



QBE Insurance (Australia) Limited

# Mortgage Protection Plus Insurance

Insurance Product Disclosure Statement  
and Policy Wording



MEMBER care



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## About this booklet

There are two parts to this booklet. The first part is Important Information about this Policy including information about how we'll protect your privacy and how to make a complaint or access our dispute resolution service.

The second part is your Policy Wording which sets out the detailed terms, conditions and exclusions of the Policy.

Because we don't know your own personal circumstances, you should treat any advice in this booklet as purely general in nature. It doesn't consider your objectives, financial situation or needs. You should carefully consider the information provided with regard to your personal circumstances to decide if it's right for you.

This booklet is also a Product Disclosure Statement (PDS). Other documents you receive may comprise the PDS. You'll know when this happens because it'll say so in the document.

We may need to update information in this PDS. If we need to do this, we'll either send you a new PDS or a supplementary PDS. You can also get a copy of these simply by calling us.

The PDS is issued by QBE Insurance (Australia) Limited and Integrity Life Australia Limited on behalf of the Insurers. QBE insurance (Australia) Limited and Integrity Life Australia Limited each take full responsibility for the contents of the whole PDS.

**The insurer of disability and involuntary unemployment covers:** QBE Insurance (Australia) Ltd ABN 78 003 191 035 – AFSL 239545.

**The insurer of life and trauma covers:** Integrity Life Australia Ltd ABN 83 089 981 073 – AFSL 245492 is the insurer of life and trauma covers, except where trauma cover is selected but life cover is not. If trauma cover only is selected then QBE Insurance (Australia) Ltd is the insurer.

### For more information or to make a claim

Please take the time to read through this booklet and if you have any questions, need more information or to confirm a transaction, please contact:

- your financial institution. The contact details for your financial institution are set out in the financial services guide or other documentation they give you.

Full details of what you must do for us to consider your claim are provided in the 'Claims' section at the end of this booklet. To make a claim under this Policy please contact QBE on:

- phone: 1800 226 122
  - fax: (02) 9295 5554
  - email: [membercare.claims@qbe.com](mailto:membercare.claims@qbe.com)
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## About QBE Australia

QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239545 is a member of the QBE Insurance Group Limited ABN 28 008 485 014 (ASX: QBE). QBE Insurance Group is Australia's largest international general insurance and reinsurance group, and one of the top 25 insurers and reinsurers in the world.

QBE Insurance (Australia) Limited is the insurer of disability and involuntary unemployment covers.

## About Integrity Life

Integrity Life ABN 83 089 981 073 AFSL 245492 aims to reinvigorate life insurance protection for Australians through championing respect, transparency, simplicity and integrity in all our customer and partner interactions and operations.

Integrity Life is the insurer of life and trauma covers, except where trauma cover is selected but life cover is not. If trauma cover only is selected then QBE Insurance (Australia) Limited is the insurer.

## About P&N Bank

P&N Bank is a different kind of bank; a member-owned bank. Our main point of difference is that we are a mutual organisation, which means all profits we make are reinvested back into the business for the benefit of our members. This enables us to bring you friendly, personalised service with banking products designed to put your interests first, as well as lower fees and competitive rates.

As Western Australia's only locally owned and managed bank, we put our members first. We offer convenient banking access via internet, phone and mobile. We also have 15 branches located throughout WA and a network of over 3,500 ATMs Australia-wide.

To find out more, please contact us on 13 25 77, visit [pnbank.com.au](http://pnbank.com.au) or drop into your local branch.

This Policy is distributed by Police and Nurses Limited (P&N Bank) ABN 69 087 651 876 Australian Financial Services Licence/Australian Credit Licence 240701. P&N Bank acts under its own AFSL in providing financial services.

This Policy isn't a product of, nor is it guaranteed by, P&N Bank. QBE and Integrity Life pays commission to P&N Bank for arranging this Policy.

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## Important Information

In this first part of the booklet we explain important information about this Policy including how we'll protect your privacy and how to make a complaint or access our dispute resolution service.

### Duty of disclosure

Before you enter into an eligible contract of insurance with us, you have a duty of disclosure under the *Insurance Contracts Act 1984* (Cth).

We may ask you questions that are relevant to our decision to insure you and on what terms. If we do, you must tell us anything that you know and that a reasonable person in the circumstances would include in their answer.

You have this duty until we agree to insure you.

If after submitting your application form, but before we've agreed to extend cover, you become aware of any health condition that would be expected to reasonably impact whether or not your life cover would be accepted or subject to terms, you have a duty to notify your financial services representative and the life insurer.

#### **If you do not tell us something**

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

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## Privacy

This privacy policy covers both QBE and Integrity Life. We'll collect personal information when you deal with either of us, our agents, other companies in the QBE Group or other companies in the Integrity Group, or suppliers acting on our behalf. We will also share the information you supply to either of us with each other. We use your personal information so we can do business with you, which includes issuing and administering our products and services and processing claims.

