase of 15% or more to base annual salary, the increase in Cover is limited to 10 times the amount of the increase.</p> <p>The total of all Life Event Increases for each Life Insured cannot exceed the lesser of the original amount of cover at the Cover Start Date and \$1,000,000.</p> <p>If the Life Insured has Critical Illness Cover and/or TPD Cover combined with the Life Cover, the Life Cover must be at least equal to the Critical Illness Cover and/or TPD Cover after the Life Event Increase.</p> <p>Minimum amount:</p> <p>\$10,000.</p> <p>Restriction</p> <p>During the first 6 months after a Life Event Increase in Critical Illness Cover, TPD Cover and Life Cover for a Life Insured, the increased amount is only payable if the cause of the event giving rise to the claim is the direct result of an Accident.</p>	

Easy increases for Business Events

Where you hold Life Cover, Critical Illness Cover or TPD Cover, you can request an increase in the Cover Amount when a Business Event happens to a Life Insured where Cover was initially issued for the purpose of business protection insurance. Easy increases for Business Events is not available with Income Insurance Cover.

A Business Event for a Life Insured is where the Life Insured:

- is a key person in a business and their value as a key person (revenue or capital purpose) has increased;
- has provided a loan guarantee or other business-related debt to the business, which has increased; or
- is a partner, shareholder or unit holder in a business and the Cover forms part of a written buy/sell, share purchase or business succession agreement where the business has increased in value.

Where a Policy has been underwritten for a business purpose, the same underwriting assessment will apply to the increase for a Business Event.

The increased Cover Amount requested under Easy increases for Business Events cannot exceed:

- the maximum Cover Amount available for Life Cover, Critical Illness Cover or TPD Cover, as set out in Table 8 on page 26; and
- either:
 - the increase in the Life Insured's value to the business where the Life Insured is a key person; or
 - the increase in loan guarantee or business-related debt provided by the Life Insured; or
 - the increase in the Life Insured's share in the business where the Life Insured is a partner, shareholder or unit holder and the Cover forms part of a buy/sell, share purchase or business succession agreement.

The minimum Business Event increase amount is \$25,000. The maximum Business Event increase amount is the lesser of \$500,000 and 30% of the Cover Amount as at the relevant Cover Start Date.

The total of all Business Event increases for each Life Insured cannot exceed the lesser of:

- the Cover Amount as at the relevant Cover Start Date; and
- \$3,000,000.

If the Life Insured has Critical Illness Cover and/or TPD Cover combined with Life Cover, the Cover Amount for Life Cover must be at least equal to the Cover Amount of Critical Illness Cover and/or TPD Cover after the Business Event increase.

The new premium will be calculated based on the Life Insured's age and the Cover Amount at the time the Business Event increase is accepted.

To apply for an Easy increase for Business Events, you must submit an application to us by the later of:

- 90 days after the Business Event occurs; or
- 30 days prior to the Policy Anniversary immediately following the Business Event.

You can apply for one Business Event increase in any 12 month period.

You cannot request a Business Event increase for a Life Insured:

- if the Life Insured is aged 60 or older;
- if any loadings or exclusions have been applied to the Life Insured;
- if the Life Insured has made, or is eligible to make, a claim under the type of Cover for which you are requesting an increase; or
- for the Care Support Package because this benefit is not available under Care Support Package and the benefits provided under the Care Support Package are fixed.

Professional Services benefit

Where we pay 100% of the Cover Amount under Life Cover, Critical Illness Cover or TPD Cover we will reimburse up to \$3,000 for the costs associated with engaging a financial adviser, accountant or lawyer to assist the Life Insured (or their estate in the event of their death) with preparing a financial plan or other documentation that may be required.

The professional services costs must be incurred within 12 months of the relevant period and reimbursement must be claimed within 90 days after the costs are incurred.

The Professional Services benefit is not payable in relation to an Income Insurance benefit and will only be paid once per Life Insured across all Policies issued by us in respect of that Life Insured. Evidence of the expenditure being claimed must be provided on request.

Premium relief

We can help you by providing premium relief through difficult or changing times, including financial hardship, as explained in Table 11.

Table 11. Premium relief

Premium relief	Cover type	When to tell us by	What rules apply?
Premium freeze	<p>Applies to all cover types except for Care Support Package.</p> <p>Applies to Stepped premium only.</p>	<p>45 days prior to your next Policy Anniversary.</p>	<ul style="list-style-type: none"> - The premium will be fixed at the level that applied prior to your next Policy Anniversary; and - The Cover Amount will reduce each year to an amount that could be purchased by the frozen premium at each Policy Anniversary while the freeze continues. <p>You can end your premium freeze at a Policy Anniversary by notifying us at least 45 days prior to that anniversary.</p> <p>If the Cover Amount will reduce to less than \$50,000 for Life Cover, Critical Illness Cover or TPD Cover, or \$1,500 per month for Income Insurance Cover, the premium freeze will cease at the Policy Anniversary and Cover will end if you do not pay the required premium.</p>
Suspended cover	<p>Applies to all cover types.</p> <p>Applies to Stepped or Level premiums.</p>	<p>At any time with effect from the next premium due date.</p>	<p>If Cover for a Life Insured has been in place for at least 12 months, you can put Cover on hold for up to 12 months.</p> <p>If you suspend any Cover, you will not pay the premium for:</p> <ul style="list-style-type: none"> - that Cover; - any Cover which is held under same Policy; or - any other Cover which is combined, split or otherwise linked to the suspended Cover. <p>While Cover is suspended, the Life Insured will not be covered if the event giving rise to the claim (for example the diagnosis of a Medical Condition) occurs during the period Cover is suspended.</p> <p>After the period Cover is suspended, Cover will be reinstated without the need for additional underwriting.</p>

Premium relief	Cover type	When to tell us by	What rules apply?
Involuntary unemployment and parental leave waiver	Applies to all cover types. Applies to Stepped or Level premiums.	At any time with effect from the next premium due date, or the date we agree with you.	If you have had Cover for a Life Insured in place for at least 12 months, and the Life Insured becomes Involuntarily Unemployed or goes on Parental Leave, we will waive future premiums for the Life Insured for up to 3 months while Involuntary Unemployment or Parental Leave continues. The Life Insured will remain covered during this period. You will need to provide evidence of the event when you request the waiver.

Policy provides protection anytime, anywhere

Cover under Integrity's Here for You protects the Life Insured 24 hours a day, 7 days a week, worldwide.

CPI increases for Cover

Your Cover Amount for Life Cover, Critical Illness Cover or TPD Cover will adjust each year in line with the CPI Rate unless you contact us to decline the increase. This is not available for Income Insurance Cover. By adjusting your Cover Amount by the CPI Rate each year, your Cover reflects changes to the cost of living. When a Cover Amount increases each year, so will your premiums.

If a Life Insured is covered for the Care Support Package, the benefits are fixed and will not increase in line with the CPI Rate, although these amounts may increase in the future, in accordance with our upgrade guarantee.

If you have suspended Cover for a Life Insured, we will not increase the Cover Amount while the Cover is on hold. Cover will not increase above the maximum Cover Amount as set out in Table 8 on page 26.

integrity.

Income Insurance Cover.



INCOME INSURANCE COVER

<p>Application Age</p>	<p>Stepped Premium</p> <p>For Cover with a 2 year Payment Period, you can apply for Stepped Premium if the Life Insured is aged between 18 and 59 years of age.</p> <p>For Cover with a 5 year Payment Period or To age 65 Payment Period, you can apply for Stepped Premium if the Life Insured is aged between 18 and 55 years of age.</p> <p>Level Premium</p> <p>For Cover with a 2 year Payment Period, you can apply for Level Premium if the Life Insured is aged between 18 and 55 years of age.</p> <p>For Cover with 5 year Payment Period or To age 65 Payment Period, you can apply for Level Premium if the Life Insured is aged between 18 and 50 years of age.</p>								
<p>Expiry Age</p>	<p>Income Insurance Cover will end on the Life Insured's 65th birthday.</p>								
<p>Minimum Cover Amount</p>	<p>The minimum Cover Amount is \$1,500 per month.</p>								
<p>Maximum Cover Amount</p>	<p>The maximum Cover Amount is calculated as the amount covered for every dollar in each Monthly Earnings bracket depending on your Monthly Earnings (as set out on page 43) and the Income Replacement Ratio (IRR) you choose and is subject to a maximum for the IRR (as set out below).</p> <table border="1" data-bbox="432 1160 1449 1317"> <thead> <tr> <th>IRR</th> <th>Maximum Cover Amount</th> </tr> </thead> <tbody> <tr> <td>50%</td> <td>\$17,500 per month</td> </tr> <tr> <td>60%</td> <td>\$25,250 per month</td> </tr> <tr> <td>70%</td> <td>\$30,000 per month</td> </tr> </tbody> </table>	IRR	Maximum Cover Amount	50%	\$17,500 per month	60%	\$25,250 per month	70%	\$30,000 per month
IRR	Maximum Cover Amount								
50%	\$17,500 per month								
60%	\$25,250 per month								
70%	\$30,000 per month								
<p>Eligibility</p>	<p>Income Insurance Cover is available to Australian Residents and Occupation classes 1 to 4, subject to the Payment Period chosen. Refer to Table 5.1 on page 23.</p>								
<p>Policy Structure</p>	<p>Insurance Cover can be customised to suit your needs, offering the choice of:</p> <ul style="list-style-type: none"> • Waiting Period; • Payment Period; and • Income Replacement Ratio. <p>Income Insurance Cover can be held inside or outside superannuation. If held inside superannuation, cover may be spilt and a Continuation option is available.</p>								

An Income Insurance Cover claim will not be paid if the Total Disability or Partial Disability is either caused, or contributed to, by:

Exclusions

- an intentional self-inflicted injury or attempted suicide;
- a normal or uncomplicated pregnancy or childbirth;
- war or an act of war;
- the Life Insured's participation in criminal activity or resulting from incarceration;
- something that we have specifically excluded; or
- the conduct of the Life Insured, which has resulted in them being unable to perform the duties of their usual Occupation as a result of them being temporarily or permanently disqualified or deregistered, or a restriction being placed on them.

Income Insurance Cover – Features and optional extras

Features	Optional extras
<ul style="list-style-type: none"> • Total Disability benefit. • Partial Disability benefit. • Rehabilitation and retraining benefit. • Relapse of Total Disability or Partial Disability. • Interim Accident Cover. • Easy Increases for Life Events. • Premium Relief. • 24 hours Worldwide protection. • Continued Cover at Policy Anniversary until date Cover ends. • Guaranteed Upgrade . • Continuation option (where cover is held inside superannuation). 	<p>Available on all Income Insurance Cover:</p> <ul style="list-style-type: none"> • Total Disability Top Up option. • Superannuation Continuation Cover option (where cover is held outside superannuation). • Claim Benefit Indexation option (except where 2 year Payment Period is chosen).



Income Insurance Cover helps protect the Life Insured's income if the Life Insured becomes Totally Disabled or Partially Disabled through sickness or injury while the cover is in force.

Income Insurance Cover can be customised to suit your needs, offering the choice of:

- Income Replacement Ratio;
- Waiting Period;
- Payment Period; and
- Optional extras.

Features of Income Insurance Cover

Who can apply?

You can apply for Income Insurance Cover if the person whose life is being insured is:

- between 18 and 59 years of age;
- employed in an eligible Occupation class; and
- an Australian Resident.

Your choice of Income Replacement Ratio

You can choose what percentage of your Monthly Earnings you insure – this is called the Income Replacement Ratio (IRR). You have a choice of replacing up to 50%, 60% or 70% of your Monthly Earnings.

The IRR you choose will determine the percentages that apply to the Monthly Earnings brackets that we use to calculate the Cover Amount and the Pre-Disability Income brackets we use to calculate your monthly benefit.

Minimum and maximum Cover Amount

The minimum Cover Amount for Income Insurance is \$1,500 per month.

The maximum is calculated as the amount covered for every dollar in each Monthly Earnings bracket depending on your Monthly Earnings (as set out below) in the 12 months prior to your application and the Income Replacement Ratio (IRR) you choose, subject to a maximum based on the IRR.

Table 12. Minimum and maximum Cover Amount

Monthly Earnings bracket	Cover provided on these earnings		
	IRR 50%	IRR 60%	IRR 70%
\$0 - \$16,667	50 cents for each dollar per month	60 cents for each dollar per month	70 cents for each dollar per month
	(\$0 - \$8,333 per month)	(\$0 - \$10,000 per month)	(\$0 - \$11,667 per month)
plus			
\$16,667 - \$36,667	25 cents for each dollar per month	45 cents for each dollar per month	50 cents for each dollar per month
	(\$0 - \$5,000 per month)	(\$0 - \$9,000 per month)	(\$0 - \$10,000 per month)
plus			
\$36,667 - \$78,333	10 cents for each dollar per month	15 cents for each dollar per month	20 cents for each dollar per month
	(\$0 - \$4,167 per month)	(\$0 - \$6,250 per month)	(\$0 - \$8,333 per month)
up to a maximum of:			
	\$17,500 per month	\$25,250 per month	\$30,000 per month

Table 12.1 below illustrates how Cover Amount is calculated using the Monthly Earnings brackets when applying for Cover.

Table 12.1, Minimum and maximum Cover Amount example

Selected IRR	Annual Income	Monthly Income	Monthly Earnings Bracket 1	Monthly Earnings Bracket 2	Cover Amount*
50%	\$150,000	\$12,500 per month	\$6,250 per month	\$0.00	\$6,250 per month
	\$240,000	\$20,000 per month	\$8,333 per month	\$833 per month	\$9,167 per month
60%	\$150,000	\$12,500 per month	\$7,500 per month	\$0.00	\$7,500 per month
	\$240,000	\$20,000 per month	\$10,000 per month	\$1,500 per month	\$11,500 per month
70%	\$150,000	\$12,500 per month	\$8,750 per month	\$0.00	\$8,750 per month
	\$240,000	\$20,000 per month	\$11,667 per month	\$1,667 per month	\$13,333 per month

* Cover Amount may be impacted by the effects of rounding.

When we assess a claim for the Life Insured, we will assess Pre-Disability Income as described on page 47.

Your choice of Waiting Period

You can choose the Waiting Period that applied to your Income Insurance Cover – either:

- 30 days, 60 days, 90 days, 180 days; or
- 1 year or 2 years.

What is a Waiting Period?

The Waiting Period is the number of consecutive days which the Life Insured must:

- not be working in their Occupation and not have Work Capacity to undertake Suitable Work; and
- be under the regular care and following the advice of a Medical Practitioner in relation to the sickness or injury causing Total Disability

before a monthly benefit is payable.

No monthly benefit is payable during, or in respect of, the Waiting Period. Any days or part days worked during the Waiting Period will be added to the Waiting Period.

The Waiting Period will restart if the Life Insured returns to work at full capacity for:

- 5 consecutive days where a Waiting Period of 180 days or less is chosen; or
- 10 consecutive days where a Waiting Period greater than 180 days is chosen.

Proof of existing income insurance cover

Where you choose a 1 year or 2 year Waiting Period, you must have another income insurance policy in place. That income insurance policy must have a payment period that covers the Waiting Period and a waiting period of no more than 90 days.

We may ask you to provide evidence that you have this cover in place.

