

CommInsure Protection

Peace of mind for the times of your life

Product Disclosure Statement (PDS)

Issue date: 20 November 2011

This PDS contains information about the following types of cover:

- **Life**
- **Total and Permanent Disability**
- **Trauma**
- **Income Protection**
- **Business Overheads**

CommInsure



Product Disclosure Statement and Reference Document

This Product Disclosure Statement (PDS) describes two separate financial products as follows:

- a superannuation product (issued by the trustee, Colonial Mutual Superannuation Pty Ltd)
- life insurance products (issued by the insurer, The Colonial Mutual Life Assurance Society Limited (CMLA))

CMLA and the Trustee take full responsibility for the whole of the PDS. A description of the cover available under each of these products is contained in this PDS.

This Product Disclosure Statement (PDS) will help you understand the various products which make up CommInsure Protection.

It provides important information about:

- the purpose of the CommInsure Protection products
- the key features and benefits available, and
- the costs, risks and other important aspects of CommInsure Protection.

This PDS includes the information contained in the current CommInsure Protection Reference Document (referred to in this PDS as the 'RD'). The RD is referred to throughout this PDS to specifically refer you to further important information about certain features of CommInsure Protection.

The RD is available for viewing and printing on CommInsure's web site comminsure.com.au/downloads.aspx

The RD is also available, free of charge, from your adviser or from CommInsure by calling 13 10 56 from 8 am to 8 pm (Sydney time), Monday to Friday, or writing to:

The Manager, Customer Communication
CommInsure Life Insurance
PO Box 320
Silverwater NSW 2128

Important information

This Product Disclosure Statement (PDS) is issued by the insurer, The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 AFSL 235035 (referred to in this PDS as 'CMLA', 'we', 'us' and 'our') and Colonial Mutual Superannuation Pty Ltd ABN 56 006 831 983 AFSL 235025 (referred to in this PDS as 'the Trustee'), the trustee of the Colonial Super Retirement Fund ABN 40 328 908 469 (the Fund).

CMLA and the Trustee are wholly owned but non-guaranteed subsidiaries of Commonwealth Bank of Australia ABN 48 123 123 124 (CBA). Apart from CMLA and the Trustee, neither CBA nor its subsidiaries are responsible for any of the statements contained in this PDS.

CBA and its subsidiaries (Commonwealth Bank Group) do not guarantee CommInsure Protection products. Contributions to the Fund are not deposits or other liabilities of CBA and its subsidiaries.

If you need to visit CMLA or the Trustee, their principal office of administration is:

Level 1, 11 Harbour Street
Sydney NSW 2000

Phone: 13 10 56 between 8 am and 8 pm (Sydney time), Monday to Friday

CMLA is responsible for the administration of the Fund and provides insurance benefits to the Fund. CommInsure is a registered business name of CMLA.

The information in this PDS is general information only and does not take into account your individual objectives, financial situation or needs. You should assess whether the product is appropriate for you and consider talking to an adviser before making a decision.

In this PDS, 'you' and 'your' refer to the person to be insured and/or the proposed policy owner (where applicable).

The products described in this PDS are available only to persons in Australia. Applications from outside Australia will not be accepted. All references to monetary amounts in this PDS are references to Australian dollars.

After reading the PDS, you can apply for the products described in the PDS by either:

- completing and forwarding the CommInsure Protection application form which accompanies this PDS, or
- completing and submitting an application electronically via CMLA's online application facility (available through your financial adviser).

While every effort has been made to ensure the information in this PDS is reliable, the policy documents and, for Total Care Plan Super, the Fund trust deed form the basis of the products and should be read carefully. Future changes to legislation may result in changes to the information set out in this PDS. The examples and illustrations provided in this PDS are only intended to demonstrate how certain benefits are calculated. All benefits will be determined in accordance with the relevant policy conditions and, for Total Care Plan Super, the Fund trust deed.

CommInsure Protection

Peace of mind for the times of your life

CommInsure helps protect your lifestyle with a fresh approach to insurance. We combine innovation with competitive products and responsive service. CommInsure Protection provides insurance solutions both inside and outside the superannuation environment.

Through our straightforward range of insurance solutions you can shape your cover to suit your needs.

The following icons are used throughout this PDS to indicate what cover is available inside and/or outside the superannuation environment. See page 6 for more details.

Available outside super 

Available inside super 

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Why CommInsure?

At CommInsure we are committed to providing our customers with innovative, straightforward insurance and a high level of understanding and service when they need it most.

We do this through:

- continuing to develop our products
- continually monitoring customer satisfaction
- paying all genuine and valid claims promptly and efficiently
- employing dedicated insurance specialists
- providing clear and simple product information.

Claims philosophy

CommInsure's claims philosophy is simple, we pay all genuine and valid claims promptly and efficiently. In 2010 we paid a total of \$609 million in life and disability insurance claims, which translates to over \$11.7 million per week.

- Life/Terminal Illness \$261.7 million
- TPD/Trauma \$231.3 million
- Income Protection \$116 million.

Awards

CommlnSURE helps to protect the lifestyles of Australians with a fresh approach to insurance through innovation, competitive products and responsive service.

Our awards include:

- **Life Company of the Year**
Plan for Life & Association of Financial Advisers
2010, 2009 and 2007
- **Life Insurance Company of the Year**
Australia and New Zealand Institute of Insurance and Finance
Awards 2011, 2010, 2007 and 2005
- **Service Quality Award, Winner**
Plan for Life & Association of Financial Advisers 2010, 2009
- **Trauma Insurance Award, Winner**
Financial Review Smart Investor Blue Ribbon Awards 2011
- **Trauma Insurance Award, Winner**
Plan for Life & Association of Financial Advisers 2009,
2008 and 2007
- **Risk Insurance Product of the Year**
Asset Innovation Awards 2009



A quick overview

Here's a quick overview of the cover available under Commlnsure Protection:

Life

What does it do?

Pays a lump sum on death or terminal illness.

You may need it if ...

You have debts and/or dependants.

You want to relieve your family of debt should you die.

You want to secure your family's financial future.

For more information

Section 1 – page 13 of this PDS.

Total and Permanent Disability (TPD)

What does it do?

Pays a lump sum if you are totally and permanently disabled due to illness or injury.

You may need it if ...

You have debts and/or dependants.

You would need capital to survive if you couldn't work again.

You will have greater expenses as a result of your disablement.

You need to make provision for retirement.

You want your family to maintain their lifestyle even if you can't work.

For more information

Section 1 – page 15 of this PDS.

Trauma

What does it do?

Pays a lump sum if you suffer a specified medical condition.

You may need it if ...

Additional expenses are incurred when you have a major illness.

You need time to recuperate without financial stress.

You need to significantly restructure your lifestyle.

For more information

Section 1 – page 16 of this PDS.

Income Protection

What does it do?

Pays a replacement income if you can't work at full capacity or at all, due to sickness or injury.

You may need it if ...

You would find it difficult to make ends meet without your regular income.

You like your lifestyle but don't have sufficient savings to replace your regular income.

You want to protect the income you earn.

You have a family to provide for.

For more information

Section 2 – page 20 of this PDS.

Business Overheads

What does it do?

Provides reimbursement of fixed operating expenses of your business if you can't work due to sickness or injury.

You may need it if ...

You are self-employed or have a key role in a small business.
Your business will continue to generate expenses even if you're not working.
You need your business to keep operating.
You don't want to have to sell your business.

For more information

Section 2 – page 36 of this PDS.

Commlnsure Protection also provides:

Accidental Death Cover

What does it do?

Pays a lump sum benefit on death by accident only.

For more information

Section 1 – page 13 of this PDS.

Essential Cover

(Accident only
income protection)

What does it do?

Pays a replacement income if you can't work at full capacity or at all, due to accidental injury.

You may need it if ...

You would find it difficult to make ends meet without your regular income.
You want to protect the income you earn.
You have a family to provide for.
You are ineligible for standard income protection cover (for instance, because you have a pre-existing medical condition).

For more information

Section 2 – page 33 of this PDS.

Child Cover

What does it do?

Pays a lump sum benefit if your child dies or suffers a specified medical condition.

For more information

Section 1 – page 18 of this PDS.

A quick overview (continued)

Cover may be applied for either inside or outside the superannuation environment as described below:

CommInsure Protection	Outside super OUT ▶			Inside super IN ◀
Type of cover	Products available (including benefits)			
	Total Care Plan	Income Care	Income Care Plus	Total Care Plan Super
Life	Life Care			Life Care
TPD	TPD Cover			TPD Cover
Trauma	Trauma Cover			
Accidental Death	Accidental Death Cover			Accidental Death Cover
Child Cover	Child Cover			
Income Protection		Income Care	Income Care Plus	Income Care Super
Essential Cover		Essential Cover		Essential Cover
Business Overheads		Business Overheads	Business Overheads	

Insurance outside super **OUT** ▶

Total Care Plan, Income Care and Income Care Plus are the CommInsure Protection products which provide insurance cover outside of the superannuation environment. They help you to protect your current lifestyle and help ensure that your family will be provided for in the event of death, sickness or injury.

Who can be covered?

You can cover your own life, which means you are the life insured as well as the policy owner. Your self-managed super fund or company can also cover your life. Alternatively you may be able to cover someone else's life (e.g. a family member or business partner), where the other person is the life insured and you are the policy owner.

You can also combine cover for family members or business partners into one policy. In this case, the policy owner/s receive the benefits of the policy, unless:

- you have nominated a beneficiary for a death benefit under Total Care Plan, or
- a super continuance monthly benefit is payable under Income Care or Income Care Plus.

Insurance inside super **IN** ◀

Total Care Plan Super is a superannuation product that enables you to take out insurance cover for death, terminal illness and disability in a superannuation environment.

Total Care Plan Super is designed for people who are self employed or employed. Total Care Plan Super may provide:

- tax effective insurance cover
- tax free benefits to your financial dependants.

When you take out Total Care Plan Super, you become a member of the Fund (Colonial Super Retirement Fund) with your insurance cover being provided by CMLA. The Trustee, as the policy owner, takes out a Total Care Plan Super policy with CMLA on your behalf as the life insured. Any benefit under the policy will be paid to the Trustee. Your entitlement to receive that benefit from the Fund is subject to any preservation requirements under superannuation law and the Fund trust deed. See Section 5 – Restrictions on access to benefits on page 47.

It is important to remember that while Total Care Plan Super can accept personal and employer contributions and rollovers and transfers, they can only be used to pay insurance premiums. Government co-contributions cannot be accepted into Total Care Plan Super.

What if you want advice or more information?

This PDS highlights important information about CommInsure Protection, while the Reference Document (RD) contains further important information about the terms and conditions of various benefits and features, including limitations and exclusions.

Also, you need to take your individual circumstances into account when applying for cover.

If you need help with these products, you should speak to an adviser. If you don't have an adviser, a Commonwealth Financial Planner may be able to help you. To arrange a no-obligation consultation with a Commonwealth Financial Planner, simply call **13 10 56** between 8 am and 8 pm (Sydney time), Monday to Friday or visit **comminsure.com.au** to arrange for a Commonwealth Financial Planner to contact you. Commonwealth Financial Planners are representatives of Commonwealth Financial Planning, ABN 65 003 900 169, AFSL 231139.

Section 1

Life, TPD and Trauma

Summary

There are three types of lump sum cover available:

Life **OUT** **IN**

Pays a lump sum if you die or become terminally ill. This cover is also known as 'term insurance'.

See page 13

TPD **OUT** **IN**

TPD Cover is an abbreviation for Total and Permanent Disability Cover. It pays a lump sum if you become totally and permanently disabled.

See page 15

Trauma **OUT**

Pays a lump sum if you suffer a specified medical condition.

See page 16

Life, TPD and Trauma (continued)

Summary								
Eligibility								
Age	<p>The eligibility age for Life, TPD and Trauma cover depends on the premium rate option selected.</p> <p>If you choose the Stepped Premium Rate option, you must be in the following age range to apply for cover:</p> <table border="0"> <tr> <td>Life</td> <td>17 to 69</td> </tr> <tr> <td>TPD</td> <td>17 to 59</td> </tr> <tr> <td>Trauma</td> <td>17 to 62</td> </tr> </table> <p>A Stepped Premium generally starts lower than a Level Premium but increases as you age (see 'Factors you need to choose that affect your premium' on page 12).</p> <p>If you choose the Level Premium Rate option, you must be aged from 17 to 54 to apply for Life, TPD or Trauma. A Level Premium generally starts higher than a Stepped Premium but does not increase with age (excluding indexation) up to age 65 (see 'Factors you need to choose that affect your premium' on page 12).</p>		Life	17 to 69	TPD	17 to 59	Trauma	17 to 62
Life	17 to 69							
TPD	17 to 59							
Trauma	17 to 62							
Restrictions	<p>In addition to age, the availability of cover may be affected by your work, pastimes, health and financial circumstances.</p> <p>Generally speaking you must work at least 20 hours per week outside the home to apply for TPD Cover, although individual consideration may be given if you work less than 20 hours per week with the remainder of your time spent looking after the home and caring for dependants.</p> <p>You must be eligible to contribute to super to take out cover inside super. See Section 5 'Additional Information about insurance inside super' on page 46.</p>							
Expiry age	Outside super OUT ▶	Inside super IN ◀						
Life	Policy anniversary date before your 99th birthday.	Policy anniversary date before your 80th birthday.						
TPD	Policy anniversary date before your 80th birthday. From the policy anniversary date immediately before your 65th birthday, TPD only covers Loss of Independent Existence (see Section 5.5.5 of the RD for the meaning of Loss of Independent Existence).	Policy anniversary date before your 65th birthday.						
Trauma	Policy anniversary date before your 80th birthday. From the policy anniversary date immediately before your 70th birthday, Trauma only covers Loss of Independent Existence (see Section 5.5.5 of the RD for the meaning of Loss of Independent Existence).	N/A						
Accidental Death	Policy anniversary date before your 99th birthday.	Policy anniversary date before your 80th birthday.						
Child Cover	Policy anniversary date before the child's 18th birthday.	N/A						
Maximum cover	Outside super OUT ▶	Inside super IN ◀						
Life	No limit	No limit						
TPD	\$5,000,000	\$5,000,000						
Trauma	\$2,000,000	N/A						
Accidental Death	\$1,000,000	\$1,000,000						
Child Cover	\$250,000	N/A						

Features	Outside super OUT			Inside super IN	
	Life	TPD	Trauma	Life	TPD
Benefits					
Death Benefit (see page 13)	✓	✓ ¹		✓	
Terminal Illness Benefit (see page 13)	✓			✓	
Life Care Advance Payment Benefit (see page 13)	✓				
TPD Benefit (see page 15)		✓			✓
Trauma Benefit (see page 16)			✓		
Partial Trauma Cover Benefit (see page 16)			✓		
Buy Back Benefit (Life Care see page 13, Trauma Cover see page 17)	✓		✓	✓	
Severe Hardship Booster Benefit (see page 19)	✓	✓	✓	✓	✓
Financial Planning Benefit (see page 19)	✓	✓	✓		
Loyalty Bonus Benefit (see page 19)	✓	✓	✓	✓	✓
Accommodation Benefit (see page 19)	✓	✓	✓		
Security and flexibility					
Indexation (see page 19)	✓	✓	✓	✓	✓
Continuation Option (see page 15)		✓ ¹			
Interim Accident Cover (see page 19)	✓	✓	✓	✓	✓

¹ Only available for a stand-alone policy.