QBE may send your information overseas. Locations can vary but includes, the Philippines, India, Ireland, the UK, the US, China and countries within the European Union.

Each of our privacy policies describes in detail where and from whom we collect personal information, as well as where we store it and the full list of ways we could use it.

For further information:

QBE (general insurance provider) – You can view QBE's Privacy Policy at [www.qbe.com.au/privacy](http://www.qbe.com.au/privacy), or obtain a copy by phoning QBE on 133 723 or request it from our authorised representatives or service providers.

Integrity Life (life insurance provider) – You can view Integrity Life's Privacy Policy at [www.integritylife.com.au/privacy](http://www.integritylife.com.au/privacy), or you can obtain a copy by phoning Integrity Life on 1300 LIFENOW (1300 543 366).

To contact the Privacy Officer at:

QBE – call 1300 650 503, email [privacy@qbe.com.au](mailto:privacy@qbe.com.au), or contact QBE Customer Care – see page 13 for details.

Integrity Life – call 1300 543 366, email [privacy@integritylife.com.au](mailto:privacy@integritylife.com.au), or write to:

The Privacy Officer  
Integrity Life Australia Ltd  
PO Box R1741  
Royal Exchange NSW 1225

It's up to you to decide whether to give us your personal information, but without it we might not be able to do business with you, which includes being able to properly assess and pay a claim.

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## About consumer credit insurance

This is a Consumer Credit Insurance (CCI) policy designed to meet your loan repayments in the event of a disability or involuntary unemployment. This Policy will also pay you the amount selected for a trauma event occurring to you or to pay the outstanding balance of your loan, less any rebate of charges and arrears in monthly repayments, in the event of your death.

This insurance is not compulsory and a credit provider cannot insist upon you taking out a CCI Policy as a condition of a loan. You should also be aware that you can effect CCI with the insurer of your choice.

### Eligibility criteria

For any of the covers provided by this Policy, you must:

- be aged between 15 – 59 years of age at the commencement date;
- be a permanent resident of Australia, unless you are a member of the Australian defence force posted overseas or we agree in writing to insure you.

If you are applying for disability cover, you must:

- be employed on a permanent, casual, temporary, contract or self employed basis.

If you are applying for involuntary unemployment cover, you must:

- be employed in permanent gainful employment when you apply for the loan (you are working on a permanent and continuous basis for wages or income for a minimum of fifteen (15) hours every week and you are not in employment of a seasonal or self employed nature); and
- you do not have any prior knowledge your permanent gainful employment is to be terminated or decreased.

You will not be able to apply for involuntary unemployment cover without also applying for disability cover.

### Applying for cover

You may apply for this Policy at the time of applying for your loan. Assuming that you meet all eligibility criteria, you will be issued with a Policy Schedule confirming your cover including the following information:

- your name and address;
  - the amount of your loan repayment that is covered;
  - which cover(s) you have selected; and
  - premium including taxes and charges.
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## Significant benefits and features

The following is a summary only and does not form part of the terms of your Policy. We give examples of some of the significant benefits and risks but you need to read the Policy Wording which set out the terms and conditions of this Policy to make sure it matches your expectations.

This Policy is designed to provide you with mortgage protection cover for the insured events selected as shown on your Policy Schedule, that occur during the period of insurance. You may select combinations of cover for life, trauma, disability and involuntary unemployment.

Cover	Benefit	Main conditions
Life cover	In the event of your death, we will pay to your financial institution the current insured loan contract amount stated in the Policy Schedule.	Cover available up to a maximum of \$500,000.
Disability cover	We will pay to your financial institution for each day of disability 1/30th of either: (a) the minimum monthly repayment required shown on the loan contract when it was first entered into; or (b) the minimum monthly repayment amount required under the loan contract on the date your disability first occurred;  whichever is the lesser.	Maximum amount payable is \$3,000 per month (up to a maximum amount equivalent to thirty six (36) monthly repayments) whilst you remain disabled.
Trauma cover	Pays you the amount of cover selected by you in the event of positive diagnosis of any of the diseases or disabilities as shown in the Policy Wording.	Automatic cover of \$10,000. You may elect to increase cover in multiples of \$5,000 up to \$50,000 depending on your loan amount.
Involuntary unemployment cover	We will pay to your financial institution for each day of involuntary unemployment 1/30th of either:	Maximum of three (3) months involuntary unemployment cover during any consecutive



Cover	Benefit	Main conditions
	<p>(a) the minimum monthly repayment required shown on the loan contract when it was first entered into; or</p> <p>(b) the minimum monthly repayment amount required under the loan contract on the date your involuntary unemployment first occurred;</p> <p>whichever is the lesser.</p>	<p>twelve (12) month period. The maximum amount we will pay for all involuntary unemployment claims made is \$10,000 during the first five (5) years of the period of cover from the commencement date and \$10,000 in any subsequent, unbroken period of five (5) years thereafter.</p>

## Significant risks

### The Policy does not cover certain things

Claims may be refused in certain circumstances. Please refer to the Policy Wording for full details. These are certain events that are not covered by this insurance.

