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Integrity's Here for You Cover.

Product Disclosure Statement.



ABOUT THIS PDS

Product Disclosure Statement

This PDS provides important information about Integrity's *Here for You Cover*.

Integrity's *Here for You Cover* is issued by Integrity Life Australia Limited (ABN 83 0899 81073, AFSL 245492) ('Integrity', 'we', 'us', 'our').

We take full responsibility for this PDS and the products within this document.

Please read the PDS carefully before making any decision about Integrity's *Here for You Cover* and the Insurance that you require.

Expressions which have a special meaning

When reading this PDS, some words or expressions (usually indicated by an initial capital letter) have a defined meaning which is explained in the Definitions section from page 57 of this PDS.

The Policy

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

The Policy Schedule provides key details of the Cover on each person whose life is insured.

Together, the Policy Document and Policy Schedule make up what we refer to as the Policy. They are issued to you when your cover starts.

General advice

The information within this PDS is general in nature and does not consider your individual circumstances. You should read this PDS carefully and speak to your financial adviser to decide whether this product is appropriate for your needs. Before you make a decision on the product, you should always consider your individual financial situation, needs and objectives.

Life Insurance Code of Practice

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

Changes to information

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

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

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

Our contact details

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

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

Phone: 1300 543 366

Email: hello@integritylife.com.au

Web: integritylife.com.au

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

Your financial adviser

Integrity's *Here for You* Cover can only be acquired through a financial adviser. Financial advisers should consider your individual situation, needs and objectives when selecting an appropriate insurance product. In order to ensure that your Cover remains appropriate over time, you should review your insurance with your financial adviser from time to time.

Your financial adviser will provide you with their Financial Services Guide and Statement of Advice which contain details on their remuneration including any commission we pay to them.

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WHAT YOU NEED TO KNOW

This section outlines important information that will be useful to you and help you understand the features of Integrity's *Here for You* Cover.

What are the risks?

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

- Ensuring that the type and amount of Cover you apply for is in line with what you need and with what you can afford. Your financial adviser can help you consider this.
- The Policy may be cancelled if you don't pay your premium by the due date.
- The terms and conditions of some benefits change when you reach a certain age so you may not be covered for what you thought you were.
- If the Life Insured's age has been understated then the Cover Amount will be recalculated based on the amount that the premium you paid would have purchased if the correct age had been provided.

Please consider these risks when selecting the type and amount of Cover for your situation.

Premiums

Your premium is the amount that you will pay to maintain the Cover for each Life Insured. It is important that you pay the premium on or before the due date in order to ensure that your Cover will remain in place. If the premium is not paid in full, we may cancel the Policy, which means that all Cover will end.

We can provide you with premium relief through difficult or changing times. This may include suspending Cover for the Life Insured, applying a freeze on premiums or waiving premiums for up to 3 months if the Life Insured becomes Involuntarily Unemployed or goes on Parental Leave. More information on premium relief can be found on page 23 of this PDS.

Cooling-off period

You may cancel the Policy within 30 days of the date in which your Policy commences as long as you have not made a claim during this period. The date of commencement can be found in your Policy Schedule.

If you do cancel your insurance within the cooling off period we will refund any money you have paid.

No cash value

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

Replacing Existing Cover

You should always ensure that your new Cover is in place before cancelling your existing cover.

Prior to selecting your new Cover with Integrity's *Here for You* Cover, you should always consider the terms and conditions of each insurance product you may hold.

Personal Information

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

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

Refer to page 74 for more detail on our Privacy Policy.

Disclosure

Please read your duty of disclosure, which is explained below, carefully. It is your responsibility to ensure that you and each Life Insured have given us complete and accurate information. Your duty of disclosure continues, after your application, until we agree to insure the Life Insured.

Your duty of disclosure

Before you enter into a contract of life insurance with us, you have a duty under the Insurance Contracts Act 1984 to tell us anything that you know, or could reasonably be expected to know, may affect our decision whether or not to insure a Life Insured and, if so on what terms. You have the same duty before you extend, vary or reinstate this Policy.

Your duty, however, does not require you to tell us anything that:

- reduces the risk that you have asked us to insure the Life Insured for;
- is common knowledge;
- we know or should know as insurer; or
- we waive your duty to tell us about.

When you are not the Life Insured, and the Life Insured does not tell us anything that they know or could reasonably be expected to know may affect our decision whether or not to insure them and, if so on what terms, this may be treated as a failure of your duty of disclosure.

Non-disclosure

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

If you fail to comply with your duty of disclosure and we would not have entered into the contract if the failure had not occurred, we may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, we may avoid the contract at any time.

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

If we do not avoid the contract:

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

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

Complaints

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

Phone: 1300 543 366

Email: complaints@integritylife.com.au

Web: integritylife.com.au

Post: PO Box R1741
Royal Exchange NSW 1225

Your complaint will be assigned to one of our staff who is independent of the cause of complaint and we will keep you up to date on the progress of your complaint resolution. As a signatory of the Life Insurance Code of Practice, we will comply with the processes outlined within the Code.

If you aren't satisfied with our response or if we have been unable to resolve your concerns, you can contact the Financial Ombudsman Service Australia (FOS) Australia or the Australian Financial Complaints Authority (AFCA). These are independent complaint resolution bodies and their services are free.

If you lodge your query before **1 November 2018** please refer to the Financial Ombudsman Service Australia (FOS):

Online: www.fos.org.au

Email: info@fos.org.au

Phone: 1800 367 287 (free call)

Mail: Financial Ombudsman Service Australia
GPO Box 3, Melbourne VIC 3001

If you lodge your query **on or after 1 November 2018** please refer to the Australian Financial Complaints Authority (AFCA):

Online: www.afca.org.au

Email: info@afca.org.au

Phone: 1800 931 678 (free call)

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

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Overview.



OVERVIEW

Integrity's *Here for You* Cover provides you with a range of Cover types that can be customised to suit your needs.

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

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



Income Cover - helps protect the Life Insured's income if they become totally or partially disabled through sickness or injury.



End of Life Cover - provides a lump sum in the event of the Life Insured's death or Terminal Illness.



Critical Illness Cover - provides a lump sum in the event of the Life Insured being diagnosed with a Specified Medical Condition.



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

There are also options and extra benefits available to customise the Policy.



Our **Care Support Package** is available as an additional benefit and provides support and reimbursement of expenses if the Life Insured suffers a Care Support Event.

Table 1 below provides an overview of the product features, the Core Cover types, the additional options and extras available.

Table 1. Product Overview

Shared Core Cover features						
Premium relief	Easy increases for life events	Interim accident cover	Guaranteed renewable	Guaranteed upgrade	24 hours worldwide protection	CPI Rate increases

Core Cover types			
Income	End of Life	Critical Illness	TPD
<ul style="list-style-type: none"> - Income replacement benefit - Total Disability & Partial Disability benefits - Rehabilitation support - CPI Rate increases during claim - Premium waiver when on claim 	<ul style="list-style-type: none"> - Death or Terminal illness benefit - Advance payments for funeral costs 	<ul style="list-style-type: none"> - Cover for defined medical conditions - Changes from age 70 to Activities of Daily Living or Cognitive Loss definition 	<ul style="list-style-type: none"> - Any Occupation definition - Partial TPD payments - Changes from age 65 to Activities of Daily Living or Cognitive Loss definition

Options			
Income Insurance	End of Life	Critical Illness	TPD
<ul style="list-style-type: none"> - Waiting Period <ul style="list-style-type: none"> - 30 - 60 or - 90 days - Payment Period <ul style="list-style-type: none"> - 2 years - 5 years - to age 65 - to age 70 - Cover type <ul style="list-style-type: none"> - agreed value - indemnity 12 months - indemnity 3 years <p>Extended Income Cover from age 65 to age 70</p>	<ul style="list-style-type: none"> - Stand alone Cover amount; or - Combine End of Life Cover amount with Critical Illness and/or TPD Cover¹ 	<ul style="list-style-type: none"> - Stand alone Cover amount; or - Combine Critical Illness Cover amount with End of Life and/or TPD Cover¹ 	<ul style="list-style-type: none"> - Stand alone Cover amount; or - Combine TPD Cover amount with End of Life and/or Critical Illness Cover¹

¹ If you combine these Covers, payment of one will reduce the others by the amount paid.

Extras – Available for additional cost			
Income Insurance	End of Life	Critical Illness	TPD
<ul style="list-style-type: none"> - Superannuation Contributions cover - Specified Injuries and specified medical conditions cover 	<ul style="list-style-type: none"> - End of Life premium waiver when Totally Disabled or Partially Disabled - If End of Life Cover is combined with Critical Illness and/or TPD Cover, and End of Life Cover is reduced², the reduced Cover can be reset 	<ul style="list-style-type: none"> - Extra Medical conditions - Critical Illness premium waiver when Totally Disabled or Partially Disabled - If a Critical Illness benefit is paid in full, you can reset the Critical Illness Cover amount paid. End of Life Cover will also then be reset 	<ul style="list-style-type: none"> - TPD Own occupation definition - Premium waiver when Totally Disabled or Partially Disabled

² Where End of Life, Critical Illness and/or TPD Covers are combined, payment of one benefit will reduce the others by the amount paid.

Care Support Package				
The following benefits are available if the Life Insured suffers a Care Support Event				
Accommodation	Grief Support	Professional Services	Overseas Assistance	Bed Confinement
Family Support	Terminal Illness Care	Home Care	Premium waiver	

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Applying for cover.



APPLYING FOR COVER

There are a number of eligibility requirements you should be aware of before applying for Cover.

Residency eligibility

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

Entry ages and Cover expiry

There are entry age eligibility requirements that apply for the Cover types you select for the Life Insured. Any cover ceases when the Life insured reaches the expiry age for the cover type.