Your choice of Payment Period

You are able to choose how long you'd like to have your income replaced while on claim (this is the Payment Period). You can choose between a Payment Period of 2 years, 5 years or To Age 65.

Total Disability Top Up option

Where you choose this option, we will increase the Total Disability monthly benefit for a maximum of six months for any one claim. The increase that will apply to your monthly benefit will depend on the Income Replacement Ratio you have chosen.

Table 13. Total Disability Top Up option example

IRR	Top up amount
50%	<p>The monthly benefit will increase by 20% subject to a maximum Income Replacement Ratio of 60%.</p> <p>For example, where the IRR 50% has been chosen and the Total Disability monthly benefit payable in a month is \$5,000 (from Pre-Disability Income of \$10,000 per month), the Total Disability Top Up benefit would be \$1,000 – so it tops up the total benefit payable in that month to \$6,000.</p> <p>Refer to the table on the following page to see how this option will apply to all income brackets.</p>
60%	<p>The monthly benefit will increase by 16.67% subject to a maximum Income Replacement Ratio of 70%.</p> <p>Where the IRR 60% has been chosen and the Total Disability monthly benefit payable in a month is \$6,000 (from Pre-Disability Income of \$10,000 per month), the Total Disability Top Up benefit would be \$1,000 – so it tops up the total benefit payable in that month to \$7,000.</p> <p>Refer to the table on the following page to see how this option will apply to all income brackets.</p>
70%	Not available.

Table 13.1. Affect of Total Disability Top Up option on IRRs

Pre-Disability Income Bracket	IRR of 50%	IRR of 60%	IRR of 70%
For the first 6 month of claim			
Bracket 1 (\$0 - \$16,667)	60 cents for each dollar for the first six months (50 cents for each dollar where this option is not chosen)	70 cents for each dollar for the first six months (60 cents for each dollar where this option is not chosen)	Total Disability Top Up option not available
Bracket 2 (\$16,667 - \$36,667)	30 cents for each dollar for the first six months (25 cents for each dollar where this option is not chosen)	52.5 cents for each dollar for the first six months (45 cents for each dollar where this option is not chosen)	Total Disability Top Up option not available
Bracket 3 (\$36,667 - \$78,333)	12 cents for each dollar for the first six months (10 cents for each dollar where this option is not chosen)	17.5 cents for each dollar for the first six months (15 cents for each dollar where this option is not chosen)	Total Disability Top Up option not available

When does Income Insurance Cover end?

The Cover Expiry Date for your Income Insurance Cover is the earliest of:

- the Life Insured's 65th birthday;
- the date all entitlements under the Cover are paid; or
- when the Life Insured dies.

The Cover Expiry Date for Income Insurance Cover will be shown on your Policy Schedule.

When we pay a claim and what we will pay

Total Disability

If the Life Insured is Totally Disabled after the Waiting Period, or after a period during which a Partial Disability benefit has been paid, the Total Disability monthly benefit amount will be the lesser of:

- the Income Insurance Cover Amount for the Life Insured; and
- the chosen Income Replacement Ratio of the Life Insured's Pre-Disability Income.

When and how long we pay a Total Disability benefit is explained on page 49.

In some circumstances, we will reduce the monthly benefit payable, as explained on page 48.

Partial Disability

If the Life Insured is Partially Disabled after the Waiting Period, or after a period during which a Total Disability benefit has been paid, a Partial Disability monthly benefit will be paid.

To be eligible, the Partial Disability monthly benefit payable will be the lesser of the amount calculated as:

- the Income Insurance Cover Amount $\times (A - B) / A$; and
- the chosen Income Replacement Ratio % $\times (A - B)$

where:

A = the Life Insured's Pre-Disability Income; and

B = the Life Insured's Monthly Earnings while Partially Disabled.

When and how long we pay a Partial Disability benefit is explained on page 49.

In some circumstances, we will reduce the monthly benefit payable, as explained on page 48.

Monthly benefit for a Policy held inside superannuation

If the Policy is held inside superannuation a monthly benefit is only payable if the Life Insured meets the Superannuation Act condition of release on *Temporary Incapacity* and any other applicable requirements under superannuation laws are met.

Pre-Disability Income

In the event of a claim, the Life Insured's Pre-Disability Income will be their average Monthly Earnings for the 12 months immediately prior to the date on which the Life Insured becomes Totally Disabled or Partially Disabled. However, where the Life Insured's income:

- is subject to material monthly or seasonal variation; and
- has varied by 20% or more in the 36 months prior to the date on which the Life Insured became Totally Disabled or Partially Disabled, then

Pre-Disability Income is the Life Insured's average Monthly Earnings in the 36 months immediately prior to the date on which the Life Insured became Totally Disabled or Partially Disabled.

Pre-Disability Income may differ from the Cover Amount which is shown on your Policy Schedule or Policy anniversary document. This may be the result of changes in the Life Insured's Monthly Earnings. Where a Life Insured's Pre-Disability Income is higher than the Cover Amount, Pre-Disability Income will not be more than the Cover Amount. Where Pre-Disability Income is lower than the Cover Amount, Pre-Disability Income will be the average Monthly Earnings for the 12 months immediately prior to the Date of Disability.

If Superannuation Contribution Cover applies for the Life Insured, Pre-Disability Income is reduced by any superannuation contributions made during the applicable 12 month period.

How your benefit changes at different stages of your claim

The monthly benefit paid for every dollar in each Pre-Disability Income bracket changes at different stages of your claim, as set out below.

Table 14. Benefit changes at different claim stages

Pre-Disability Income Bracket	IRR of 50%	IRR of 60%	IRR of 70%
For the first two years of claim (applies to all Payment Periods) *			
Bracket 1 (\$0 - \$16,667)	50 cents for each dollar	60 cents for each dollar	70 cents for each dollar
Bracket 2 (\$16,667 - \$36,667)	25 cents for each dollar	45 cents for each dollar	50 cents for each dollar
Bracket 3 (\$36,667 - \$78,333)	10 cents for each dollar	15 cents for each dollar	20 cents for each dollar
After the first two years of claim (applies to 5 Year and To Age 65 Payment Period)#			
Bracket 1 (\$0 - \$16,667)	50 cents for each dollar	60 cents for each dollar	60 cents for each dollar
Bracket 2 (\$16,667 - \$36,667)	25 cents for each dollar	45 cents for each dollar	42.86 cents for each dollar
Bracket 3 (\$36,667 - \$78,333)	10 cents for each dollar	15 cents for each dollar	17.14 cents for each dollar

* Where the Total Disability Top Up option has been chosen, the benefit paid in the first 6 months of claim may be increased, see page 45 for more information.

Payment amount may be impacted by the effects of rounding.

Note: On and after the Life Insured's 60th birthday and the Life Insured is not on claim, the Payment Period reduces to a maximum of 2 years. Where a claim is accepted after the Life Insured's 63rd birthday, the Payment Period will end on their 65th birthday.

When we reduce the monthly benefit

We will reduce the monthly benefit payable by any of the following amounts the Life Insured receives:

- any payment received as a result of a worker's compensation or motor accident claim, or any claim under similar state or federal legislation in respect of the sickness or injury causing Total Disability or Partial Disability;
- payments received through any other individual or group disability income insurance, credit or mortgage insurance, unless we have expressly agreed not to apply a reduction;
- social security benefits resulting from reduced Work Capacity;
- lump sum payments related to disability which are intended to replace their income based on an appropriate monthly equivalent; or
- where Passive Income, such as interest or dividend payments are greater than 10% of your Pre-Disability Income, we will reduce the monthly benefit payable.

If the Policy is held inside superannuation, we will also reduce the monthly benefit payable by sick leave, annual leave or long service leave payments received by the Life Insured. If split Income

Insurance applies, the balance of the Cover Amount (if any) is payable under the policy held outside superannuation.

If the amount received is a lump sum payment, then for the purpose of the reduction, this will be treated as a series of 60 monthly payments, with each monthly payment equal to 1/60th of the lump sum payment.

We will reduce the monthly benefit payable to fully offset any other payment received, however we will not offset any Life Cover, TPD Cover, or Critical illness Cover payments.

How long we will pay

Payments begin to accrue from the first day after the end of the Waiting Period. They continue for as long as the Life Insured qualifies for a Total Disability or Partial Disability monthly benefit until the earliest of:

- when the Life Insured is no longer Totally Disabled or Partially Disabled;
- the end of the Payment Period;
- the Cover Expiry Date of your Income Insurance Cover;
- when the Life Insured does not participate or cooperate in a reasonable Recovery Management Plan, or they do not undergo recommended medical treatment or rehabilitation to reduce their disability; or
- the death of the Life Insured.

We will endeavour to structure the payment of a monthly benefit as closely as possible to the Life Insured's usual pay cycle to help minimise disruption for the Life Insured (for example, we do this to reduce the risk that regular payments, such as direct debits, are missed).

The Payment Period is the maximum period during which the monthly benefit is payable. You have a choice of Payment Periods: 2 years, 5 years or To Age 65, depending upon the Life Insured's Occupation, as shown in Table 5.1 on page 23.

If the Life Insured is only Totally Disabled or Partially Disabled for part of a month, we will pay 1/30th of the monthly benefit for each day of Total Disability or Partial Disability, as applicable.

Income Insurance Cover – Exclusions

We will not pay a monthly benefit if the Life Insured's Total Disability or Partial Disability is a result of a sickness or injury was either caused, or contributed to, by:

- an intentional self-inflicted injury or attempted suicide;
- a normal or uncomplicated pregnancy or childbirth;
- war or an act of war;
- the Life Insured's participation in criminal activity or resulting from incarceration; or
- something that we have specifically excluded; or
- the conduct of the Life Insured, which has resulted in them being unable to perform the duties of their usual Occupation as a result of them being temporarily or permanently disqualified or deregistered, or a restriction being placed on them.

Split Income Insurance

Split Income Insurance allows Income Insurance Cover for the Life Insured to be combined under two Policies – a Policy held inside superannuation owned by the trustee of the Life Insured's superannuation fund and another Policy owned outside superannuation. The Policy Schedule issued for each of these two Policies will show if split Income Insurance applies for the Life Insured.

Under split Income Insurance, if the Life Insured qualifies for an Income Insurance Cover benefit which cannot be paid (or paid in full) under the Policy owned by the trustee of the Life Insured's superannuation fund, the benefit (or the balance of the benefit) can be paid under the Policy owned outside superannuation. If an Income Insurance Cover benefit is payable under both Policies, the combined amount payable cannot exceed the amount that would be payable under the Policy owned outside superannuation if split Income Insurance did not apply.

Where split Income Insurance applies, the Policies work together so:

- the type of Income Insurance Cover provided must be the same under both Policies;
- both Policies must have the same Cover Amount, Waiting Period, Payment Period, Cover Expiry Date and Policy Anniversary;
- any increase or decrease in the Cover Amount, must be made on both Policies;
- the premium is apportioned between the Policies according to the cover split; and
- split Income Insurance ends if either Policy is cancelled or otherwise ends.

If split Income Insurance ends because one of the combined Policies ends, then:

- if the Policy owned by the trustee of the Life Insured's superannuation fund ends, the Policy owned by the Life Insured outside superannuation can continue on a stand-alone basis at the premium applying for a stand-alone Policy at the time split Income Insurance ends;
- if the Policy owned outside of superannuation ends, the Policy owned by the trustee of the Life Insured's superannuation fund can continue on a stand-alone basis, however the type of cover applying for the Life Insured must be varied, if necessary, to align with the available Income Insurance Cover at the time of the conversion.
- Following the conversion from split Income Insurance, an Income Insurance Cover benefit is only then payable if the Life Insured meets the Superannuation Act condition of release on *Temporary Incapacity* and any other applicable requirements under superannuation laws.

Relapse of Total Disability or Partial Disability

The Waiting Period will be waived, and the claim will be treated as a continuation of the previous claim if, after a monthly benefit on Total Disability or Partial Disability has been paid:

- the Life Insured returns to work on the same employment basis (full-time or part-time) they worked prior to being Totally Disabled or Partially Disabled; and
- the Life Insured is no longer under the regular care and advice of a Medical Practitioner in relation to the sickness or injury which caused Total Disability or Partial Disability; and

- the Life Insured suffers a relapse and is again Totally Disabled or Partially Disabled as a result of the same or related sickness or injury as that which caused the previous claim;
- and
- for a 2 year or 5 year Payment Period, the relapse occurs within 6 months of the Life Insured returning to work on the same employment basis (full-time or part-time) as that which they worked prior to being Totally Disabled or Partially Disabled; or
 - for a To Age 65 Payment Period the relapse occurs within 12 months of the Life Insured returning to work on the same employment basis (full-time or part-time) as that which they worked prior to being Totally Disabled or Partially Disabled.

When a new claim is treated as the continuation of a previous claim, the new claim is only payable for the remainder, if any, of the Payment Period applicable to the previous claim.

Claim benefit indexation option

You may choose to increase your monthly benefit by the CPI Rate if:

- we are paying a Total Disability or Partial Disability; and
- the chosen Payment Period is greater than two years (i.e. a 5 Year Payment Period or To Age 65 Payment Period applies).

Where this option is chosen:

- If the Life Insured receives a monthly benefit for 24 months for the same condition, the monthly benefit and any Superannuation Contribution Cover Amount (if chosen) for the Life Insured will be adjusted each year after the 24th monthly benefit in line with the CPI Rate. We will also adjust the Life Insured's Pre-Disability Income by the CPI Rate.

Superannuation Contribution Cover is explained on page 52.

We will not increase the monthly benefit above the maximum cover limit explained on page 25.

When Income Insurance Cover premiums will be waived

We will waive Income Insurance Cover premiums for a Life Insured whilst a monthly benefit on Total Disability or Partial Disability is payable for that Life Insured.

Premiums under your Policy must be paid up to date for this to occur and overdue premiums will not be waived.

Rehabilitation and retraining

We will pay for a Life Insured to participate in a rehabilitation or retraining program where:

- we are paying a monthly benefit for a Life Insured on Total Disability or Partial Disability of the Life Insured;
- we agree, in consultation with the Life Insured and their Medical Practitioner, that the rehabilitation or retraining program has tangible benefits toward the Life Insured's recovery and return to work;
- we agree to the costs of the program and/or any necessary equipment; and

- the Life Insured is not entitled to have the cost of the program and/or any necessary equipment paid or reimbursed from another source.

If we approve the rehabilitation or retraining program, we will pay the provider of the program and/or purchase any equipment required.

The maximum that we will pay for rehabilitation or retraining is 12 times the Income Insurance Cover Amount for the Life Insured across all Policies issued by us.

We won't cover health costs typically covered by Medicare or private health insurance, such as medicine, medical consultations and therapy.

Superannuation Contribution Cover option

Under this option we will pay the Superannuation Contribution Cover benefit as a personal superannuation contribution to the Life Insured's nominated complying superannuation fund when a monthly benefit is payable.

This benefit is calculated based on the current employer superannuation guarantee rate (10% as at 1 October 2021) that applies to your Insurable Monthly Earnings.

A proportional amount applies if the Life Insured is Partially Disabled.

Any amount we contribute is subject to laws and regulations relating to contributions, taxation and preservation.

This option is only available on a Policy held outside superannuation.