### Pre-existing conditions

If you have a pre-existing condition that has not been disclosed to us, and we have not agreed to cover you for this condition, any claims resulting from this pre-existing condition will not be covered.

If you have one of the pre-existing conditions listed below and that condition has been disclosed to us you have the option to pay an additional premium to be covered for this condition. The pre-existing medical conditions for which we can provide cover are:

- high blood pressure
- asthma
- diabetes

Having a pre-existing condition does not restrict you from taking out this Policy.

### Summary of limits to the cover provided

Cover	Risk
All covers	<ul style="list-style-type: none"> <li>• This Policy is limited to the period of insurance shown in your Policy Schedule.</li> <li>• There is no surrender value on the Policy.</li> <li>• You need to be aware that there are limits to each Policy benefit. The extent of these limits are set out in the Policy Wording. If you do not adequately insure yourself you may have to bear the uninsured portion of any loss yourself. If you are unsure whether you are insured for the correct amount, you should seek professional advice.</li> <li>• Cover is subject to exclusions detailed in the Policy Wording.</li> </ul>
Life cover	<ul style="list-style-type: none"> <li>• Cover available up to \$500,000 during the period of insurance.</li> <li>• Cover starts from the commencement date.</li> <li>• If you have joint cover, the maximum payable under this benefit is \$500,000.</li> </ul>

Cover	Risk
Disability cover	<ul style="list-style-type: none"> <li>Up to \$3,000 per month (up to a maximum amount equivalent to thirty six (36) monthly repayments) whilst you remain disabled.</li> <li>There is no cover for the first twenty eight (28) consecutive days of any disability.</li> </ul>
Trauma cover	<ul style="list-style-type: none"> <li>You are able to select up to \$50,000 in cover depending on your loan amount.</li> <li>If you have joint cover, the maximum trauma cover available is \$100,000.</li> <li>There is no cover for trauma occurring within ninety (90) days of the commencement date.</li> <li>Only one claim allowed during period of insurance.</li> <li>This cover must be taken in conjunction with disability cover.</li> </ul>
Involuntary unemployment cover	<ul style="list-style-type: none"> <li>Up to \$10,000 during the first five (5) years of the period of cover from the commencement date and \$10,000 in any subsequent, unbroken period of five (5) years thereafter.</li> <li>Benefit payable for maximum of three (3) months during any consecutive twelve (12) month period.</li> <li>There is no cover for involuntary unemployment occurring within twenty eight (28) days of the commencement date.</li> <li>There is no cover for the first twenty eight (28) consecutive days of any involuntary unemployment.</li> <li>This cover must be taken in conjunction with disability cover.</li> </ul>

## What you are not covered for

There are certain times when this Policy may not provide cover. See the 'Events we will not cover' table for full details.

We may also refuse to pay or may reduce the amount we pay under a claim:

- if you do not comply with the Policy conditions (Please read the Policy Wording of this document for details of the conditions to make sure you understand your obligations);
- if you do not comply with your duty of disclosure (such as not telling us of a pre-existing illness); or
- if you make a fraudulent claim.

## The cost of this Policy

Premium is what you pay us for this Policy and it's made up of the amount we've calculated for the risk and any taxes and government charges.

When calculating your premium we take a number of factors into account, including:

Factors	Impact
The monthly mortgage repayment	premium increases as the amount borrowed increases.
The amount borrowed	your premium will be calculated on the loan size and will increase as the amount borrowed increases.
The period of the loan	the premium will increase as the period of cover increases.
The type of cover that you have selected	the premium is calculated on the cover type combination that you select.
Your age	as your age increases so may the premium amount.
Your gender	the premium may be calculated to take into account your gender.
Your smoking status	the premium may be increased if you are a smoker.
Details relating to any joint borrower	each person listed on the Policy is priced according to the details provided by you, however, you do receive a discount for a joint policy.
Your health condition	you may have disclosed a health condition and paid an additional premium to be covered for this health condition.

Commission of 20% of the premium is paid to the financial services provider who sold you this Policy. It is not an additional charge to you and it is included in the premium payable.

## Cooling-off information

If you change your mind within 21 days of buying your Policy, you can cancel it and receive a full refund. Naturally, this doesn't apply if you've made or are entitled to make a claim. Even after the cooling off period ends, you still have the right to cancel your Policy. However, we may deduct some costs from any refund, as set out in the Policy Wording under 'Cancelling your Policy'.

To cancel your policy within the cooling off period, send an email to QBE at [insurancecentre@qbe.com](mailto:insurancecentre@qbe.com).

## The General Insurance Code of Practice

QBE Australia is a signatory to the General Insurance Code of Practice.