Table 2 below shows the entry ages and expiry ages for Integrity's *Here for You* Cover. This table also refers to Stepped or Level premium types which are explained on page 55 of this PDS.

Table 2. Overview of entry and expiry ages by cover type

Cover type	Premium type	Entry ages	Expiry ages
Income	Stepped	18-59	The Life Insured's 65th birthday, or
	Level ¹	18-59	The Life Insured's 70th birthday
End of Life	Stepped	18-75	The Life Insured's 135th birthday
	Level ¹	18-59	
Critical Illness	Stepped	18-59	The Life Insured's 75th birthday
	Level ¹	18-59	
TPD	Stepped	18-59	The Life Insured's 75th birthday
	Level ¹	18-59	
Care Package	Stepped	18-59	The Life Insured's 65th birthday

¹ Level premiums are replaced by Stepped premiums if you continue Cover beyond the Life Insured's 65th birthday. The only exception to this is if you choose Level premiums for Income Cover to age 70.

Explaining occupational classes

When you apply for cover, you will be asked to provide the occupation of the person whose life is to be insured. Based on this occupation we will assign an occupation class to the Life Insured. We do this because some occupations have more risks than others.

The occupation class assigned to the Life Insured will impact the premiums you pay. Also, Payment Periods To Age 65 or To Age 70 for Income Cover are not available for occupation class 5.

Table 3 below shows the occupation classes.

Table 3. Occupation classes

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

Minimum and Maximum Cover amounts

There are minimum and maximum Cover Amounts applicable to each Cover type, as explained in Table 4.

Once the Policy is in-force, your Cover Amounts may increase by the CPI Rate.

Easy increases for specific Life Events are also available. You can also apply to increase or reduce Insured Cover Amounts at any time. Any increase or reduction in your Cover Amount must be within the minimum and maximum Cover Amounts.

Table 4. Minimum and maximum Cover Amounts

Cover type	Minimum and Maximum Cover Amounts ¹
Income	Minimum \$1,500 Maximum: The lesser of - \$30,000 per month, and - 75% of the Life Insured's Monthly Earnings.

Cover type	Minimum and Maximum Cover Amounts ¹
End of Life	Minimum cover amount \$50,000
	No maximum for Life Cover
TPD	Minimum cover amount \$50,000
	Maximum cover amount \$3,000,000
Critical Illness	Minimum cover amount \$30,000
	Maximum cover amount \$2,000,000
Care Package	Refer to care package details

¹ We may also limit the maximum cover amounts according to financial need and the total Cover for a Life Insured.

How to apply

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

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

- which Core Cover types you need
- the options and extras available
- the amount of the cover and the cost
- choosing the Care Support Package
- choosing the best premium structure for you.

It is important to understand exclusions when you apply

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

In addition to exclusions that apply for each Cover type, when we assess an application for Cover we may only offer Cover if it is subject to an exclusion. If that happens, and you accept the exclusion, it will be included as a special condition on the Policy Schedule.

Details of applicable exclusions per cover type can be found in the Cover detail sections of this PDS on pages 25-53.

When will the Policy start and end?

If your application is successful, we will issue you a Policy document and Policy Schedule which will show the Cover provided and the date Cover starts and expires.

Your Policy will end on the date:

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

Understanding your Duty of Disclosure when you apply

Your duty of disclosure, outlined on page 7 of this PDS is important to read and understand.

Interim Accident Cover

This cover is provided for the time between when we receive your application form completed in full with valid payment details and ends on the earliest of:

- 90 days from the commencement date of the Interim Accident Cover;
- the commencement date of your Policy;
- the date your application is withdrawn; or
- the date your Interim Accident Cover is cancelled.

Table 5. Eligibility and maximums

Cover type	When we will pay	What we will pay
Income	<p>We will pay a monthly benefit if the person whose life you are applying to insure becomes Totally Disabled as the result of an Accident which occurs within 90 days of the Accident and while Interim Accident Cover is in force.</p> <p>The Cover amount is payable monthly, from the end of the Waiting Period you selected, while the person remains Totally Disabled, for a maximum payment period of 6 months.</p>	<p>The lowest of:</p> <ul style="list-style-type: none"> – the total of the monthly cover amount applied for; – the total of the monthly Cover amount which would be offered by us based on our underwriting rules in normal circumstances; and – \$5,000.
End of Life	<p>We will pay a benefit if the person whose life you are applying to insure dies as the result of an Accident which occurs while Interim Accident Cover is in force and death occurs within 90 days of the Accident.</p>	<p>The lower of:</p> <ul style="list-style-type: none"> – the cover amount applied for; and – \$1,000,000.

Cover type	When we will pay	What we will pay
Critical Illness	<p>We will pay a benefit if the person whose life you are applying to insure suffers one of the following critical illness conditions as the result of an Accident, which occurs while Interim Accident Cover is in force and survives 14 days after the Accident:</p> <ul style="list-style-type: none"> - Major Head Trauma - Paralysis - Blindness - Loss of Hearing - Severe Burns - Loss of Limbs or Sight. 	<p>The lower of:</p> <ul style="list-style-type: none"> - the Cover amount applied for; and - \$1,000,000.
TPD	<p>We will pay a benefit if the person whose life you are applying to insure becomes Totally and Permanently Disabled as the result of an Accident which occurs while Interim Accident Cover is in force.</p>	<p>The lower of:</p> <ul style="list-style-type: none"> - The Cover amount applied for; and - \$1,000,000.

Exclusions

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

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

Claims

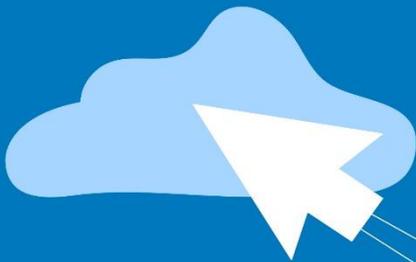
You must meet our normal claim requirements.

Your Application

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

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Shared Product Features.



SHARED PRODUCT FEATURES

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

Interim Accident Cover

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

Your Policy will explain the conditions applying to Interim Accident Cover.

Guaranteed Renewable

Your Policy will renew each year without you needing to provide health or financial information. When you apply for new or increased Cover, we will ask for more information, and base this extra Cover on the Life Insured's situation at that time.

Guaranteed Upgrade

Whenever we make improvements to the types of Cover provided under your Policy, we will let you know and make them available to you. This applies to Policy terms and conditions, including Medical Conditions.

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

Any changes that we make to your Policy will not apply to a Life Insured if you have made, or are eligible to make, a claim for that Life Insured prior to the upgrade occurring.

Easy increases for life events

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

You can request an increase in cover when certain life events happen to a Life Insured. These events, and the maximum and minimum limits that apply, are explained in Table 6.

You must apply for a Life Event increase within the later of 30 days of the Life Event or 30 days prior to your next Policy Anniversary.

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

You cannot request a life event increase if the Life Insured is aged 60 or older, or you have made, or are eligible to make, a claim under the Cover type being increased.

Table 6. Easy Increases for specific Life events that happen to the Life Insured

Cover Type	Specific Event	Maximum and minimum limits	How many times can you apply
<p>End of Life</p> <p>Critical Illness</p> <p>TPD</p>	<ul style="list-style-type: none"> - marriage or divorce - birth or adoption of a Child - dependent Child starts secondary school - completion of an undergraduate degree - spouse dies - becomes a carer for an Immediate Family Member for the first time - take out or increase a mortgage over principal place of residence with an accredited mortgage provider - receive an increase of 15% or more to base annual salary (excluding irregular items like bonuses and commissions). 	<p>Maximum amount:</p> <p>Lesser of \$200k, 25% of Cover at Cover start date or the limit for the particular Life Event.</p> <p>In the case of new or increase in mortgage the increase in Cover is limited to the amount or increase in the mortgage.</p> <p>In the case of increase of 15% or more to base annual salary, the increase in Cover is limited to 10 times the amount of the increase.</p> <p>The total of all Life Event Increases for each Life Insured cannot exceed the original amount of cover at the Cover start date and \$1m.</p> <p>Minimum amount:</p> <p>\$10,000.</p>	<p>One increase per life event in any 12 month period.</p>
<p>Income</p>	<p>Increase in Monthly Earnings</p>	<p>Maximum amount:</p> <p>Lesser of:</p> <ul style="list-style-type: none"> - 15% of the Life Insured's Income Cover Amount at the cover start date; or - 75% of the increase in Monthly Earnings. <p>Minimum amount:</p> <p>\$250 per month.</p>	

Premium relief

We can help you by providing premium relief through difficult or changing times, as explained in Table 7.

Table 7. Premium relief

Premium relief	Cover type	When to tell us by	What rules apply?
Premium freeze	Applies to all cover types. Applies to Stepped premium only.	45 days prior to your next Policy anniversary.	<ul style="list-style-type: none"> – The premium will be fixed at the level that applied prior to your next Policy anniversary; and – The benefit amount will reduce each year to an amount that could be purchased by the frozen premium at each Policy anniversary while the freeze continues. <p>You can end your premium freeze at a Policy anniversary by notifying us at least 45 days prior to that anniversary.</p> <p>If the Cover Amount will reduce to less than the minimum of \$50,000, the premium freeze will cease at the Policy anniversary and cover will end if you do not pay the required premium.</p>
Suspended cover	Applies to all cover types. Applies to Stepped or Level premiums.	At any time with effect from the next premium due date.	<p>If you have had Cover for a Life Insured in place for at least 12 months, you can put the Cover on hold for up to 12 months.</p> <p>If you suspend any Cover you will not pay premiums for the suspended Cover, but the Life Insured will not be covered for a claim if the event giving rise to the claim occurs during the suspension period.</p>
Involuntary unemployment and parental leave waiver	Applies to all cover types. Applies to Stepped or Level premiums.	At any time with effect from next premium due date or agreed effective date of waiver.	<p>If you have had Cover for a Life Insured in place for at least 12 months, and the Life Insured becomes Involuntarily Unemployed or goes on Parental Leave, we will waive future premiums for the Life Insured for up to 3 months while Involuntary Unemployment or Parental Leave continues. The Life Insured will remain covered during this period.</p> <p>You will need to provide evidence of the event when you request the waiver.</p>

Policy provides protection anytime, anywhere

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

CPI increases for cover

Your Cover Amount will adjust each year in line with the CPI Rate unless you contact us to decline the increase.