Continuation option

If the Policy is held inside superannuation, the Life Insured can, without providing evidence of their health, convert Income Insurance Cover under the Policy to income insurance that we have available under a new policy issued at the date of conversion under the terms and conditions which apply at that time, provided that the:

- owner of the Policy, the trustee of the Life Insured's superannuation fund, does not object;
- Life Insured is 59 years old or less, and
- income insurance under the new policy doesn't exceed the Cover Amount, Payment Period or Waiting Period on the old Policy as at the date the Continuation option is completed.

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Life Cover.



LIFE COVER

Application Age	<p><i>Stepped Premium</i> You can apply if the Life Insured is aged between 18 and 75 years of age.</p> <p><i>Level Premium</i> You can apply if the Life Insured is aged between 18 and 59 years of age.</p>
Expiry Age	Life Cover will end on the Life Insured's 135 th birthday (for a Policy held outside superannuation) or the Life Insured's 100 th birthday (for a Policy held inside superannuation).
Minimum Cover Amount	The minimum Cover Amount is \$50,000.
Maximum Cover Amount	There is no maximum Life Cover Amount.
Eligibility	Life Cover is available to Australian Residents and all Occupation classes.
Policy Structure	<p>You can structure your Life Cover in two ways:</p> <ul style="list-style-type: none">• Stand alone Life Cover; or• Combine Life Cover with Critical Illness Cover and/or TPD Cover. <p>If you hold Life Cover inside superannuation, a Continuation option is available prior to the Life Insured's 75th birthday.</p>
Exclusions	<p>A Life Cover claim will not be paid if the Life Insured's death was caused, or contributed to by:</p> <ul style="list-style-type: none">• suicide within the first 13 months of the date that the Life Cover starts or is increased; or• something we have specifically excluded.

Life Cover – Features and optional extras

Features	Optional extras
<ul style="list-style-type: none">• Lump sum benefit in the event of Death and Terminal Illness.• Advance payments of \$25,000 for funeral costs of other end of life expenses.• Interim Accident Cover.• Easy Increases for Life Events and Business Events.• Professional Services benefit.• Premium Relief.• 24 hours Worldwide protection.• Continuation option (where Cover is held inside superannuation).• CPI Rate Cover increase.• Continued cover at Policy Anniversary.• Guaranteed Upgrade.• Care Support Package.	<ul style="list-style-type: none">• Premium Waiver.• Life Cover Reset.

LIFE COVER



Life Cover protects by providing a lump sum payment in the event of the Life Insured's death or if they are diagnosed with a Terminal Illness while the Life Cover is in force.

Who can apply?

You can apply for Life Cover if the person whose life is being insured is an Australian Resident and:

- between 18 and 59 years of age if you have chosen to pay Level Premiums; or
- between 18 and 75 years of age if you have chosen to pay Stepped Premiums.

When does Life Cover end?

The Cover Expiry Date for your Life Cover is the earliest of:

- the Life Insured's 135th birthday or, if the Policy is held inside superannuation, the Life Insured's 100th birthday;
- when the Life Insured dies;
- when Life Cover is reduced to zero, as explained under the heading 'Advantages and Disadvantages of combining cover' on page 58; or
- when all entitlements under the Cover are paid.

The Cover Expiry Date for Life Cover will be shown on your Policy Schedule.

Features of Life Cover

Table 15 below shows the features of Life Cover.

Table 15. Features of Life Cover

Features		
Cover	Description	How payments work
Life	Provides a lump sum payment in the event of the Life Insured's death while the Cover is in force.	<p>We will pay you* or, in the event that you are a Life Insured and the claim is payable as a result of your death, we will pay:</p> <ul style="list-style-type: none"> - your validly nominated Beneficiary, if any, or if not; or - your Legal Personal Representative or other person we are entitled to legally pay. <p>For information on nomination of Beneficiaries refer to page 88.</p>
Terminal Illness	Provides a lump sum payment in the event of the Life Insured being diagnosed with a Terminal Illness while the Cover is in force.	We will pay you*.
Advance Payment for funeral costs or other end of life expenses	An advance payment of \$25,000 from the Life Cover Amount.	This advance is payable to you or, in the event that you are a Life Insured, your Legal Personal Representative to help with immediate expenses at the time of the Life Insured's death. An advance payment will not be made if the Policy is held inside superannuation.
If Combined Cover with TPD Cover and/or Critical Illness Cover	Life Cover can be combined with TPD Cover and/or Critical Illness Cover to reduce the overall premium you pay.	If combined with TPD Cover and/or Critical Illness Cover, we will reduce the Life Cover Amount payable by the amount of any TPD Cover and/or Critical Illness Cover that has been paid for the Life Insured.

* If the Policy is held inside superannuation, the payment will be applied by the trustee of the Life Insured's superannuation fund in accordance with the governing rules of that fund and superannuation laws.

Life Cover optional extras

You can customise your Life Cover for a Life Insured with the optional extras explained in Table 16.

Table 16. Life Cover options extras

Extras – Available for additional cost	
Extras	Description
Premium waiver	<p>If the Life Insured holds Income Insurance Cover under this Policy and is continuously Totally Disabled or Partially Disabled due to sickness or injury for at least 3 months, we will waive the Life Cover premiums for that Life Insured from the end of the 3 month qualifying period until the earliest of:</p> <ul style="list-style-type: none"> - the Life Insured is no longer continuously Totally Disabled or Partially Disabled; - the Life Insured 's 65th birthday; and - the Life Insured dies. <p>Premiums under your Policy must be paid up to date for this to occur and overdue premiums will not be waived.</p> <p>We will not waive premiums if the Life Insured's Total Disability or Partial Disability is a result of a sickness or injury was either caused, or contributed to, by:</p> <ul style="list-style-type: none"> - an intentional self-inflicted injury or attempted suicide; - a normal or uncomplicated pregnancy or childbirth; - war or an act of war; - the Life Insured's participation in criminal activity or resulting from incarceration; or - something that we have specifically excluded; or - the conduct of the Life Insured, which has resulted in them being unable to perform the duties of their usual Occupation as a result of them being temporarily or permanently disqualified or deregistered, or a restriction being placed on them.
Life Cover Reset	<p>If Life Cover is combined with Critical Illness Cover and/or TPD Cover, and Life Cover is reduced¹, the Cover that was reduced can be reset 12 months after it was reduced without having to provide further medical evidence.</p> <p>This option ceases on the Life Insured's 65th birthday. This option is only available once for a Life Insured and increases from Life Events will no longer be available for the Life Insured.</p>

¹ Where Life Cover, Critical Illness Cover and/or TPD Cover are combined, payment of one benefit will reduce the others by the amount paid.

When we won't pay a claim – Life Cover exclusions

We will not pay a Life Cover claim if the Life Insured's death was either caused, or contributed to, by:

- suicide within the first 13 months of the date that the Life Cover starts or is increased (in respect of the increase); or
- something that we have specifically excluded.

We will waive the suicide exclusion to the extent that the Life Cover is replacing death cover issued by us or another insurer on the Life Insured if:

- the cover to be replaced has been in force for a minimum of 13 consecutive months immediately prior to the commencement of the Life Cover being applied for and is cancelled immediately after commencement of the Life Cover being applied for; and
- no claim is payable or pending under the cover to be replaced.

How Combined Cover works

It is important to decide whether combining Life Cover with Critical Illness Cover and/or TPD Cover in the Policy is right for you, or whether you should keep these covers separate. You can choose either with Integrity's Here for You.

Combining Cover is establishing a relationship between Life Cover as the principal Cover (you must hold Life Cover to combine cover) and Critical illness Cover and/or TPD Cover as secondary covers. The amount of cover insured for Critical Illness Cover and/or TPD Cover cannot exceed the Life Cover Amount.

Advantages and disadvantages of combining cover

Combining Life Cover with TPD Cover and/or Critical Illness Cover can be advantageous as it reduces the total amount of premium you pay.

The disadvantage of combining Cover is when you combine Covers and a claim payment is made, it will reduce the combined Covers by the amount paid. However, after 12 months you can reset the cover which was reduced using the Life Cover Reset option, the Critical Illness Reset option or the Critical Illness Relapse option, if the option has been selected.

Continuation option

If the Policy is held inside superannuation, the Life Insured can, without providing evidence of their health, convert the Life Cover under the Policy to life insurance under a new policy to be issued at the date of conversion, provided that:

- the owner of the Policy, the trustee of the Life Insured's superannuation fund, does not object;
- the Life Insured is 75 years old or less, and
- life insurance under the new policy is on the terms for that cover then available and the cover amount doesn't exceed the Life Cover for the Life Insured under the old policy at the date of conversion.

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Critical Illness Cover.



CRITICAL ILLNESS COVER

Application Age	<i>Stepped Premium and Level Premium</i> You can apply if the Life Insured is aged between 18 and 59 years of age.
Expiry Age	Critical Illness Cover will end on the Life Insured's 75 th birthday.
Minimum Cover Amount	The minimum Cover Amount is \$30,000.
Maximum Cover Amount	The maximum Cover Amount is \$2,000,000.
Eligibility	Critical Illness Cover is available to Australian Residents and all Occupation classes.
Policy Structure	You can structure your Life Cover in two ways: <ul style="list-style-type: none">• Stand alone Life Cover; or• Combine Critical Illness Cover with Life Cover and/or TPD Cover. <p>Critical Illness Cover is not available inside superannuation.</p>
Exclusions	A Critical Illness Cover claim will not be paid if: <ul style="list-style-type: none">• the Medical Condition is either caused, or contributed to, by a self-inflicted injury or attempted suicide; or• the Life Insured dies within 14 days of experiencing the Medical Condition; or• something we have specifically excluded.

Critical Illness Cover – Features and optional extras

Features	Optional extras
<ul style="list-style-type: none"> • Provides a benefit where the Life Insured suffers or is diagnosed with one of the 42 Medical Conditions, up to their 70th birthday. • Between the age of 70-75, provides a benefit where the Life Insured is totally and permanently unable to perform at least 2 of the 6 Activities of Daily Living without the physical assistance of another person, or suffers Severe cognitive loss (total and permanent) – requiring permanent caregiver. • Reduced premium when combined with Life Cover. • Interim Accident Cover. • Easy Increases for Life Events and Business Events. • Professional Services benefit. • Premium Relief. • 24 hours Worldwide protection. • CPI Rate Cover increase. • Continued cover at Policy Anniversary. • Guaranteed Upgrade. • Care Support Package. 	<ul style="list-style-type: none"> • 16 Extra Medical Conditions. • Critical Illness Reset option. • Critical Illness Relapse option. • Premium Waiver.

CRITICAL ILLNESS COVER



Critical Illness Cover protects in the event of the Life Insured experiencing a specified Medical Condition while the Critical Illness Cover is in force and before age 70. The date that a Medical Condition is deemed to have occurred is explained in Table 17. Cover after age 70 is limited as explained in Table 17.

Who can apply?

You can apply for Critical Illness Cover if the person whose life is being insured is:

- between 18 and 59 years of age, and
- an Australian Resident.

You can only apply for this Cover under a policy held outside superannuation.

When does Critical Illness Cover end?

The Cover Expiry Date for your Critical Illness Cover is the earliest of:

- the Life Insured's 75th birthday (Cover changes from age 70);
- where Critical Illness Cover is reduced to zero (as explained under the heading 'When we will adjust Critical Illness Cover' on page 71); or
- when the Life Insured dies.

The Cover Expiry Date for Critical Illness Cover will be shown on your Policy Schedule.

Features of Critical Illness Cover

The following table shows the features of Critical Illness Cover.

Table 17. Features of Critical Illness Cover

Features		
Cover	Description	How payments work
Before Life Insured's 70th birthday	<p>This Cover provides a lump sum payment in the event of the Life Insured's experiencing a Medical Condition listed in Table 16 Medical Conditions while the cover is in force*.</p> <p>The date that each Medical Condition will be deemed to have occurred is as follows:</p> <ul style="list-style-type: none"> – for a sickness, the date on which the sickness is diagnosed by a Medical Practitioner; 	<ul style="list-style-type: none"> – Other than for Coronary Artery Angioplasty, the benefit payable is the Critical Illness Cover Amount. – For Coronary Artery Angioplasty, the benefit payable is 25% of the Critical Illness Cover Amount up to a maximum of \$50,000. Multiple claims for Coronary Artery

Features		
Cover	Description	How payments work
	<ul style="list-style-type: none"> for an injury, the date that the injury occurs; for a procedure or surgery, the date on which the Life Insured undergoes the procedure or surgery. <p>Each Medical Condition listed in Table 16 has a specific meaning as explained in the Medical Definitions section starting at page 103.</p>	Angioplasty can be made until the Critical Illness Cover Amount for the Life Insured has been paid.
When Life Insured aged between 70 and 75	<p>This Cover provides a lump sum payment in the event that the Life Insured, as a result of sickness or injury:</p> <ul style="list-style-type: none"> is totally and permanently unable to perform at least 2 of the 6 Activities of Daily Living without the physical assistance of another person; or suffers Severe cognitive loss (total and permanent) – requiring permanent caregiver, <p>while the Cover is in force.</p> <p>When this change in Critical Illness Cover occurs, your premium will be reduced.</p>	The maximum Critical Illness Cover Amount available from the date the Life Insured turns 70 is \$2,000,000 across all policies issued by us. If the Life Insured is covered for more than \$2,000,000 at age 70, we will reduce the total Cover Amount pro rata under each policy and refund any overpaid premium.

* For some conditions a qualifying period applies as shown on page 67 and 68.

Critical Illness Cover optional extras

You can customise Critical Illness Cover for a Life Insured with the optional extras explained in Table 18.

Table 18. Critical Illness options extras

Extras – Available for additional cost	
Extras	Description
Extra Medical Conditions	Provides a lump sum payment in the event of the Life Insured experiencing a Medical Condition listed in Table 20 Extra Medical Conditions while the Cover is in force and before age 70. The date that a Medical Condition will be deemed to have occurred is explained in Table 20 on page 69.