The Code aims to:

- Commit us to high standards of service
- Promote better, more informed relations between us and you
- Maintain and promote trust and confidence in the general insurance industry
- Provide fair and effective mechanisms for the resolution of complaints and disputes between us and you
- Promote continuous improvement of the general insurance industry through education and training.

## Resolving complaints & disputes

This Policy is made up of products underwritten by two different insurers. If you have a complaint or a dispute, you need to contact the insurer for that product.

### If your complaint is about the QBE products

#### Step 1 – Talk to us

If there's something you'd like to talk to us about, or to make a complaint, speak to our staff.

You can also contact our Customer Care Unit directly to make your complaint. Our aim is to resolve all complaints within 15 business days.

#### Step 2 – Escalate your complaint

If we haven't responded within 15 days, or if you're not happy with how we've tried to resolve it, you can ask for your complaint to be escalated for an Internal Dispute Resolution (IDR) review.

We'll provide a final decision within 15 business days of your complaint being escalated, unless they've requested and you've agreed to give us more time.

### Step 3 – Still not resolved?

If you're not happy with our final decision, or if we've taken more than 45 days to respond to you from the date you first made your complaint, you can contact the Financial Ombudsman Service Australia (FOS Australia).

#### Contacting QBE Customer Care

How to contact QBE Customer Care	
Phone	1300 650 503 (Monday to Friday from 9am to 5pm, Sydney time, except on public holidays).  Calls from mobiles, public telephones or hotel rooms may attract additional charges.
Email	<ul style="list-style-type: none"> <li>• <a href="mailto:complaints@qbe.com">complaints@qbe.com</a>, to make a complaint.</li> <li>• <a href="mailto:privacy@qbe.com">privacy@qbe.com</a>, to contact us about privacy or your personal information.</li> <li>• <a href="mailto:customercare@qbe.com">customercare@qbe.com</a>, to give feedback or pay a compliment.</li> </ul>
Post	Customer Care, GPO Box 219, PARRAMATTA NSW 2124

#### If your complaint is about the Integrity Life products

If there's something you'd like to talk to us about, or if you'd like to make a complaint, speak to one of our staff.

#### Escalate your complaint

If your complaint has not been resolved within 5 days or if you advise us you are unhappy with our response, your complaint will automatically be escalated to the Complaints Officer at Integrity Life.

Integrity Life will provide you with a final decision, and the reasons for that decision, within 45 days.

#### Contacting Integrity Life

How to contact the Complaints Manager	
Phone	1300 54 33 66
Email	<a href="mailto:complaints@integritylife.com.au">complaints@integritylife.com.au</a>
Post	R1741 Royal Exchange, NSW 1225

## Still not resolved?

If you're not happy with our final decision, or if we've taken more than 45 days to respond to you from the date you first made your complaint, you can contact the Financial Ombudsman Service Australia (FOS Australia).

FOS Australia resolves insurance disputes between consumers and insurers, at no cost to you. Depending on the coverage issue in the dispute QBE and Integrity Life are bound by FOS Australia's decision but you're not. You can contact FOS Australia directly and they'll advise you if your dispute falls within their Terms of Reference.

## Privacy complaints & disputes not covered by the FOS Australia terms of reference.

If your dispute doesn't fall within the FOS Australia Terms of Reference, and you're not satisfied with our decision then you may wish to seek independent legal advice.

If you've made a privacy complaint and you're not satisfied with our final decision and it relates to your privacy or how we've handled your personal information, you can contact the Office of the Australian Information Commissioner (OAIC).

### How to contact FOS Australia

Phone	1800 367 287 (Monday to Friday from 9am to 5pm, Melbourne time, except on public holidays)
Email	info@fos.org.au
Online	www.fos.org.au

### How to contact the OAIC

Phone	1300 363 992 (Monday to Friday from 9am to 5pm, Sydney time, except on public holidays).  Calls from mobiles, public telephones or hotel rooms may attract additional charges.
Email	enquiries@oaic.gov.au
Online	www.oaic.gov.au

## Financial claims scheme

Your Policy is a protected policy under the Financial Claims Scheme (FCS), which protects certain insureds and claimants in the event of a general insurer becoming insolvent. In the unlikely event of QBE Insurance Australia becoming insolvent you may be entitled to access the FCS, provided you meet the eligibility criteria.

More information may be obtained from the Australian Prudential Regulation Authority (APRA).

### How to contact APRA

Phone	1300 558 849 (Monday to Friday from 9am to 5pm, Sydney time, except on public holidays).  Calls from mobiles, public telephones or hotel rooms may attract additional charges.
Online	<a href="http://www.fcs.gov.au">www.fcs.gov.au</a>



## Policy Wording

Your Policy is made up of covers underwritten by different insurers. Each insurer only accepts liability in respect to the insurance cover of which they insure.

### The insurer of disability and involuntary unemployment covers

QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239545.