Optional extras available	Outside super OUT			Inside super IN	
	Life	TPD	Trauma	Life	TPD
At no additional cost					
Nomination of beneficiaries (see page 14)	✓			✓	
At a reduced cost					
Evidence of Severity Option (see page 17)			✓		
At an additional cost					
Accidental Death Cover (see page 13)	✓ ²			✓	
Guaranteed Insurability Option (Personal Events) (see page 13)	✓		✓ ³		
Guaranteed Insurability Option (Business Events) (see page 14)	✓	✓ ³	✓ ³		
Business Safe Cover Option (see page 14)	✓	✓	✓		
Plan Protection Option (see page 14)	✓			✓	
Trauma Plus Cover Option (see page 17)			✓		
Child Cover Option (see page 18)	✓		✓		

² Can be a stand-alone policy.

³ Only available for a policy with Life.

Life, TPD and Trauma (continued)

Factors you need to choose that affect your premium

Premium rate option (affects whether premium will change as you get older).

Stepped Premium Rate option
Premium increases are linked to your age.

Level Premium Rate option
Up to age 65, your premium does not increase as a result of you getting older.

Any occupation or Own occupation TPD definition.

The difference between the two definitions is set out here. For the full definitions refer to Sections 1.2.1.1 and 1.2.1.2 of the RD respectively.

Any occupation
You need to satisfy us that you're unable to engage in any occupation:

- for which you are reasonably suited by education, training or experience; and
- which would pay remuneration at a rate greater than 25% of your earnings during your last consecutive 12 months of work.

Own occupation
You need to satisfy us that you're unlikely to engage in your own occupation ever again.

This is easier to satisfy, but also more expensive.

To check if you are eligible for this definition please ask your adviser.





This type of cover pays a lump sum if you die (the Life Care benefit). The lump sum we pay is the amount for which you are insured.

You can take out Life Care:

- on its own
- in combination with TPD Cover (with this combination, the amount of your TPD Cover cannot be greater than your Life Care)
- in combination with Trauma Cover (with this combination, the amount of your Trauma Cover cannot be greater than your Life Care)
- in combination with Accidental Death Cover.

Standard features available

Life Care provides a number of benefits designed to help your family at a difficult time:

- Life Care benefit, paid as a lump sum when you die 
- Terminal Illness benefit, paid as a lump sum if you are diagnosed with a terminal illness 
- Advance Payment Benefit, an immediate cash benefit paid when you die 
- Life Care Buy Back, reinstates Life Care cover after a TPD or Trauma claim 

When is a Life Care benefit payable?

Life Care pays a lump sum when you die.

For further important information about the terms and conditions of this benefit, including limitations and exclusions, please see Section 1.1.1 of the RD.

When is a Terminal Illness benefit payable?

We pay this benefit when we receive medical evidence (satisfactory to us) that you have less than 12 months to live.

For further important information about the terms and conditions of this benefit, including limitations, please see Section 1.1.2 of the RD. For further important information about the limitations of benefits payable under superannuation, refer to the 'Restrictions on access to benefits' on page 47.

Life Care Advance Payment Benefit – provides an immediate cash payment upon death

This benefit provides a cash advance of the Life Care benefit to help with the cost of a funeral or similar expenses.

For further important information about the terms and conditions of this benefit, including limitations and exclusions, please see Section 1.1.6 of the RD.

Life Care Buy Back Benefit

This benefit provides for an automatic reinstatement of your Life Care if it is reduced by the payment of a TPD Cover or Trauma Cover benefit.

For further important information about the terms and conditions of this benefit, including limitations, please see Section 1.1.3 of the RD.

Optional features available

Accidental Death Cover

You can select Accidental Death Cover to go with your Life Care (for cover inside super you must purchase at least \$10,000 of Life Care), or just by itself (only available outside of super). Accidental Death Cover is designed to top up your cover and provides a simple, low cost death cover. It does not replace the need for sufficient Life Care.

For further important information about the terms and conditions of this cover, including limitations and exclusions, please see Section 1.1.4 of the RD.

Guaranteed Insurability Option (Personal Events)

This option is designed to help you keep your insurance in line with your changing personal circumstances. You can increase your Life Care and, if applicable, your Trauma Cover after certain personal events such as marriage, divorce, death of your spouse or the birth of a child without having to provide further medical information.

For further important information about the terms and conditions of this option, including limitations and the personal events covered, please see Section 1.1.7 of the RD.

Life (continued)



Guaranteed Insurability Option (Business Events) **OUT** ▶

To help ensure your insurance continues to protect your business interests, you can, without supplying further medical information, increase your Life Care and, if applicable, TPD and Trauma Cover on the occurrence of certain business events. The business event for which you can exercise this option will depend on the purpose for which you take out your cover.

For further important information about the terms and conditions of this option, including limitations and the relevant business events, please see Section 1.1.8 of the RD.

Business Safe Cover Option **OUT** ▶

Should a certain business event occur, this option allows you to increase your Life Care, TPD Cover and Trauma Cover by up to three times, without supplying further medical information.

At the time of assessing your application for the policy, we will underwrite you for three times your chosen cover amount, so that when the relevant business event occurs you will be able to increase your Life Care, TPD Cover and Trauma Cover without having to provide further medical evidence for the increased amount.

For further important information about the terms and conditions of this option, including limitations and the relevant business events, please see Section 1.1.9 of the RD.

Plan Protection Option **OUT** ▶ **IN** ◀

If you choose this option, you don't have to pay premiums if you are totally and temporarily disabled for three months or more.

For further important information about the terms and conditions of this option, including limitations and exclusions and the meaning of total disability, please see Section 1.1.5 of the RD.

Note: It is important you understand the total disability definition and the requirements you have to meet to make a claim. You should, therefore, refer to the RD and read the definition carefully.

Nomination of a beneficiary/ies

Cover outside super **OUT** ▶

You may nominate up to five beneficiaries to receive death claim proceeds from Life Care. Your valid nomination will ensure that the death claim proceeds payable under the policy will be paid in the designated portions directly to the nominated beneficiary/ies.

Your nomination is subject to the following rules:

- a nominated beneficiary can be a natural person, corporation or trust
- conditional nominations cannot be made
- you may change a nominated beneficiary or revoke a previous nomination at any time prior to a claim event occurring
- if a nominated beneficiary predeceases the life insured, then that beneficiary's legal personal representative will receive any money payable on the life insured's death
- if ownership of the policy is assigned to another person or entity, then any previous nomination is automatically revoked
- a nominated beneficiary has no rights under the policy, other than to receive the nominated policy proceeds after a claim has been admitted by us. They cannot authorise or initiate any policy transaction, and
- you cannot include the life insured or child life insured as one of the nominated beneficiaries as this would make the nomination invalid.

To nominate beneficiaries under the policy, please refer to the relevant section of your application form. There is no cost to you in nominating a beneficiary/ies.





Cover inside super **IN** ◀

For details about nomination of beneficiaries for cover inside super, please refer to Payment of a death benefit on page 49 of this PDS.

Total and Permanent Disability (TPD)

This type of cover pays a lump sum if you are totally and permanently disabled (the TPD Cover benefit). The lump sum we pay on TPD is the amount for which you are insured. TPD has a special meaning which we explain below.

You can take out TPD Cover:

- on its own (stand-alone TPD) 
- in combination with Life Care (with this combination, the amount of your TPD Cover cannot be greater than your Life Care) 
- in combination with Trauma Cover (with this combination, the amount of your TPD Cover cannot be greater than your Trauma Cover) 
- in combination with both Life Care and Trauma Cover (with this combination, the amount of your TPD Cover cannot be greater than your Life Care or Trauma Cover) 

When is a TPD Cover benefit payable?

We will pay the TPD Cover benefit if you suffer total and permanent disablement. This means:

- you satisfy the Any occupation or Own occupation TPD definition depending on which definition applies to you (see page 12) – both the ‘any occupation’ and ‘own occupation’ TPD definitions are set out for your reference in Sections 1.2.1.1 and 1.2.1.2 of the RD respectively
- you suffer Loss of Limbs or Sight as defined in Section 5.5.3 of the RD, or
- you suffer Loss of Independent Existence, as defined in Section 5.5.5 of the RD.

If you perform full-time domestic duties or child rearing, a different ‘homemakers’ definition of TPD applies. See Section 1.2.1.3 of the RD.

You are also totally and permanently disabled if you suffer Partial and Permanent Disability (as defined below) but for this event we only pay part of the TPD Cover benefit. For more information, please refer to ‘When will we pay part of the TPD Cover benefit?’ below. This does not apply to Total Care Plan Super.

Note: It is important you understand these definitions and the requirements you have to meet to make a claim, so please read the RD carefully.

For important information about the terms and conditions of this cover, including information about:

- limitations and exclusions, and
 - when TPD Cover ends,
- please see Section 1.2 of the RD.

TPD Cover benefits under Total Care Plan Super can only be paid to you if you suffer from ‘permanent incapacity’ under superannuation law or satisfy another condition of release. Any benefits which cannot be released by the Trustee to you, will remain net of any taxes in the superannuation environment until you satisfy a condition of release.

For further important information about the limitations on paying TPD Cover benefits under superannuation, refer to the ‘Restrictions on access to benefits’ on page 47.

When will we pay part of the TPD Cover benefit?

We will pay part of the TPD cover benefit if you have suffered a Partial and Permanent Disability, which means you have sustained, as a direct result of injury or sickness:

- the complete and irrecoverable loss of use of one hand
- the complete and irrecoverable loss of use of one foot, or
- Partial Blindness (as defined in Section 5.3.12 of the RD).

The TPD cover will be reduced by the amount paid.

This feature is only available outside of super.

For further important information please refer to Section 1.2.2 of the RD.

Other options and benefits available under TPD Cover

Business Safe Cover Option

For information about this option, please see page 14.

Death Benefit

If you have stand-alone TPD Cover and there is no TPD Cover benefit payable when you die, we will pay a lump sum of \$10,000.

Continuation Option

If you have stand-alone TPD Cover, this option allows you to obtain Life Care under a new policy without further medical evidence. You can do this when:

- we pay a TPD Cover benefit which results in the TPD cover ceasing, or
- TPD Cover ceases to apply from the policy anniversary date preceding your 80th birthday.

For further important information about the terms and conditions of this option, including limitations, please see Section 1.2.3 of the RD.

Trauma

This type of cover pays a lump sum if a specified medical condition or event occurs (the Trauma Cover benefit). To receive the payment you must meet the specific definition of the medical condition or event. We will pay the benefit (up to the amount for which you are insured) whether or not you are prevented from working.

You can take out Trauma Cover:

- on its own (stand-alone Trauma)
- in combination with Life Care, TPD Cover or both.

If you combine Trauma Cover with Life Care, your Trauma Cover cannot be greater than the amount of your Life Care.

Trauma cover is only available outside super.

The minimum Trauma Cover you can purchase is \$10,000.

When is a Trauma Cover benefit payable?

We pay a Trauma Cover benefit once you survive 14 days past the occurrence of a specified medical condition or medical event. The medical conditions and events we cover are listed below. Each condition and event has a specific medical meaning and we will not accept a claim unless the specific meaning is met.

The specific definitions are set out in Section 5 of the RD. It is important you understand these definitions and the requirements you have to meet to make a claim, so please read the RD carefully.

Here is a list of the medical conditions and events covered (the conditions and events denoted “*” only result in a partial payment of the Trauma Cover benefit – the Partial Trauma Cover benefit):

Events covered under Trauma Cover

Heart Disorders

- Heart Attack
- Out of Hospital Cardiac Arrest
- Coronary Artery Disease Requiring Bypass Surgery
- Coronary Artery Angioplasty*
- Coronary Artery Angioplasty – Triple Vessel
- Repair and Replacement of a Heart Valve
- Surgery of the Aorta
- Cardiomyopathy
- Primary Pulmonary Hypertension
- Open Heart Surgery

Nervous System Disorders

- Stroke
- Major Head Trauma
- Motor Neurone Disease
- Multiple Sclerosis
- Multiple Sclerosis of limited extent*
- Muscular Dystrophy
- Paraplegia
- Quadriplegia
- Hemiplegia
- Diplegia
- Tetraplegia
- Dementia and Alzheimer’s Disease
- Coma
- Encephalitis
- Parkinson’s Disease

Body Organ Disorders

- Cancer
- Early-Stage Cancer of the Vulva or Perineum
- Early-Stage Breast Cancer*
- Benign Brain Tumour
- Blindness
- Chronic Kidney Failure
- Major Organ or Bone Marrow Transplant
- Placement on a Waiting List for Major Organ Transplant*
- Severe Burns
- Loss of Speech
- Loss of Hearing
- Chronic Liver Disease
- Chronic Lung Disease
- Pneumonectomy
- Severe Rheumatoid Arthritis

Blood Disorders

- Occupationally Acquired HIV
- Medically Acquired HIV
- Aplastic Anaemia
- Advanced Diabetes

Other Events

- Serious Injury*
- Critical Care*
- Loss of Limbs or Sight
- Loss of One Hand or One Foot*
- Loss of Independent Existence

Additional Events covered under Trauma Plus Cover Option (see right column)

- Diabetes Complication*
- Early-Stage Cancer of the Cervix Uteri*
- Early-Stage Cancer of the Vagina*
- Early-Stage Ovarian Cancer*
- Early-Stage Cancer of the Fallopian Tubes*
- Early-Stage Penile Cancer*
- Early-Stage Chronic Lymphocytic Leukaemia*
- Early-Stage Prostate Cancer*
- Surgical Removal of a Hydatidiform Mole*
- Early-Stage Melanoma*
- Partial Blindness*
- Partial Loss of Hearing*
- Severe Osteoporosis*

For further important information about the terms and conditions of this cover, including:

- limitations and exclusions
- the qualifying period
- partial Trauma Cover payments
- when Trauma Cover ends

please see Sections 1.3.1 and 1.3.2 of the RD.