By adjusting your Cover Amount by the CPI Rate each year, your Cover keeps up with the cost of living. When a Cover Amount increases each year, so will your premiums.

If a Life Insured is covered for Income Insurance (Indemnity 12 months or Indemnity 3 years), the Life Insured's income may not increase as much as the CPI Rate. Therefore, to avoid over insurance, it is important that you ensure that the Cover Amount does not exceed 75% of the Life Insured's Pre-Disability Income.

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

If you have suspended Cover for a Life Insured, we will not increase the Cover Amount while Cover is on hold. Cover will not increase above the maximum cover limit.

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Income insurance cover.



INCOME COVER



Income Cover helps protect the Life Insured's income if they become Totally Disabled or Partially Disabled through sickness or injury.

Who can apply?

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

- between 18 and 59 years of age.

When does Income Cover expire?

Income Cover will expire:

- on the Life Insured's 70th birthday if you have chosen a To Age 70 Payment Period;
- on the Life Insured's 65th birthday if you have chosen a To Age 65 Payment Period;
- on the date all entitlements under the Cover are paid; or
- when the Life Insured dies.

Features of Income Cover

A monthly benefit is payable if the Life Insured is Totally Disabled or Partially Disabled after the Waiting Period.

The amount we pay depends on the type of Income Cover held. There are three types of Cover available, as follows:

- Indemnity 12 months;
- Indemnity 3 years; or
- Agreed Value.

Total Disability

Where Indemnity 12 months or Indemnity 3 years applies, we will pay the lesser of:

- the Cover Amount for the Life Insured; and
- 75% of the Life Insured's Pre-Disability Income.

Where Agreed Value applies, we will pay the Cover Amount for the Life Insured. In some circumstances, we will reduce the monthly benefit payable, as explained below.

Partial Disability

If the Life Insured is Partially Disabled after the Waiting Period, or after a period of Total Disability, we will pay a monthly benefit for each month that the Life Insured remains Partially Disabled.

The amount we pay is based on the following formula:

Insurance Cover Amount x (A – B) /A, where:

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

B = the lesser of the Life Insured's Pre-Disability Income and the Life Insured's Monthly Earnings while Partially Disabled.

If the Life Insured is Totally Disabled under the hours based definition or the income based definition and still working in their Occupation, we will reduce the monthly benefit payable by income received by the Life Insured from working in their Occupation.

Waiting Period

The Waiting Period is the period the Life Insured must be either Totally Disabled or Partially Disabled before a monthly benefit is payable.

You have a choice of waiting periods: 30, 60 or 90 days.

Pre-Disability Income

The monthly benefit payable depends upon Life Insured's Pre-Disability Income, which depends upon the type of Cover held as follows.

Indemnity 12 months: Pre-Disability Income is the Life Insured's average Monthly Earnings for the 12 months immediately prior to the date on which the Life Insured became Totally Disabled or Partially Disabled.

Indemnity 3 years: Pre-Disability Income is the Life Insured's highest average Monthly Earnings for any consecutive 12 month period in the 3 years immediately prior to the date on which the Life Insured became Totally Disabled or Partially Disabled.

Agreed Value: Pre-Disability Income is the highest average Monthly Earnings of the Life Insured for any consecutive 12 month period between the date one year prior to the Cover start date and the date on which the Life Insured became Totally Disabled or Partially Disabled.

The above do not apply if the Life Insured becomes Totally Disabled or Partially Disabled while Unemployed, on Parental Leave, sabbatical or long service leave. In that case, Pre-Disability Income will be based on the Life Insured's average Monthly Earnings for the 12 months before the period of Unemployment or leave commenced.

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

When we reduce the monthly benefit

We will reduce the monthly benefit payable by amounts received by the Life Insured, as follows:

- any payment received as a result of a worker's compensation or motor accident claim, or any claim under similar state or federal legislation in respect of the sickness or injury causing Total Disability or Partial Disability;
- payments received through any other individual or group disability income insurance, credit or mortgage insurance;
- sick leave payments received during the benefit period (we will not include sick leave if it is not taken); and /or
- passive Income.

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

We will reduce the monthly benefit payable so that, when combined with the other amounts received, it does not exceed 100% of the Life Insured's Pre-Disability Income.

Exclusions

We will not pay a monthly benefit if the Life Insured's Total Disability or Partial Disability is a result of a sickness or injury caused directly or indirectly by:

- intentional self-inflicted injury or attempted suicide;
- normal or uncomplicated pregnancy or childbirth; or
- something that we have specifically excluded.

How long we will pay

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

- the Life Insured is no longer Totally Disabled or Partially Disabled;
- the end of the Payment Period;
- the Income Insurance expiry date shown on your Policy Schedule; or
- the death of the Life Insured.

The Payment Period is the maximum period during which the monthly benefit is payable. You have a choice of Payment Periods: 2 years, 5 years, To Age 65 or To Age 70, depending upon the Life Insured's Occupation as explained on page 16.

Relapse of Total Disability or Partial Disability

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

- the Life Insured returns to work on the same employment basis (full-time or part-time) they worked prior to being Totally Disabled or Partially Disabled; and
- the Life Insured is no longer under the regular care and advice of a Medical Practitioner in relation to the sickness or injury which caused Total Disability or Partial Disability; and
- the Life Insured suffers a relapse and is again Total Disabled or Partially Disabled as a result of the same or related sickness or injury as that which caused the previous claim; and
- for a 2 year or 5 year Payment Period, the relapse occurs within 6 months of the Life Insured returning to work on the same employment basis (full-time or part-time) as that which they worked prior to being Totally Disabled or Partially Disabled; or
- for a To Age 65 or To Age 70 Payment Period, the relapse occurs within 12 months of the Life Insured returning to work on the same employment basis (full-time or part-time) as that which they worked prior to being Totally Disabled or Partially Disabled.

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

Increasing claim payments for inflation

If we are paying a monthly benefit the Cover Amount and any Superannuation Contribution Cover Amount will still be adjusted on your Policy anniversary by the CPI Rate. We will also adjust the Life Insured's Pre-Disability Income by the CPI Rate.

When Income Insurance premiums will be waived

We will waive Income Insurance premiums whilst the monthly benefit is payable.

Rehabilitation and Retraining

If we are paying a monthly benefit we will reimburse costs incurred by the Life Insured participating in an approved rehabilitation or retraining program, up to a maximum of 12 times the Cover Amount.

We will not cover expenses that the Life Insured is entitled to have reimbursed by any other source.

This clause is not intended to limit the rehabilitation activities in which a Life Insured may participate, but only refers to costs that we may reimburse.

Extended Income Insurance

If the Payment Period for a Life Insured is To Age 65 and the Life Insured is still working to their full capability on the Policy anniversary after the Life Insured's 64th birthday, you have the option to extend Cover up To Age 70 on the following basis:

- the Life Insured must be working full-time in a white-collar Occupation;
- in the event of a claim, the Life Insured's Pre-Disability Income will be their average Monthly Earnings for the 12 months immediately prior to the date on which the Life Insured becomes Totally Disabled or Partially Disabled;
- the monthly benefit payable is limited to a maximum of \$20,000;
- the Payment Period will be one year;
- the Cover will cease on the Life Insured's 70th birthday; and
- you pay the premium applicable to the Life Insured's age.

Superannuation Contribution Cover

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

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

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

Specified Injuries and Specified Medical Conditions Benefits

This Cover pays a monthly benefit If the Life Insured suffers any one of the Specified Injuries or Specified Medical Conditions listed in tables 8 and 9 for the payment period indicated in the table. No Waiting Period applies.

This benefit is paid instead of any Total Disability or Partial Disability benefit that might otherwise be payable. You can choose to take this payment as a lump sum, rather than on a monthly basis, at the time of claim.

At the end of the applicable payment period you may be eligible to claim a Total Disability or Partial Disability benefit for the Life Insured without any Waiting Period applying.

Table 8. Specified Injuries and Payment Periods

Specified Injury	Payment Period (months)
Total and permanent loss of use of:	
Both feet, both hands, sight in both eyes or hearing in both ears	24
Any combination of two of: <ul style="list-style-type: none"> - a hand - a foot - sight in one eye - hearing in one ear 	24
One arm or one leg	12
Thumb and index finger on the same hand at or above the first joint	6
Fracture requiring the application of a plaster, pin or other immobilising device:	
Spine resulting in paralysis	24 months if you have a 2 year Payment Period or 60 months for all other Payment Periods
Spine not resulting in paralysis	3
Thigh	3
Pelvis	3
Skull (excluding bones of the face or nose)	2
Upper arm	2
Shoulder bone	2
Jaw	2
Leg (excluding ankle)	2
Knee cap	2

Table 9. Specified Medical Conditions and Payment Period

Specified Medical Condition – Payment Period is 6 months.	
Heart Attack	Cancer
Coronary Artery Bypass Surgery	Severe Benign Brain Tumour or Spinal Cord Tumour
Coronary Artery Angioplasty – Triple Vessel	Multiple Sclerosis
Repair or Replacement of a Heart Valve	End Stage Kidney Failure
Out of Hospital Cardiac Arrest	End Stage Liver Disease
Surgery of the Aorta	End Stage Lung Disease
Cardiomyopathy	Major Organ or Bone Marrow Transplant
Stroke	Muscular Dystrophy
Major Head Trauma	Severe Rheumatoid Arthritis
Motor Neurone Disease	Aplastic Anaemia

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**End of Life
cover.**



END OF LIFE COVER



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

Who can apply?