### The insurer of life and trauma covers

Integrity Life Australia Limited ABN 83 089 981 073 AFSL 245492 is the insurer of life and trauma covers, except where trauma cover is selected but life cover is not. If trauma cover only is selected then QBE Insurance (Australia) Limited is the insurer.

## Our agreement

Your Policy is an agreement between you and us, made up of:

- This Policy Wording
- Your Policy Schedule, which sets out the cover you've chosen and any terms specific to you.

The cover under this Policy is provided during the period of insurance, once you've paid us your premium. There are also:

- Conditions and exclusions which apply to specific covers or sections;
- General exclusions, which apply to any claim you make under this Policy;
- General conditions, which set out your responsibilities under this Policy;
- Claims conditions, which set out our rights and your responsibilities when you make a claim; and
- Other terms, which set out how this Policy operates.

### Excesses

You must pay any excesses which apply to your claim. The excesses which you have to pay are set out in this Policy Wording or on your Policy Schedule.

### How much we'll pay

The most we'll pay for a claim is the sum insured which applies to the cover or section you're claiming under, less any excess.

## Paying your premium

The ways you can pay your premium, and the frequency you can pay it, are described below:

- Periodic instalments from your bank account,
- One annual payment by cash, cheque or annual payment by credit card.

Your premium and how you've chosen to pay it is set out on your Policy Schedule.

### Annual premium

If you pay your premium annually, and it's not paid by the due date or if your payment is dishonoured, this Policy won't operate and there'll be no cover.

### Instalment payments

If you pay your premium by instalment, your Policy Schedule will show the date and frequency of your instalments. If your direct debit details change you must tell us no later than seven days before your next instalment is due.

If you miss an instalment we'll contact you to ask you to pay it or arrange to collect it from you. If you don't pay the missed instalment your policy may be cancelled and we'll write to you to let you know when this will happen.

If you don't pay the missed instalment and a claim arises, then we may refuse to pay your claim.

### At renewal

If you pay by instalments, and you renew your Policy, we'll continue to deduct instalments for a renewed Policy at the new premium level according to the same instalment pattern, unless you tell us to stop your direct debit.

If the first instalment for a renewed Policy isn't received we'll try and retake the instalment after seven days. If it remains unpaid, your renewed Policy won't operate and there'll be no cover.

If an instalment is unpaid, we'll send you a reminder letting you know when we're going to retake the instalment. If we still don't receive your payment after this reminder, we'll write telling you the date your Policy will be cancelled unless your payment arrives. Then, if we don't receive a payment, we'll send you a notice to confirm your Policy has been cancelled.

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## Adjustment of premium on renewal

If we agree to renew your Policy and you claim for an incident that happened during a previous period of insurance, you must tell us about it. You agree to pay us any additional premium increase we'd have required you to pay if you'd told us about the claim before your Policy was renewed.

This condition doesn't affect any other rights we have at law or under this Policy.

## If your payment details change

If the direct debit details you use to pay us change, such as you changing credit cards or bank accounts, you must tell us at least seven days before your next payment date.

## Words with special meanings

The words and terms used throughout this Policy have special meanings set out below.

Where other words and terms are only used in one section of the Policy, we'll describe their special meaning in that section.

Word or term	Meaning
Commencement date	the inception date of the period of insurance stated on the Policy Schedule you received from us in connection with this Policy, or the date the loan funds are advanced to you, whichever is the later.
Disability	an illness or injury that has been certified by a medical practitioner, and which prevents you from performing or engaging in an occupation.
Drugs	any illegal substance or non-prescribed drug which, when used, impairs the person's faculties, or a prescribed drug used contrary to medical or manufacturer's advice.
Financial institution	the financier with whom you have obtained the finance and is stated in your loan contract.
Financial services provider	the person who sold you this Policy.
Gainful occupation	any occupation for which you receive a financial reward.
Incident	an event, neither expected or intended from your standpoint, which results in a claim on this Policy.

Word or term	Meaning
Illness	means sickness, illness or disease which manifests itself during the period of insurance.
Injury	bodily injury that is unintentionally caused solely and directly by external and visible means as a result of an accident occurring during the period of insurance.
Insured	the person(s) named in the Policy Schedule as being covered by the Policy.
Involuntary unemployment	an inability to continue permanent gainful employment as a direct result of involuntary dismissal or retrenchment.
Loan contract	the loan contract between you and your financial institution.
Medical consultation	any activity undertaken for the purpose of detection, treatment or management of a medical condition including but not limited to the application of prescribed drugs or therapy whether conventional or alternative.
Medical practitioner	a registered and qualified medical practitioner in Australia or in another country, as approved by us, who is not you or your business partner or another immediate family member.
Outstanding balance	the amount outstanding in relation to the loan contract at the date of the incident. This amount excludes any arrears in loan repayments.
Period of cover	the period that starts from the commencement date of the first policy issued to you by us in connection with the loan contract and continues for as long as you, without any gap, continuously renew that policy with us until your most current renewed Policy with us ends (other than because you did not renew).
Period of insurance	<p>the period this Policy operates for as shown on your Policy Schedule.</p> <p>Means the period shown on the Policy Schedule unless ending earlier in accordance with section 'When the Policy ends'.</p>