Trauma Cover Buy Back Benefit **OUT**

If payment of a Trauma Cover claim reduces your Trauma Cover to less than \$10,000, we will automatically reinstate that cover, effective one year from the date we paid your claim. We do so without requiring further evidence of your health. Your Trauma Cover will remain dormant during the 12 months before the automatic reinstatement.

For further important information about the terms and conditions of this benefit, including limitations and exclusions, please see Section 1.3.3 of the RD.

Trauma Plus Cover Option **OUT**

If you select this option, we will pay a partial Trauma Cover benefit for an additional 13 trauma conditions as listed in the left column.

Evidence of Severity Option **OUT**

We will give you a premium discount if you choose to restrict your Trauma Cover by having to satisfy additional requirements to qualify for a Trauma Cover benefit. The additional requirements include surviving the trauma for at least 28 days and being unable to work.

For further important information about the terms and conditions of this option, including an explanation of the additional requirements, please see Section 1.3.4 of the RD.

Business Safe Cover Option **OUT**

For information about this option, please see page 14.

Child Cover **OUT**

This type of cover pays a lump sum if your child dies or suffers a specified medical condition or event (the Child Cover benefit). The lump sum we pay is the amount for which your child is insured.



You can take out Child Cover:

- in combination with Life, or Trauma or both.

Child Cover Option **OUT**

If you have Life Care (outside of super) or Trauma Cover, you can apply for up to \$250,000 of cover for your children (Child Cover). To do this:

- your child or children must be aged 2 to 16
- if covering more than one child, each child must be covered for the same amount.

We will pay a benefit equal to the amount for which you cover your child (the Child Cover benefit), if your child:

- dies, or
- suffers from one of the 38 Child Cover trauma conditions set out in the table in Section 1.4.1 of the RD. Each condition has a specific medical definition and we will not accept a claim unless the claim meets one of the specific definitions which are contained in Section 5 of the RD.

Note: It is important you understand these definitions and the requirements you have to meet to make a claim, so please read the definitions in the RD carefully.

For some conditions, we pay a partial benefit without ending the cover.

As Child Cover ends on the policy anniversary date before the child's 18th birthday, when the child reaches age 17 we allow them to continue their life and trauma cover under a new policy without having to provide further medical evidence (Continuation of cover).

For further important information about the terms and conditions of this cover including:

- limitations and exclusions, the qualifying period and when Child Cover ends, see Section 1.4.1 of the RD
- the 38 Child trauma conditions, see Section 1.4.1 of the RD
- partial payments and the applicable limitations, see Section 1.4.2 of the RD
- continuation of cover and the applicable limitations, see Section 1.4.3 of the RD.

Standard features in Life, TPD and Trauma

Severe Hardship Booster Benefit

This feature doubles the amount of your Life, TPD or Trauma benefit if your death, TPD or trauma results from a specified medical condition.

For further important information about the terms and conditions of this benefit, including limitations and the relevant medical conditions, please see Section 1.5.1 of the RD.

Financial Planning Benefit

If we pay the Life, TPD or full Trauma benefit, we will pay you or the recipient/s of that benefit up to \$5,000, for the cost of approved financial planning advice. You must obtain this advice from a licensed adviser within 12 months after we pay the relevant benefit.

Loyalty Bonus Benefit

After five years of cover, we will automatically increase your cover by 5% at no extra cost.

For further important information about the terms and conditions of this benefit, please see Section 1.5.2 of the RD.

Accommodation Benefit

If you are confined to bed and a long way from home, you may need someone from your immediate family nearby to help you. This feature pays a benefit to help cover the costs of accommodating an immediate family member who needs to be near you.

For further important information about the terms and conditions of this benefit, including limitations, please see Section 1.5.4 of the RD.

Indexation

Each year we automatically increase your cover to keep your insurance in line with movements in the Consumer Price Index (CPI).

For further important information about how indexation works, including limitations, please see Section 1.5.3 of the RD.

Interim Accident Cover

While we are considering your application, we will provide interim accident cover for up to 90 days. We provide this cover free of charge. It begins when we receive your fully completed application and valid payment details.

For further important information, please see the Interim Accident Cover Certificate on page 59.

Section 2

Income Protection

OUT  IN 

Summary

We offer five types of income protection cover:

Income Care OUT ▶

Basic income protection at an affordable price. Replaces up to 75% of your income.

See pages 27-32

Income Care Plus OUT ▶

Comprehensive income protection. Provides the basic cover of Income Care, as well as a number of additional benefits designed to help you to get back to work.

See pages 34-35

Income Care Super IN ◀

Basic income protection within the Superannuation environment. Replaces up to 75% of your income.

See pages 27-32

Business Overheads Cover OUT ▶

Covers the regular fixed operating expenses of your business if you are self-employed or a small business owner.

See pages 36 – 37

Essential Cover OUT ▶

Basic income protection at an affordable price which covers accidents only. Replaces up to 75% of your income.

See page 33

Income Protection (continued)

Summary	
Age	<p>If you choose the Stepped Premium Rate option, you must be aged from 17 to 59 to apply for cover.</p> <p>If you choose the Level Premium Rate option, you must be aged from 17 to 54 to apply for cover.</p> <p>A different age range applies if you are in an aviation or specialist risk occupation, as determined by us. For aviation occupations, you must be aged from 19 to 54 and, for specialist risk occupations, you must be aged from 17 to 49 to apply for cover.</p>
Restrictions	<p>In addition to age, the availability of cover may be affected by your work, pastimes, health and financial circumstances.</p> <p>Only available to permanent full time or part time workers, working at least 20 hours per week.</p> <p>You must be eligible to contribute to super to take out cover inside super. See Section 5 'Additional information about insurance inside super' on page 46.</p> <p>Limits on heavy risk or specialist risk jobs Business Overheads Cover is not available to people in occupations that we classify as heavy risk or specialist risk. Income Care Plus isn't available for occupations we classify as heavy risk or specialist risk – high.</p> <p>Super Funds A super fund cannot own an Income Care Plus policy.</p>

Features of Income Protection	Outside super OUT ▶				Inside super IN ◀	
	Income Care	Income Care Plus	Business Overheads	Essential Cover	Income Care Super	Essential Cover
Benefits						
Total Disability Benefit (see page 28)	✓	✓		✓	✓	✓
Partial Disability Benefit (see page 28)	✓	✓		✓	✓	✓
Recurrent Disability Benefit (see page 28)	✓	✓		✓	✓	✓
Medical Professionals Benefit (see page 28)	✓	✓		✓		
Reward Cover Benefit (see pages 29 and 37)	✓	✓	✓	✓	✓	
Rehabilitation Benefit (see page 29)	✓	✓		✓		
Unemployment Cover Benefit (see page 29)	✓	✓		✓		
Rehabilitation Expenses Benefit (see page 34)		✓				
Accommodation Benefit (see page 34)		✓				
Family Support Benefit (see page 34)		✓				
Home Care Benefit (see page 34)		✓				
Bed Confinement Benefit (see page 35)		✓				
Transportation Benefit (see page 35)		✓				
Overseas Assist Benefit (see page 35)		✓				
Specific Injuries Benefit (see page 35)		✓				
Crisis Benefit (see page 35)		✓				
Death Benefit (see page 29 and page 35)		✓			✓	✓
Domestic Help Benefit (see page 35)		✓				
Business Overheads Cover (see page 36)			✓			
Boosted Total Disability Benefit (see page 28)	✓	✓	✓	✓	✓	✓
Security and flexibility						
Waiver of premium while on claim (see pages 29 and 37)	✓	✓	✓	✓	✓	✓
Cover while unemployed or on leave (see page 29)	✓	✓		✓	✓	✓
Waiver of premium if unemployed (see page 30)	✓	✓		✓	✓	✓
Waiver of premium if on maternity leave (see page 30)	✓	✓		✓	✓	✓
Waiver of waiting period for specific conditions (see page 30)	✓	✓		✓	✓	✓
Indexation (see pages 30 and 37)	✓	✓	✓	✓	✓	✓
Guaranteed insurability (see page 30)	✓	✓		✓	✓	✓
Flexibility to reduce waiting period (see page 30)	✓	✓		✓	✓	✓
Extended Cover (see page 30)	✓	✓		✓	✓	✓
Interim Accident Cover (see page 30)	✓	✓	✓	✓	✓	✓

Income Protection (continued)

Optional extras of Income Protection available	Outside super OUT ▶				Inside super IN ◀	
	Income Care	Income Care Plus	Business Overheads Cover	Essential Cover	Income Care Super	Essential Cover
At no additional cost						
Permanent Disablement Cover Option (see page 32)	✓	✓		✓	✓	✓
At reduced cost						
Total and Temporary Disability Cover Option (see page 32)	✓	✓		✓		
Premium Saver Option (see page 32)	✓	✓			✓	✓
At an additional cost						
Increasing Claim Option (see page 30)	✓	✓		✓	✓	✓
Accident Option (see page 31)	✓	✓		✓	✓	✓
Super Continuance Option (see page 31)	✓	✓		✓		
Cash Back Option (see pages 31 and 37)	✓	✓	✓			

Factors you need to choose that affect your premium

<p>Policy type (determines the effect of future changes to your income)</p>	<p>Income Care, Income Care Super or Income Care Plus Agreed value policy</p> <p>If you select an agreed value policy, we will base your Total or Partial Disability benefit on the monthly benefit you have been insured for (including any indexation increases), regardless of any reduction in your income since you took out the policy*. However, at claim time we will require you to satisfy us that your income in the 12 month period before you applied for cover justified the amount of cover that we provided you.</p> <p>If you cannot satisfy this requirement, the monthly benefit (on which we base your Total or Partial Disability Benefit) will be the lesser of the amount of your cover (including any indexation increases) or 75% of your pre-disability income.</p> <p>* For example: if the monthly benefit for which you are insured is \$3,000 and you become entitled to a Total Disability Benefit, we will pay you a Total Disability Benefit of \$3,000 per month even if the monthly income you were earning at the time you took out your cover decreased and would no longer justify a monthly benefit of \$3,000.</p>	<p>Income Care, Income Care Super or Income Care Plus Indemnity policy</p> <p>If you select an indemnity policy, we will base your Total or Partial Disability benefit on the monthly benefit which is the lesser of:</p> <ul style="list-style-type: none"> • 75% of your average monthly income in the 12 months before the claim, and • the insured monthly benefit amount (including any indexation increases). <p>For example: if the monthly benefit for which you are insured is \$3,000 but your average monthly income was \$3,200 in the 12 months before becoming entitled to a Total Disability Benefit, we will pay you a Total Disability Benefit of \$2,400 per month (i.e. 75% of \$3,200) and not the \$3,000 for which you were insured.</p>
	<p>Guaranteed agreed value policy</p> <p>If you have a guaranteed agreed value policy, we will base your Total or Partial Disability benefit on the monthly benefit you have been insured for and we will not ask you to justify this monthly benefit if you make a claim.</p> <p>This is because, at the time you applied for cover:</p> <ul style="list-style-type: none"> • you provided us with evidence of your income or • you applied for a monthly benefit of no more than \$6,250 and you belonged to one of the following registered, full-time, degree qualified medical occupations: <ul style="list-style-type: none"> – Medical Practitioner with unrestricted registration – Dentist or Dental Surgeon. <p>If you make a claim for a Partial Disability Benefit, financial evidence of your income at the time of claim will be required to determine the amount of the benefit payable.</p>	<p>Business Overheads Cover</p> <p>This is an indemnity-style policy, so you don't need to choose the policy type if you are taking Business Overheads Cover as stand-alone cover.</p>
<p>Monthly benefit (how much you are insured for)</p>	<p>Income Care, Income Care Super or Income Care Plus</p> <p>Up to 75% of income over the last 12 months, subject to a sliding scale.</p> <p>There is a minimum of \$1,500 per month (excluding any super continuance monthly benefit) and a maximum of \$30,000 (including any super continuance monthly benefit) per month. However, the maximum for heavy risk and specialist risk – high occupations is \$7,000 per month. For specialist risk – medium occupations the maximum is \$10,000 per month. These maximum amounts include any super continuance monthly benefit).</p> <p>For aviation occupations, as determined by us, the total benefit payments over the duration of the policy will not exceed \$2,000,000.</p>	<p>Business Overheads Cover</p> <p>Covers up to 100% of regular fixed operating business expenses, to a maximum of \$40,000 per month.</p> <p>There is no minimum except when it is taken without Income Care or Income Care Plus, in which case the minimum is \$1,500 per month.</p>
<p>Benefit period (how long we pay your benefits for)</p>	<p>Income Care, Income Care Super or Income Care Plus</p> <p>Choice of two years, five years, to policy anniversary before your 60th birthday or policy anniversary before your 65th birthday.</p> <p>However, different benefit periods operate in the following situations:</p> <ul style="list-style-type: none"> • If you are in a heavy risk or specialist risk occupation, as determined by us, the maximum benefit period you can choose is two or five years. For more information please ask your financial adviser. • If you are in an aviation occupation, as determined by us, the maximum benefit period you can choose is to age 60. 	
<p>Waiting period (how long you need to be disabled for before we start paying you benefits)</p>	<p>Income Care, Income Care Super or Income Care Plus</p> <p>Choice of 14 days, one month, two months, three months, six months, one year or two years. However, if you are in a heavy risk or specialist risk occupation, as determined by us, the 14 day waiting period is not available.</p>	<p>Business Overheads Cover</p> <p>Choice of 14 days, one month, two months, three months or six months.</p>
<p>Premium rate option (affects whether your premium will change as you get older)</p>	<p>Stepped Premium Rate option</p> <p>Premium increases are linked to your age.</p>	<p>Level Premium Rate option</p> <p>Up to age 65, your premium does not increase as a result of you getting older. After age 65, the premium converts to stepped.</p>
<p>Cover expiry date (affects how long your policy will last for)</p>	<p>Choice of: to policy anniversary before your:</p> <ul style="list-style-type: none"> • 60th birthday or • 65th birthday. 	