You can apply for End of Life Cover if the person whose life is being insured is:

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

When does End of Life Cover expire?

End of Life Cover will expire:

- on the Life Insured's 135th birthday;
- when the Life Insured dies; or
- when all entitlements under the Cover are paid.

Features of End of Life Cover

Table 10 below shows the features of End of Life Cover.

Table 10. Features

Features		
Cover	Description	How payments work
End of Life	This Cover provides a lump sum payment in the event of the Life Insured's death while the Cover is in force.	We will pay you or, in the event that you are a Life Insured and the claim is payable as a result of your death, we will pay your validly nominated Beneficiary. For information on nomination of Beneficiaries refer page 53.
Terminal Illness	This Cover provides a lump sum payment in the event of the Life Insured being diagnosed with a Terminal Illness while the Cover is in force.	We will pay you.

Features		
Cover	Description	How payments work
Advance Payment for funeral costs or other end of life expenses	An advance payment of \$25,000 from the End of Life Cover Amount.	This advance is payable to your Legal Personal Representative to help with immediate expenses at the time of the Life Insured's death.
If Combined Cover with TPD and/or Critical Illness Cover	End of Life Cover can be combined with TPD Cover and/or Critical Illness Cover to reduce the overall premium you pay.	If combined, we will reduce the End of Life Cover Amount Payable by the amount of any TPD Insurance and/or Critical Illness Insurance that has been paid for the Life Insured.

End of Life optional extras

You can customise your End of Life Cover for a Life Insured with the optional extras explained in Table 11.

Table 11. Extras

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

Extras – Available for additional cost

Extras	Description
Cover reset	If End of Life Cover is combined with Critical Illness and/or TPD Cover, and End of Life Cover is reduced ¹ , the reduced Cover can be reset. This option ceases on the Life Insured's 65th birthday.

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

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

We will not pay an End of Life Insurance claim if the Life Insured's death is caused directly or indirectly by:

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

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

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

How Combined Cover works

It is important to decide whether combining the Cover in the Policy is right for you, or whether you should keep your Cover separate. You can choose either with your Integrity's *Here for You* Policy.

Combining Cover is establishing a relationship between End of Life Cover as the principal Cover (you must hold this Cover type to Combine Cover) and Critical illness and/or TPD as secondary Covers. As End of Life Cover is the principal Cover, you cannot exceed the End of Life Cover Amount with the Cover Amounts you have insured for Critical Illness and/or TPD Cover.

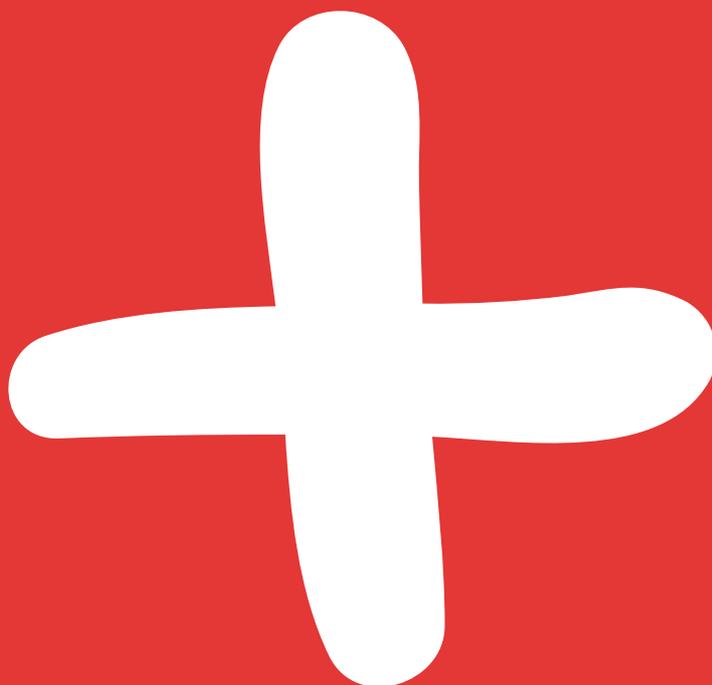
Advantages and Disadvantages of combining Cover

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

The disadvantage of combining Cover is when you combine Covers and a claim payment is made, it can reduce the Cover Amount of the other linked Covers. However, after 12 months you can reset the reduced Cover Amount of combined Cover using the End of Life reset option or the Critical Illness reset option.

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**Critical illness
cover.**



CRITICAL ILLNESS COVER



Critical Illness Cover protects in the event of the Life Insured being diagnosed with a Specified Medical Condition.

Who can apply?

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

- between 18 and 59 years of age.

When does your Critical Illness Cover expire?

Critical Illness Cover will expire:

- on the Life Insured's 75th birthday; or
- when the Life Insured dies.

Features of Critical Illness Cover

Table 12 shows the features of Critical Illness Cover.

Table 12. Features

Features		
Cover	Description	How payments work
Before Life Insured's 70th birthday	<p>This Cover provides a lump sum payment in the event of the Life Insured's experiencing a Medical Condition listed in Table 14 Medical Conditions while the Cover is in force.</p> <p>If the Medical Condition is:</p> <ul style="list-style-type: none"> - a sickness, then the Life Insured experiences the Medical Condition on the date that the sickness is diagnosed by a Medical Practitioner; - an injury, then the Life Insured experiences the Medical Condition on the date that the injury occurs; - a procedure, then the Life Insured experiences the Medical Condition on the date that the Life Insured undergoes the procedure. 	<ul style="list-style-type: none"> - Other than for Coronary Artery Angioplasty, the benefit payable is the Critical Illness Cover Amount. - For Coronary Artery Angioplasty, the benefit payable is 25% of the Critical Illness Cover Amount up to a maximum of \$50,000. Multiple claims for Coronary Artery Angioplasty can be made until the Critical Illness Cover Amount for the Life Insured has been paid. - For some conditions a qualifying period applies as shown on pages 40-42.

Features		
Cover	Description	How payments work
When Life Insured aged between 70 and 75	<p>This Cover provides a lump sum payment in the event that the Life Insured, as a result of sickness or injury:</p> <ul style="list-style-type: none"> - is totally and permanently unable to perform at least 2 of the 5 Activities of Daily Living without the physical assistance of another person; or - suffer a Cognitive Loss; <p>while the Cover is in force.</p>	<p>The maximum Critical Illness Cover available from the date the Life Insured turns 70 is \$2,000,000 across all policies issued by us. If the Life Insured is covered for more than \$2,000,000 at age 70, we will reduce the total Cover amount pro rata under each policy and refund any overpaid premium.</p>

Critical Illness optional extras

You can customise your Critical Illness Cover for a Life Insured with the optional extras explained in Table 13.

Table 13. Extras

Extras – Available for additional cost	
Extras	Description
Extra medical Conditions	<p>This cover provides a lump sum payment in the event of the Life Insured experiencing a Medical Condition listed in Table 15 Extra Medical Conditions while the cover is in force.</p> <p>We will pay 20% of the Cover Amount up to a maximum of \$100,000.</p> <p>The benefit is only payable once and the Cover Amount for the Life Insured is reduced by the amount paid.</p> <p>This option is available up until the Life Insured's 70th birthday.</p>
Cover reset	<p>After we have paid the Cover Amount in full, you can reset the Critical Illness Cover Amount that was paid, without having to supply further medical evidence.</p> <p>This option ceases on the Life Insured's 65th birthday.</p> <p>Where Critical Illness Cover is combined with End of Life Cover, if you reset Critical Illness Cover, End of Life Cover is also reset.</p> <p>This option is only available once for a Life Insured and increases from Life Events will no longer be available for the Life Insured.</p>

Extras – Available for additional cost

Extras	Description
Premium waiver	<p>If the Life Insured is continuously Totally Disabled or Partially Disabled due to sickness or injury for at least 3 months, we will waive the Critical Illness insurance premiums for that Life insured from the end of the 3 month qualifying period until the latest of:</p> <ul style="list-style-type: none"> – the Life Insured is no longer continuously Totally Disabled or Partially Disabled; – the Life Insured 's 65th birthday; and – the Life Insured dies. <p>Premiums under your Policy must be paid up to date for this to occur and past premiums will not be waived.</p> <p>We will not waive premiums if the Life Insured's Total Disability or Partial Disability is a result of a sickness or injury caused directly or indirectly by:</p> <ul style="list-style-type: none"> – intentional self-inflicted injury or attempted suicide; – normal or uncomplicated pregnancy or childbirth; or – something that we have specifically excluded.