Word or term	Meaning
Permanent gainful employment	you are working on a permanent and continuous basis for wages or income for a minimum of fifteen (15) hours every week and you are not in an employment of a seasonal or self employed basis.
Permanent resident of Australia	you are an Australian or New Zealand citizen or holder of an Australian permanent residency visa and not living outside of Australia for more than twelve (12) months at a time, unless you are a member of the Australian Defence Force posted overseas.
Policy	your insurance contract with us which consists of this PDS, the Policy Wording and the Policy Schedule.
Policy Schedule	the schedule of insurance, or any future renewal schedule, or endorsement schedule.
Pre-existing condition	is an injury, illness, condition or related symptom that you were aware of, or a reasonable person in your position should be aware of, or for which you had a medical consultation.
Premium	What you pay us to insure you. It's the cost of this Policy.
Sum insured	the amount that you have insured your loan repayments for as shown on the Policy Schedule. We will pay no more than this amount.
Trauma event	<p>the diagnosis and certification of one of the following trauma events by a medical practitioner or specialist medical practitioner and agreed by us:</p> <p><b>Cancer:</b> The presence of one (1) or more malignant tumours including leukaemia, lymphomas and Hodgkin's disease characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue.</p> <p>The following cancers are not covered:</p> <ul style="list-style-type: none"> <li>• melanomas of less than 1.5mm maximum Breslow thickness and which are also less than Clark Level 3 depth of invasion as determined by histological examination;</li> <li>• all hyperkeratoses or basal cell carcinomas of the skin;</li> </ul>

Word or term	Meaning
	<ul style="list-style-type: none"> <li>• all squamous cell carcinomas of the skin unless there has been spread to other organs;</li> <li>• low level prostatic cancers:             <ul style="list-style-type: none"> <li>◦ which are histologically described as TNM Classification T1a or T1b or lesser classification;</li> <li>◦ which are characterised by a Gleason score less than 7, and</li> <li>◦ where appropriate and necessary 'major interventionist treatment' has not been performed specifically to arrest the spread of malignancy. 'Major interventionist treatment' includes removal of the entire prostate, radiotherapy, chemotherapy, hormone therapy or any other similar interventionist treatment.</li> </ul> </li> <li>• chronic lymphocytic leukaemia less than Rai Stage 1;</li> <li>• tumours showing the malignant changes of carcinoma in situ* (including cervical dysplasia CIN- 1, CIN-2, and CIN-3), or which are histologically described as pre-malignant or which are classified as FIGO Stage 0, or which have a TNM classification of Tis. 'FIGO' refers to the staging method of the International Federation of Gynaecology and Obstetrics</li> </ul> <p>* Carcinoma in situ is covered in the following circumstances where the procedures are performed specifically to arrest the spread of malignancy and are considered the appropriate and necessary treatment:</p> <ul style="list-style-type: none"> <li>• carcinoma in situ of the breast if it results directly in the removal of the entire breast;</li> <li>• carcinoma in situ of the testicle if results directly in the removal of the testicle;</li> <li>• carcinoma in situ of the prostate if results directly in the removal of the prostate or where characterised by a Gleason score of 7 or greater.</li> </ul> <p><b>Chronic kidney failure:</b> End stage renal disease which requires permanent dialysis or renal transplantation.</p> <p><b>Coronary artery by-pass surgery:</b> The undergoing of coronary artery by-pass surgery that is considered necessary to treat coronary artery</p>

Word or term	Meaning
	<p>disease causing inadequate myocardial blood supply. Surgery does not include angioplasty, intra-arterial procedures or non-surgical techniques.</p> <p><b>Heart attack:</b> Death of a portion of heart muscle arising from inadequate blood supply to the relevant area. The basis for diagnosis shall be supported by the following clinical features being present and consistent with myocardial infarction (and not due to medical intervention):</p> <ul style="list-style-type: none"> <li>• new electrocardiographic (ECG) changes; and</li> <li>• diagnostic elevation of cardiac enzyme or Troponin I greater than 2.0µg/L or Troponin T greater than 0.6µg/L.</li> </ul> <p>If the above is inconclusive, then we will consider a claim based on conclusive evidence that a life insured has been diagnosed as having suffered a myocardial infarction, resulting in either one (1) of the following:</p> <ul style="list-style-type: none"> <li>• new pathological Q waves; or</li> <li>• a permanent left ventricular ejection fraction of 50% or less, measured three (3) or more months after the event.</li> </ul> <p><b>Major organ transplant:</b> The medically necessary human to human organ transplant from a donor of one or more of the following complete organs:</p> <ul style="list-style-type: none"> <li>• kidney;</li> <li>• heart;</li> <li>• lung;</li> <li>• liver;</li> <li>• pancreas;</li> <li>• small bowel; or</li> <li>• the transplant of bone marrow.</li> </ul> <p><b>Stroke:</b> A cerebrovascular accident or event producing a neurological deficit lasting more than twenty four (24) hours.</p> <p>There must be clear evidence:</p> <ul style="list-style-type: none"> <li>• of the onset of objective neurological deficit;</li> <li>• on a CT, MRI or similar scan that a stroke has occurred; and</li> <li>• of infarction of brain tissue, intracranial or subarachnoid haemorrhage or embolisation from an extracranial source.</li> </ul>