Income Protection (continued)

Occupation groups

The work you do may affect the cost of the policy and the availability of some benefits. Once we receive your application, we work out which occupation group best describes what you do. We then include your occupation group in your Policy Schedule as one of the following:

- S – Super professional
- K – Medical occupations
- J – Legal occupations
- P – Professional
- G – Managerial
- C – Clerical
- M – Manual
- H – Heavy risk
- L – Light manual
- A – Aviation occupations
- X – Specialist risk – medium
- Y – Specialist risk – high

Understanding some technical expressions

Some common terms are used in this PDS in relation to Income Protection, including benefit period, disability/disabled, monthly benefit, cover expiry, income producing duty, waiting period and pre-disability income. Please see Section 2.1 of the RD for an explanation of these terms.

Income Care and Income Care Super – basic income protection cover

Income Care and Income Care Super helps replace your lost income if you can't work because you are sick or injured. It helps you to meet your financial commitments by providing regular monthly benefit payments.

For cover outside of super, you can take out Income Care:

- on its own
- in combination with Business Overheads Cover.

You can insure for up to 75% of your regular income, and superannuation contributions of up to 15% (if you select the Super Continuance Option). Premiums are generally tax-deductible.

For Income Care Super you can take it:

- on its own
- in combination with Life Care and optional TPD Cover.

If you take Income Care Super in combination with Life Care, the Income Care Super cover cannot continue after your Life Care ends.

You can insure for up to 75% of your regular income.

Whether inside or outside of super, income protection provides two types of benefits:

- a total disability benefit that is payable when you cannot work at all
- a partial disability benefit that is payable when you can work, but only in a reduced capacity.

There are important exclusions, limitations and benefit offsets that affect the cover and benefits provided under an Income Care/Income Care Super policy. These are set out in Section 2.2.24 of the RD.

Income protection benefits under Income Care Super can only be paid to you if you suffer from 'temporary incapacity' under superannuation law and satisfy the cashing restrictions which apply to temporary incapacity benefits. This could mean that, although income protection benefits are payable under the policy, the benefits cannot be released by the Trustee to you in full or at all and will remain in super net of any taxes.

For further important information about the limitations on paying income protection benefits under superannuation, refer to 'Restrictions on access to benefits' on page 47.

Income Care and Income Care Super (continued)

When is the Total Disability Benefit payable and what is paid? **OUT** **IN**

We will pay the Total Disability Benefit if you are totally disabled for longer than the waiting period. By 'total disability', we mean that you can't do any income earning work at all. For the full definition of total disability, please see Section 2.2.1 of the RD.

Special meanings apply if you are determined by us as belonging to a specialist risk, heavy risk or aviation occupation, or you are unemployed or on leave at the time of total disability.

It is important you understand the total disability definition and the requirements you have to meet to make a claim, so please read the definition in the RD carefully.

The benefit we will pay consists of two amounts:

1. the monthly benefit, and
2. the super continuance monthly benefit (where applicable; not available to income protection inside super).

For example, if you become entitled to a Total Disability Benefit and your monthly benefit is \$3,000 and your super continuance monthly benefit is \$360, we will pay a benefit of \$3,360 per month.

While you are totally disabled, the benefits can continue until the end of the benefit period, but are not payable after your cover expiry date.

Boosted Total Disability Benefit for Serious Medical Condition

If a Total Disability Benefit becomes payable and your total disability is such that you also satisfy the definition of Serious Medical Condition (as defined in Section 5.5.7 of the RD), that part of the Total Disability Benefit we pay on account of the monthly benefit will be increased by one third to more closely reflect 100% of your monthly income. For more information on how we calculate the Boosted Total Disability Benefit please refer to Section 2.2.1 of the RD.

When is the Partial Disability Benefit payable and what is paid? **OUT** **IN**

If you are partially disabled after the waiting period has ended, we will pay a proportion of the Total Disability Benefit, based on the reduction in your income. This is called the Partial Disability Benefit.

We consider you to be partially disabled when you can only work in a reduced capacity. A special meaning applies if you become unemployed or go on leave without pay while a partial disability benefit is payable.

While you are partially disabled, benefits can continue to the end of the benefit period, but not after your cover expiry date.

For the full meaning of 'partial disability', an explanation of the calculation of the Partial Disability Benefit and further important information about the terms and conditions of the Partial Disability Benefit, including limitations, please see section 2.2.2 of the RD.

Note: It is important you understand the partial disability definition and the requirements you have to meet to make a claim, so please read the definition in the RD carefully.

Recurrent Disability Benefit **OUT** **IN**

When you suffer a recurrence of the same, or a related, sickness or injury, you may be able to avoid having to go through the waiting period again.

For further important information about how this benefit works, including limitations and other terms and conditions, please see Section 2.2.3 of the RD.

Medical Professionals Benefits **OUT**

This is a benefit for medical professionals who have to stop work because of an infectious disease. If you are a medical professional who has contracted HIV (Human Immunodeficiency Virus), Hepatitis B or Hepatitis C infection, we may pay you a benefit if you have to stop work because of that infection.

For further important information about the terms and conditions of this benefit, including eligibility rules and limitations and exclusions, please see Section 2.2.4 of the RD.

Reward Cover Benefit **OUT** **IN**

The Reward Cover Benefit rewards you for maintaining your cover with us for three years or more, by providing up to \$100,000 Accidental Death Cover at no extra cost. If you also have a Total Care Plan policy at the time of your accidental death, we will double the amount paid under the Reward Cover Benefit.

For further important information about the terms and conditions of this benefit, including exclusions, please see Section 2.2.5 of the RD.

Rehabilitation Benefit **OUT**

We pay you the Rehabilitation Benefit for up to 12 months if you are totally disabled and you participate in an approved rehabilitation program. We pay this in addition to any other benefit payable.

For further important information about the terms and conditions of this benefit, including limitations and exclusions, please see Section 2.2.6 of the RD.

Death Benefit **IN**

If you die we will pay a \$10,000 lump sum. For further information about the payment please refer to Section 4.1.2 of the RD.

Unemployment Cover Benefit **OUT**

We can help cover minimum monthly loan repayments if you become involuntarily unemployed before your cover ends.

If you are eligible for this benefit, we will pay you a monthly benefit for up to three months.

For example, if your monthly benefit amount under your Income Care or Income Care Plus policy is \$5,000 and your minimum monthly Commonwealth Bank loan repayment is \$3,000, we will pay \$3,000 per month towards your loan account if an unemployment benefit becomes payable.

For further important information about the terms and conditions of this benefit, including eligibility rules and limitations and exclusions, please see Section 2.2.7 of the RD.



Waiver of premium while on claim **OUT** **IN**

You don't have to pay any premiums when you are receiving a Total or Partial Disability Benefit.

If you have an Income Care Plus policy you also don't have to pay any premiums:

- while you are receiving a Specific Injuries Benefit (or, if taken as a lump sum, for the applicable payment period had the benefit been paid monthly), or
- for the first six months after receiving a Crisis Benefit.

For further important information about the terms and conditions of this benefit, including limitations, please see Section 2.2.8 of the RD.

Cover while unemployed or on leave **OUT** **IN**

While you continue to pay premiums, cover continues even if you become unemployed or go on maternity, paternity or long service leave.

For further important information about this cover, please see Section 2.2.7 of the RD.

Income Care and Income Care Super (continued)

Waiver of premium if you are unemployed **OUT** **IN**

If you are involuntarily unemployed you don't have to pay premiums for up to three months in total.

For further important information about the terms and conditions of this benefit, including limitations and exclusions, please see Section 2.2.9 of the RD.

Waiver of premium if you are on maternity leave **OUT** **IN**

If you are on maternity leave you don't have to pay premiums for up to three months in total.

For further important information about the terms and conditions of this benefit, including limitations, please see Section 2.2.10 of the RD.

Waiver of waiting period for specific medical conditions **OUT** **IN**

For some specified medical conditions, you can avoid the waiting period when you claim a Total or Partial Disability Benefit. These conditions are set out in Section 2.2.11 of the RD. Some of these medical conditions are defined in Section 5 of the RD.

For further important information about the terms and conditions of this benefit, including limitations, please see Section 2.2.11 of the RD.

Indexation **OUT** **IN**

Each year we automatically increase your cover to ensure your insurance keeps pace with movements in the Consumer Price Index (CPI).

For further important information about how indexation works, including limitations, please see Section 2.2.12 of the RD.

Guaranteed insurability **OUT** **IN**

You can increase your monthly benefit (and any super continuance monthly benefit for cover outside of super) by up to 10% without having to provide any further medical evidence. You can do this every three years from the date your cover commenced, until you reach age 55.

For further important information about the terms and conditions of this benefit, including limitations, please see Section 2.2.13 of the RD.

Flexibility to reduce waiting period **OUT** **IN**

This feature applies if you are applying for income protection cover with us and you already hold group income protection insurance (e.g. arranged for you by an employer or a group). If this applies, then you may be able to reduce your waiting period on your cover with us without further medical evidence.

For further important information about the terms and conditions of this benefit, including limitations, please see Section 2.2.14 of the RD.

Extended Cover **OUT** **IN**

If you reach your cover expiry date of age 65 and still have income protection cover, we will extend your Total Disability cover up until the policy anniversary date before your 70th birthday.

For further important information about the terms and conditions of this benefit, including limitations, please see Section 2.2.15 of the RD.

Interim Accident Cover **OUT** **IN**

While we are considering your application, we will provide interim accident cover for up to 90 days. This cover is free and starts when we receive your fully completed application and valid payment details. See the Interim Accident Cover Certificate on page 57 for details.

Increasing Claim Option **OUT** **IN**

The Increasing Claim Option is designed to ensure your monthly benefit keeps pace with changes in inflation.

For further important information about the terms and conditions of this option, including limitations, please see Section 2.2.16 of the RD.

Accident Option **OUT** **IN**

During the waiting period, if you are totally disabled by an injury for three days in a row, we will pay you a benefit under the Accident Option. We will pay this benefit for as long as you are totally disabled, until the waiting period ends. If you are still totally disabled at that time, we will pay your normal monthly benefit.

For further important information about the terms and conditions of this option, including limitations, please see Section 2.2.17 of the RD.

Super Continuance Option **OUT**

The Super Continuance Option insures your regular superannuation contributions. This means that we will pay your superannuation contributions while you are totally or partially disabled.

For further important information about the terms and conditions of this option, please see Section 2.2.18 of the RD.

Cash Back Option **OUT**

When your policy ends, the Cash Back Option entitles you to a refund of up to 20% of all premiums paid if you haven't made a claim on your policy. The amount you get back depends on how long you have held your policy, but you must hold it for at least three years for the refund to apply.

For further important information about the terms and conditions of this option, including limitations, please see Section 2.2.19 of the RD.

Income Care and Income Care Super (continued)

Permanent Disablement Cover Option **OUT** **IN**

The Permanent Disablement Cover Option gives you greater choice.

If you suffer a permanent disablement before the cover expiry date, you can choose to receive a lump sum benefit subject to preservation rules (where applicable) instead of the monthly benefit you would have received for your disability. This lump sum benefit is tax-free outside of super.

We allow you to claim this benefit without having to satisfy the Waiting Period which would apply to you if you were claiming monthly income protection benefits.

Permanent disablement has a special meaning which is defined in Section 2.2.20 of the RD. It is important you understand the permanent disablement definition and the requirements you have to meet to take advantage of this option, particularly if your cover is in super, so please read the definition in the RD carefully.

For further important information about the terms and conditions of this option, including limitations and exclusions, please see Section 2.2.20 of the RD.

Total and Temporary Disability (TTD) Cover Option **OUT**

The TTD Cover Option provides a premium discount but prevents you from claiming benefits if you suffer a permanent disablement.

If you become permanently disabled, you will not be eligible for any benefits under the policy and your cover under the policy will end.

Permanent disablement has a special meaning which is set out in Section 2.2.20 of the RD. It is important you understand the permanent disablement definition so please read the definition in the RD carefully.

For further important information about the terms and conditions of this option, please see Section 2.2.22 of the RD.

Premium Saver Option **OUT** **IN**

The Premium Saver Option provides a premium discount in return for limiting the number of monthly benefit payments we will pay for mental illness.

For further important information about the terms and conditions of this option, including the definition of mental illness, please see Section 2.2.23 of the RD.

Note: It is important you understand the mental illness definition so please read the definition in the RD carefully.

Essential Cover

The Essential Cover Option provides an alternative income protection solution by only covering accidents.

Under this option, you may be able to obtain cover for accidents under Income Care and Income Care Super, even though you are ineligible for the standard Income Care or Income Care Super cover (for instance, because you have a pre-existing medical condition). A premium discount will apply to your policy as you are only covered for accidents.

For further important information about this option including limitations and the accidents we don't cover, please see Section 2.2.21 of the RD.

Income Care Plus – income protection cover with extras OUT

Income Care Plus provides all the basic benefits of Income Care, plus a variety of other benefits and features designed to make your life that little bit easier if the unexpected happens.



Income Care Plus may pay the cost of rehabilitation programs, for a family member to travel with you for medical care, for professional nursing care and more.

For a description of the Income Care benefits and features please see the previous section.

Sometimes, you may be eligible for more than one benefit under Income Care Plus. If we restrict the payment of benefits to one at a time, we will generally pay you the most generous of the benefits.

If you belong to our heavy risk or specialist risk – high occupation group, as determined by us, you are not eligible to apply for Income Care Plus.

There are important exclusions, limitations and benefit offsets that affect the cover and benefits provided under an Income Care Plus policy. These are set out in Section 2.2.24 of the RD.

Note: Essential Cover is not available under Income Care Plus.

The benefits Income Care Plus offers in addition to those available under Income Care are set out below.

Rehabilitation Expenses Benefit OUT

If you are totally disabled, we will reimburse the expenses of participation in an approved rehabilitation program, or the expenses of working or attempting to return to work. Some examples of expenses covered under the Rehabilitation Expenses Benefit are the cost of travelling to attend a program or the cost of structural changes to your home or office.