Table 14. Medical Conditions

Medical Conditions Table	
Heart condition	Body organ condition
Heart Attack [^]	Blindness
Coronary Artery Bypass Surgery [^]	Cancer [^]
Coronary Artery Angioplasty ^{^*}	Cancer of the Vulva or Perineum [^]
Coronary Artery Angioplasty – Triple Vessel [^]	End Stage Kidney Failure
Repair or Replacement of a Heart Valve	End Stage Liver Disease
Out of Hospital Cardiac Arrest [^]	End Stage Lung Disease
Surgery of the Aorta	Loss of Hearing
Open Heart Surgery	Loss of Speech

Medical Conditions Table	
Heart condition	Body organ condition
Cardiomyopathy	Major Organ or Bone Marrow Transplant
Primary Pulmonary Hypertension	Pneumonectomy
	Severe Benign Brain Tumour or Spinal Cord Tumour
Nervous system condition	Severe Burns
Stroke [^]	Severe Rheumatoid Arthritis
Major Head Trauma	Blood condition
Motor Neurone Disease	Advanced Diabetes
Severe Multiple Sclerosis	Aplastic Anaemia
Muscular Dystrophy	Medically Acquired HIV
Paralysis	Occupationally Acquired HIV
Dementia, including Alzheimer's Disease	Occupationally Acquired Hepatitis B or C
Coma	Other condition
Encephalitis	Cognitive Loss
Severe Parkinson's Disease	Intensive care
Meningococcal Septicaemia	Loss of Independent Existence
	Loss of Limbs or Sight
	Major Head Trauma

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

*In the case of Coronary Artery Angioplasty, we will pay 25% of the Critical Illness Cover Amount up to maximum of \$50,000. If 25% of the insured amount is less than \$10,000, we will increase the amount payable to \$10,000. You may make multiple claims for Coronary Artery Angioplasty until the full Cover Amount for the Critical Illness Cover on the Life Insured has been paid.

Table 15. Extra Medical Conditions table

Extra Medical Conditions Table	
Carcinoma in situ:	Diagnosis
Carcinoma in situ of the Breast with Surgery and Treatment [^]	Multiple Sclerosis
Carcinoma in situ of:	Parkinson's Disease
- Breast (excluding Carcinoma in situ of the Breast with Surgery and Treatment)	Early Stage Chronic Lymphocytic Leukaemia
- Cervix – uteri (excluded are cervical intraepithelial neoplasia (CIN) classifications CIN 1 and CIN 2)	Early Stage Melanoma [^]
- Fallopian tube (tubal mucosa only)	Early Stage Prostate Cancer [^]
- Ovary	Chronic Lymphocytic Leukaemia [^]
- Penis	Hydatidiform Mole [^]
- Perineum	Loss of one Limb
- Prostate	Diabetes Complication [^]
- Testicle	Partial Loss of Hearing [^]
- Vagina	Partial Blindness [^]
- Vulva	Severe Osteoporosis
	Severe Crohn's Disease
	Severe Ulcerative Colitis
	Colostomy/ileostomy

[^] A 90 day qualifying period applies for these Medical Conditions.

Where A Qualifying Period applies

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

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

When we will adjust the amount we pay

Where Critical Illness Insurance is combined with End of Life and/or Total and Permanent Disablement (TPD) Insurance and a Critical Illness Insurance benefit is payable, we will reduce the

End of Life and TPD Cover Amounts by the Critical Illness Cover Amount payable. For information about combining your Cover see page 36.

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

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

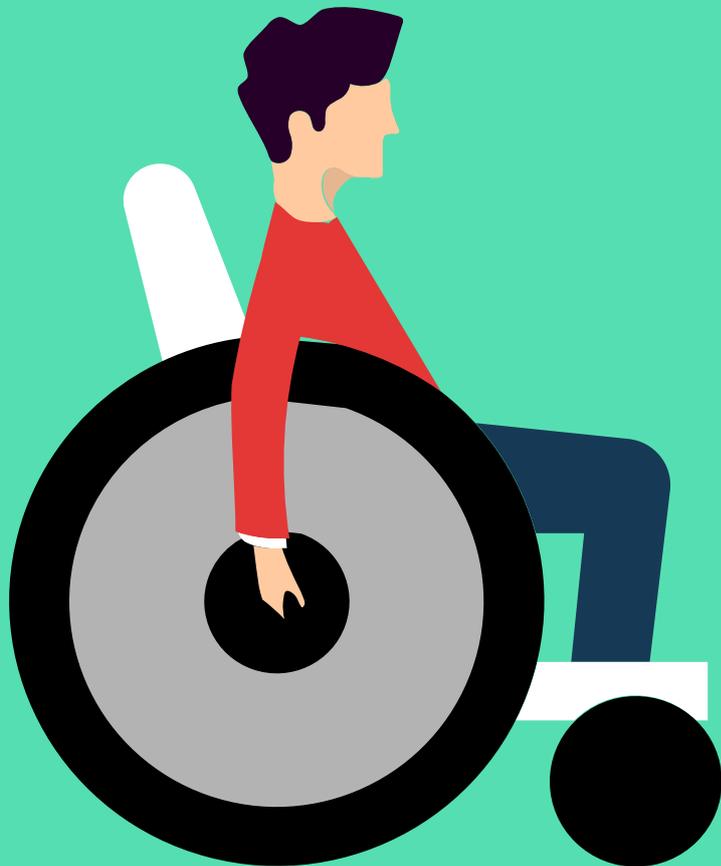
- the Medical Condition is caused directly or indirectly by a self-inflicted injury or attempted suicide; or
- the Life Insured dies within 14 days of experiencing the Medical Condition or Extra Medical Condition.

We will not pay all or part of the reset Critical Illness Cover amount for a Life Insured:

- for the same Medical Condition as that for which the previous Critical Illness Insurance claim was paid;
- for a Medical Condition the cause of which was directly or indirectly related to the Medical Condition for which the previous Critical Illness claim was paid;
- for a Medical Condition which the Life Insured experiences, or for which symptoms leading to the Medical Condition first became apparent, before the date the Critical Illness Insurance is reset;
- for Paralysis or Loss of Sight if caused by, or was the result of, a Stroke for which the previous Critical Illness claim was paid;
- for Paralysis or Loss of Sight if the previous Critical Illness claim was paid for Heart Attack, Out of Hospital Cardiac Arrest, Coronary Artery Bypass Surgery, Coronary Artery Angioplasty, Coronary Artery Angioplasty – Triple Vessel, Repair or Replacement of a Heart Valve, Surgery of the Aorta, Cardiomyopathy, Open Heart Surgery or Primary Pulmonary Hypertension;
- for Cancer, Severe Benign Brain Tumour or Spinal Cord Tumour, Cancer of the Vulva or Perineum, Carcinoma in situ of the Breast with Surgery and Treatment, Carcinoma in situ (all sites), Early Stage Melanoma, Early Stage Prostate Cancer, Chronic Lymphocytic Leukaemia or Hydatidiform Mole; or
- for Heart Attack or Stroke if the previous Critical Illness claim was paid for Dementia including Alzheimer's Disease.

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TPD cover.



TPD COVER



Total and Permanent Disablement (TPD) Cover protects in the event of the Life Insured becoming Totally and Permanently Disabled while the Cover is in force.

Who can apply?

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

- between 18 and 59 years of age.

When does your TPD Insurance expire?

TPD Cover will end:

- on the Life Insured's 75th birthday;
- on the date all entitlements under the Cover are paid; or
- when the Life Insured dies.

Features of TPD Cover

This Cover provides a lump sum payment in the event of the Life Insured's becoming Totally and Permanently Disabled while the Cover is in force. You can choose an "Any Occupation" or "Own Occupation" definition of TPD, to apply before the Life Insured's 65th birthday.

Table 16 shows the features of TPD Cover you can apply for.

Table 16. Features

Features		
Cover		Description
Choose Any Occupation or Own Occupation	Any Occupation - before the Life Insured's 65th birthday	Total and Permanent Disability means the Life Insured, as a result of sickness or injury is, in our opinion (after consideration of medical and any other evidence), disabled to such an extent that the Life Insured is unlikely ever again to be able to engage in any occupation: <ol style="list-style-type: none"> for which the Life Insured is reasonably suited by education, training or experience; and which is likely to generate a regular income of at least 25% of the Life Insured's average annual income in the 12 months immediately prior to the claim.
	Own Occupation - before the Life Insured's 65th birthday	Total and Permanent Disability means the Life Insured, as a result of sickness or injury is, in our opinion (after consideration of medical and any other evidence), disabled to such an extent that the Life Insured is unlikely to be able to engage in their own Occupation ever again.
TPD Cover when Life Insured aged between 65 and 75		This Cover provides a lump sum payment if as a result of a sickness or injury, the Life Insured: <ol style="list-style-type: none"> is, in our opinion (after consideration of medical and any other evidence), totally and permanently unable to perform at least 2 of the 5 Activities of Daily Living without the physical assistance of another person; or suffers a Cognitive Loss.
Partial TPD advance payment before the Life Insured's 65th birthday		This advance payment is provided if the Life Insured suffers the total and permanent loss or use of one arm, one leg or sight in one eye while the Cover is in force. We will advance 25% of the TPD Cover Amount for the Life Insured, up to a maximum of \$250,000 as a lump sum. We will reduce the TPD Cover Amount for the Life Insured by the amount paid. This partial payment is only payable once for a Life Insured.

TPD optional extras

You can customise your TPD Cover for a Life Insured with the optional extras explained in Table 17.

Table 17. Extras

TPD Extras	
Extras	Description
Premium waiver	<p>If you apply for this option and the Life Insured is continuously Totally Disabled or Partially Disabled due to sickness or injury for at least 3 months, we will waive the TPD insurance premiums for that Life Insured from the end of the 3 month qualifying period until the latest of:</p> <ul style="list-style-type: none">- the Life Insured is no longer continuously Totally Disabled or Partially Disabled;- the Life Insured 's 65th birthday; and- the Life Insured dies. <p>Premiums under your Policy must be paid up to date for this to occur and past premiums will not be waived.</p> <p>We will not waive premiums if the Life Insured's Total Disability or Partial Disability is a result of a sickness or injury caused directly or indirectly by:</p> <ul style="list-style-type: none">- intentional self-inflicted injury or attempted suicide;- normal or uncomplicated pregnancy or childbirth; or- something that we have specifically excluded.

When we will adjust the amount we pay

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

For information about combining your Cover see page 36.

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

We will not pay the TPD Cover Amount for the Life Insured if:

- the Life Insured's Total and Permanent Disability is caused directly or indirectly by a self-inflicted injury or attempted suicide; or
- the Life Insured dies within 14 days of becoming Totally and Permanently Disabled.