Word or term	Meaning
	Transient ischaemic attacks, cerebral events due to reversible neurological deficits, migraine, hypoxia or trauma, and vascular disease affecting the eye, optic nerve or vestibular functions are excluded.
Usual occupation	the main occupation you are engaged in that is suitable to your experience, training and/or education for which you receive a financial reward.
We, our, us	<p>The insurer of disability and involuntary unemployment covers: QBE Insurance (Australia) Ltd ABN 78 003 191 035 – AFSL 239545.</p> <p>The insurer of life and trauma covers: Integrity Life Australia Ltd ABN 83 089 981 073 – AFSL 245492 is the insurer of life and trauma covers, except where trauma cover is selected but life cover is not. If trauma cover only is selected then QBE Insurance (Australia) Ltd is the insurer.</p> <p>Each insurer only accepts liability in respect to the insurance cover of which they are the insurer.</p>
You, your	The person(s) named in your Policy Schedule as the insured.



## Types of cover

### Section 1. Life cover

### Section 2. Disability cover

### Section 3. Trauma cover

### Section 4. Involuntary unemployment cover

## Section 1: Life cover

This cover only applies in the event of your death during the period of insurance.

### Benefit payable

If you die during the period of insurance, we will pay your financial institution the current insured loan contract amount stated in the Policy Schedule to a maximum of \$500,000.

If you die (other than by suicide), during the period of time between the date your loan is approved and when the funds are advanced, we will pay the death cover provided that:

- you have applied for death cover, and
- you meet the eligibility criteria, and
- your death occurs within one hundred and twenty (120) days after your financial institution approves your loan.

If, at the date of your death, your financial institution has any form of insurance for the repayment of the loan contract, or provided any form of debt waiver as a benefit of the loan contract, the outstanding balance is to be reduced by the benefit provided or by any payment received by your financial institution from the insurance.

### Optional level cover

This cover applies if you have selected Level cover and it appears on your current Policy Schedule.

If you die during the period of insurance we will pay current insured loan contract amount, as shown on the Policy Schedule. Should this amount exceed your mortgage account balance at the time of your death, the difference will be paid to your estate. The maximum amount that we will pay under this part is \$500,000.

### Joint cover

If the loan contract is in joint names, only one (1) death claim will be paid regardless of whether one (1) or both of you claim at the same time.

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## Section 2: Disability cover

This cover applies in the event that you are unable to perform:

- your usual occupation for up to six (6) months; and
- any gainful occupation after the first six (6) months of any claim;

due to an Illness or Injury that has been certified by a medical practitioner.

There is no cover for the first twenty eight (28) consecutive days of any disability.

### Benefit payable

We will only pay a benefit under this cover for an incident that occurs during the period of insurance.

We will pay to your financial institution for each day of disability 1/30th of either:

- (a) the minimum monthly repayment required shown on the loan contract when it was first entered into; or
- (b) the minimum monthly repayment amount required under the loan contract on the date your disability first occurred;

whichever is the lesser.

The maximum amount that we will pay under this benefit is \$3,000 per month (up to a maximum amount equivalent to thirty six (36) monthly repayments) whilst you remain disabled.

If the minimum monthly repayments required have increased for a reason other than default, the benefit payable under (a) may be increased by up to 10%. This will not apply to the monthly benefit payable under (b).

No benefit will be paid if you cannot provide us with evidence from a medical practitioner for the illness or injury you have sustained and that you are following the advice of the medical practitioner for your rehabilitation.

### Joint cover

If you have 'joint cover' the maximum that we will pay is the amount stated under 'Benefit payable' for disability cover, regardless of whether one or both of you claim at the same time.

### Recurrent disability

If you return to permanent employment for less than 6 months following a period of disablement, any further claim for disablement will be considered as a continuation of the prior period(s) of disablement.

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## Section 3: Trauma cover

This cover must be selected in conjunction with disability cover.

This cover applies in the event of the positive diagnosis and certification of one of the following trauma events occurring after ninety (90) days from the commencement date:

- heart attack
- coronary artery surgery
- stroke
- major organ transplant
- chronic kidney failure
- cancer

We will only cover these diseases and disabilities if they satisfy the conditions specified in the definition of trauma event under 'Words with special meaning'.

We require the diagnosis and certification of a trauma condition:

- by a medical practitioner or specialist medical practitioner; and
- agreed to by our medical adviser.