For further important information about the terms and conditions of this benefit, including limitations, please see Section 2.3.1 of the RD.

Accommodation Benefit OUT

Sometimes, you need to be a long way from home to receive care. If that happens, we may pay a benefit to help cover the costs of accommodating an immediate family member who needs to be near you.

For further important information about the terms and conditions of this benefit, including limitations, please see Section 2.3.2 of the RD.

Family Support Benefit OUT

Sometimes, a family member will lose income because they need to take time off work to care for you. If this happens, we may pay a benefit to you to subsidise your family member's lost income.

For further important information about the terms and conditions of this benefit, including limitations, please see Section 2.3.3 of the RD.

Home Care Benefit OUT

If you are still totally disabled after the waiting period and are confined to or near a bed, we may pay a benefit to help cover the cost of a paid professional housekeeper.

For further important information about the terms and conditions of this benefit, including limitations, please see Section 2.3.4 of the RD.

Bed Confinement Benefit OUT ▶

If you are totally disabled and confined continuously to bed for at least three days during the waiting period, we may pay a benefit to help cover the cost of a registered nurse.

For further important information about the terms and conditions of this benefit, including limitations, please see Section 2.3.5 of the RD.

Transportation Benefit OUT ▶

We will pay you \$200 to help cover the cost of emergency transportation to an Australian hospital, if it is due to the condition that caused your total disability.

Overseas Assist Benefit OUT ▶

If you are totally disabled for at least a month while outside Australia, we will reimburse your return economy airfare to return to Australia.

For further important information about the terms and conditions of this benefit, including limitations, please see Section 2.3.6 of the RD.

Specific Injuries Benefit OUT ▶

If an injury causes you to suffer one of the medical events specified in Section 2.3.7 of the RD, we will pay the monthly benefit (and any super continuance monthly benefit) each month, up to the payment period shown for the relevant event in the table. There is an option to take this benefit as a lump sum rather than a monthly benefit. This benefit will be paid whether you are capable of returning to work or not.

For further important information about the terms and conditions of this benefit, including limitations, please see Section 2.3.7 of the RD.

Crisis Benefit OUT ▶

If you suffer one of the 18 specified medical conditions set out in Section 2.3.8 of the RD, we will pay a lump sum benefit, whether or not you are capable of returning to work.

For further important information about the terms and conditions of this benefit, including limitations, please see Section 2.3.8 of the RD.

Note: It is important you understand the definitions of the specified medical conditions and the requirements you would have to meet to make a claim, so please read the definitions in the RD carefully.

Death Benefit OUT ▶

If you die we will pay a lump sum to help meet any expenses at the time.

For further important information about the terms and conditions of this benefit, including limitations, please see Section 2.3.9 of the RD.

Domestic Help Benefit OUT ▶

If your spouse is unable to look after the running of the household due to an accident we will pay a monthly benefit for up to three months to help cover any child minding and housekeeping expenses.

For further important information about the terms and conditions of this benefit, including limitations, please see Section 2.3.10 of the RD.

Business Overheads Cover – cover for business expenses

Business Overheads Cover is specifically designed for the self-employed. It helps ensure that you stay in business if you can't work due to sickness or injury by paying up to 100% of the fixed operating expenses of your business.

Premiums are generally tax-deductible and payable monthly, quarterly, half-yearly or yearly. You can take out cover on yourself or a business partner.

To be eligible for this cover, you must be either:

- self-employed with special skills or expertise, and not working at home, or
- an income-generating member of a small business where there are no more than five income-generating employees.

You can take out Business Overheads Cover either as a stand-alone policy or together with Income Care or Income Care Plus. By combining the policies, you receive a 10% discount on the premiums payable for the Business Overheads Cover.

For further important information about exclusions, limitations and benefit offsets that affect the cover and benefits provided under Business Overheads Cover please see Section 2.4.7 of the RD.

When is a Business Overheads Cover Benefit payable?

OUT

If you are totally disabled after the waiting period, we will cover your usual, regular fixed operating expenses incurred.

For further important information about the terms and conditions of this benefit, including limitations and the definition of total disability, please see Section 2.4.1 of the RD.

Note: It is important you understand the definition of total disability and the requirements you would have to meet to make a claim, so please read the definition in the RD carefully.

Covered business expenses

The business expenses covered are the regular fixed operating expenses of running a business.

For further important information about the expenses covered, please see Section 2.4.2 of the RD.

Reward Cover Benefit OUT 

The Reward Cover Benefit rewards you for maintaining your cover with us for three years or more, by giving you up to \$100,000 Accidental Death Cover at no extra cost. If you also have a Total Care Plan policy at the time of your accidental death, we will double the benefit paid under the Reward Cover Benefit.

For further important information about the terms and conditions of this benefit, including limitations and exclusions, please see Section 2.4.3 of the RD.

Waiver of premium while on claim OUT 

You don't have to pay any premiums when you are receiving a Business Overheads Cover Benefit.

For further important information about the terms and conditions of this benefit, including limitations, please see Section 2.4.4 of the RD.

Indexation OUT 

Each year we will automatically increase your cover to ensure your insurance keeps pace with movements in the Consumer Price Index (CPI).

For further important information about how indexation works, including limitations, please see Section 2.4.5 of the RD.

Cash Back Option OUT 

When your policy ends, the Cash Back Option entitles you to a refund of up to 20% of all premiums paid if you haven't made a claim on your policy.

The amount you get back depends on how long you have held your policy, but you must hold it for at least three years for the refund to apply.

For further important information about the terms and conditions of this option, including limitations, please see Section 2.4.6 of the RD.

Section 3

What are the costs?

OUT ► IN ◀

Premiums are the cost of your insurance cover and include any optional benefits you choose.

The premium rates are similar whether you take the cover inside or outside super, but the taxation treatment differs.

If your cover is held inside super, all contributions are paid to the insurer as premiums.

Premium rate options

When you apply for cover, you can choose from two premium rate options:

- Level Premium Rate, or
- Stepped Premium Rate.

The option you select will apply to all lives insured under the policy and, unless otherwise stated in the policy, will apply for the duration of the policy.

Level Premium Rate option

The Level Premium Rate option is only available if all lives insured are aged 54 or less.

If you select this option, we will calculate your annual premium based on your age next birthday at the time we accepted your application for cover. This means your premium is not linked to you getting older.

If your cover continues after the policy anniversary before your 65th birthday, the premiums payable for that cover will be calculated as if the Stepped Premium Rate option applied.

For further important information about the terms and conditions of this option, please see Section 3.1 of the RD.

Stepped Premium Rate option

If you select the Stepped Premium Rate option, the cost of cover increases as you get older. This is because we calculate your annual premium when you first take out cover and then recalculate it every year using your new age.

For further important information about the terms and conditions of this option, please see Section 3.1 of the RD.

How your premium is calculated

The premium covers the cost of the insurance and is based on a number of factors as set out in the table in Section 3.2 of the RD.

Sample premiums

To give you an idea of cost, some premium examples are provided in Section 3.3 of the RD. It is important for you to understand that a quote will need to be tailored to your particular circumstances and that the cost of insurance will vary significantly depending on the factors set out in the table in Section 3.2 of the RD. The easiest way to access our premium rates is to contact us or speak to an adviser who can give you an individually tailored quote.

Minimum premiums

The minimum premiums for each policy (including the policy fee, which we describe on page 40) are as follows:

Frequency	Minimum premium (including policy fee)	
	Total Care Plan and Total Care Plan Super	Income Care and Income Care Plus
Annual	\$250	\$300
Half-yearly	\$130	\$160
Quarterly	\$70	\$85
Monthly	\$25	\$30

What are the costs? (continued)

Stamp duty

Your premium may also include stamp duty. The overall premium charged will reflect the duty we believe is payable, according to stamp duty laws and practices.

Premium payment options and frequency charges

You can pay premiums monthly, quarterly, half-yearly or annually. If you decide to pay by direct debit, your financial institution may charge you for setting up and making direct debit payments. Your financial institution can provide more information.

If you choose to pay your premiums more frequently than annually, we charge you a frequency charge to cover the cost of administration.

Here is a summary of the various payment options and the applicable frequency charges. This information is current as at the date this PDS was prepared.

Premium payment frequency	Cheque	Direct debit	Credit card	Frequency charge
Monthly		✓	✓	8% of annual premium excluding policy fee
Quarterly		✓	✓	8% of annual premium excluding policy fee
Half-yearly	✓	✓	✓	4% of annual premium excluding policy fee
Annually	✓	✓	✓	Nil

Non-payment of premiums

We may cancel the policy if premiums are not paid within 30 days of the premium due date.

Policy fee

A policy fee is charged which covers some of the administration costs of setting up and maintaining the policy. The policy fee is set out below and is current as at the date this PDS was prepared.

Premium payment frequency	Policy fee (per premium payment)
Monthly	\$6.30
Quarterly	\$18.00
Half-yearly	\$33.00
Annually	\$61.00

Policy fee waiver

If you also apply for stand-alone Income Protection cover when you apply for life, TPD or trauma cover, and we issue both policies to you, then we will waive the policy fee on the life, TPD or trauma cover for as long as the Income Protection cover continues.

If we don't issue the stand-alone Income Protection cover at the same time as we issue the life, TPD or trauma cover (even if both were applied for at the same time), we will waive the life, TPD or trauma policy fee from that policy's first anniversary date for as long as the stand-alone Income Protection cover continues.

Changes to calculation of premium and related charges

While we guarantee that we will not change the premium rates in the first year of the policy, we may need to change the rates in later years. We reserve the right to do so for all policies in a group, regardless of which premium rate option you select.

We reserve the right to increase the frequency charge and policy fee at our discretion.

We may also need to increase fees and charges to reflect new or changed government levies or taxes. For instance, individual states and territories do vary their rates of stamp duty from time to time, and we may pass on any change to you.

If we need to change fees and charges, we will notify you in writing at least six weeks before we make the change.

Commission

We are currently permitted to pay commissions and other benefits to our advisers. This may change in the future if prohibited by law. These amounts are factored into the cost of the insurance, and are not additional amounts you have to pay.

No surrender value

Although the Cash Back Option may apply under the Income Care Range, the products described in this PDS do not acquire a surrender or cash-in value at any point.

What we do with your premiums

The premiums for insurance outside of super (Total Care Plan, Income Care and Income Care Plus) will be placed in CMLA's No. 5 Statutory Fund and insurance benefits will be paid from that fund.

Premiums (also known as contributions) for insurance inside of super (Total Care Plan Super) will be placed in CMLA's No. 1 Statutory Fund and insurance benefits will be paid from that fund.

Section 4

Important information

OUT  IN 

Taxation

For general information on the taxation implications of insurance cover both inside and outside of super, please see Section 4 of the RD. It is important you understand these taxation implications and read Section 4 of the RD carefully.

Cooling-off period

From the date we send you the Policy Document and Policy Schedule, you have 28 days to check that it meets your needs. This is known as the 'cooling-off period'. Within this period, you can cancel the cover and we will refund any premiums paid.

Insurance inside of super will be subject to superannuation laws and the deduction of applicable tax.

If you want to cancel your cover, please put your request in writing and send it to us with your Policy Schedule and Policy Document. Our mailing address is shown on the inside front cover of this PDS.

Premiums that we can't refund to you (due to superannuation law) will be transferred to a superannuation fund of your choice or to SuperTrace Eligible Rollover Fund if you don't nominate a fund within 28 days.

Risks

There are a number of risks you should be aware of, including:

- the insurance cover you select may not provide the appropriate cover for your needs
- if we do not receive the premiums within 30 days after the due date, we may cancel or terminate the policy by writing to you and may not assess any claim for an event which arises after the termination
- we may vary or may not pay the benefit if you have not complied with your duty of disclosure
- if you apply for cover electronically via our online application facility and we do not receive, in the form we require, a signed Confirmation of Electronic Application and Personal Statement within 30 days of cover starting, cover automatically ends and you will not be covered for an event that occurs after the end of your cover
- you will need to satisfy a condition of release under superannuation law to access any benefits under Total Care Plan Super.

Your duty of disclosure

Before you enter into or become insured under a contract of life insurance with an insurer you have a duty, under the *Insurance Contracts Act 1984*, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you extend, vary or reinstate your insurance.

Your duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer
- that is of common knowledge
- that your insurer knows or, in the ordinary course of its business ought to know, or
- as to which compliance with your duty is waived by the insurer.

Non-disclosure

If you fail to comply with your duty of disclosure and the insurer would not have covered you on any terms if the failure had not occurred, the insurer may avoid the cover within three years of issuing it. If your non-disclosure is fraudulent, the insurer may avoid the cover at any time.

An insurer who is entitled to avoid cover may, within three years of issuing it, elect not to avoid it, but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

Worldwide cover

Once your policy is issued, subject to any specific exclusions, it will cover you 24 hours a day, wherever you are in the world.

Guaranteed renewable

If you pay your premiums and comply with the policy conditions, the policy is guaranteed renewable up until the policy expiry date (for an electronic application via our online application facility, the policy conditions include the requirement to provide us with a signed Confirmation of Electronic Application and Personal Statement within 30 days of the date the policy started). This means that we will not cancel the policy or increase the premium because of the number of claims you make or any change to your state of health, occupation or pastimes.

Upgrade provision

If we introduce future versions of these policies, we will upgrade all policies in a group to include the improved terms and conditions within a reasonable time frame, but only if no policy in that group will be disadvantaged. You do not have to take advantage of any upgrade in your benefits.

Improved terms and conditions may not apply to any pre-existing conditions when the improvement took place.

How do you make a claim?

You should notify us of any claims within three months of the event occurring.

If you need to make a claim, you can either contact your adviser, or call our Claims Assist Line on **1800 221 516**. We will direct your call to a case manager who will be responsible for managing your claim.

After the initial discussion, we will send you a Claims Kit. Depending on the type of claim, this kit may contain:

- details of the claims management process
- answers to commonly asked questions
- forms that are relevant to your situation, and
- our requirements for assessing the claim.

Once the case manager has received and assessed all the relevant information we will decide whether to accept or decline the claim, and advise you promptly of our decision.

Our claims philosophy is simple, we pay all genuine and valid claims as soon as possible after we have received and assessed all the necessary documentation.