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Care Support package



CARE SUPPORT PACKAGE



Our Care Support Package is available as an addition to any of the Core Cover types and provides cover and reimbursement of expenses that are incurred by you or the Life Insured's Immediate Family Members if the Life Insured suffers a Care Support Event while the Care Support Cover is in force.

A Care Support Event is: while the Care Support Cover is in force, the Life Insured suffers a sickness or injury which prevents them from working in their own Occupation, and they are not otherwise working; or dies.

Who can apply?

You can apply for the Care Support Package if the person whose life is being insured is:

- between 18 and 59 years of age; and
- also holds/ takes one of the Core Cover types.

When does Care Support Package Cover expire?

Care Support Package Cover will expire:

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

The types of Care Support benefits payable are set out in table 18. We will only pay each type of benefit once for a Life Insured.

Table 18. Benefits and reimbursement amounts

Benefit type	If the Life Insured suffers a Care Support Event	What we will pay
Accommodation – bedside attendance	If the Life Insured is confined to bed (on the advice of a Medical Practitioner) for at least 3 days, we will reimburse the Immediate Family Member's accommodation costs to be with the Life Insured if they need to travel more than 100 kms from home.	\$250 per day whilst the Life Insured is confined to bed, for a maximum of 30 days. Reimbursement must be claimed within 30 days of the cost being incurred.
Accommodation – funeral attendance	If the Life Insured dies we will reimburse you for an Immediate Family Member's accommodation costs if they need to travel more than 100 kms from home to attend the funeral.	\$250 per day for a maximum of 7 days. Reimbursement must be claimed within 30 days of the cost being incurred.

Benefit type	If the Life Insured suffers a Care Support Event	What we will pay
Grief Support	<p>We will reimburse the cost of grief counselling sessions for the Life Insured, or any Immediate Family Members of the Life Insured.</p> <p>Sessions must be provided by an accredited counsellor or psychologist and incurred within 12 months of the Care Support Event.</p>	<p>\$1,000 (lump sum payment).</p> <p>Reimbursement must be claimed within 30 days of the cost being incurred.</p>
Professional Services	<p>We will reimburse the cost of engaging the services of a financial adviser, accountant or lawyer to assist the Life Insured (or their estate in the event of death) with preparing a financial plan or other documentation that may be required.</p> <p>Other than in the event of death, the Care Support Event must have been continuous for 6 months and the costs incurred within 12 months of the Care Support Event.</p>	<p>\$3,000 (lump sum payment).</p> <p>Reimbursement must be claimed within 30 days of the cost being incurred.</p>
Overseas Assistance	<p>We will reimburse the cost of an airfare for the Life Insured to return to Australia or, if the Life Insured dies, the cost of returning the Life Insured's remains to Australia.</p> <p>We will reimburse the cost of the flight by the most direct route, including connecting flights, less any amounts that are reimbursed from another source.</p> <p>The costs must be incurred within 12 months of the Care Support Event.</p>	<p>\$15,000 (lump sum payment).</p> <p>Reimbursement must be claimed within 30 days of the cost being incurred.</p>
Bed Confinement	<p>If the Life Insured is:</p> <ul style="list-style-type: none"> - confined to bed (on the advice of a Medical Practitioner) for at least 3 days; and - is required to be under the continuous care of a registered nurse; <p>we will pay the Bed Confinement Cover benefit per day.</p>	<p>\$250 per day whilst the Life Insured is confined to bed under the continuous care of a registered nurse, for a maximum of 30 days.</p> <p>Reimbursement must be claimed within 30 days of the cost being incurred.</p>

Benefit type	If the Life Insured suffers a Care Support Event	What we will pay
Family Support	<p>If the Life Insured is:</p> <ul style="list-style-type: none"> - totally dependent on an Immediate Family Member for essential everyday care to enable the Life Insured to live at home; and - this causes a reduction in the Immediate Family Member carer's income; <p>we will reimburse the Immediate Family Member carer's lost income.</p>	<p>The amount by which the Immediate Family Member carer's income is reduced, up to \$100 per day, for a maximum of 90 days.</p> <p>Reimbursement must be claimed within 30 days of the cost being incurred.</p>
Terminal Illness Care	<p>If the Life Insured is Terminally Ill and requires palliative care to prevent, reduce, manage or ease any pain or suffering before death, we will pay the Terminal Illness Care benefit for the Life Insured.</p>	<p>\$500 per day up to a maximum of 30 days, or the Life Insured's earlier death.</p>
Home Care	<p>If the Life Insured is unable to perform all the Home Duties for at least 7 days, then we will reimburse the following costs:</p> <ul style="list-style-type: none"> - a paid professional housekeeper to perform the Home Duties instead of the Life Insured; - Child care if the Life Insured needs paid professional assistance to look after their Child; - travel costs if the Life Insured needs to attend medical appointments (and is unable to drive). <p>The Life Insured will not be considered unable to perform all the Home Duties if they can perform at least one of these duties.</p> <p>No reimbursement will be made where the services are provided by an Immediate Family Member.</p>	<p>The lesser of:</p> <ul style="list-style-type: none"> - the actual cost for the services; and - \$250 per day; <p>for a maximum of 90 days, or until accumulated payments reach \$5,000, whichever occurs first.</p>

Care Support Package optional extras

You can customise your Care Support Package for a Life Insured with the optional extras explained in Table 19.

Table 19. Extras

Extras – Available for additional cost	
Extras	Description
Premium waiver	<p>If you apply for this option and the Life Insured is continuously Totally Disabled or Partially Disabled due to sickness or injury for at least 3 months, we will waive the Care Support Package premiums for that Life insured from the end of the 3 month qualifying period until the latest of:</p> <ul style="list-style-type: none">– the Life Insured is no longer continuously Totally Disabled or Partially Disabled;– the Life Insured 's 65th birthday; and– the Life Insured dies. <p>Premiums under your Policy must be paid up to date for this to occur and past premiums will not be waived.</p> <p>We will not waive premiums if the Life Insured's Total Disability or Partial Disability is a result of a sickness or injury caused directly or indirectly by:</p> <ul style="list-style-type: none">– intentional self-inflicted injury or attempted suicide– normal or uncomplicated pregnancy or childbirth; or– something that we have specifically excluded.

MAKING A CLAIM

You and the Life Insured must provide the information we request to enable us to assess and pay claims. This will include details of the cause of the claim and, depending on the type of cover and the circumstances of the claim, may include

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

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

We may also require the Life Insured to:

- undergo an examination by a Medical Practitioner that we choose at our cost; and/or
- attend a meeting with an assessor.

Who we will pay?

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

Nominations

You are able to nominate up to five Beneficiaries, subject to the following criteria:

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

integrity.

**What you
pay.**



WHAT YOU PAY

Premiums

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

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

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

Premium Structure

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

- **Stepped premiums** – your premium is calculated each year based on changing benefit amounts and in the Life Insured's age; or
- **Level premiums** – your premiums are calculated each year for changes in your benefit amount, but not for a change in the Life Insured's age. When you apply initially, your premium will be calculated based on the Life Insured's age at the date the cover starts. Once a Life Insured turns 65, Level premiums are replaced by Stepped premiums if you continue the Policy beyond this age. The only exception to this is if you choose Level premiums for Income Cover up to age 70.

Government taxes and charges – stamp duty

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

Taxation

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

The following information is provided as a general guide only:

Table 20: Taxation

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

Payments which are paid to the Life Insured in the event of an Income Insurance claim are generally paid net of tax.

Direct debit request service agreement

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

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

It is important that you:

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

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

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

Maintaining the Policy

If we do not receive your premium by the due date, we will send you a reminder notice. You will then have 30 days to pay the overdue premium. If you fail to pay your premiums, the Policy will be cancelled and you will need to apply to have the Policy reinstated if you require continuation of the cover in the future.

Cancelling the Policy

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

DEFINITIONS

General Definitions

Accident

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

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

Activities of Daily Living

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

Australian Resident

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

Beneficiary or Beneficiaries

Means a person or persons that you have nominated to receive a benefit under your End of Life Insurance under a valid Nomination of Beneficiary form received by us.

Child/Children

Means:

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

CPI Rate

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

Home Duties

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

- Cleaning the family home;
- Shopping for food and groceries for the household;
- Preparing meals for the household;
- Performing laundry services for the household including washing and ironing; and
- Caring for dependent Children (where applicable).

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

Immediate Family Member

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

Involuntary Unemployment / Involuntarily Unemployed

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

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

Legal Personal Representative

Means the person named as Executor/Executrix in the Will of the Policy Owner or the person entitled to apply for Letters of Administration of the Estate of the Policy Owner.

Medical Practitioner

Means a Medical Practitioner or specialist who is legally qualified and registered to practise in Australia (or if outside Australia has the equivalent qualifications and is approved by us) that is not you, the Policy Owner, a Life Insured, or an Immediate Family Member or business partner of you or a Life Insured.

Monthly Earnings

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

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

In each case, Monthly Earnings does not include income which isn't derived from the Life Insured's personal exertion or activities, such as interest or dividend payments. Monthly Earnings will always have a minimum value of zero.

Occupation

Means the tasks, activities, job or profession that:

- the Life Insured is required to perform to produce Monthly Earnings;
- cannot be reasonably modified or substituted to take into account the sickness or injury suffered by the Life Insured; and
- in the case of Income Insurance and TPD Insurance, the Life Insured was engaged in immediately before the sickness or injury causing Total Disability, Partial Disability or Total and Permanent Disablement.

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

Parental Leave

Has the meaning as contemplated in the Fair Work Act 2009 (Cth).