Extras – Available for additional cost

Extras	Description
	<p>We will pay 20% of the Critical Illness Cover Amount up to a maximum of \$100,000. In the case of Carcinoma in situ of the Breast with Surgery and Treatment, we will pay 100% of the Critical Illness Cover Amount.</p> <p>The benefit is only payable once and the Critical Illness Cover Amount for the Life Insured is reduced by the amount paid.</p> <p>Each Extra Medical Condition listed in Table 20 has a specific meaning as explained in the Medical Definitions section starting at page 103.</p>
Critical Illness Reset option	<p>After we have paid the Cover in full, you can reset the Critical Illness Cover amount that was paid, without having to supply further medical evidence, on the date 12 months after it was paid. Essentially, the reset Critical Illness Cover only applies for a Medical Condition which is not the same, or is unrelated to, a Medical Condition for which the previous Critical Illness claim was paid, although the full list of exclusions is set out on page 70.</p> <p>This option ceases if Critical Illness Cover is reduced following payment of the Total and Permanent Disability Insured Cover Amount for the Life Insured, or on the Life Insured's 65th birthday, whichever occurs first.</p> <p>Where Critical Illness Cover is combined with Life Cover, if you reset Critical Illness Cover, Life Cover is also reset.</p> <p>This option is only available once for a Life Insured and increases from Life Events will no longer be available for the Life Insured.</p>
Critical Illness Relapse option	<p>Similar to Critical Illness Reset, after we have paid the cover in full, you can reset the Critical Illness Cover Amount that was paid, without having to supply further medical evidence, on the date 12 months after it was paid. In addition to the circumstances under which the reset Critical Illness Cover can be paid, under the Relapse option we will pay a Critical Illness Relapse benefit if the Life Insured experiences a Medical Condition which is:</p> <ul style="list-style-type: none">• listed under 'Heart and vessels conditions' in Table 19 Medical Conditions, or• listed under 'Cancer and tumours conditions' in the Table 19 Medical Conditions or Table 20 Extra Medical Conditions, <p>before age 70, even if it is the same as, related to, was caused by or contributed to, the Medical Condition for which the previous Critical Illness Cover claim was paid. The other reset cover exclusions set out on page 70 still apply.</p> <p>The Critical Illness Relapse benefit payable is 10% of the Critical Illness Cover Amount, up to a maximum of \$50,000 unless the Critical Illness Relapse benefit is payable for a 'Cancer and tumours' condition which is not the same as, related to, was caused by or contributed to a prior 'Cancer and</p>

Extras – Available for additional cost

Extras	Description
	<p>tumours' condition. If the Life Insured experiences a 'Cancer and tumours' condition which is not the same as, related to, was caused by or contributed to a prior 'Cancer and tumours' condition under the reset Critical Illness Cover, up to 100% of the Critical Illness Cover Amount may be payable.</p> <p>This option ceases if Critical Illness Cover is reduced following payment of the Total and Permanent Disability Insured Cover Amount for the Life Insured, or on the Life Insured's 65th birthday, whichever occurs first.</p> <p>Where Critical Illness Cover is combined with Life Cover, if Critical Illness Cover is reset under this option, Life Cover is also reset.</p> <p>This option is only available once for a Life Insured and increases from Life Events will no longer be available for the Life Insured.</p>
Premium waiver	<p>If the Life Insured holds Income Insurance Cover under this Policy and is continuously Totally Disabled or Partially Disabled due to sickness or injury for at least 3 months, we will waive the Critical Illness Cover insurance premiums for that Life Insured from the end of the 3 month qualifying period until the earliest of:</p> <ul style="list-style-type: none">- the Life Insured is no longer continuously Totally Disabled or Partially Disabled;- the Life Insured 's 65th birthday; and- the Life Insured dies. <p>Premiums under your Policy must be paid up to date for this to occur and overdue premiums will not be waived.</p> <p>We will not waive premiums if the Life Insured's Total Disability or Partial Disability is a result of a sickness or injury was either caused, or contributed to, by:</p> <ul style="list-style-type: none">- an intentional self-inflicted injury or attempted suicide;- a normal or uncomplicated pregnancy or childbirth;- war or an act of war;- the Life Insured's participation in criminal activity or resulting from incarceration; or- something that we have specifically excluded; or- the conduct of the Life Insured, which has resulted in them being unable to perform the duties of their usual Occupation as a result of them being temporarily or permanently disqualified or deregistered, or a restriction being placed on them.

Table 19. Medical Conditions

Medical Conditions Table	
Heart and vessels conditions	Cancer and tumours conditions
Cardiomyopathy – severe and permanent	Cancer^ – excluding early stage cancers
Coronary Artery Angioplasty^*	Benign Tumour of the Brain or Spinal Cord (excluding pituitary gland tumours) – with severe permanent neurological Impairment or requiring specified treatment
Coronary Artery Angioplasty – Triple Vessel^	Nervous system conditions
Heart Bypass Surgery (Coronary Artery Bypass Graft Surgery)^	Coma - with specified severity and requiring mechanical ventilation
Heart Attack^	Dementia, including Alzheimer’s Disease
Open Heart Surgery	Encephalitis – with significant permanent neurological impairment
Open Surgery to the Thoracic or Abdominal Aorta (excluding its branches)	Invasive Meningococcal Disease – of specified severity
Out of Hospital Cardiac Arrest^	Motor Neurone Disease
Pulmonary arterial hypertension (idiopathic or familial) of specified severity	Muscular Dystrophy
Repair or Replacement of a Heart Valve	Paralysis (total and permanent) – specified
Stroke – excluding transient ischaemia attacks and other events^	Multiple Sclerosis – with specified severity
Body organ conditions	Severe Parkinson’s Disease
Blindness in Both Eyes (total and permanent, best corrected)	Other conditions
Deafness in Both Ears (total and permanent, best corrected) – Including requiring cochlear implant	Intensive Care – requiring specified treatment
End stage chronic kidney failure – requiring regular renal dialysis or kidney transplantation	Loss of Independent Existence – permanent and irreversible
End stage chronic liver failure	Major Head Trauma – resulting in permanent and significant neurological impairment
End stage lung disease – requiring long term oxygen therapy	Severe Burns to the Skin – of specified severity or requiring specific treatment
Loss of Speech (total and permanent)	Severe cognitive loss (total and permanent) – requiring permanent caregiver
Major Organ Transplant – specified organs or being on a transplant waiting list	Severe rheumatoid arthritis – with specified treatment

Medical Conditions Table	
Pneumonectomy – complete removal of one lung due to lung disease or disorder	Total and Permanent Loss of Limb/s or Sight
Blood conditions	
Advanced Diabetes – with at least two complications of specified severity	
Aplastic anaemia – chronic bone marrow failure requiring specified treatment	
Medically Acquired HIV	
Occupationally Acquired Hepatitis B or C Virus	
Occupationally Acquired HIV	
<p>^ A 90 day qualifying period applies for the Medical Conditions.</p> <p>*In the case of Coronary Artery Angioplasty, we will pay 25% of the Critical Illness Cover Amount up to maximum of \$50,000. If 25% of the insured amount is less than \$10,000, we will increase the amount payable to \$10,000. You may make multiple claims for Coronary Artery Angioplasty until the full Cover Amount for the Critical Illness Cover on the Life Insured has been paid. If a payment reduces the remaining Critical Illness Cover Amount for the Life Insured below \$10,000, we will also pay the remaining Cover Amount.</p>	

Table 20. Extra Medical Conditions table

Extra Medical Conditions table	
Cancer and tumour conditions	Body organ conditions
Breast carcinoma in situ (with specified treatment)^	Colostomy/Ileostomy (permanent and irreversible)^
Carcinoma in situ (specified)^	Severe Crohn's Disease - requiring permanent immunosuppressant or biologic medication^
Chronic lymphocytic leukaemia – Rai Stage 0^	Severe Ulcerative Colitis - requiring permanent immunosuppressant or biologic medication^
Hydatidiform Mole - requiring surgical removal^	Nervous system conditions
Melanoma (early stage)^	Multiple Sclerosis^
Prostate Cancer (early stage)^	Parkinson's Disease^
Other conditions	Blood conditions
Blindness in One Eye (total and permanent, best corrected)^	Type 1 diabetes complications – with at least two complications of specified severity^
Deafness in One Ear (total and permanent, best corrected)^	
Premature (early onset) osteoporosis – severe with bone fracture^	
Total and Permanent Loss of Use of One Specified Limb ^	

^ A 90 day qualifying period applies for the Extra Medical Conditions.

Where a Qualifying Period applies

A 90 day qualifying period applies for the Medical Conditions which are marked with ^. This means that no benefit will be paid if the Life Insured experiences the Medical Condition, or symptoms which lead to the Medical Condition first becoming apparent, within the 90 days immediately following each of:

- the date that the Critical Illness Cover starts for the Life Insured;
- the date that Critical Illness Cover is last reinstated for the Life Insured; and
- the date that Critical Illness Cover is increased for the Life Insured (except CPI Rate increases) in respect of the increase in cover.

The date on which a Life Insured experiences a Medical Condition is explained in Table 17 on page 63 and page 64 for Extra Medical Conditions.

When we won't pay a claim – Critical Illness Cover exclusions

We will not pay all or part of the Critical Illness Cover amount if:

- the Medical Condition is either caused, or contributed to, by a self-inflicted injury or attempted suicide; or
- the Life Insured dies within 14 days of experiencing the Medical Condition or Extra Medical Condition; or
- something we have specifically excluded.

When we will not pay a claim under reset Critical Illness Cover – Exclusions

In addition to the Critical Illness Cover exclusions, we will also not pay all or part of the reset Critical Illness Cover Amount for a Life Insured in the circumstances explained in Table 21.

Table 21: Critical Illness Cover Exclusions Table

Column 1	Column 2
For a Medical Condition which occurs (as explained in Table 17), or for which symptoms leading to the Medical Condition first became apparent, before the date the Critical Illness Cover is reset.	For the same Medical Condition as that for which the previous Critical Illness Cover claim was paid.
For Paralysis, Blindness in Both Eyes (total and permanent, best corrected) or Blindness in One Eye (total and permanent, best corrected), if caused by, or results from, a Stroke (excluding transient ischaemia attacks and other events) for which the previous Critical Illness Cover claim was paid.	For a Medical Condition the cause of which was related to, was caused by, or contributed to, the Medical Condition for which the previous Critical Illness Cover claim was paid.
For Paralysis, Blindness in Both Eyes (total and permanent, best corrected) or Blindness in One Eye (total and permanent, best corrected), if the previous Critical Illness Cover claim was paid for a Medical Condition listed under 'Heart and vessels conditions' in the Medical Conditions table.	For a Medical Condition which is listed under 'Heart and vessel conditions' in the Medical Conditions table if the previous Critical Illness Cover claim was paid for one of these Medical Conditions.
For Heart Attack or Stroke (excluding transient ischaemia attacks and other events) if the previous Critical Illness Cover claim was paid for Dementia including Alzheimer's Disease.	For a Medical Condition which is listed under 'Cancer and tumours conditions' in the Medical Conditions table or Extra Medical Conditions table if the previous Critical Illness Cover claim was paid for one of these Medical Conditions.

In addition to the circumstances under which the reset Critical Illness Cover can be paid, if the relapse option applies, we will pay a Critical Illness Relapse benefit if the Life Insured experiences a Medical Condition listed under:

- 'Heart and vessels conditions' in Table 16 Medical Conditions, or

- 'Cancer and tumours conditions' in the Table 19 Medical Conditions, or Table 20 Extra Medical Conditions,

while the Cover is in force and before age 65, even if it would otherwise be excluded under Column 2 of Table 21. Otherwise, the exclusions which apply to Critical Illness Cover that is reset apply.

The Critical Illness Relapse benefit payable is 10% of the Critical Illness Cover Amount, up to a maximum of \$50,000 unless the Critical Illness Relapse benefit is payable for a 'Cancer and tumours' condition which is not due to the same, related to, was caused by or contributed to, a prior 'Cancer and tumours' condition.

If a Critical Illness Relapse benefit is payable for a 'Cancer and tumours' condition which is not the same, related to, was caused by or contributed to, a prior 'Cancer and tumours' condition, the amount payable for the Medical Condition is as described in Table 17 or the Extra Medical Conditions in Table 20. The Critical Illness Relapse benefit is not payable if the Life Insured is eligible for a benefit under the reset Critical Illness Cover.

When we will adjust Critical Illness Cover

Where Critical Illness Cover is combined with Life Cover and/or TPD Cover, and a Critical Illness Cover benefit is payable, we will reduce the Life Cover and TPD Cover by the Critical Illness Cover benefit payable.

Where Critical Illness Cover is reduced to zero following payment of the TPD Cover benefit for the Life Insured, Critical Illness Cover will end. For information about combining your Cover see page 20.

integrity.

TPD Cover.



TPD COVER

Application Age	<i>Stepped and Level Premium</i> You can apply if the Life Insured is aged between 18 and 59 years of age.
Expiry Age	TPD Cover will end on the Life Insured's 75th birthday or the Life Insured's 65th birthday (if split TPD is chosen).
Minimum Cover Amount	The minimum Cover Amount is \$50,000.
Maximum Cover Amount	The maximum Cover Amount is \$5,000,000.
Eligibility	TPD Cover is available to Australian Residents and Occupation classes 1 to 4 (under TPD Any Occupation) or Occupation classes 1 to 3 (under TPD Own Occupation).
Policy Structure	You can structure your TPD Cover in two ways: <ul style="list-style-type: none">• Stand alone TPD Cover; or• Combine TPD Cover with Life Cover and/or Critical Illness Cover. If TPD Cover is held inside superannuation, Cover may be spilt.
Exclusions	A TPD Cover claim will not be paid if total and permanent disablement is either caused, or contributed to, by: <ul style="list-style-type: none">• a self-inflicted injury or attempted suicide; or• the Life Insured dies within 14 days of becoming totally and permanently disabled; or• something we have specifically excluded.

TPD Cover – Features and optional extras

Features	Optional extras
<ul style="list-style-type: none"> • Lump sum benefit assessed under TPD Own Occupation or TPD Any Occupation definition to age 65. • From age 65-75, provides a lump sum benefit assessed under Activities of Daily Living or Severe cognitive loss (total and permanent) – requiring permanent caregiver. • Partial TPD advance payment. • Interim Accident Cover. • Easy Increases for Life Events and Business Events. • Professional Services benefit. • Premium Relief. • 24 hours Worldwide protection. • CPI Rate Cover increase. • Continuation option (where TPD Cover is held insider superannuation). • Continued cover at Policy Anniversary. • Guaranteed Upgrade. • Care Support Package. 	<ul style="list-style-type: none"> • Premium Waiver.

TPD COVER



TPD Cover protects in the event of the Life Insured becoming Totally and Permanently Disabled while the TPD Cover is in force.

Who can apply?

You can apply for TPD Cover if the person whose life is being insured is:

- between 18 and 59 years of age;
- employed in an eligible Occupation Class; and
- an Australian Resident.

When does your TPD Cover end?

The Cover Expiry Date for TPD Cover is the earliest of:

- the Life Insured's 75th birthday;
- the date all entitlements under the Cover are paid;
- if TPD Cover is reduced to zero, as explained under the heading 'When we will adjust the amount we pay' on page 78); and
- when the Life Insured dies.

The Cover Expiry Date for TPD Cover will be shown on your Policy Schedule.

Features of TPD Cover

TPD Cover provides a lump sum payment in the event the Life Insured becomes Totally and Permanently Disabled while the Cover is in force.

Before the Life Insured's 65th birthday, we will assess TPD against either "TPD Any Occupation" or "TPD Own Occupation" definitions.

If the Policy is held inside superannuation the "TPD Any Occupation" definition applies and Cover is further limited so that a TPD Cover claim is only payable if the Life Insured meets the Superannuation Act definition of *Permanent Incapacity* and any other applicable requirements under superannuation laws. The "TPD Own Occupation" definition is available, under split TPD, as explained on page 76.

The Life Insured will meet the Superannuation Act definition of *Permanent Incapacity* if the Life Insured is unlikely, because of ill health (whether physical or mental), to engage in gainful employment for which the Life Insured is reasonably qualified by education, training or experience.