Important information (continued)

How do you ask us to make changes?

At some stage you may need to change your personal details. All you need to do is notify one of our Customer Service Consultants in writing at the mailing address on the inside front cover of this PDS.

You may also want to increase your existing cover to reflect your changing needs. To do this you should speak to your adviser, or phone one of our Customer Service Consultants who will be pleased to send you an application for an increase in cover.

Enquiries

The Trustee/CMLA is obliged to provide you with any information you reasonably require to understand your benefit entitlements.

If you require further information about CommInsure Protection, require assistance in understanding your benefit entitlements or have any other enquiries please contact one of our Customer Service Consultants on **13 10 56** between 8am and 8pm (Sydney time), Monday to Friday.

What to do if you have a complaint

Most problems can be resolved quickly and simply by talking with us. You can call one of our Customer Service Consultants on **13 10 56** between 8am and 8pm (Sydney time), Monday to Friday, to get help resolving your problem.

If you wish, you may also lodge your complaint in writing.

Please send your written complaint to:

Complaints Manager
Customer Relations
Commonwealth Bank Group
Reply Paid 41
Sydney NSW 2001

Please mark your letter 'Notice of Complaint'.

Upon receipt of your complaint, the Complaints Manager will investigate the cause of your concern and respond to you as quickly as possible. If the matter cannot be resolved quickly, you will be kept informed of progress.

If you are not satisfied with the handling of your complaint or the decision, you may have the right to lodge a complaint with the Superannuation Complaints Tribunal (SCT) for cover inside super, or the Financial Ombudsman Service Limited (FOS) for cover outside super.

When you make a complaint to us we will:

- acknowledge your complaint and make sure we understand the issues
- do everything we can to fix the problem
- keep you informed of our progress
- keep a record of your complaint
- give you our name, a reference number and contact details so that you can follow up if you want to; and
- provide a final response within 45 days for non superannuation product and 90 days for superannuation products.

If we are unable to provide a final response to your complaint within the relevant period, we will:

- inform you of the reasons for the delay;
- advise of your right to complain to the relevant external dispute body and
- provide you with the contact details for the relevant external complaints body.

External dispute resolution

Superannuation Complaints Tribunal (SCT)

The SCT is a Commonwealth body that deals with complaints about superannuation. If you are not satisfied with our handling of your complaint or our decision, you may have the right to lodge a complaint with the Superannuation Complaints Tribunal.

Before the SCT has jurisdiction to deal with the matter, it must be satisfied that the complaint was referred to an appropriate person under our internal enquiries and complaints arrangements. The SCT cannot deal with your complaint until you have made reasonable efforts to have the complaint resolved by the Fund. If, after you have made a complaint to the Fund, you are not satisfied with the response, or do not receive a response, within 90 days, you can then lodge a complaint with the SCT.

The SCT cannot deal with certain matters for example, decisions that relate to the management of the Fund as a whole, such as investment performance, the level of fees and charges or employer decisions. If the SCT accepts the complaint, it will attempt to resolve the matter through conciliation. If a complaint cannot be resolved by conciliation and has not been withdrawn by the Tribunal, it proceeds to Review. This means the Tribunal will consider submissions and make a decision to determine the outcome of the complaint. To contact the SCT, you can telephone 1300 884 114 between 9 am and 5 pm (Sydney time), Monday to Friday from anywhere in Australia. Alternatively, visit their website at www.sct.gov.au

Financial Ombudsman Service Limited (FOS)

If you are not happy with the response we provide, you may refer your complaint to the Financial Ombudsman Service (FOS). FOS offers a free, independent dispute resolution service for the Australian banking, insurance and investment industries. FOS will advise you of any complaints it cannot consider when you contact it. You can contact FOS on 1300 780 808, or by writing to Financial Ombudsman Service, GPO Box 3, Melbourne, VIC 3001, or online at www.fos.org.au

Privacy of personal information

Collection and verification of customer information

'Customer information' is information about a customer. It includes personal information such as name, age, gender, contact details as well as your health and financial information.

The law requires CMLA and the Trustee to identify its customers. CMLA and the Trustee do this by collecting and verifying information about you. CMLA and the Trustee may also collect and verify information about persons who act on your behalf. The collection and verification of information helps to protect against identity theft, money-laundering and other illegal activities.

CMLA and the Trustee use your customer information to manage their relationship with you, provide you with the products and services you request and also tell you about the products and services offered by the Commonwealth Bank Group (Group), affiliated providers and external providers for whom CMLA or the Trustee act as agent. If you have given CMLA or the Trustee your electronic contact details, they may provide marketing information to you electronically.

The collection and verification of customer information may be carried out in different ways and CMLA and the Trustee will advise you of the most acceptable methods of doing this. CMLA and the Trustee may disclose your customer information in carrying out verification – e.g. CMLA and the Trustee may refer to public records to verify information and documentation, or CMLA and the Trustee may verify with an employer that the information you have given is accurate.

CMLA and the Trustee may collect and verify your full name, date of birth and residential address. If you are commonly known by two or more different names, you must give CMLA and the Trustee full details of your other name or names.

In addition, during your relationship with CMLA and the Trustee, they may also seek and collect further information about you and about your dealings with them.

You must provide CMLA and the Trustee with accurate and complete information. If you do not, you may be in breach of the law and also CMLA and the Trustee may not be able to provide you with products and services that best suit your needs.

Protecting customer information

CMLA and the Trustee comply with the National Privacy Principles as incorporated into the *Privacy Act 1988 (Cth)*.

CMLA and the Trustee disclose customer information to other members of the Group (including overseas members), so that the Group may have an integrated view of its customers and facilitate the integrated treatment of its customers. It also enables other members of the Group to provide you with information on their products and services.

Other disclosures

So that CMLA and the Trustee can manage their relationships, customer information may be disclosed to:

- your employer (if any, to the extent required to assist your employer to meet their obligations);
- brokers and agents who refer your business to CMLA and the Trustee;
- any person acting on your behalf, including your financial advisor, solicitor, settlement agent, accountant, executor, administrator, trustee, guardian or attorney;
- medical practitioners (to verify or clarify, if necessary, any health information you may provide), claims investigators and reinsurers (so that any claim you make can be assessed and managed), insurance reference agencies (where CMLA is considering whether to accept a proposal of insurance from you and, if so, on what terms);
- organisations to whom CMLA or the Trustee may outsource certain functions.

In all circumstances where CMLA's or the Trustee's contractors, agents and outsourced service providers become aware of customer information, confidentiality arrangements apply. Customer information may only be used by CMLA's or the Trustee's agents, contractors and outsourced service providers for their purposes.

CMLA and the Trustee may be required to disclose customer information by law, e.g. under Court Orders or Statutory Notices pursuant to taxation or social security laws or under laws relating to sanctions, anti-money laundering or counter terrorism financing.

The Group may send customer information overseas if:

- that is necessary to complete a transaction; or
- the Group outsources certain functions overseas.

The Group may also be permitted, as distinct from required, to disclose information in other circumstances.

Access to your personal information

The law allows you (subject to permitted exceptions) to access your personal information. You can do this by contacting the Group as follows:

Email: CustomerRelations@cba.com.au
Phone: 1800 805 605*
Write to: Customer Relations Commonwealth Bank
Reply Paid 41
Sydney NSW 2001

The Group may charge you for providing access to your personal information.

*A free call unless made from a mobile phone, which will be charged at the applicable mobile rate.

Further information

For further information on the Group's privacy and information handling practices, please refer to the Group's Privacy Policy, which is available at commbank.com.au upon request or at any Commonwealth Bank branch.

Changes to this PDS

The information in this PDS is up-to-date as at the preparation date stated on the front cover of this PDS, but is subject to change from time to time. Where a change of information is not materially adverse, CMLA and the Trustee may not issue a new PDS or a supplementary PDS for new customers.

However, you will be able to find the updated information on the Commlnsure web site commlnsure.com.au/downloads.aspx or you can call **13 10 56** between 8 am and 8 pm (Sydney time) Monday to Friday. If you request a paper copy of the information, CMLA and the Trustee will send it to you free of charge.

How to contact one of our Customer Service Consultants

Our Customer Service Consultants are available on **13 10 56** between the hours of 8 am and 8 pm (Sydney time), Monday to Friday.

Section 5

Additional information about insurance inside super

IN 

This section contains additional information about how your insurance works if it is in the superannuation environment.

About Colonial Super Retirement Fund – Protection Category of membership

The Colonial Super Retirement Fund (the Fund) is a public offer superannuation fund and is designed for employed people who wish to save for their retirement.

The Protection Category is a category of membership within the Fund and is designed for persons who are self-employed, employed or eligible spouses, who wish to obtain life and disability insurance cover.

The Protection Category provides insurance benefits only and has no savings component. When you join the Fund in the Protection Category of membership, the Trustee purchases a Total Care Plan Super Policy (the Policy) on your behalf from the Insurer.

Paying your Total Care Plan Super premiums

Personal or employer contributions

If your Total Care Plan Super premiums are being paid with employer or personal contributions, you must be eligible to contribute to superannuation. Your Total Care Plan Super contributions (premiums) are used by the Trustee to pay insurance premiums for you. Generally, the Trustee can only accept contributions to the Fund in the following circumstances:

If you are:	The Trustee may accept:
Under 65 years	<ul style="list-style-type: none"> compulsory employer contributions (i.e. superannuation guarantee, award) and other employer or personal contributions.
65 years to under 70 years	<ul style="list-style-type: none"> compulsory employer contributions (i.e. superannuation guarantee, award) and other employer or personal contributions if you are gainfully employed for at least 40 hours in a period of not more than 30 consecutive days in the financial year in which the contributions were made.
70 years to under 75 years	<ul style="list-style-type: none"> compulsory employer contributions (i.e. award) and other employer or personal contributions made by you if you are gainfully employed for at least 40 hours in a period of not more than 30 consecutive days in the financial year in which the contributions were made.
75 years and over	<ul style="list-style-type: none"> compulsory employer contributions (i.e. award).

Transfers from a complying super fund

Transfers or rollovers from selected complying super funds can be used to pay your Total Care Plan Super premiums. You will be required to complete an authorisation form which allows CommInsure to act on your behalf to transfer money annually from the super fund. Transfers or rollovers cannot be used to pay for premiums other than annually and we will only accept rollovers that are from a taxed source.

CommInsure will only be authorised to request an amount from your super fund which is equal to the annual premium due. The authorisation form will be a standing order and will apply to the first and all subsequent transfers, until such time as you withdraw it in writing and nominate another method of payment or cancel your cover.

For more information about which selected super funds we will accept transfers from to pay premiums, contact our Customer Service Consultants on **13 10 56** between 8 am and 8 pm (Sydney time), Monday to Friday.

Renewal Reward

A renewal reward applies if you pay your Total Care Plan Super annual premium with money rolled over or transferred from a complying super fund (as outlined in this Section). The 15% renewal reward is calculated based on the annual premium paid in the previous year with a rollover or transfer (and any renewal reward applied in that previous year). The renewal reward is applied to the premium due at the next premium due date. This reduces the amount you need to pay.

For example, if the total annual premium of \$1,000 for the first policy year was paid using money from a rollover or transfer and the total annual premium for the second policy year is \$1,500, then a 15% or \$150 reward (i.e. 15% x \$1,000) will apply. This \$150 renewal reward will be applied to your next annual premium due of \$1,500 so as to reduce it to \$1,350.

If, however, only \$600 of the first policy year's annual premium was paid using money from a rollover or transfer, then the renewal reward available would be \$600 x 15% = \$90.

If the balance of the premium for the next year is not paid as an annual amount on the premium due date, the renewal reward will not apply. The reward has no cash value and will not be carried forward.

The renewal reward may be withdrawn or changed at any time.

Restrictions on access to benefits

If a benefit is payable under Total Care Plan Super, we will pay it to the Trustee (the policy owner). The benefit will remain preserved in the Fund until the Trustee can pay the benefit in accordance with the Fund Trust Deed and superannuation law.

Interest will accrue on insurance benefits from the date we admit liability under the policy to the date the Trustee pays or transfers the benefit from the Fund. The rate of interest will be that provided for under the Insurance Contracts Act.

Payment of a Terminal Illness benefit

For a Terminal Illness benefit to be released, you must have a terminal medical condition which means two medical practitioners (either jointly or separately) certify that you are suffering from an illness, or have incurred an injury, that is likely to result in your death within 12 months after the date of certification. At least one of the registered medical practitioners must be a specialist practising in an area related to the illness or injury suffered by you. The terminal medical condition certificate is valid for 12 months from the certification date.

Additional information about insurance inside super (continued)

Payment of a TPD Cover benefit

For a TPD Cover benefit to be released, you must be 'permanently incapacitated' which means the Trustee is reasonably satisfied that due to ill-health (whether physical or mental) you are unlikely to engage in gainful employment for which you are reasonably qualified by education, training or experience. Any TPD Cover benefits which cannot be released by the Trustee will remain in the superannuation environment until you satisfy a condition of release.

Payment of Income Protection benefits

For Income Protection benefits to be released, you must be 'temporarily incapacitated' which means you are not permanently incapacitated (as defined above) but due to ill-health (whether physical or mental) you have ceased to be gainfully employed. Additionally, income protection benefits can only be paid to you if they are for the purpose of continuing all or part of the gain or reward you were receiving before your incapacity. Also, benefits can only be paid while you are incapable of engaging in the kind of employment you engaged in immediately before your incapacity.

If, for example, the income you were receiving before your disability is less than the monthly benefit payable by Commlnsure under the policy, the Trustee will only be able to pay you the part of the monthly benefit which does not exceed your pre-disability income. Any income protection benefits which cannot be released to you will remain in the superannuation environment until you satisfy another condition of release.

What happens when benefits are restricted under super?

If the Trustee determines that a benefit paid under Total Care Plan Super cannot be released from the Fund or determines that you can access the benefit but you choose not to, you can transfer the benefit to another complying superannuation arrangement of your choice.

If you don't choose one of these options within 45 days of the Trustee's determination, the Trustee will transfer the benefit to SuperTrace Eligible Rollover Fund ABN 73 703 878 235 (SuperTrace). Please refer to page 52 for information on SuperTrace.

Other conditions of release

If you cannot access your Total Care Plan Super benefits because you do not suffer from a terminal medical condition or are not permanently or temporarily incapacitated, as explained above, you will not normally be able to receive your benefits until you either reach age 65 or reach your preservation age and have permanently retired.