Payment Period

Is the maximum period for which a monthly benefit is payable for a Life Insured under an Income Insurance claim. The Payment Period applying to a Life Insured is shown in the Policy Schedule. For 2 year, 5 year and To Age 65 Payment Periods, the Payment Period ends earlier on the date that the Life Insured turns 65 or dies. For the To Age 70 Payment Period, the Payment Period ends earlier on the date that the Life Insured turns 70 or dies.

Terminal Illness / Terminally Ill

Means that the Life Insured has been diagnosed with a sickness, or suffered an injury, which 2 Medical Practitioners have certified in writing (jointly or separately) is likely to result in the Life Insured's death within 24 months of the date of certification (**Certification Period**). For the joint certification, or each certification if separate, the Certification Period must not have ended. Further, at least one of the certifying Medical Practitioners must be a specialist practicing in an area related to the sickness or injury.

Total Disability/Totally Disabled

Solely as result of a sickness or injury the Life Insured meets one or more of the following definitions:

Duties based Definition

The Life Insured is:

- unable to perform one or more of the important duties of their Occupation required to generate an income;
- not working in their Occupation or in any other occupation; and
- under the regular care and following the advice of a Medical Practitioner in relation to the sickness or injury causing Total Disability.

Hours based Definition

The Life Insured is:

- unable to perform one or more of the important duties of their Occupation required to generate an income for more than 10 hours per week;
- not working in any other occupation; and

- under the regular care and following the advice of a Medical Practitioner in relation to the sickness or injury causing Total Disability.

Income based Definition

The Life Insured is:

- unable to generate more than 20% of their Pre-Disability Income from their Occupation;
- not working in any other occupation; and
- under the regular care and following the advice of a Medical Practitioner in relation to the sickness or injury causing Total Disability.

Partial Disability/Partially Disabled

The Life Insured:

- while not Totally Disabled, has solely due to sickness or injury returned to work in a reduced capacity in their Occupation, or any other occupation;
- is no longer able to earn their Pre-Disability Income solely as a result of a sickness or injury; and
- is under the regular care and following the advice of a Medical Practitioner in relation to the sickness or injury which caused Partial Disability.

Unemployment/Unemployed

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

Waiting period

applies when a Life Insured is covered for Income Insurance and is shown in the Policy Schedule.

Medical Definitions

Advanced Diabetes

Means that at least two of the following complications have occurred as a direct result of diabetes:

- Retinopathy resulting in visual acuity uncorrected and corrected of 6/36 or worse in both eyes
- Peripheral vascular disease leading to chronic infection or gangrene, requiring surgical intervention
- Nephropathy causing chronic irreversible renal impairment as measured by a corrected creatinine clearance less than 28mL/min (CKD stage 4, International Chronic Kidney Disease classification), or
- Neuropathy causing:
 - Irreversible autonomic neuropathy resulting in severe postural hypotension, and/or motility problems in the gut with intractable diarrhoea, or
 - Polyneuropathy leading to significant mobility problems due to sensory and/or motor deficits.

Aplastic Anaemia

Means permanent and irreversible bone marrow failure which results in anaemia, neutropenia and thrombocytopenia, requiring treatment, with at least one of the following:

- Blood product transfusions;
- Marrow stimulating agents;
- Immunosuppressive agents; or
- Bone marrow transplantation.

Blindness

The permanent loss of sight in both eyes, whether aided or unaided, to the extent that visual acuity is 6/60 or less in both eyes, or to the extent that the visual field is reduced to 20 degrees or less of arc.

Cancer

The presence of one or more malignant tumours (including leukaemia, lymphoma, Hodgkin's disease and colorectal cancer from Dukes Stage A) characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue.

The following cancers are excluded:

- Conditions classified by their clinical features, cytopathology and/or histopathology as tumours showing the malignant changes of 'carcinoma-in-situ' or which are histopathology described as premalignant (carcinoma in situ of the breast is covered if it results directly

in the removal of the entire breast. This procedure must be performed specifically to arrest the spread of malignancy and be considered the appropriate and necessary treatment). Uterine cervical intraepithelial lesions, cervical dysplasias and cervical intraepithelial neoplasias, including those classified as CIN 1, CIN 2 and CIN 3 are examples of tumours categorised as either being carcinoma in situ and/or premalignant and are excluded.

- All hyperkeratosis and basal cell carcinomas, and squamous cell carcinomas of skin unless there has been evidence of metastatic spread.
- Prostatic cancers which remain histopathologically classified as TNM stage T1a or T1b or are of another equivalent or lower classification and have a Gleason score of six or less, unless major interventionist treatment is required to arrest the spread of malignancy.
- Melanomas which are less than stage T1bN0M0.
- Chronic Lymphocytic Leukaemia diagnosed as less than RAI Stage 1.

Cancer of the Vulva or Perineum

Any lesion described by a histopathologist as carcinoma of the vulva or perineum that meets the criteria of either FIGO Stage 3 or 4 (tumour of any size with contiguous invasion of local organs). FIGO refers to the staging method of the Federation Internationale de Gynecologie et d'Obstetrique.

Carcinoma in situ

Localised cancer, characterised by a focal autonomous new growth of carcinomatous cells, which has not yet resulted in the invasion of normal tissues. Invasion means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The tumour must be classified as Tis according to the TNM staging method. Only Carcinoma in situ of the following sites is covered:

- Breast (excluding Carcinoma in situ of the Breast with Surgery and Treatment)
- Cervix – uteri (excluding cervical intraepithelial neoplasia (CIN) classifications CIN1 and CIN2)
- Fallopian tube
- Ovary
- Penis
- Perineum
- Prostate
- Testicle
- Vagina
- Vulva.

Carcinoma in situ of the Breast with Surgery and Treatment

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

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

Cardiomyopathy

Condition of impaired ventricular function of variable aetiology resulting in significant permanent physical impairments to the degree of at least class 3 of the New York Heart Association Classification of cardiac impairment.

Chronic Lymphocytic Leukaemia

The presence of chronic lymphocytic leukaemia diagnosed as RAI Stage 0, which is defined to be in the blood and bone marrow only.

Cognitive Loss

A total and permanent deterioration or loss of intellectual capacity (supported by a score of 15 or less out of 30 in a Mini Mental State Examination or evidence from another neuropsychometric test that is acceptable to us) that has required the Life Insured to be under continuous care and supervision by another person for at least three consecutive months and at the end of that three month period the Life Insured are likely to require ongoing continuous care and supervision by another person.

Colostomy/ileostomy

The creation of a permanent non-reversible opening, combining the colon and/or ileum to the external surface of the body.

Coma

A state of total unconsciousness and unresponsiveness to all external stimuli, resulting in a Glasgow Coma Scale score of six or less and requiring continuous assisted ventilation to maintain life for at least 72 consecutive hours.

Coronary Artery Angioplasty

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

Coronary Artery Angioplasty – Triple Vessel

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

Coronary Artery Bypass Surgery

The undergoing of coronary artery bypass surgery with the use of bypass graft to one or more coronary arteries for treatment of coronary artery disease. All non-surgical procedures such as laser, angioplasty or other intra-arterial techniques are excluded.

Dementia including Alzheimer's Disease

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

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

Dementia directly related to alcohol abuse is excluded.

Diabetes Complication

At least two of the following complications have occurred as a direct result of Type 1 insulin dependent diabetes mellitus:

- Urinary protein excretion of more than 300mg per day;
- Creatinine clearance of 28-42mL/min (CKD stage 3b, International Chronic Kidney Disease Classification);
- Retinopathy with a minimum severity of at least exudates and/or dot-blot haemorrhages; or
- Persistent sensory neuropathy.

Early Stage Melanoma

The presence of one or more melanomas which are classified as melanoma in situ or stage T1aN0M0.

Early Stage Prostate Cancer

Localised cancer characterised by focal autonomous new growth of cancer cells. The tumour must be described histologically as TNM Classification T1 and have a Gleason score of six or less.

Encephalitis

The severe inflammation of brain substance caused by viral infection resulting in neurological deficit, causing:

- At least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' 6th edition, or an equivalent guide to impairment approved by us, or

- Total and irreversible inability to perform without the assistance of another person at least one of the 'Activities of Daily Living'.

End Stage Kidney Disease

End stage kidney disease presenting as chronic irreversible failure of both kidneys to function, which requires permanent renal dialysis or renal transplantation.

End Stage Liver Disease

End stage liver disease resulting in permanent jaundice, ascites or encephalopathy.

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

End Stage Lung Disease

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

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

Heart Attack

The death of a portion of the heart muscle because of inadequate blood supply to the relevant area.

The diagnosis must be supported by diagnostic rise and/or fall of cardiac biomarkers with at least one value above the 99th percentile of the upper reference limit and at least one of the following:

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

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

A rise in biological markers because of an elective percutaneous procedure for coronary artery disease is excluded. Also excluded are other acute coronary syndromes including but not limited to angina pectoris.

Hydatidiform Mole

The presence of a hydatidiform mole requiring surgical removal.

Intensive Care

A Sickness or Injury that has, for the first time, resulted in the Life Insured requiring continuous mechanical ventilation by means of tracheal intubation for ten consecutive days (24 hours per day) in an authorised intensive care unit of an acute care hospital.

Loss of Hearing

Complete and irrecoverable loss of hearing, both natural and assisted, from both ears.

Loss of Independent Existence

There is permanent and irreversible inability to perform:

- at least 2 of the 5 Activities of Daily Living without the physical assistance of another person; or
- all the Home Duties. If the Life Insured is able to perform one of the Home Duties, then the Life Insured does not meet the requirement of being unable to perform all the Home Duties.

Loss of Limbs or Sight

The Life Insured has sustained the complete and irreversible loss of use of:

- Two limbs;
- Sight in both eyes (Blindness); or
- Sight in one eye (Partial Blindness) and one limb, where limb means the whole hand, whole foot, whole arm or whole leg.