Table 22. Features of TPD Cover

Feature	Description
<p>Partial TPD advance payment before the Life Insured's 65th birthday</p>	<p>This advance payment is provided if the Life Insured suffers the total and permanent loss or use of one arm, one leg or sight in one eye while the Cover is in force.</p> <p>We will advance 25% of the TPD Cover Amount for the Life Insured, up to a maximum of \$250,000 as a lump sum.</p> <p>We will reduce the TPD Cover Amount for the Life Insured by the amount paid.</p> <p>This partial payment is only payable once for a Life Insured.</p> <p>A Partial TPD payment will not be made if the Policy is held inside superannuation.</p>
<p>Choose "TPD Any Occupation" or "TPD Own Occupation"</p>	<p>TPD Any Occupation - before the Life Insured's 65th birthday</p> <p>Total and Permanent Disability means the Life Insured, as a result of sickness or injury is, based on our reasonable assessment (which is supported by medical and other relevant evidence), disabled to such an extent that the Life Insured is unlikely ever again to be able to engage in any occupation:</p> <ol style="list-style-type: none"> a. for which the Life Insured is reasonably suited by education, training or experience; and b. which is likely to generate a regular income of at least 25% of the Life Insured's average annual income in the 12 months immediately prior to the claim.
	<p>TPD Own Occupation - before the</p> <p>Total and Permanent Disability means the Life Insured, as a result of sickness or injury is, based on our reasonable assessment (which is supported by medical and other relevant evidence) , disabled to such an extent that the Life Insured is</p>

Life Insured's 65th birthday	unlikely to be able to engage in their own Occupation ever again. An additional premium will be payable if you choose TPD Own Occupation.
TPD Cover when Life Insured aged between 65 and 75	<p>This Cover provides a lump sum payment if as a result of a sickness or injury, the Life Insured is based on our reasonable assessment (which is supported by medical and other relevant evidence):</p> <ol style="list-style-type: none"> a. totally and permanently unable to perform at least 2 of the 6 Activities of Daily Living without the physical assistance of another person; or b. has suffered Severe cognitive loss (total and permanent) – requiring permanent caregiver. <p>When this change in TPD Cover occurs, your premium will be reduced.</p>

Split TPD

Split TPD allows TPD Cover for the Life Insured to be combined under two policies – the policy held inside superannuation owned by the trustee of the Life Insured's superannuation fund with the "TPD Any Occupation" definition and another policy owned outside superannuation with the "TPD Own Occupation" definition.

Where split TPD applies, the policies work together so:

- both policies must have the same TPD Cover Amount and Policy Anniversary Date and, if any exclusions or premium loadings apply, they must be the same under both policies;
- any increase (including CPI increases) or decrease (including where TPD Cover is combined with other cover) in the Cover Amount, must be made on both policies;
- the premium is apportioned between the policies according to the cover split; and
- split TPD ends if either policy is cancelled or otherwise ends.

When a claim is assessed, it will be assessed first under the terms of the policy owned by the trustee of the Life Insured's superannuation fund. If the TPD Cover claim is payable, the TPD Cover Amount will be paid to the trustee of the superannuation fund for the benefit of the Life Insured. If the TPD Claim is not payable, the claim will be assessed using the TPD Own Occupation definition under the Policy owned by the Life Insured. If a TPD Cover claim is payable under both policies, the combined amount payable cannot exceed the amount that would be payable under the policy owned by the Life Insured if split TPD did not apply.

If split TPD ends because one of the combined policies is cancelled or otherwise ends, then the remaining policy can continue on a stand-alone basis at the premium applying for a stand-alone policy at the time split TPD ends.

Split TPD ends at the Life Insured's 65th birthday.

TPD Cover optional extras

You can customise your TPD Cover for a Life Insured with the optional extras explained below.

Premium waiver

If this option applies and the Life Insured holds Income Insurance Cover under this Policy and is continuously Totally Disabled or Partially Disabled due to sickness or injury for at least 3 months, we will waive the TPD Cover insurance premiums for that Life Insured from the end of the 3 month qualifying period until the earliest of:

- the Life Insured is no longer continuously Totally Disabled or Partially Disabled;
- the Life Insured 's 65th birthday; and
- the Life Insured dies.

Premiums under your Policy must be paid up to date for this to occur and overdue premiums will not be waived.

We will not waive premiums if the Life Insured's Total Disability or Partial Disability is a result of a sickness or injury was either caused, or contributed to, by:

- an intentional self-inflicted injury or attempted suicide;
- a normal or uncomplicated pregnancy or childbirth;
- war or an act of war;
- the Life Insured's participation in criminal activity or resulting from incarceration; or
- something that we have specifically excluded; or
- the conduct of the Life Insured, which has resulted in them being unable to perform the duties of their usual Occupation as a result of them being temporarily or permanently disqualified or deregistered, or a restriction being placed on them.

Continuation option

If the Policy is held inside superannuation, the Life Insured can, without providing evidence of their health, convert TPD Cover under the Policy to total and permanent disability insurance under a new policy to be issued at the date of conversion, provided that the:

- owner of the Policy, the trustee of the Life Insured's superannuation fund, does not object;
- Life Insured is 59 years old or less, and
- total and permanent disability insurance under the new policy is on the terms for that cover then available and the cover amount doesn't exceed the TPD Cover for the Life Insured under the old policy at the date of conversion.

When we will adjust the amount we pay

Where TPD Cover is combined with Life Cover and/or Critical Illness Cover, and a TPD Cover benefit is payable, we will reduce the Life Cover and Critical Illness Cover by the TPD Cover benefit payable.

For information about combining your Cover see page 20.

When we won't pay a claim – TPD Cover exclusions

We will not pay the TPD Cover Amount for the Life Insured if the Life Insured's Total and Permanent Disability is either caused, or contributed to, by

- a self-inflicted injury or attempted suicide;
- the Life Insured dies within 14 days of becoming Totally and Permanently Disabled; or
- something that we have specifically excluded.

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Care Support Package.



CARE SUPPORT PACKAGE



Our Care Support Package provides cover and reimbursement of expenses that are incurred by you or the Life Insured's Immediate Family Members where the Life Insured suffers a Care Support Event while the Care Support Cover is in force.

A Care Support Event means:

- the Life Insured dies or suffers a sickness or injury which prevents them from working in their own Occupation and they are not otherwise working; or
- a Child of the Life Insured suffers from a Child Support Event.

Who can apply?

Care Support Package is made available to all Australian Residents who apply for an Integrity's Here for You Policy, are between 18 and 59 years of age, and are not occupation class 5.

The Care Support Package is included where the Life Insured holds Life Cover, Critical Illness Cover or TPD Cover. Eligibility for Care Support Package is subject to underwriting.

When does Care Support Package Cover end?

The Cover Expiry Date for Care Support Package Cover is the earliest of:

- the Life Insured's 65th birthday; or
- when the Life Insured dies.

The Cover Expiry Date for Care Support Package Cover will be shown on your Policy Schedule.

The types of Care Support benefits payable are set out in Table 23.

Table 23. Benefits and reimbursement amounts

Benefit type	If the Life Insured suffers a Care Support Event	What we will pay and when you need to make a claim
Accommodation* – bedside attendance	If the Life Insured is confined to bed (on the advice of a Medical Practitioner) for at least 3 days, we will reimburse you for an Immediate Family Member's accommodation costs if the Immediate Family Member needs to travel more than 100 kms from home and needs to stay away from their home to be with the Life Insured.	Up to \$250 per day whilst the Life Insured is confined to bed, for a maximum of 30 days. Reimbursement must be claimed within 90 days of the cost being incurred.

Benefit type	If the Life Insured suffers a Care Support Event	What we will pay and when you need to make a claim
Accommodation* – funeral attendance	If the Life Insured dies, we will reimburse you for an Immediate Family Member’s accommodation costs if the Immediate Family Member needs to travel more than 100 kms from home and needs to stay away from their home to attend the funeral.	Up to \$250 per day for a maximum of 7 days. Reimbursement must be claimed within 90 days of the cost being incurred.
Grief Support*	We will reimburse you for the cost of grief counselling sessions for the Life Insured or any Immediate Family Members of the Life Insured. Sessions must be provided by an accredited counsellor or psychologist and incurred within 12 months of the Care Support Event.	Up to \$1,000 (lump sum payment). Reimbursement must be claimed within 90 days of the cost being incurred.
Child Support	We will pay a lump sum if the Life Insured’s Child suffers a Critical Illness Event, is diagnosed with a Terminal Illness or dies (each a Child Support Event). The Child Support benefit will only be paid once per Child across all Policies issued by us. The benefit will only be paid where the Child is aged between 2 and 19 at date of the Child Support Event. The Child Support benefit will not be paid for a Critical Illness Event that occurred, was diagnosed, or the signs or symptoms leading to diagnosis became apparent: <ul style="list-style-type: none"> - when the Child was aged less than 2 (next birthday); or - before the date on which the Cover started. 	Maximum of \$10,000 (lump sum payment).
Occupationally Acquired Needlestick*	We will pay a lump sum if the Life Insured suffers a needlestick injury while working in their usual health or medical Occupation which results in the Life Insured	Maximum of \$500,000 (lump sum payment). We must be notified within 30 days from the date the

Benefit type	If the Life Insured suffers a Care Support Event	What we will pay and when you need to make a claim
	<p>acquiring Occupationally Acquired Hepatitis B or C, or Occupationally Acquired HIV. This benefit is only available to certain occupations – your financial adviser can help determine whether you are eligible for this benefit.</p> <p>This benefit will only be paid where:</p> <ul style="list-style-type: none"> - the needlestick injury is: <ul style="list-style-type: none"> - an Accidental injury that results in a puncture of the Life Insured's skin by a sharp medical tool, such as a scalpel or needle on a syringe; or - an Accidental splash injury (that is, an injury that occurs when bodily fluids have splashed into an open cut, wound or membrane as a result of an Accident); and - the Life Insured is required to cease all activities in compliance with their demonstrable professional obligations to the public and policies of the peak body that authorises them to perform their Occupation as a result of their condition; and - the Life Insured is unable to perform their usual health or medical Occupation for a period of at least 90 days. <p>This benefit will not be paid where the needlestick injury occurs within 13 months of the Cover Start Date or is a self-inflicted needlestick injury.</p>	<p>Life Insured suffers from the needlestick injury.</p>
Overseas Assistance*	<p>We will reimburse you for the airfare costs for the Life Insured to return to Australia or, if the Life Insured dies, the cost of returning</p>	<p>Up to \$15,000 (lump sum payment).</p>

Benefit type	If the Life Insured suffers a Care Support Event	What we will pay and when you need to make a claim
	<p>the Life Insured's remains to Australia.</p> <p>We will reimburse the cost of the flight by the most direct route, including connecting flights, less any amounts that are reimbursed from another source.</p> <p>The costs must be incurred within 12 months of the Care Support Event.</p>	<p>Reimbursement must be claimed within 90 days of the cost being incurred.</p>
Bed Confinement*	<p>If the Life Insured is (on the advice of a Medical Practitioner):</p> <ul style="list-style-type: none"> - confined to bed for at least 3 days; and - is required to be under the continuous care of a registered nurse, <p>we will pay the Bed Confinement Cover benefit per day.</p>	<p>\$250 per day whilst the Life Insured is confined to bed under the continuous care of a registered nurse, for a maximum of 30 days.</p> <p>Reimbursement must be claimed within 90 days of the cost being incurred.</p>
Family Support*	<p>If the Life Insured is:</p> <ul style="list-style-type: none"> - totally dependent on an Immediate Family Member for essential everyday care to enable the Life Insured to live at home; and - this causes a reduction in the Immediate Family Member carer's income, <p>we will reimburse the Immediate Family Member carer's lost income.</p>	<p>The amount by which the Immediate Family Member carer's income is reduced, up to \$100 per day, for a maximum of 90 days.</p> <p>Reimbursement must be claimed within 90 days of the loss being incurred.</p>
Terminal Illness Care*	<p>If the Life Insured is Terminally Ill and requires palliative care to prevent, reduce, manage or ease any pain or suffering before death, we will pay the Terminal Illness Care benefit for the Life Insured.</p>	<p>\$500 per day up to a maximum of 30 days, or the Life Insured's earlier death.</p> <p>Reimbursement must be claimed within 90 days of the costs being incurred.</p>
Home Care*	<p>If the Life Insured is unable to perform all the Home Duties for at least 7 days, then we will reimburse the following costs:</p> <ul style="list-style-type: none"> - a paid professional housekeeper to perform the 	<p>The lesser of:</p> <ul style="list-style-type: none"> - the actual cost for the services; and - up to \$250 per day, for a maximum of 90 days, or until accumulated

Benefit type	If the Life Insured suffers a Care Support Event	What we will pay and when you need to make a claim
	<p>Home Duties instead of the Life Insured;</p> <ul style="list-style-type: none"> - Childcare if the Life Insured needs paid professional assistance to look after their Child; - travel costs if the Life Insured needs to attend medical appointments (and is unable to drive). <p>The Life Insured will not be considered unable to perform all the Home Duties if they can perform at least one of these duties.</p> <p>No reimbursement will be made where the services are provided by an Immediate Family Member.</p>	<p>payments reach \$5,000, whichever occurs first.</p> <p>Reimbursement must be claimed within 90 days after the costs are incurred.</p>

* We will only pay the benefit once in respect of a Life Insured.



integrity.

Additional information about your Policy.



MAKING A CLAIM

Please notify us of any potential claim as soon as possible and we will let you know of the next steps.

You and the Life Insured must provide the information we request, as soon as possible, to assist in reducing any delays with the claims assessment. This will include details of the cause of the claim and, depending on the type of Cover and the circumstances of the claim, may include

- medical evidence;
- financial evidence; and
- employment information.

You (or the Life Insured if this Policy is held inside superannuation) are responsible for the costs of providing this information. If we require the Life Insured to undergo further tests or investigations, in order to accurately assess the claim, we will cover the cost of those tests or investigations. We will not cover expenses that the Life Insured is entitled to have reimbursed by another source.

We may also require the Life Insured to:

- undergo an examination by a Medical Practitioner that we choose at our cost;
- attend a meeting with a claim specialist; and/or
- participate and cooperate in a reasonable Recovery Management Plan.

Who we will pay?

If the Policy is held outside superannuation

We will pay you as the Policy owner or, in the event that you are a Life Insured and the claim is payable as a result of your death, we will pay your Beneficiary (or Beneficiaries) that you have validly nominated or, if there is no validly nominated Beneficiary, to your Legal Personal Representative or another person that we are permitted to pay under the Life Insurance Act 1995 (Cth). How to make a Beneficiary nomination is explained in the following section.

If the Policy is held inside superannuation

We will pay benefits to the trustee of the Life Insured's superannuation fund (or as directed by the trustee) for the benefit of the Life Insured, subject to superannuation laws. This means that it is not possible to make a beneficiary nomination under the Policy, but it may be possible for the Life Insured to make a beneficiary nomination under the governing rules of the Life Insured's superannuation fund.