This table shows preservation ages as determined by your date of birth:

Date of birth	Preservation age
Before 1 July 1960	55
1 July 1960 to 30 June 1961	56
1 July 1961 to 30 June 1962	57
1 July 1962 to 30 June 1963	58
1 July 1963 to 30 June 1964	59
1 July 1964 or after	60

You can withdraw preserved money in other limited circumstances, including:

- if you have reached age 60 and an arrangement under which you were gainfully employed has come to an end
- if you die
- if the Trustee believes you satisfy the severe financial hardship criteria after meeting a number of regulatory requirements
- if the Department of Human Services approves payment on specified compassionate grounds, or
- other circumstances which are approved by the Australian Prudential Regulation Authority (APRA).

You can transfer preserved amounts to another complying superannuation arrangement which will continue to preserve these amounts.

Conditions of release for temporary residents

If you are or were a temporary resident, you can withdraw preserved benefits if:

- you were a temporary resident who has left Australia, your visa has expired and you are not a New Zealand citizen
- you die
- you have become permanently incapacitated
- you suffer from a terminal medical condition.

Payment of a death benefit

If you die while you are a member of the Fund and a Life Care benefit is payable on your death, the Trustee may pay the benefit as a lump sum or as a pension.

If you made a valid binding nomination, any death benefit will be paid as a lump sum or pension to the person/s you nominate (see right column).

If you:

- made a non-binding nomination
- made a binding nomination that is invalid at the date of your death (see right column), or
- did not make a nomination at all:

The Trustee will pay any death benefit as a lump sum or pension, to your dependant/s (as defined in the Trust Deed) and/or as a lump sum to your legal personal representative (the executor or administrator of your estate), as determined by the Trustee. This is called the 'Default Option'.

Under the Fund Trust Deed, a dependant includes:

- a spouse, including a person (whether of the same or a different sex) with whom you are living on a genuine domestic basis in a relationship as a couple and a person with whom you are in a relationship registered under State or Territory law
- a child of any age (including an adopted child, step child or an ex-nuptial child, a child of your spouse and your child within the meaning of the Family Law Act 1975)
- a person with whom you have an interdependency relationship
- a person financially dependent on you.

Under superannuation law, an 'interdependency relationship' will exist where two people (whether or not related by family) meet all of the following conditions:

- they have a close personal relationship
- they live together
- one or each of them provides the other with financial support, and
- one or each of them provides the other with domestic support and personal care.

There may also be an interdependency relationship where two people have a close personal relationship and either or both of them suffer from a physical, intellectual or psychiatric disability. In this circumstance, there is no requirement for cohabitation or for provision of financial or domestic support.

Non-binding nomination

If you make a non-binding nomination, the Trustee will consider your nomination but is not bound to pay the death benefit in accordance with it. Under a non-binding nomination, the Trustee has an overriding discretion to pay the death benefit in the way it decides, which could be to your dependant/s (as defined in the Trust Deed) or legal personal representative or a combination of both.

If you want to make a non-binding nomination, you need to either:

- complete and forward to the Trustee the 'Non-binding nomination' section of the application form which accompanies this PDS or
- if you are applying for insurance electronically via our online application facility, complete, sign and forward to the Trustee the Nomination of Beneficiary form we provide to you for this purpose.

You can nominate the dependant/s whom you would like to receive any death benefit paid or you can choose your legal personal representative or a combination of your dependant/s and your legal personal representative. Any nomination you make this way is not binding on the Trustee.

It is essential that the people you nominate as beneficiary/ies are dependant/s in terms of the Fund Trust Deed and that you keep any nomination up-to-date if your personal circumstances change. You can change your nomination at any time. The Trustee will rely on the information you provide for the identity, age and existence of your dependant/s.

If you have a non-binding nomination in place and you subsequently make a valid binding nomination, your binding nomination will automatically supersede your non-binding nomination.

Important – electronic applications

If you are applying for insurance electronically through our online application facility, your nomination will not be established or be valid until:

- the Trustee receives a completed and signed Nomination of Beneficiary form at its principal office of administration, and
- you receive formal confirmation that the Trustees have accepted the nomination.

Merely completing the details via our online application facility does not constitute a valid nomination.

Binding nomination

If you make a valid binding nomination, the Trustee is required to pay your death benefit to the people you nominate. This means that a binding nomination gives you greater certainty than a non-binding nomination about who will receive your benefit when you die.

Additional information about insurance inside super (continued)

A binding nomination involves certain formalities and, to ensure you make a valid nomination, you must comply with the following requirements:

- your nomination must be in writing
- a person you nominate must be either your dependant (as defined in the Fund Trust Deed) or your legal personal representative
- you must clearly specify the full name, address, date of birth and relationship of the person or people you nominate
- you must clearly specify the percentage of the total death benefit which is to be paid to each person you nominate and the percentages you specify must total 100%
- you must sign and date your nomination in the presence of two witnesses aged 18 and over who are not people you nominate to receive the death benefit
- your nomination must contain a declaration signed and dated by the witnesses stating that they were in your presence when you signed your nomination
- your nomination must be less than three years old at the time of your death, and
- your nomination must be given to the Trustee.

If you wish to make a binding nomination, you need to either:

- complete and forward to the Trustee the 'Binding nomination' section of the Application form which accompanies this PDS or
- if you are applying for cover inside super electronically via our online application facility, complete, sign, have witnessed and forward to the Trustee the Nomination of Beneficiary form we provide to you for this purpose.

To ensure your binding nomination remains valid, it must be renewed or updated at least once every three years. To assist you in doing this, the Trustee will send you a form every year with your annual statement and just prior to the expiry of your most recent nomination. Alternatively you can obtain a form at any time by calling one of our Customer Service Consultants (details are on the inside back cover of this PDS) or speaking to your adviser. It is important to keep your binding nomination up-to-date as your personal circumstances change.

You can cancel your binding nomination at any time. If you want to do this, you should call one of our Customer Service Consultants or speak to your adviser. If you wish to make a non-binding nomination in place of your binding nomination, you must first cancel your binding nomination. If you don't do this, your new non-binding nomination will be ineffective. If, on the other hand, you have a non-binding nomination in place and you subsequently make a valid binding nomination, your binding nomination will automatically supersede your non-binding nomination.

If your binding nomination is invalid for any reason when you die, the Trustee will pay the death benefit in accordance with the Default Option (see page 49). Examples of situations where your nomination will be invalid include:

- failure to comply with the relevant requirements for making the nomination
- the binding nomination has expired and has not been renewed
- any of the persons nominated predecease you or are no longer a dependant.

Important – electronic applications

If you are applying for insurance electronically through our online application facility, your nomination will not be established or be valid until:

- the Trustee receives at its principal office of administration, a Nomination of Beneficiary form completed and signed in the presence of two witnesses, and
- you receive formal confirmation that the Trustee has accepted the nomination.

Merely completing the details via our online application facility does not constitute a valid nomination.

Nominate the form of your death benefit payment

If you make a binding or non-binding death benefit nomination, you can also nominate to the Trustee the form in which you would like your death benefit paid to your dependant/s – that is, as a lump sum or pension or both.

If you make such a nomination, the Trustee will consider it but is not bound by it. The Trustee has overriding discretion to pay the death benefit in the form it decides, which could be as a lump sum or pension or both. If the Trustee pays the death benefit to your legal personal representative, it will be paid as a lump sum.

You can change or cancel your nomination at any time.

If your death benefit is paid as a pension, it will be paid from Colonial Select Allocated Pension, a category of membership in the Colonial Super Retirement Fund and the fees and charges applicable to that pension product will apply. Details of the pension will be provided when the pension starts, but you can obtain a copy of the Colonial Select Allocated Pension PDS by calling one of our Customer Service Consultants on **1800 552 660**.

If more than one person is to receive pension payments, the Trustee will provide a separate pension for each person.

If you nominate your child as a recipient of your death benefit, by law we can only pay a benefit to your child as a pension if they:

- are under age 18
- are under age 25 and financially dependent on you, or
- have a certain type of disability.

If your child's circumstances change and they no longer meet the above requirements, the Trustee will be required to pay your benefit to them as a lump sum.

If pension payments are to be made to a minor child, you need to indicate how the payments are to be made. The payments can be paid either to a bank account in the name of the minor child or to a bank account held in trust for the minor child.

You must also indicate the name of the person who will hold the account in trust for the minor child. If the Trustee can't pay the pension to a minor child in the normal way for any reason, it will make the payments to a trustee (which may include the Public Trustee) in trust for the minor child.

Continuation Option

If you have Life, Income Protection and TPD inside of super you can choose to replace it with cover outside of super by using the Continuation Option.

When replacing the cover, you won't need to give us medical evidence if you satisfy the following requirements:

- you replace your cover inside super while it is still in force
- for cover issued pursuant to an electronic application through our online application facility, you give us a Confirmation of Electronic Application and Personal Statement in the form required by us
- your age is 74 years or less for Life and 59 years or less for TPD and income protection.

If you want to take up this continuation option please contact your adviser or one of our Customer Service Consultants (details are on the inside back cover of this PDS).

What information will we send you?

When the Trustee accepts your Application we will send you a copy of the Policy Document held by the Trustee on your behalf. You should read this carefully.

If there are any changes to your cover inside super that are materially adverse to you, the Trustee will notify you of the change in writing.

While your cover is in force, you will be kept regularly informed about your cover.

As at 30 June each year we will send you:

- an Annual Statement which shows full details of the insurance cover under the Policy and any changes to contributions (premiums) and the policy fee
- with your Annual Statement, a form allowing you to renew or update your binding death benefit nominations. See 'Payment of a death benefit' on page 49.

An Annual report to members will be made available to you which provides information on the management of the Fund.

Providing your Tax File Number (TFN)

Member contributions

While it is not an offence to withhold your TFN from the Trustee, superannuation legislation prevents the Trustee from accepting member contributions unless it has your TFN. Member contributions include all personal contributions you make and contributions made by any person on your behalf other than your employer.

If the Trustee does not hold your TFN, any member contribution received for your benefit will be held for 30 days to give you an opportunity to provide the Trustee with your TFN. If the Trustee doesn't receive your TFN within 30 days, the contribution will be refunded to the payer.

Employer contributions

While it is not an offence to withhold your TFN from the Trustee, if an employer makes a contribution and the Trustee does not have your TFN, the Trustee will be unable to arrange insurance cover for you. This is because if the Trustee does not have your TFN, provision will have to be made from that contribution to cover the additional tax payable on the employer contribution and the balance of the contribution will not be enough to pay the premium for insurance cover.

Therefore, if the Trustee does not hold your TFN, any employer contribution received for your benefit will be held for 30 days to give you or your employer an opportunity to provide the Trustee with your TFN. If your TFN is not provided within 30 days, the contribution will be refunded to your employer.

The Trustee

The Trustee is the holder of a Registrable Superannuation Entity (RSE) Licence under the Superannuation Industry (Supervision) Act 1993 (SIS). Your membership of the Fund is governed by SIS.

The Trustee, as a member of the Commonwealth Bank Group, is covered under the Group's 'Directors and Officers' indemnity and 'Professional' indemnity insurance policies. These policies maintain adequate cover to protect the interests of members.

The Trustee is responsible for holding the Fund's assets and looking after your rights. The Trustee must act according to the rules of the Fund as set out in the Trust Deed, general law and in compliance with SIS.

The rules governing the Fund are contained in the Trust Deed, which sets out the rights and obligations of the Trustee and members. A copy of the Trust Deed and the Risk Management Strategy & Plan for the Fund is available on written request to one of our Customer Service Consultants (see inside front cover of the PDS).

The Trust Deed may be changed at any time. However, any changes that may adversely affect you can generally only be made if:

- it is permitted by SIS, or
- all affected members agree to the change.

If a change is made to the Trust Deed that affects you, we will advise you.

Additional information about insurance inside super (continued)

Selected Eligible Rollover Fund

The Trustee has selected SuperTrace Eligible Rollover Fund (SuperTrace) as the fund to which member benefits will be transferred in certain circumstances. Member benefits may be transferred if:

- the Trustee loses contact with you, or
- where required, you do not elect to transfer your benefits to another superannuation fund, or
- there is a premium refund in circumstances where cover, that you applied for electronically via our online application facility, ended because you did not give us the Confirmation of Electronic Application and Personal Statement within the required 30 day period

SuperTrace is part of the Commonwealth Bank Group's range of products and is administered by us. The trustee of SuperTrace is Colonial Mutual Superannuation Pty Ltd.

If you are transferred to SuperTrace, you cease to be a member of the Fund and become a member of SuperTrace and will be subject to SuperTrace's governing rules. Please refer to the 'Continuation Option' section on page 51 for information about the continuation of your insurance cover.

You should note

- SuperTrace will apply a different fee structure. In SuperTrace, a management cost will apply. In addition, a benefit payment fee is deducted for each withdrawal, subject to member protection provisions. You should refer to the PDS for SuperTrace for more details.
- SuperTrace has a low risk investment approach. You will need to consider whether this is appropriate to your circumstances at the time of transfer to SuperTrace.
- SuperTrace does not offer insured benefits if you die or are disabled.

Contact details for SuperTrace

If you would like a copy of the PDS for SuperTrace please contact a Customer Service Representative at:

SuperTrace
Locked Bag 5429
Parramatta NSW 2124

Phone: 1300 788 750
Facsimile: 1300 700 353

Family law

Family law legislation allows the superannuation of married and de facto (including same sex) couples that have divorced or separated to be divided (however, provisions of this legislation do not extend to Western Australia in respect of terminating de-facto or same sex relationships).

The legislation allows the following key Family Law process to occur in relation to your super:

Information request

This is a written request for information about your super and is used to determine the value of the superannuation asset. This request may be made by you, your spouse (including a de facto spouse) or a person intending to enter a superannuation agreement with you (such as a pre-nuptial agreement). The response to an information request will only be issued to the requestor. If a request is received from your spouse or intending spouse, the legislation states that you must not be informed of the request.

Payment flag

A payment flag may be placed on your superannuation through an agreement by you and your spouse or through a court order. The presence of this flag requires the Trustee to prevent certain types of withdrawals being made from your superannuation.