Loss of one Limb

The total and permanent loss of use of one 'limb' through sickness or injury, where limb means the whole hand below the wrist or whole foot below the ankle.

Loss of Speech

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

Major Head Trauma

Injury to the head resulting in neurological deficit causing:

- At least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' 6th edition, or an equivalent guide to impairment approved by us; or

- Total and irreversible inability to perform at least one of the 5 Activities of Daily Living without the physical assistance of another person.

Major Organ or Bone Marrow Transplant

Undergoing, or being placed on an official Australian waiting list approved by us for, a transplant from a human donor for bone marrow or one of the following organs:

- Heart;
- Kidney;
- Liver;
- Lungs; or
- Small bowel.

Medically Acquired HIV

Accidental infection with Human Immunodeficiency Virus (HIV) which we believe, on the balance of probabilities, arose from one of the following medical procedures performed in Australia by a registered health professional:

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

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

We require access to all blood samples taken in order to facilitate independent testing, with the right to take additional samples as necessary.

The benefit will not be paid if:

- HIV Infection is caused by any other means, including sexual activity or recreational intravenous drug use; or
- A medical cure is found for AIDS or the effects of the HIV virus, or a medical treatment is developed that results in the prevention of the occurrence of AIDS.

'Cure' means any Australian Government approved treatment, which renders HIV in-active and non-infectious.

Meningococcal Septicaemia

The unequivocal diagnosis of Meningococcal Septicaemia which is characterised by:

- At least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' 6th edition, or an equivalent guide to impairment approved by us; or
- Total and irreversible inability to perform at least one of the 5 Activities of Daily Living without the physical assistance of another person.

Motor Neurone Disease

The unequivocal diagnosis of motor neurone disease.

Multiple Sclerosis

The unequivocal diagnosis of multiple sclerosis which is characterised by demyelination in the brain and spinal cord.

There must have been more than one episode of well-defined neurological deficit with persisting clinical neurological abnormalities.

Neurological investigations subject to our discretion such as, but not limited to, lumbar puncture, Magnetic Resonance Imaging (MRI), evidence of lesions in the central nervous system, evoked visual responses or evoked auditory responses are required to confirm diagnosis.

Muscular Dystrophy

The unequivocal diagnosis of muscular dystrophy.

Occupationally Acquired Hepatitis B or C

The contracting of Hepatitis B or Hepatitis C as the result of an Accident, during the course of the Life Insured's regular Occupation, resulting in the production of:

- Hepatitis B surface antigen or HBV DNA, demonstrated by way of a positive Hepatitis B surface antigen or HBV DNA test; or
- Hepatitis C antibodies, demonstrated by way of a positive Hepatitis C antibody test.

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

Any Accident giving rise to a potential claim must be reported to us within 30 days of the Accident and supported by a negative Hepatitis B or Hepatitis C test (as applicable) taken within seven days after the Accident.

We require access to all blood samples taken in order to facilitate independent testing, with the right to take additional samples as necessary. The benefit will not be paid if:

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

- In practising the Life Insured's Occupation, the Life Insured has not made reasonable efforts to comply with relevant State and Commonwealth guidelines in relation to dealing with infection of health care workers;
- The Australian Government or relevant government body has approved a medical treatment which renders the Hepatitis B or Hepatitis C virus (as applicable) inactive and non-infectious to others; or
- The Life Insured has not taken an approved vaccine that is recommended by the relevant government body for use in the Life Insured's Occupation and is available prior to the event which causes infection.

Occupationally Acquired HIV

Infection with Human Immunodeficiency Virus (HIV) as the result of an Accident occurring during the course of the Life Insured's regular Occupation. The production and detection of HIV antibodies (seroconversion) must be confirmed by way of a positive HIV antibody test within six months of the Accident.

Any Accident giving rise to a potential claim must be reported to us within 30 days of the incident and supported by a negative HIV antibody test taken within seven days after the Accident.

We require access to all blood samples taken in order to facilitate independent testing, with the right to take additional samples as necessary.

The benefit will not be paid if:

- HIV Infection is caused by any other means, including sexual activity or recreational intravenous drug use;
- In practising the Life Insured's medical profession, the Life Insured has not made reasonable efforts to comply with relevant State and Commonwealth guidelines in relation to dealing with infection of health care workers;
- A medical cure is found for AIDS or the effects of the HIV virus, or a medical treatment is developed that results in the prevention of the occurrence of AIDS. 'Cure' means any Australian Government approved treatment, which renders HIV in-active and non-infectious; or
- The Life Insured has not taken an approved vaccine that is recommended by the relevant government body for use in the Life Insured's Occupation and is available prior to the event which causes the infection.

Open Heart Surgery

The undergoing of open heart surgery to correct a cardiac defect, cardiac aneurysm or cardiac tumour.

Out of Hospital Cardiac Arrest

Cardiac arrest that occurs out of hospital and is due to:

- Cardiac asystole; or
- Ventricular fibrillation with or without ventricular tachycardia.

The cardiac arrest must not be related to any medical procedure and must be documented by an electrocardiogram.

Paralysis

The total and permanent loss of the use of two limbs, where limb is defined as the shoulder down to the hand or the hip down to the foot.

Paraplegia, Quadriplegia, Tetraplegia, Diplegia and Hemiplegia are included.

Parkinson's Disease

The unequivocal diagnosis of Parkinson's disease.

Partial Blindness

The permanent loss of sight in one eye, whether aided or unaided to the extent that visual acuity is 6/60 or less in one eye, or to the extent that the visual field is reduced to 20 degrees or less of arc.

Partial Loss of Hearing

Complete and irrecoverable loss of hearing, both natural and assisted, from one ear.

Pneumonectomy

The undergoing of surgery to remove an entire lung.

Primary Pulmonary Hypertension

Primary Pulmonary Hypertension associated with right ventricular enlargement, established by cardiac catheterisation resulting in significant permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.

Repair or Replacement of a Heart Valve Surgery

Repair or Replacement of a Heart Valve Surgery to replace or repair heart valves as a consequence of heart valve defects or abnormalities that cannot be corrected by non-surgical techniques.

Severe Benign Brain Tumour or Spinal Cord Tumour

A non-cancerous tumour in the brain, cranial nerve, meninges or spinal cord which produces neurological damage and functional impairment which a consultant neurologist considers to be permanent:

- Causing at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' 6th edition, or an equivalent guide to impairment approved by us.
- Requires cranial surgery for its removal.

The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI (Magnetic Resonance Imaging). Cysts, granulomas, malformations in or of the arteries or veins of the brain, haematomas and tumours in the pituitary gland or spine are excluded.

Severe Burns

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

- 20% or more of the body surface area as measured by the age-appropriate use of 'The Rule of Nines' or the 'Lund & Browder Body Surface Chart';
- Both hands, requiring surgical debridement and/or grafting; or
- The face, requiring surgical debridement and/or grafting.

Severe Crohn's Disease

Unequivocal diagnosis of Crohn's Disease that has failed to be controlled by standard therapy including cortisone treatment and requires permanent immunosuppressive medication.

Severe Multiple Sclerosis

The unequivocal diagnosis of Multiple Sclerosis which is characterised by demyelination in the brain and spinal cord. There must be well-defined neurological deficits with persisting clinical neurological abnormalities, resulting in the total and irreversible inability to perform at least 3 of the 5 Activities of Daily Living without the physical assistance of another person.

Neurological investigations such as lumbar puncture, Magnetic Resonance Imaging (MRI), evidence of lesions in the central nervous system, evoked visual responses and evoked auditory responses are required to confirm diagnosis.

Severe Osteoporosis

Before the age of 50, the Life Insured suffers:

- At least two vertebral body fractures or a fracture of the neck or femur, due to osteoporosis; and

- Have a bone mineral density reading with a T-score of -2.5 or worse (i.e. 2.5 standard deviations below the young adult mean for bone density). This must be measured in at least two sites by dual energy x-ray absorptiometry (DEXA).

Severe Parkinson's Disease

The unequivocal diagnosis of Parkinson's Disease which is characterised by irreversible neurological deficit resulting in the total and irreversible inability to perform at least 3 of the 5 Activities of Daily Living without the physical assistance of another person.

Severe Rheumatoid Arthritis

Means the unequivocal diagnosis of severe rheumatoid arthritis which has not responded to at least six months' intensive treatment with all conventional therapy (including non-biologic DMARDs). This must be supported by evidence of all the following:

- Symptoms and signs of persistent inflammation (arthralgia, swelling, tenderness) in at least 20 joints or four of the following large joints (ankles, knees, hips, elbows, shoulders); and
- Evidence of joint deformity/destruction and limitation of joint movement.

Degenerative osteoarthritis and all other arthritis is excluded.

Severe Ulcerative Colitis

Unequivocal diagnosis of Ulcerative Colitis that has failed to be controlled by standard therapy including cortisone treatment and requires permanent immunosuppressive medication.

Stroke

A neurological event caused by a cerebrovascular accident or incident.

The stroke must be evidenced by neuro-imaging.

Transient ischaemic attacks, cerebral events due to reversible neurological deficits, migraines, hypoxaemia or trauma and vascular disease affecting the eye, optic nerve or vestibular functions are excluded.

Surgery of the Aorta

Surgery to correct a narrowing, dissection or aneurysm of the thoracic or abdominal aorta but not its branches.

Percutaneous intravascular procedures, or other nonsurgical procedures are excluded.

PRIVACY

Your privacy is important to us

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

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

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

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

Access, corrections and complaints

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

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

Phone: 1300 543 366

Email: privacy@integritylife.com.au

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

Privacy Policy

Our Privacy Policy provides more detail about how we handle your personal information. For the full version of our Privacy Policy, please refer to integritylife.com.au/privacy-policy or contact us on 1300 543 366.

integrity.

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