Nominations

If the Policy is not held inside superannuation and you, as the Policy owner, are also a Life Insured, you can nominate up to five Beneficiaries to receive the benefit payable as a result of your death, subject to the following criteria:

- a Beneficiary must be a natural person, corporation or trust;
- if you have nominated a Beneficiary when applying for your Policy, your Beneficiaries will be shown on your Policy Schedule;
- if you wish to nominate a Beneficiary after your Policy has been issued, nominations must be made using our Nomination of Beneficiary form;
- you can make a nomination, or change your nomination, by properly completing and signing a Nomination of Beneficiary form and returning it to us. The nomination, or change in nomination, takes effect when it is received by us;
- payment of benefits will be made on the basis of your most recent validly completed and signed Nomination of Beneficiary form received by us;
- if a Beneficiary is a minor when payment is made, then payment will be made to the Beneficiary's legal guardian on trust for the minor Beneficiary's benefit;
- if a Beneficiary dies before you, or the corporation is de-registered, or the trust is wound up before your death (Failed Nominee Beneficiary), then the amount otherwise payable to the Failed Nominee Beneficiary will be paid to your Legal Personal Representative or another person that we are permitted to pay under the Life Insurance Act 1995 (Cth);
- if we receive a properly completed signed and dated Memorandum of Transfer (MoT) under which you have transferred ownership of the Policy, then any nomination of Beneficiary made before we receive the MoT becomes invalid from the date on which we receive the MoT.

WHAT YOU PAY

Premiums

You can choose whether you would like to pay your premiums monthly or annually.

Premiums are calculated based on a number of factors relevant to the Life Insured and the product options applying. Factors relevant to the Life Insured include:

- Age.
- Occupation.
- Gender.
- Health.
- Smoker status.

Premium Structure

You also have the option to choose between the following premium structures:

- **Stepped Premiums** – your premium is calculated each year based on changing benefit amounts and in the Life Insured's age; or
- **Level Premiums** – your premiums are calculated each year for changes in your benefit amount, but not for a change in the Life Insured's age. When you apply initially, your premium will be calculated based on the Life Insured's age at the date the cover starts. Once a Life Insured turns 65, Level Premiums are replaced by Stepped premiums if you continue the Policy beyond this age.

The premium you pay is based on our premium rates. We may increase the premium rates, regardless of whether you have a Stepped Premium or Level Premium but, if we do this, we will give you at least 30 days' notice in writing and the change will take effect from the next Policy Anniversary after the change is introduced.

If the Policy is held inside superannuation, premiums for the benefits provided for the Life Insured are paid by the trustee of the Life Insured's superannuation fund.

Government taxes and charges – stamp duty

The premium for Life Cover includes government charges, taxes and stamp duty. Stamp duty is charged in addition to the premium for all other Cover types and will be shown as an additional charge on the Policy Schedule.

Taxation

If you are considering the tax implications of purchasing Cover, it is important you seek independent, professional taxation advice. Information within this section is general in nature and does not consider your individual circumstances. Further information can be found on the Australian Taxation Office website at ato.gov.au

The following information is provided as a general guide only for a policy held outside superannuation:

Table 22: Taxation

Tax		
Type of Cover	Treatment of premium	Treatment of claim payments
Income Insurance	Generally tax deductible	Generally assessable as ordinary income
TPD		
Critical Illness	Generally not tax deductible	Generally not assessable as ordinary income
Life		

Payments in the event of an Income Insurance Cover claim are generally paid net of tax.

Direct debit request service agreement

By signing a Direct Debit request (DDR) you have authorised Integrity to arrange for funds to be debited from your nominated account and to pay the premium due.

If a premium due date falls on a weekend or a public holiday, your account will be debited on the next business day.

It is important that you:

- tell us if you change your bank account details;
- check that direct debiting is available from your account;
- ensure there are sufficient clear funds in your account on the due dates; and
- give us at least 7 days' notice if you need to change any details, suspend a debit or cancel the direct debit request.

Please note that if you are using a Direct Debit arrangement to pay your premiums you may incur a dishonour fee from your financial institution if your account details are incorrect or there are insufficient funds available.

If you need to make any of the changes outlined above or you believe there's been an error in debiting your nominated account, please call us immediately.

Maintaining the Policy

If we do not receive your premium by the due date, we will send you a reminder notice. You will then have 45 days from the date of the reminder notice to pay the overdue premium. If you fail to pay your premiums, the Policy will be cancelled and you will need to apply to have the Policy reinstated if you require continuation of the cover in the future. If you apply to reinstate your Cover, your application will be subject to underwriting and may require new terms and conditions, or your application to reinstate Cover could be declined.

Cancelling the Policy

To cancel your Policy you will need to simply contact us by phone or email. In the event that you do cancel your Policy, you may be entitled to a refund of a proportion of the premium.

PRIVACY

Your privacy is important to us.

We're committed to safeguarding people's privacy and the confidentiality of their personal information and are bound by the Australian Privacy Principles set out in the Privacy Act 1988 (Cth) (the Act).

We collect your personal information (including sensitive information) to assess your application, administer the Policy and enhance customer service or products. If you do not provide all information requested, we may not be able to issue or administer the Policy.

We may disclose your information, where relevant, to other insurers and reinsurers, our service providers, our business alliance or as required by law within Australia or overseas.

These laws include the Australian Securities and Investment Commissions Act 2001, Corporations Act 2001, Insurance Contracts Act 1984, Life Insurance Act 1995, Anti Money Laundering and Counter Terrorism Financing Act 2006 and Income Tax Assessment Act 1997, as well as any amendments and any associated regulations. From time to time other acts may require, or authorise us to collect your personal information.

Access, corrections and complaints

Our aim is to always have accurate, complete, up-to-date and relevant personal information.

If you would like to seek access to, or revise, your personal information, or feel that the information we currently have on record is incorrect or incomplete, please contact the Privacy Officer using the following contact details:

Phone: 1300 54 33 66

Email: hello@integritylife.com.au

Post: PO Box R1741
Royal Exchange NSW 1225

Privacy Policy

Our Privacy Policy provides more detail about how we handle your personal information. For the full version of our Privacy Policy, please refer to integritylife.com.au/privacy-policy or contact us on 1300 54 33 66.

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Definitions.



NON-MEDICAL DEFINITIONS

Accident

means an unintended or unexpected event which occurs while this Policy is in force. For the avoidance of doubt, this definition of 'Accident' excludes:

- suicide and/or events where the sickness and injury and/or death was unintended or was unexpected, but was the result of an intentional act by any person insured;
- death or sickness and injury due to natural causes;
- vascular accidents;
- allergic reactions; or
- any event was either caused, or contributed to, by any surgical procedure.

Activities of Daily Living

- 1 Dressing – putting on and taking off clothes.
- 2 Toileting – using the toilet, this includes getting on and off.
- 3 Mobilising – getting in and out of bed and a chair.
- 4 Maintaining continence – having good control of bowel and bladder function.
- 5 Feeding – getting food from a plate into the mouth.
- 6 Bathing – using the shower or bath to bathe.

Basic skill	Description of being totally dependent (Unable to perform)
Dressing	Needs help in all areas of getting dressed (including selecting appropriate clothes and putting them on as well as putting on socks/stocking and shoes).
Toileting	Needs help with transferring to the toilet and cleaning him/herself, or uses a bedpan or commode
Mobility in bed or chair	Needs help in all areas of mobility (including shifting from one seat to another or transferring from bed to chair) or is bedridden.
Continence	Has lost all physical or mental ability to use the toilet and needs help in all areas relating to toileting including any of the following: <ul style="list-style-type: none">• Requiring a permanent urinary catheter, or• Requiring a permanent colostomy, or• Being totally incontinent (having total loss of control over their bowel or bladder).
Feeding	Needs help in most areas of feeding and drinking, or requires parenteral nutrition. It does not include being unable to prepare the food.

Basic skill	Description of being totally dependent (Unable to perform)
Personal hygiene	Needs help in all areas of bathing or showering (including washing of face, trunk, extremities and perineum), maintaining dental hygiene, nail and hair care, and would be unsafe if left alone.

Australian Financial Complaints Authority

has the meaning given on page 11.

Australian Resident

means a permanent resident of Australia who is an Australian citizen, a holder of a permanent visa, or the protected holder of a special category visa (this includes New Zealand citizens living and working in Australia under the provision of a special category visa).

Beneficiary and Beneficiaries

if the Policy is held outside superannuation, a Beneficiary is a person that you have nominated to receive a benefit on your death under a valid Nomination of Beneficiary form received by us.

Business Event

has the meaning given on page 34.

Care Support Event

has the meaning given on page 80.

Child and Children

means:

- an adopted child, step child or an ex-nuptial child; or
- a child of the Life Insured's spouse; or
- a child who is the Life Insured's child under State or Territory legislation giving effect to a surrogacy arrangement; and
- a child who is financially dependent on the Life Insured and is less than 18 years old.

Child Support Event

has the meaning given in Table 23.

Cover

means the insurance provided under your Policy as shown on your Policy Schedule, which may include Income Insurance Cover, Life Cover, TPD Cover and Critical Illness Cover.

Cover Amount

in respect of Cover, means the total amount of insurance provided under your Policy, as shown on your Policy Schedule, for that Cover.

Cover Expiry Date

in respect of an Insurance Cover, means the date on which the Insurance Cover ends as shown on your Policy Schedule.

Cover Start Date

in respect of an Insurance Cover, means the date on which the Insurance Cover commences as shown on your Policy Schedule.

CPI Rate

means the weighted average annual Consumer Price Index (CPI) increase of the 8 Australian capital cities combined, as published by the Australian Bureau of Statistics (or a body which succeeds it) for the 12 month period ending on the most recent 31 December available at the time the CPI Rate is applied under a provision of this Policy. Any change in CPI Rate will be updated 1 July the following year. If the CPI Rate is negative, it will be deemed to be zero.

Critical Illness Cover Amount

means the amount of Critical Illness Cover provided under your Policy as shown on your Policy Schedule.

Critical Illness Event

means one of the Medical Conditions listed in table 16.

Date of Disability

is either:

- the date the Life Insured first consults a Medical Practitioner for the sickness or injury causing Total Disability or Partial Disability; or
- the date the Life Insured is first Totally Disabled or Partially Disabled, as long as they consult a Medical Practitioner for the sickness or injury causing Total Disability or Partial Disability within 7 days of this date and can provide medical evidence to support the consultation.

Employment and Employed

means that the Life Insured is employed or self-employed for gain or reward in an Occupation.

Failed Nominee Beneficiary

has the meaning given on page 88.

Home Duties

means the tasks performed by the Life Insured to maintain the family's usual place of residence (home) being:

- cleaning the family home;
- shopping for food and groceries for the household;
- preparing meals for the household;
- performing laundry services for the household including washing and ironing; and
- caring for dependent Children (where applicable).

Home Duties do not include duties performed outside the Life Insured's home for salary, reward, monetary value or profit.

Immediate Family Member

means a spouse, Child, sibling, parent, father in-law or mother in-law, or person in a bona fide domestic living arrangement who is financially interdependent.

Income Replacement Ratio and IRR

has the meaning given on page 42.

Insurable Monthly Earnings

is the Life Insured's Monthly Earnings adjusted as follows:

- Where the Life Insured's Monthly Earnings are based on the Life Insured working more than 45 hours a week, we will reduce the Monthly Earnings in proportion to calculate Monthly Earnings equivalent to a 45 hour week. (i.e. you cannot insure your income beyond what you can reasonably earn within a 45 hour week).
- Where the Life Insured receives large amounts that do not regularly occur, Monthly Earnings will be adjusted to ensure amounts which are not true reflection of Monthly Earnings including unusual bonuses, redundancy payments, over-time or other one-off amounts, are not included in the calculation of Monthly Earnings.
- Where Passive Income, such as interest or dividend payments are greater than 10% of your Monthly Earnings, your Insurable Monthly Earnings will be reduced by the amount of Passive Income.

Involuntary Unemployment and Involuntarily Unemployed

means that the Life Insured becomes unemployed due to retrenchment, redundancy, or as a result of the Life Insured's employer being in administration or liquidation.

For the avoidance of doubt, Involuntarily Unemployed excludes retirement, resignation, unsuccessful probation period, unpaid leave, voluntary redundancy, the end of a fixed term contract or dismissal from Employment, or early completion of a project.

Integrity

means Integrity Life Australia Limited (ABN 83 089 981 073, AFSL 245492).

Legal Personal Representative

means the person named as executor/executrix in the will of the Policy Owner or the person entitled to apply for letters of administration of the estate of the Policy Owner.

Level Premiums

has the meaning given on page 89.

Life Event

has the meaning given in Table 10.

Life Event Increase

has the meaning given on page 32.

Life Insured

means a person whose life is insured under your Policy as shown on your Policy Schedule.

Medical Practitioner

means a Medical Practitioner or specialist who is legally qualified and registered to practise in Australia (or if the Life Insured is outside Australia has the equivalent qualifications and is approved by us given reasonable consideration of the nature of the claim and the required medical practitioner or specialty) that is not you, the Policy Owner, a Life Insured, or an Immediate Family Member or business partner of you or a Life Insured.

Memorandum of Transfer

has the meaning given on page 88.

Monthly Earnings

If the Life Insured is self-employed or a working director, Monthly Earnings means the gross monthly income generated by the business or professional practice because of the Life Insured's personal exertion less the Life Insured's share of eligible business expenses necessarily incurred in generating that income, less any insured contributions under the Superannuation Contribution Cover.

If the Life Insured is employed, Monthly Earnings means the gross monthly income earned from personal exertion by way of total remuneration package and can include salary, regular overtime, salary sacrifice superannuation contribution amounts, commissions, bonus payments and other fringe benefits, less any insured contributions under the Superannuation Contribution Cover.

In each case, Monthly Earnings does not include any:

- income not derived from the Life Insured's personal exertion or Occupation;
- Passive Income; and
- Unaffected Business Income.

Monthly Earnings will always have a minimum value of zero.

Occupation

means the tasks or activities that:

- the Life Insured is required to perform as part of their usual job or profession to produce Monthly Earnings;
- cannot be reasonably modified or substituted to take into account the sickness or injury suffered by the Life Insured; and
- in the case of Income Insurance Cover and TPD Cover, the Life Insured was engaged in on the date sickness or injury caused Total Disability, Partial Disability or Total and Permanent Disablement.

If the Life Insured is Unemployed or on Paternity Leave, sabbatical or long service leave for greater than 12 months at the time of the sickness or injury causing Total Disability or Partial Disability, then Occupation will mean any occupation for which the Life Insured is reasonably suited by way of education, training or experience.

Parental Leave

has the meaning given in the Fair Work Act 2009 (Cth).

Partial Disability and Partially Disabled

means solely as a result of sickness or injury, the Life Insured is:

- working to their full Work Capacity for less than 32 hours per week in Suitable Work; and
- earning Monthly Earnings of less than 80% of their Pre-Disability Income; and
- under the regular care and following the advice of a Medical Practitioner in relation to the sickness or injury which caused Partial Disability; and
- while not Totally Disabled, has solely due to sickness or injury returned to work in a reduced capacity in their Occupation, or any other occupation; and
- is no longer able to earn their Pre-Disability Income solely as a result of a sickness or injury; and
- meeting the requirements of their Recovery Management Plan.

If the Life Insured is not working or they are working but not to their full Work Capacity, then a Partial Disability benefit will be calculated allowing for the Life Insured's Work Capacity and not actual hours worked.

Passive Income

is income the Life Insured receives that is not earned by their personal exertion from:

- working in their Occupation, or working in any other occupation; or
- the business or professional practice they own or they are a director.

Passive Income includes interest, dividends, rent, other investment income or capital gains, ongoing contractual royalties or annuities, or any other similar recurrent income.

