



Platinum Plus. Survivor's income cover – total and permanent disability cover – accelerated.

Your cover in detail.

1. Introduction.

This Survivor's income cover – total and permanent disability cover – accelerated provides **you** with an advanced payment of the Survivor's income cover if the **insured person** suffers for the first time, after the policy starts, from a **total and permanent disability**.

The **policy schedule** will show which **insured person** this Survivor's income cover – total and permanent disability cover – accelerated applies to.

2. Built-in benefits.

2.1 Total and permanent disability.

2.1.1 Total and permanent disability before age 65.

Total and permanent disability means that **we** are satisfied that one of the following events occurs before the **insured person's** 65th birthday:

a. Own occupation.

If own occupation is shown in the **policy schedule** for an **insured person**, then **they** have been absent from employment through sickness or injury for an uninterrupted period of three months, and in **our** reasonable opinion after considering all the medical evidence and other relevant evidence has become so disabled that **they** will unlikely ever again to be able to work in any capacity in **their own occupation**,

Or

b. **Any occupation.**

If any occupation is shown in the **policy schedule** for an **insured person**, then **they** have been absent from employment through sickness or injury for an uninterrupted period of three months and in **our** reasonable opinion after considering all the medical evidence and other relevant evidence, has become so disabled that **they** will unlikely ever again to be able to perform **their own occupation or any occupation**,

Or

c. **Home duties.**

If the **insured person** wasn't **gainfully employed** immediately before the event causing disability due to undertaking full-time **home duties**, regardless of whether own occupation or any occupation is shown in the **policy schedule, total and permanent disability** shall mean that **they**, for an uninterrupted period of at least three months:

- have been under medical supervision with the complete inability to perform all normal **home duties**, and
- have been unable to leave the home without assistance, and
- in **our** reasonable opinion based on medical and other relevant evidence, are unlikely to ever again be able to perform all normal **home duties**,

Or

d. has suffered the total and permanent loss of the:

- sight of both eyes, or
- use of two limbs, or
- sight of one eye, and the loss of the use of either a whole hand, or a whole foot.

Loss of the sight in an eye must be confirmed by an ophthalmologist and measured by one of the following:

- visual acuity of 6/60 or less in the affected eye after correction, or
- a field of vision constricted to 20 degrees of arc or less, or
- a combination of visual defects resulting in the same degree of visual impairment as that occurring in either of the above,

Or

e. is totally and permanently unable to perform at least two **activities of daily living** as a result of sickness or injury without the assistance of an adult,

Or

- f. has suffered an injury or illness of the brain resulting in permanent and irreversible loss of cognitive function that requires the **insured person** to be under continuous full time care for the **insured person's** safety to prevent such situations including but not limited to wandering away from **their** usual place of residence, physical aggression, neglect of self-care, misjudging or causing situations that are dangerous for themselves or others.

The loss needs to be measured by clinical evidence and standardised tests which reliably measure the impairment in the following areas:

- Short or long term memory
- Orientation as to person (such as personal identity), place (such as location), and time (such as day, date and year)
- Deductive or abstract reasoning

2.1.2 Total and permanent disability from age 65 to age 70.

If **we** are satisfied that after the **insured person's** 65th birthday **they** were continuing to perform **their** usual occupational duties without limitation or restriction due to sickness or injury for at least 25 hours per week, then **we** will assess any claim for **total and permanent disability** made before **their** 70th birthday under the definition that applied before the **insured person's** 65th birthday.

If the **insured person** was performing **their** occupational duties with limitations or restrictions due to sickness or injury, **we** will assess the claim under the definition applying under section 2.1.4.

2.1.3 Home duties from age 65.

If the **insured person** wasn't **gainfully employed** immediately before the event causing disability due to undertaking full-time **home duties** and the event causing the **total and permanent disability** happens after the **insured person's** 65th birthday, **we** will assess the claim under the definition applying under section 2.1.4.

2.1.4 Total and permanent disability from age 70.

Where the event causing the **total and permanent disability** happens after the **insured person's** 70th birthday, or where sections 2.1.2 or 2.1.3 apply, the following definition applies:

Total and permanent disability means that **we** are satisfied that the **insured person**:

- a. has suffered the total and permanent loss of the:
- sight of both eyes, or
 - use of two limbs, or
 - sight of one eye, and the loss of the use of either a whole hand, or a whole foot.