Splitting instructions

Splitting instructions specify how your superannuation is to be divided. This may be expressed as a dollar amount or as a percentage. These splitting instructions may be made in the form of a superannuation agreement between you and your spouse or by court order. In both cases, valid instructions will be binding on the Trustee.

The Trustee will be able to take action to separate your spouse's entitlement from your superannuation entitlement following receipt of valid splitting instructions.

The Trustee will ask your spouse to tell it where to send their entitlement.

If the spouse does not provide instructions within a specified time frame, their entitlement will be transferred to SuperTrace.

The provisions of the family law legislation allow for the charging of reasonable fees for the administration of family law transactions. We have decided not to charge fees at this time, however you will be notified if a decision is made to introduce fees for transactions in the future.

For full details about the effect of family law on your superannuation, please contact your financial adviser or simply call **1300 730 324** between 9 am and 5 pm (Sydney time), Monday to Friday.

Anti-Money Laundering and Counter-Terrorism Financing laws

These laws establish a regulatory regime to combat money laundering and the financing of terrorism. They impose significant new obligations upon the Trustee of the Fund who is required to comply with these laws, including the need to establish your identity (and if relevant, the identity of a beneficiary and other persons associated with your membership).

Additionally, from time to time, the Trustee may require additional information to assist with this process. You will be notified if the Trustee needs to establish your identity or if we require further information.

The Trustee may be required to report information about you to the relevant authorities and may not be able to tell you when this occurs. The Trustee may not be able to transact with you or other persons. This may include delaying, blocking, freezing, or refusing to process a transaction. This may impact on your benefit and could result in a loss of that benefit.

Section 6

How to apply

OUT  IN 

You can apply for cover by:

- completing and forwarding to us the current Commlnsure Protection application form which accompanies this PDS, or
- completing and submitting an application electronically via our online application facility (available through your financial adviser).

If you are completing the forms accompanying the PDS, please use the checklist on the front of the application to make sure that you fill in all the information we need to process your application as soon as possible.

If you are completing an electronic application via our online facility, your adviser will explain what information is required to process your application.

Premium quote

Your adviser will give you a premium quote based on the cover you have selected.

Additional information

Depending on what type of cover you are applying for, and how much cover you want, you may need to provide us with some financial information or we may require you to undergo medical tests. Your adviser will be able to explain any additional requirements to you.

What happens next?

When you apply for insurance, you will undergo a certain amount of screening (known as 'underwriting'). What this involves depends on a number of factors, including how much cover you apply for. We then review your income details, health, occupation, pastimes and other factors to determine whether you are applying for an appropriate amount of cover, and whether we think you have a higher than average chance of making a claim. We use this information, along with the choices you make concerning your insurance, to determine the premium.

Try always to provide more information than less where you can. We want to get a good picture of your situation, so any extra detail you can give us is useful. In some cases, we will require more information to help make an accurate assessment; while in other cases we may have to exclude some dangerous pastimes or health problems in order to offer cover for all other situations. Brief answers will generally result in more information being requested and a delay in processing the application.

If the application is accepted we will send you a:

- Policy Document which sets out the terms and conditions of your cover
- Policy Schedule, which is an individual summary of how much cover you have, and what selections you have made.

The insurance cover will commence from the date you are advised that the application for cover has been accepted.

The 28-day cooling-off period begins from the date the Policy Document and Schedule is sent to you (see 'Cooling-off Period' in this PDS).

When you receive your policy document please ensure that you read and understand the policy terms and conditions.

Important – electronic applications

If you apply electronically via our online application facility, you must provide a Confirmation of Electronic Application and Personal Statement to us within 30 days of your cover commencing. Failure to do this will result in your cover ending. The Confirmation must be provided in the form we require.

If you have taken your insurance inside of super, and your cover ends, any refund of premiums will be subject to superannuation law and the deduction of applicable tax. Premium refunds will be transferred to SuperTrace.

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Interim Accident Cover Certificate

CommInsure Protection

Income Care, Income Care Plus
and Business Overheads Cover

Application date

The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 (CMLA)

Name of life to be insured 1

Name of life to be insured 2

Name of policy owner 1

Name of policy owner 2

We provide interim accident cover (cover) while we are considering your application for Income Care, Income Care Plus or Business Overheads Cover.

Cover is provided on the terms and conditions set out in this Interim Accident Cover Certificate. You do not have to pay an extra premium for this cover. To the extent that they are relevant, the conditions relating to payment of a claim in the Income Care, Income Care Plus or Business Overheads Cover policy you applied for, apply to your cover.

This cover does not apply to you:

- if the Income Care, Income Care Plus or Business Overheads Cover policy you are applying for is intended to replace another policy you have with CMLA, or
- if, at the time this certificate is issued, cover of the same type exists in respect of the life to be insured and that cover relates to an application for a policy which is the same as, or similar to, the policy the subject of the application to which this cover relates.

1 Commencement of cover

Cover commences on the date CMLA receives at its office your fully completed application and a cheque in payment of the first premium or, if premium payment is not by cheque, an effective direct debit request/credit card authority. Cover is subject to your premium payment being credited to CMLA by the relevant financial institution.

2 Period of cover

Your cover will automatically end on the earliest of the following dates:

- 90 days from the date this cover commences
- the date we accept your application on standard or special terms
- the date we decline your application
- the date your application is withdrawn, and
- the date we advise you that this cover is cancelled.

3 Monthly accident benefit

Income Care/Income Care Plus

If your application is for Income Care or Income Care Plus, we will, on a monthly basis, pay you a monthly accident benefit if the life to be insured suffers total disability as a result of an accident. We will start paying the monthly accident benefit if total disability as a result of the same accident continues after the waiting period selected in your application for the relevant policy, and the benefit will only be paid for the period of total disability or six months, whichever is the lesser. The monthly accident benefit is payable for only one period of total disability and is not payable for any subsequent period.

The monthly accident benefit in this case is the lesser of the following amounts:

- \$5,000
- the total of the monthly benefit and any super continuance monthly benefit you applied for in your application for the relevant policy in respect of the life to be insured
- the total of the monthly benefit and any super continuance monthly benefit which would normally be offered by us based on underwriting rules.

Business Overheads Cover

If your application is for Business Overheads Cover, we will, on a monthly basis, pay you a monthly accident benefit if the life to be insured suffers total disability as a result of an accident. We will start paying the monthly accident benefit if total disability as a result of the same accident continues after the waiting period selected in your Business Overheads Cover application, and the benefit will only be paid for the period of total disability or six months, whichever is the lesser. The monthly accident benefit is payable for only one period of total disability and is not payable for any subsequent period.

Continued overleaf.

This certificate must be retained by the applicant/life to be insured.

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Please fold along perforation to assist in detaching form.

Interim Accident Cover Certificate

The monthly accident benefit in this case is the lesser of the following amounts:

- \$5,000
- the business overheads monthly benefit you applied for in your application for the policy in respect of the life to be insured
- the business overheads monthly benefit which would normally be offered by us based on underwriting rules.

We will pay the monthly accident benefit in the month immediately following the month during which you became entitled to it. Where the benefit is payable for part of a month, the monthly accident benefit is divided by 30 to arrive at a daily benefit.

4 Definitions

For the purposes of this cover:

- 'accident' means bodily injury caused solely and directly by accidental and visible means, independent of any other cause and which occurs while this cover applies
- 'total disability' has, to the extent relevant, the meaning set out in the policy you applied for, but must be the result of an accident
- 'waiting period' is the waiting period you selected in your application for the relevant policy and otherwise has, to the extent relevant, the meaning set out in that policy.

5 Exclusions

A monthly accident benefit will not be paid under this cover if the total disability is caused directly or indirectly by:

- suicide or any attempt at suicide
- self-inflicted injury or infection
- the taking of drugs other than prescribed by a medical practitioner
- the taking of alcohol
- an injury the life to be insured suffers while outside of Australia
- a physical condition which you knew about before this cover commenced
- engaging in any pursuit or occupation that we would not normally cover on standard terms
- participation in criminal activity
- an act of war (whether declared or not).

6 Application for insurance

If you are eligible to make a claim under this cover, it may not prevent your application from being accepted. However, we will take into account the change in the health of the life to be insured when assessing your application and we may decline your application or apply special loadings, conditions and exclusions.

Name of adviser

Signature of adviser

Date

Interim Accident Cover Certificate

CommInsure Protection Total Care Plan and Total Care Plan Super (including Income Care Super)

The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 (CMLA)

Application date

Name of life to be insured 1

Name of policy owner 1

Name of child life to be insured 1

Name of life to be insured 2

Name of policy owner 2

Name of child life to be insured 2

We provide interim accident cover (cover) while we are considering your application for Total Care Plan and/or Total Care Plan Super.

The circumstances in which we will pay a benefit under this cover and the amount of the benefit vary according to the benefits you applied for in your application.

Cover is provided on the terms and conditions set out in this Interim Accident Cover Certificate. You do not have to pay an extra premium for this cover. To the extent that they are relevant, the conditions in the Total Care Plan and/or Total Care Plan Super policy you applied for relating to payment of a claim apply to your cover.

This cover does not apply to you if the cover you are applying for is intended to replace other cover you have with CMLA.

Also, the income protection cover set out in paragraph 4 of this certificate does not apply to you if, at the time this certificate is issued, cover of the same type exists in the respect of life to be insured and that cover relates to an application for income protection cover which is the same as, or similar to, Income Care Super cover.

A lump sum benefit is payable only once under this cover.

1 Commencement of cover

Cover commences on the date CMLA receives at its office your fully completed application and a cheque in payment of the first premium or, if premium payment is not by cheque, an effective direct debit request/credit card authority or rollover authority. Cover is subject to your premium payment being credited to CMLA by the relevant financial institution or superannuation fund.

2 Period of cover

Your cover will automatically end on the earliest of the following dates:

- 90 days from the date this cover commences
- the date we accept your application on standard or special terms or decline your application
- the date your application is withdrawn, and
- the date we advise you that this cover is cancelled.

3 Lump sum benefits

Life Care

If you applied for Life Care, we will pay a benefit if the life to be insured dies as a result of an accident. Death must occur within 90 days of the accident.

The amount of the benefit is the lesser of:

- \$1,000,000, and
- the amount of Life Care you applied for.

Trauma Cover

If you applied for Trauma Cover, we will pay a benefit if the life to be insured survives for 14 days after suffering one of the following medical conditions as a result of an accident:

- Major Head Trauma
- Tetraplegia
- Paraplegia
- Blindness
- Quadriplegia
- Severe Burns
- Hemiplegia
- Loss of Limbs or Sight
- Diplegia.

These medical conditions have the meanings set out in the Total Care Plan policy you applied for, but the medical condition must be the result of an accident.

The amount of the benefit payable is the lesser of:

- \$1,000,000, and
- the amount of Trauma Cover you applied for.

Total and Permanent Disablement (TPD) Cover

If you applied for TPD Cover, we will pay a benefit if the life to be insured is totally and permanently disabled as a result of an accident. The TPD definition that applies is either 'own occupation' or 'any occupation', as you applied for in your application, but TPD must be the result of an accident.

The amount of the benefit payable is the lesser of:

- \$1,000,000, and
- the amount of TPD Cover you applied for.

Continued overleaf.

This certificate must be retained by the applicant/life to be insured.

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Interim Accident Cover Certificate

Child Cover

If you applied for Child Cover, we will pay a benefit if the child life to be insured dies as a result of an accident or suffers one of the following medical conditions as a result of an accident:

- Major Head Trauma
- Tetraplegia
- Paraplegia
- Blindness
- Quadriplegia
- Severe Burns
- Hemiplegia
- Loss of Limbs or Sight
- Diplegia.

These medical conditions have the meanings set out in the Total Care Plan policy you applied for, but the medical condition must be the result of an accident.

In the event the child life to be insured dies, the death must occur within 90 days of the accident for a benefit to be payable under this cover.

If we pay a benefit for death, we will not pay a benefit for any of the medical conditions and if we pay a benefit for one of the medical conditions, we will not pay the benefit for death or any other medical condition.

The amount of the benefit payable is the lesser of:

- \$100,000, and
- the amount of the Child Cover you applied for.

4 Income Protection

If you applied for Income Care Super within Total Care Plan Super, we will, on a monthly basis, pay you a monthly accident benefit if you, as the life to be insured, suffers total disability as a result of an accident.

We will start paying the monthly accident benefit if total disability as a result of the same accident continues after the waiting period selected in your application, and the benefit will only be paid for the period of total disability or six months, whichever is the lesser. The monthly accident benefit is payable for only one period of total disability and is not payable for any subsequent period.

The monthly accident benefit in this case is the lesser of the following amounts:

- \$5,000
- the total of the monthly benefit you applied for in your application
- the total of the monthly benefit which would normally be offered by us based on underwriting rules.

5 Definitions

For the purposes of this cover:

- 'accident' means bodily injury caused solely and directly by accidental and visible means, independent of any other cause and which occurs while this cover applies
- 'total disability' has, to the extent relevant, the meaning set out in the Income Care Super cover you applied for, but must be the result of an accident
- 'waiting period' is the waiting period you selected in your application and otherwise has, to the extent relevant, the meaning set out in the Income Care Super cover you applied for.

6 Exclusions

A benefit will not be paid if death, a medical condition, total and permanent disablement or total disability is caused directly or indirectly by:

- suicide or any attempt at suicide
- self-inflicted injury or infection
- the taking of drugs other than prescribed by a medical practitioner
- the taking of alcohol
- an injury the life to be insured or child life to be insured suffers while outside Australia
- a physical condition which the policy owner/s or the life to be insured knew about before this cover commenced
- engaging in any pursuit or occupation that we would not normally cover on standard terms
- participation in criminal activity
- an act of war (whether declared or not).

Nor will we pay a benefit under this cover if the child life to be insured's death or medical condition is caused directly or indirectly by an injury or infection inflicted on a child life to be insured by you or a life to be insured or by the child life to be insured's parent or legal guardian or by any other person who has responsibility for the care of the child life to be insured or who resides with the child life to be insured.

7 Application for insurance

If you are eligible to make a claim under this cover, it will not prevent your application from being accepted. However, we will take into account the change in the health of the life to be insured when assessing your application and we may decline your application or apply special loadings, conditions and exclusions. If you are eligible to make a claim under this cover in respect of a child life to be insured, we will not accept your application for Child Cover.

Name of adviser

Signature of adviser

Date