Payment Period

is the maximum period for which a monthly benefit is payable for a Life Insured under an Income Insurance Cover claim. The Payment Period applying to a Life Insured is shown in the Policy Schedule. For 2 year, 5 year and To Age 65 Payment Periods, the Payment Period ends earlier on the date that the Life Insured turns 65 or dies.

Policy

means:

- for a policy held inside superannuation, the cover as provided under the contract of insurance between Integrity and the trustee of the superannuation fund in which the policy is held; and
- for all other cover, the contract of insurance with us.

Policy Anniversary

means the anniversary of the Policy commencement date.

Policy Owner

means the person (or entity) shown as the policy owner in the Policy Schedule. For Policies held inside superannuation, the Policy Owner is the trustee of the Life Insured's superannuation fund.

Policy Schedule

means the most recent document that we issue to you, which sets out the details of the insurance we provide you under your Policy, and forms part of your contract with Integrity.

Pre-Disability Income

has the meaning given on page 47.

Recovery Management Plan

means a formal plan established in consultation with the Life Insured, their Medical Practitioner(s) and us for co-ordinating and managing those aspects of injury/sickness that concern the treatment, rehabilitation, retraining and maintenance and/or restoration of Work Capacity, for the purposes of assisting in achieving a timely, safe and durable return to health and work.

Stepped Premiums

has the meaning given on page 89.

Suitable Work

means:

- in the first two years from the Date of Disability, in addition to the applicable Waiting Period, your Occupation;
- after the first two year from the Date of Disability of any disability policy claim, in addition to the application Waiting Period any occupation for which you are reasonably suited by way of education, training or experience.

In performing this assessment of Suitable Work, we will have regard to:

- the nature of your incapacity;
- your education, skills and work experience;
- any plan or document prepared as part of your Recovery Management Plan;
- any reasonable job modification;
- any occupational rehabilitation or retraining services that are being, or have been, provided to you; and
- any other relevant matters.

In performing this assessment, we will not take into consideration any expectations or demands to work more than 45 hours per week (i.e. our assessment will have regard to your capacity to perform suitable work for up to 45 hours per week, and not the physical and mental demands or expectations of working greater hours than 45 hours per week).

Superannuation Act

means the Superannuation Industry (Supervision) Act 1993 (Cth) and the regulations issued under that Act.

Terminal Illness and Terminally Ill

means that the Life Insured has been diagnosed with a sickness, or suffered an injury, which two Medical Practitioners have certified in writing (jointly or separately) is likely to result in the Life Insured's death within 24 months of the date of certification (Certification Period). For the joint certification, or each certification if separate, the Certification Period must not have ended. Further, at least one of the certifying Medical Practitioners must be a specialist practicing in an area related to the sickness or injury.

Totally and Permanently Disabled

Under both TPD Any Occupation and TPD Own Occupation, the Life Insured will also be TPD if:

- as a result of sickness or injury, the Life Insured suffers:
 - Severe cognitive loss (total and permanent) – requiring permanent caregiver
 - Blindness in both eyes (total and permanent, best corrected)
 - Total and Permanent Lost of Limb/s or Sight; or
 - Blindness in One Eye (total and permanent, best corrected)
- as a result of sickness or injury, the Life Insured is, based on our reasonable assessment (which is supported by medical and other relevant evidence), totally and permanently unable to perform at least 2 of the 6 Activities of Daily Living without the physical assistance of another person; or
- the Life Insured is not Employed and has been performing Home Duties for more than 12 consecutive months immediately prior to the sickness or injury that gave rise to the claim and:
 - as a result of sickness or injury, the Life Insured has been unable to perform all the Home Duties for at least 3 consecutive months; and
 - the Life Insured is, based on our reasonable assessment (which is supported by medical and other relevant evidence), incapacitated to such an extent that they are unlikely ever to be able to perform all the Home Duties again.

If the Life Insured is able to perform one of the Home Duties, then the Life Insured does not meet the requirement of being unable to perform all the Home Duties.

Total Disability and Totally Disabled

means, within the initial 24 months of Total Disability (in addition to the applicable Waiting Period), solely as result of a sickness or injury, the Life Insured is:

- not working in their Occupation and does not have Work Capacity to undertake Suitable Work; and

- under the regular care and following the advice of a Medical Practitioner in relation to the sickness or injury causing Total Disability; and
- meeting the requirements of their Recovery Management Plan.

Where the Life Insured has been Totally Disabled for 24 months or more (in addition to the applicable Waiting Period), Total Disability, solely as result of a sickness or injury the Life Insured is:

- not working in their Occupation or in any other occupation for which they are reasonably suited by way of education, training or experience, and they do not have the Work Capacity to undertake Suitable Work; and
- under the regular care and following the advice of a Medical Practitioner in relation to the sickness or injury causing Total Disability; and
- meeting the requirements of their Recovery Management Plan.

Suitable Work at claim inception relates to the Life Insured's Occupation prior to the date of disability.

TPD Any Occupation

has the meaning given in Table 22.

TPD Own Occupation

has the meaning given in Table 22.

Unaffected Business Income

means the Life Insured's share of the net income (revenue less expenses) received or entitled to be received from current or former business activities, including related business entities, that can be maintained irrespective of the Life Insured's Total Disability or Partial Disability. This may be where net business income is greater than the cost of hiring a locum to replace the product or service delivery role in your business.

Where the Life Insured receive any lump sum payments related to their current business or former business (e.g. from the sale of a business), these lump sum payments will be converted to a monthly income equivalent (i.e. the Monthly Earnings equivalent that would be generated by that lump sum amount, over a reasonable period of time, which is no more than 60 months) and that Monthly Earnings amount will be treated as if it is Unaffected Business Income for the purposes of this definition and the definition of Monthly Earnings.

Unemployment and Unemployed

means that the Life Insured is not employed. This does not include sick leave, sabbatical, long service or Parental Leave.

Waiting Period

means the minimum period of time which must elapse before any benefit entitlement under Income Insurance Cover may accrue. The waiting period is shown in your Policy Schedule. The Waiting Period commences from the Date of Disability, which is either:

- the date the Life Insured first consults a Medical Practitioner for the sickness or injury causing Total Disability or Partial Disability; or

- the date the Life Insured is first Totally Disabled or Partially Disabled, as long as they consult a Medical Practitioner for the sickness or injury causing Total Disability or Partial Disability within 7 days of this date and can provide medical evidence to support the consultation.

Work Capacity

means a reasonable assessment made by us about the Life Insured's capacity, or the Life Insured's ability or inability to perform Suitable Work. This assessment may involve the Life Insured engaging in a Work Capacity assessment and may affect your entitlement to a benefit from us for Total Disability or Partial Disability.

Our reasonable assessment will have regard to:

- the typical weekly hours the Life Insured works in their Occupation, which we will assess based on their working status over the twelve months immediately prior to the date of their disability; and
- to what level the Life Insured can engage in their suitable work to earn income without substantial risk of exacerbating their sickness or injury.

Any assessment of work capacity will not take into account an hours a person would normally work above 45 hours per week (i.e. we will not assess inability to work beyond working nine (9) hours per day, five (5) days per week, nor will we undertake an assessment where the Life Insured works in any capacity greater than 45 hours per week).

MEDICAL DEFINITIONS

In this section, a reference to a “diagnosis” means a diagnosis by a Medical Practitioner.

If the method for diagnosing one of the Medical Conditions has been superseded due to medical improvements, we will, acting reasonably, consider other appropriate and medically recognised methods or tests that conclusively diagnose the condition to at least the same severity.

Advanced Diabetes – with at least two complications of specified severity

At least two of the following complications have occurred as a direct result of diabetes:

- Retinopathy resulting in best corrected visual acuity of 6/36 in both eyes;
- Peripheral vascular disease leading to chronic infection or gangrene, requiring surgical intervention;
- Nephropathy causing chronic irreversible kidney impairment as measured by an estimated glomerular filtration rate < 30 mL/min/1.73m² (CKD stage 4 or worse, International Chronic Kidney Disease classification); or
- Neuropathy causing:
 - Irreversible autonomic neuropathy resulting in severe postural hypotension, and/or motility problems in the gut with intractable diarrhoea; or
 - Polyneuropathy leading to significant mobility problems due to sensory and/or motor deficits.

Aplastic Anaemia – chronic bone marrow failure requiring specified treatment

Means a confirmed diagnosis of chronic bone marrow failure resulting in anaemia (low red blood cells), neutropenia (low white blood cells) and thrombocytopenia (low platelets) and requiring treatment with at least one (1) of the following:

- bone marrow stimulating agents, or
- immunosuppressive agents, or
- bone marrow stem cell transplantation, or
- blood product transfusions.

Benign Tumour of the Brain or Spinal Cord (excluding pituitary gland tumours) – with severe permanent neurological Impairment or requiring specified treatment

A non-cancerous tumour in the brain or spinal cord, confirmed by imaging studies such as Computerised Tomography (CT) scan or Magnetic Resonance Imaging (MRI), that has resulted in either:

- severe permanent neurological impairment; or
- has required radiotherapy or surgical removal of the tumour.

“Severe permanent neurological impairment” means

- at least 25% Impairment of Whole Person Function, as defined in the American Medical Association publication ‘Guides to the Evaluation of Permanent Impairment’ 6th edition, or an equivalent guide to impairment.

Excluded are cysts, abscesses, granulomas and malformations in or of the arteries or veins of the brain, haematomas and tumours in the pituitary gland.

Blindness in both eyes (total and permanent, best corrected)

Means the complete and irreversible loss of sight in both eyes with any of the following in the better eye:

- Best corrected visual acuity is 6/60 or less (this means that even with visual aids you need to be at 6 metres or less to see what someone with normal vision can see at 60 metres), or
- Visual field is reduced to 20 degrees or less of arc (this means that your field of vision is less than 20 degrees in diameter).

Blindness due to cataracts is excluded. The diagnosis must be confirmed by a specialist Medical Practitioner.

Blindness in One Eye (total and permanent, best corrected)

Means the complete and irreversible loss of sight in one eye due to Injury or Illness with any of the following:

- Best corrected visual acuity is 6/60 or less (this means that even with visual aids you need to be at 6 metres or less to see what someone with normal vision can see at 60 metres), or
- Visual field is reduced to 20 degrees or less of arc (this means that your field of vision is less than 20 degrees in diameter).

Breast carcinoma in situ (with specified treatment)

Carcinoma in situ of the breast requiring breast conserving surgery followed by adjuvant therapy such as radiotherapy and/or chemotherapy.

For this purpose, chemotherapy means the use of drugs specifically designed to kill or destroy cancer cells. Adjuvant endocrine manipulation therapy, hormonal manipulation therapy and non-endocrine adjuvant therapy are excluded.

Cancer – excluding early-stage cancers

means the confirmed diagnosis by a specialist Medical Practitioner of the presence of one or more malignant tumours histologically characterised by the uncontrolled growth and spread of malignant cells, and the invasion and destruction of normal tissue beyond the basement membrane. The term malignant tumour also includes leukaemia, sarcoma and lymphoma.

The following cancers are specifically excluded:

- Tumours which are histologically classified as carcinoma in situ. This may include ‘pre-malignant’, ‘non-invasive’, ‘high-grade dysplasia’, ‘borderline’ or ‘having low malignant potential’.

- All carcinoma in situ except for carcinoma in situ of the breast where total mastectomy was performed specifically to arrest the spread of malignancy and where it was considered the appropriate and necessary treatment.
- Prostatic cancers which remain histopathologically classified as TNM stage T1a or T1b or are of another equivalent or lower classification and have a Gleason score of less than six, unless major interventionist treatment is required to arrest the spread of malignancy.
- all non-ulcerated melanomas less than 1mm thickness (stage T1aN0M0) as determined by histological examination and which is also less than Clark Level 3 depth of invasion.
- All Hyperkeratosis or Basal Cell Carcinoma (BCC) of skin and Squamous Cell Carcinoma (SCC) of skin unless having spread to the bone, lymph node, or another distant organ.
- Chronic lymphocytic leukemia Rai Stage 0.

Carcinoma in situ (specified)

A localised area of cancerous cells with evidence of abnormal growth and behaviour, which have not yet resulted in invasion, infiltration and/or active destruction of normal tissue beyond the basement membrane.

The definition covers cells histologically described as 'carcinoma in situ (CIS)', from any of the following sites:

- Breast (for early and late-stage breast cancer, refer to the definition of Breast carcinoma in situ (with specified treatment) below).
- cervix-uteri (excluding cervical intraepithelial neoplasia (CIN) classifications CIN1 and CIN2).
- fallopian tube.
- ovary.
- penis (excluding penile intraepithelial neoplasia (PeIN) 1/2).
- perineum.
- testicle.
- vagina (excluding vaginal intraepithelial neoplasia (VAIN) 1/2).
- vulva (excluding vulval intraepithelial neoplasia (VIN) 1).

Cardiomyopathy – severe and permanent

Means a permanent and irreversible condition of the heart muscle with impaired ventricular function resulting in:

- significant physical impairment to at least Class III on the New York Heart Association classification of cardiac impairment; or
- a left ventricular ejection fraction of less than or equal to 40%.

Chronic Lymphocytic Leukaemia – Rai Stage 0

Means confirmed diagnosis of chronic lymphocytic leukaemia limited to blood and bone marrow involvement only, classified as Stage 0 on the Rai Staging System.

Colostomy/ileostomy (permanent and irreversible)

Means undergoing a surgical procedure where a portion of the colon (large intestine) or ileum (terminal part of the small intestine) is brought through the abdominal wall to the external surface of the body to allow for the elimination of bowel contents.

Coma – with specified severity and requiring mechanical ventilation

Means a prolonged state of total unconsciousness characterised by abnormal response to all external stimuli, with a Glasgow Coma Score of six or less than and requiring the use of a life support system (mechanical ventilation) for at least 72 consecutive hours.

Coronary Artery Angioplasty

Treatment of the narrowing or blockage of one or more coronary arteries by balloon angioplasty (or similar intra-arterial catheter procedure) with or without the use of a stent. There must be angiographic evidence of coronary artery disease.

Coronary Artery Angioplasty – Triple Vessel

Undergoing in the same procedure or via two procedures no more than two months apart, Coronary Artery Angioplasty to three or more coronary arteries. Triple Vessel Coronary Artery disease must be diagnosed prior to the first angioplasty procedure.

Deafness in Both Ears (total and permanent, best corrected) - including requiring cochlear implant

Means a confirmed diagnosis of profound irreversible hearing loss with any one (1) of the following:

- best corrected (this means that even with amplification) hearing threshold of 81 decibels in the better ear, averaged at frequencies 500 hertz, 1000 hertz, 2000 hertz and 3,000 hertz, or
- requiring cochlear implant due to loss of hearing in both ears.

The diagnosis must be made by an appropriate specialist Medical Practitioner.

Deafness in One Ear (total and permanent, best corrected)

Means a confirmed diagnosis of profound, irreversible hearing loss with best corrected hearing threshold of 81 decibels in one ear, averaged at frequencies 500 hertz, 1000 hertz, 2000 hertz and 3,000 hertz.

The diagnosis must be made by an appropriate specialist Medical Practitioner in the field.

Dementia, including Alzheimer's Disease

Diagnosis of Dementia (including Alzheimer's Disease). The diagnosis must confirm permanent, irreversible failure of brain function resulting in significant cognitive impairment for which no other recognisable cause has been identified.