Loss of the sight in an eye must be confirmed by a **specialist medical practitioner** and measured by one of the following:

- visual acuity of 6/60 or less in the affected eye after correction, or
- a field of vision constricted to 20 degrees of arc or less, or
- a combination of visual defects resulting in the same degree of visual impairment as that occurring in either of the above,

Or

- b. is totally and permanently unable to perform at least two **activities of daily living** as a result of sickness or injury without the assistance of an adult,

Or

- c. has suffered an injury or illness of the brain resulting in permanent and irreversible loss of cognitive function that requires the **insured person** to be under continuous full time care for the **insured person's** safety to prevent such situations including but not limited to wandering away from **their** usual place of residence, physical aggression, neglect of self-care, misjudging or causing situations that are dangerous for themselves or others.

The loss needs to be measured by clinical evidence and standardised tests which reliably measure the impairment in the following areas:

- Short or long term memory
- Orientation as to person (such as personal identity), place (such as location), and time (such as day, date and year)
- Deductive or abstract reasoning

2.1.5 Total and permanent disability partial benefit.

We will pay a **partial benefit** if the **insured person** suffers the total and permanent loss of use of one hand, one foot or the sight in one eye.

The loss of the sight must be confirmed by an appropriate **specialist medical practitioner** and measured by one of the following:

- visual acuity of 6/60 or less in the affected eye after correction, or
- a field of vision constricted to 20 degrees of arc or less, or
- a combination of visual defects resulting in the same degree of visual impairment as that occurring in either of the above.

2.1.6 How much do we pay?

When the **insured person** suffers a **total and permanent disability**, we will pay **you** either:

- the **monthly benefit** in arrears for the **term**, or
- if the **total and permanent disability** is a **partial benefit**, 25% of the **present-day value** of the **monthly benefit** up to a maximum of \$75,000.

Payment of the Survivor's income cover – total and permanent disability cover – accelerated is an advanced payment of the Survivor's income cover this Survivor's income cover – total and permanent disability cover – accelerated is attached to. **We** will reduce the **monthly benefit** on **your** Survivor's income cover, Survivor's income cover – total and permanent disability cover – accelerated, and any Survivor's income cover – trauma cover – accelerated by any amount payable under this cover. The premiums will change accordingly.

The **monthly benefit** payments for an **insured person** will stop at the end of the **term**.

Where the event giving rise to the payment of the **monthly benefit** was already covered at the **start date** by a policy issued by **us** or another insurer (existing policy), then **we** will reduce the **monthly benefit** and **our** payment so that when added to any amount paid or payable under the existing policy, the total for that **insured person** does not exceed the **present-day value** of the **monthly benefit** equivalent of \$5,000,000.

2.1.7 Total and permanent disability early payment.

If the cause of the **insured person's total and permanent disability** is due to one of the below conditions, **we** will waive the requirement for the **insured person** to be absent from employment or unable to undertake full-time **home duties** for an uninterrupted period of three months. The conditions are:

- Alzheimer's disease
- Major head trauma
- Parkinson's disease
- Cardiomyopathy
- Motor neurone disease
- Systemic sclerosis
- Chronic lung disease
- Multiple sclerosis
- Terminal illness
- Dementia
- Muscular dystrophy

2.2 Grief counselling benefit.

If **we** pay a benefit to a **policy owner** under this cover, **we** will reimburse **you**, up to a maximum of \$2,500 towards the actual cost of grief counselling, for the **insured person**, **their** spouse, de facto partner or Civil Union partner or **child**, from an accredited counsellor, psychologist or psychiatrist approved by **us**.

The following conditions apply:

- The consultation and/or counselling must be invoiced within 12 months following the payment of the benefit by **us**.
- **We** must be provided with a receipt for the consultation and/or counselling being claimed.

This benefit is payable for one event only, once per **insured person** regardless of the number of policies and covers that may provide similar benefits for **them**. This is in addition to any other benefit paid under this cover.