Significant cognitive impairment in this definition means a deterioration in the Life Insured's Mini-Mental State Examination scores to 24 or less.

Dementia directly related to alcohol abuse is excluded.

Encephalitis – with significant permanent neurological impairment

Means the diagnosis of acute inflammatory disease of the brain tissue (viral, bacterial or autoimmune) resulting in:

- permanent neurological impairment; and
- a permanent and irreversible inability to perform at least one (1) of the Activities of Daily Living without the total dependence of another person.

The diagnosis must be confirmed by a specialist Medical Practitioner.

End stage chronic kidney failure – requiring regular renal dialysis or kidney transplantation

Means chronic, irreversible failure of both kidneys that requires regular renal dialysis or kidney transplantation. The definition will also be met if both of the following are present:

- regular renal dialysis or kidney transplantation is clinically indicated in the life Insured as confirmed by the treating specialist Medical Practitioner but the insured has chosen renal supportive care; and
- the Life Insured has an estimated glomerular filtration rate (eGFR) less than 15ml/min/1.73m².

End stage chronic liver failure

End stage liver disease resulting in permanent jaundice (yellow discolouration of the skin or eyes), ascites (abnormal build up of fluid in the abdomen) or encephalopathy (a decline in brain function that occurs as a result of severe liver disease).

Liver disease secondary to alcohol usage or intravenous or oral drug use is excluded.

End stage lung disease requiring long term oxygen therapy

End stage lung disease requiring continuous permanent oxygen therapy and FEV1 test results of consistently less than one litre.

The diagnosis will include an FEV1 test result of less than one litre.

Heart Attack

The death of a portion of the heart muscle because of inadequate blood supply to the relevant area. The diagnosis must be supported by diagnostic rise and/or fall of cardiac biomarkers with at least one value above the 99th percentile of the upper reference limit and at least one of the following:

- Signs and symptoms of ischaemia consistent with myocardial infarction;
- ECG changes indicative of new ischaemia (new ST-T changes or new left bundle branch block [LBBB]);
- Development of pathological Q waves in the ECG;
- Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality; or
- Identification of a coronary thrombus by angiography or other intracoronary imaging.

We will, acting reasonably, consider other appropriate and medically recognised tests where the above evidence is inconclusive or superseded by technological advances.

The following are excluded:

- A rise in biological markers because of an elective percutaneous procedure (such as coronary stent insertion) for coronary artery disease.
- Other acute coronary syndromes including but not limited to angina pectoris.

Also excluded are other acute coronary syndromes including but not limited to angina pectoris.

Heart Bypass Surgery (Coronary Artery Bypass Graft Surgery)

Means the actual undergoing of bypass graft surgery, either through an open-heart operation or through 'key-hole' surgical technique for the treatment of coronary artery disease. The procedure must be confirmed as medically necessary by a specialist Medical Practitioner in that field.

Hydatidiform Mole - requiring surgical removal

The presence of a hydatidiform mole requiring surgical removal.

Intensive Care - requiring specified treatment

The Life Insured requires continuous mechanical ventilation by means of tracheal intubation for ten consecutive days (24 hours per day) in an authorised intensive care unit of an acute care hospital as a result of a sickness or injury.

Invasive Meningococcal Disease - of specified severity

The diagnosis of meningococcal septicaemia (meningococcal bacterial infection in the blood stream) which is characterised by:

- At least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' 6th edition or an equivalent guide to impairment; or
- Total and irreversible inability to perform at least one of the 6 Activities of Daily Living without the physical assistance of another person.

Loss of Independent Existence - permanent and irreversible

Means any illness or injury that results in the Insured being permanently unable to perform 2 or more of the following 6 Activities of Daily Living without the assistance of another person.

Loss of Speech (total and permanent)

The total and permanent loss of the ability to produce intelligible speech. Loss of speech due to psychological reasons is excluded.

Major Head Trauma - resulting in permanent and significant neurological impairment

Means injury to the head resulting in neurological deficit causing either:

- At least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' 6th edition, or an equivalent guide to impairment; or
- Total and irreversible inability to perform at least one (1) of the 6 Activities of Daily Living without the physical assistance of another person.

Major Organ or Bone Marrow Transplant - specified organs or being on a transplant waiting list

Means either having been the recipient, or upon specialist medical advice is placed on an officially recognised Australian transplant waiting list (such as OrganMatch), to undergo a transplant from another human donor of one (1) or more of the following organs or tissues:

- kidney;
- heart;
- liver;
- lung;
- pancreas;
- small intestine, or
- bone marrow or haematopoietic (stem) cells.

The transplantation of all other organs or parts of any organ or any other tissue or grafts is excluded.

Medical Condition and Extra Medical Condition

has the meaning described in Table 19 and Table 20 respectively.

Medically Acquired HIV

A confirmed diagnosis of Human Immunodeficiency Virus (HIV) resulting from the accidental transmission of the virus through one of the following medical procedures performed in Australia by a registered health professional:

- A transfusion of blood or blood products;
- An organ transplant where the Life Insured was the recipient;
- Assisted reproductive techniques; or
- Other medical procedure or operation performed by a Medical Practitioner/Paramedical Practitioner or Dentist at a registered medical facility

We require a statement from the appropriate Statutory Health Authority that provides documented proof of the incident and confirms that the infection is medically acquired.

The benefit will not be paid if HIV Infection is caused by any other means, including sexual activity or recreational intravenous drug use.

Melanoma (early stage)

All early stage melanomas which have been histologically described as:

- measuring <1.0mm and without evidence of ulceration (T1aN0M0 on TNM staging classification) and which is also less than Clark Level 3 depth of invasion; or
- melanoma in situ (melanoma cells limited to the top layer of the skin).

Motor Neurone Disease

Means the unequivocal diagnosis by a specialist Medical Practitioner of motor neurone disease, including Amyotrophic lateral sclerosis (ALS), Progressive muscular atrophy (PMA), Primary lateral sclerosis (PLS), Progressive bulbar palsy (PBP), Flail arm (or leg) syndrome and ALS-plus syndrome.

Multiple Sclerosis

The unequivocal diagnosis by a specialist Medical Practitioner of multiple sclerosis (an immune-mediated inflammatory disease causing neurological impairment due to the demyelination of nerves in the brain, brainstem, spinal cord and/or optic nerves).

Clinically isolated syndromes are excluded.

Multiple Sclerosis – with specified severity

The unequivocal diagnosis by a specialist Medical Practitioner of multiple sclerosis (an immune-mediated inflammatory disease causing neurological impairment due to the demyelination of nerves in the brain, brainstem, spinal cord and/or optic nerves) resulting in persisting clinical neurological abnormalities resulting in the total and irreversible inability to perform at least three (3) of the 6 Activities of Daily Living without the physical assistance of another person.

Clinically isolated syndromes are excluded.

Muscular Dystrophy

Means the unequivocal diagnosis by a specialist Medical Practitioner of muscular dystrophy.

Occupationally Acquired Hepatitis B or C Virus

A confirmed diagnosis of Hepatitis B Virus (HBV) or Hepatitis C Virus (HCV) contracted as the result of an Accident, during the course of the Life Insured's regular Occupation, resulting in any of the following on serology tests:

- The presence of Hepatitis B surface antigen (HBVsAg) or viral load (HBV DNA) or
- The presence of Hepatitis C antibodies

The new presence of antigens or antibodies must be confirmed within six months of the Accident.

We encourage you to report any potential claim within 30 days. Your accidental infection will need to be supported by a negative Hepatitis B or Hepatitis C test (as applicable) taken within seven days after the Accident.

The benefit will not be paid if:

- The Hepatitis B or Hepatitis C virus is caused by any other means, including sexual activity or recreational intravenous drug use; or

- In practising the Life Insured's Occupation, the Life Insured has not made reasonable efforts to comply with relevant State and Commonwealth guidelines in relation to dealing with infection of health care workers; or
- The Life Insured has not taken an approved vaccine that is recommended by the relevant government body for use in the Life Insured's Occupation and is available prior to the event which causes infection.

Occupationally Acquired HIV

Means a confirmed diagnosis of Human Immunodeficiency Virus (HIV) resulting from the accidental transmission of the virus during the course of the Life Insured's regular Occupation.

Seroconversion (the production and detection of HIV antibodies in the Life Insured's blood) must be confirmed by way of a positive HIV antibody test within six months of the Accident.

We encourage you to report any potential claim within 30 days. Your accidental infection will need to be supported by a negative HIV antibody test taken within seven days after the Accident.

The benefit will not be paid if:

- HIV Infection is caused by any other means, including sexual activity or recreational intravenous drug use;
- In practising the Life Insured's medical profession, the Life Insured has not made reasonable efforts to comply with relevant State and Commonwealth guidelines in relation to dealing with infection of health care workers;
- The Life Insured has not taken an approved vaccine that is recommended by the relevant government body for use in the Life Insured's Occupation and is available prior to the event which causes the infection.

Open Heart Surgery

Means undergoing Open Heart Surgery to correct a cardiac defect, cardiac aneurysm or cardiac tumour.

Open Surgery to the Thoracic or Abdominal Aorta (excluding its branches)

Means correction of any narrowing, dissection or aneurysm of the thoracic or abdominal aorta (but not any of its branches) through open surgical repair.

Angioplasty, intra-arterial procedures and other non-surgical techniques are excluded.

Out of Hospital Cardiac Arrest

The abrupt and complete loss of heart function, breathing and consciousness, occurring out of hospital as a result of:

- Cardiac asystole (total cessation of electrical and mechanical activity of the heart); or
- Ventricular fibrillation (rapid, erratic electrical impulses preventing the heart from pumping effectively) with or without ventricular tachycardia.

The cardiac arrest must not occur as a direct result of a medical procedure and must be documented by an electrocardiogram or other medical evidence considered reasonable e.g. ambulance or hospital medical report.

Paralysis (total and permanent) – specified

Means total and permanent loss of use of two or more limbs where limb is defined as the shoulder down to the hand or the hip down to the foot, caused by permanent damage to the nervous system. This includes, but is not limited to, Hemiplegia, Diplegia, Paraplegia, and Quadriplegia/Tetraplegia.

The diagnosis must be confirmed by a specialist Medical Practitioner.

Parkinson's Disease

The unequivocal diagnosis of Idiopathic Parkinson's Disease as confirmed by a specialist Medical Practitioner.

Premature (early onset) osteoporosis - severe with bone fracture

Before the age of 50, the Life Insured:

- Suffers at least 1 fragility fracture due to osteoporosis (a fracture resulting from minimal trauma such as falling from a standing height typically in the hip, spine or wrist); and
- Has a bone mineral density reading with a Z-score of -2.0 or lower.

Prostate Cancer (early stage)

All early stage prostate cancers which have been histologically described as:

- T1a or T1b TNM staging classification; and
- having a Gleason Score of less than 6.

Pneumonectomy complete removal of one lung due to lung disease or disorder

Means the surgical removal (including minimally invasive thoracic procedures) of an entire lung due to underlying lung disease or disorder (including traumatic injury).

Pulmonary arterial hypertension (idiopathic or familial) of specified severity

Means a confirmed diagnosis of idiopathic or familial (meaning of a spontaneous or unknown cause, or inherited) pulmonary arterial hypertension (increased blood pressure in the blood vessels of the lungs) with right ventricular enlargement (enlarged right side of the heart muscle) established by investigations including cardiac catheterisation, resulting in permanent physical impairment to the degree of at least Class III of the World Health Organisation Functional Classification of Pulmonary Hypertension.

The diagnosis must be confirmed by a specialist Medical Practitioner.

Repair or Replacement of a Heart Valve Surgery

Surgery to repair or replace a heart valve.

Severe Burns to the Skin - of specified severity or requiring specific treatment

Tissue Injury caused by thermal, electrical or chemical agents causing deep (third degree) burns to:

- 20% or more of the body surface area as measured by the age-appropriate use of 'The Rule of Nines' or the 'Lund & Browder Body Surface Chart';
- Both hands, requiring surgical debridement and/or grafting; or

- Both feet, requiring surgical debridement and/or grafting; or
- The face, requiring surgical debridement and/or grafting.

Severe cognitive loss (total and permanent) - requiring permanent caregiver

Means a total and permanent deterioration or loss of cognitive function (impairment of memory, language, thinking or judgment) to a severe state as evidenced by both of the following:

- A Mini Mental State Examination (MMSE) score of 15 or less out of 30, or other appropriate cognitive assessment tools with equivalent level of severity, and
- Resulting in the Life Insured to be under continuous care and supervision by another person for at least three consecutive months and at the end of that three month period the Life Insured are likely to require ongoing continuous care and supervision by another person.

Severe Crohn's Disease - requiring permanent immunosuppressant or biologic medication

Diagnosis of severe Crohn's disease that requires permanent maintenance treatment with immunosuppressant or biologic medication.

Severe Parkinson's Disease

Diagnosis of Parkinson's Disease which is characterised by irreversible neurological deficit resulting in the total and irreversible inability to perform at least 3 of the 6 Activities of Daily Living without the physical assistance of another person.

Severe rheumatoid arthritis - with specified treatment

The confirmed diagnosis of severe rheumatoid arthritis which:

- has not responded to at least six months' intensive treatment with all conventional therapy (including non-biologic disease-modifying anti-rheumatic drugs); and
- has not adequately responded (as measured by current continuing PBS authority criteria) to a minimum of 12 weeks of treatment with at least one biologic disease-modifying anti-rheumatic drug or JAK inhibitor.

Degenerative osteoarthritis and all other arthritis are excluded.

Severe Ulcerative Colitis requiring permanent immunosuppressant or biologic medication

The diagnosis of severe ulcerative colitis that requires permanent maintenance treatment with immunosuppressant or biologic medication.

Stroke - excluding transient ischaemia attacks and other events

A neurological event caused by an acute localised injury of the central nervous system by a vascular cause, including cerebral infarction, intracerebral haemorrhage (ICH), and subarachnoid haemorrhage (SAH).

The stroke must be evidenced by neuro-imaging or appropriate scan.

Transient ischaemic attacks, migraines, hypoxaemia, trauma or vascular disease affecting the eye, optic nerve or vestibular functions are excluded.

Total and Permanent Loss of Limb/s or Sight

The complete and irreversible loss of use of:

- Two limbs;
- Sight in both eyes (Blindness); or
- Sight in one eye and one limb, where limb means the whole hand, whole foot, whole arm or whole leg.

For the purpose of this definition refer to the following definitions:

- Blindness in One Eye (total and permanent) – best corrected.
- Blindness in Two Eyes (total and permanent) – best corrected.

Total and Permanent Loss of Use of One Specified Limb

Means the total and permanent loss of use of one 'limb' caused by sickness or injury, where limb means the whole hand, whole foot, whole arm or whole leg.

Type 1 diabetes complications (with at least two complications of specified severity)

Means at least two of the following complications have occurred as a direct result of Type 1 diabetes:

- Macroalbuminuria (Defined as urine ACR in males >25mg/mmol and in females >35mg/mmol or urinary albumin excretion of more than 300mg per day); or
- Estimated glomerular filtration rate <45 mL/min/1.73 m² (CKD stage 3b or worse, International Chronic Kidney Disease Classification); or
- Retinopathy with a minimum severity of at least exudates and/or dot-blot haemorrhages;
or
- Persistent sensory neuropathy.

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