Where there is more than one **policy owner** the Grief counselling benefit will be divided equally between those **policy owners** who each receive a benefit.

3. Claims.

3.1 Notice.

You or the **insured person** must notify **us** in writing immediately or as soon as practically possible if **you** or **they** become aware of any claim or potential claim under this Survivor's income cover – total and permanent disability cover – accelerated.

We will advise **you** of the requirements **we** need to assess **your** claim.

We won't pay any claim until **we** receive all the requirements **we** need to assess the claim and confirm that the **insured person** meets the definition of **total and permanent disability**.

3.2 Obligations.

You and the **insured person** (if possible) must throughout the life of the claim:

- Complete **our** claim form in full and send it to **us** as soon as reasonably possible.
- Supply **us** with all relevant medical evidence **we** reasonably require in connection with the claim.
- Authorise the disclosure to **us** of **their** or **your** personal information in connection with the claim held by any other party.
- Authorise the disclosure of **their** or **your** personal information held by **us** to another party to evaluate the claim.
- Provide **us** with any other relevant information **we** reasonably require. This may include but isn't limited to financial, medical and occupational evidence.

The **insured person** where appropriate must:

- Provide a signed report from an appropriate **specialist medical practitioner** confirming the occurrence of the **total and permanent disability**.
- Undergo one or more medical examinations if **we** reasonably request **them** at **our** expense. This may include blood tests and medical testing.
- **We** may also request other additional claim proofs necessary to complete **our** assessment of the claim including an independent opinion from an appropriate **medical practitioner** or **specialist medical practitioner** approved by **us**.

You must pay any expenses incurred in proving **your** claim.

4. Exclusion.

You can't claim under this cover for any sickness or injury in connection with a self-inflicted act or injury.

5. When this cover ends.

This Survivor's income cover – total and permanent disability cover – accelerated ends for an **insured person** on the earliest of the date:

- a. **you** cancel **their** Survivor's income cover, or
- b. **you** cancel **their** Survivor's income cover – total and permanent disability cover – accelerated, or
- c. when **we** have paid the full **monthly benefit** for the full **term**, or
- d. this Policy ends for any reason, or
- e. **they** die.

6. General definitions.

The definitions shown below apply to all derivatives of the words defined.

Any occupation.

An occupation for which the **insured person** is suited to by education, training or experience, which would remunerate at a rate greater than 25% of **their** earnings over the last 12-month period of employment.

Gainfully employed.

Working in an occupation or job as an employee for reward, salary, commission or any other income. For an **insured person** who's self-employed, working in any business or professional practice which could produce income for that business or professional practice.

Home duties.

The duties normally associated with a person who's engaged in full time unpaid home duties within the family home, and isn't employed in any occupation or working outside the **insured person's** home for salary, reward or profit and includes:

- a. Cleaning the family home, such as using a vacuum cleaner, sweeping with a broom, using

a mop and cleaning dishes (automatic or manual).

- b. Cooking the family meals, such as preparing fresh and frozen food and using an oven, stove or microwave oven.
- c. Doing the family's laundry, such as loading and unloading a washing machine, hanging out clothes or using a dryer, folding clothes and ironing.
- d. Shopping, such as attending shops or using the phone or internet to purchase food for the family.
- e. Taking care of the **insured person's** dependent children (where applicable) such as supervising, lifting, transporting, feeding and bathing.

We won't consider an **insured person** who is actively seeking employment or is performing less than full time unpaid **home duties** to be performing **home duties**.

Own occupation.

The field of work in which the **insured person** has trained in, specialises in and was engaged in immediately before becoming **totally and permanently disabled**.

Partial benefit.

A part payment of the **monthly benefit**.

Present-day value.

The current value of the sum of the **monthly benefit** payments remaining during the **term** when each payment is discounted by a rate that is a function of the annual interest rate as reasonably determined by **us**. Because the buying

power of a dollar decreases over time the amount of the **present-day value** will always be less than the sum of the remaining **monthly benefit** payments.

Term.

The maximum period shown on the **policy schedule** for an **insured person** that **we** pay you the **monthly benefit**.

Total and permanent disability.

A sickness or injury resulting in the **insured person** meeting the definition as outlined in section 2.1.

SAMPLE