A minimum trauma cover of \$10,000 automatically applies when you select this cover.

You may elect to increase the cover provided, in multiples of \$5,000 up to a maximum of \$50,000. However, if you have joint cover the maximum combined cover you may select cannot exceed \$100,000.

### Benefit payable

If you experience a positive diagnosis of a disease or disability included in the trauma cover part of this Policy, we will pay you the level of trauma cover that you have selected as shown on the Policy Schedule.

You may only have one (1) trauma claim during the period of insurance.

### Joint cover

If you have joint cover the maximum that we will pay is the amount stated under 'Benefit payable' for trauma cover, regardless of whether one (1) or both of you claim at the same time.

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## Section 4: Involuntary unemployment cover

This cover must be selected in conjunction with disability cover.

This cover applies in the event that you are unable to continue your permanent gainful employment as a direct result of your involuntary dismissal or retrenchment.

If you have made a claim for involuntary unemployment, you must resume permanent gainful employment for at least another thirty (30) consecutive days before another claim can be made.

There is no cover for involuntary unemployment occurring within twenty eight (28) days from commencement.

There is no cover for the first twenty eight (28) consecutive days of any involuntary unemployment.

### Benefit payable

We will only pay a benefit under this cover for an incident that occurs during the period of insurance.

We will pay to your financial institution for each day of involuntary unemployment 1/30th of either:

- (a) the minimum monthly repayment required shown on the loan contract when it was first entered into; or
- (b) the minimum monthly repayment amount required under the loan contract on the date your involuntary unemployment first occurred;

whichever is the lesser.

We will only pay up to a maximum of three (3) months involuntary unemployment cover during any consecutive twelve (12) month period. The maximum amount we will pay for all involuntary unemployment claims made is \$10,000 during the first five (5) years of the period of cover from the commencement date and \$10,000 in any subsequent, unbroken period of five (5) years thereafter.

For a benefit to be paid, you must:

- be already registered as unemployed with Centrelink, or the Department of Social Services or such other department as may be required by the government;
- be able to provide evidence of your involuntary dismissal or retrenchment; and
- be actively seeking employment.

If the minimum monthly repayments required have increased for a reason other than default, the benefit payable under (a) may be increased by up to 10%. This will not apply to the monthly benefit payable under (b).

## Joint cover

If you have 'Joint cover' the maximum that we will pay is the amount stated under 'Benefit payable for involuntary unemployment cover', regardless of whether one or both of you claim at the same time.

## Suspended cover

The suspended cover is an extra benefit of this Policy.

### Conditions of suspended cover

If at the time your loan contract is repaid or is discharged, you are actively engaged in seeking property on which you intended to arrange a replacement loan contract, we will consider your Policy as being suspended only, until the earliest of:

1. the date you advise us the cover is no longer required, or
2. the date we refuse to cover your replacement loan contract, or
3. the commencement date of the replacement policy, or
4. ninety (90) days from the date of repayment or discharge of the loan contract.

In the event you replace a Policy suspended in accordance with this extra benefit:

1. we will provide you with cover for death, trauma and disability as a result of pre-existing conditions which were first manifested during the period of cover of the Policy which was suspended, and
2. we will recommence payment of covers for any claim which was stopped under 'Section 2 Disability cover' or 'Section 4 Involuntary unemployment cover' solely as a result of automatic cessation of cover following the discharge or repayment of the loan contract.

### What we will not pay for

This suspended cover is subject to the following limitations with regard to payment of claims under disability and involuntary unemployment cover:

1. No benefit will be payable, or backdating of benefits allowed, during the period the cover is suspended.
  2. Cover for benefits will only be paid from the commencement date of the replacement policy.
  3. No cover will be provided unless the period of disability or involuntary unemployment is continuous and unbroken from the date the claim was made, prior to the automatic cancellation of this replaced Policy, up to and after the commencement date of the replacement policy.
  4. The maximum amount we will pay under both policies will not exceed the amount payable under the cover and up to the limits provided under the policy which is replaced.
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## General exclusions

Events that we will not cover are listed in the table below and are marked by a **x**

Event or circumstance	Life	Trauma	Disability	Involuntary unemployment
Death within thirty (30) days of a trauma occurring.		<b>x</b>		
More than one (1) claim during the period of insurance.	<b>x</b>	<b>x</b>		
A pre-existing medical condition (unless the Policy Schedule shows we have accepted cover for the pre-existing condition).	<b>x</b>	<b>x</b>	<b>x</b>	
The first twenty eight (28) consecutive days of any disability.			<b>x</b>	
The first twenty eight (28) consecutive days of any involuntary unemployment.				<b>x</b>
Involuntary unemployment occurring within twenty eight (28) days of the commencement date.				<b>x</b>

Event or circumstance	Life	Trauma	Disability	Involuntary unemployment
Any trauma condition which is diagnosed or its symptoms become apparent within ninety (90) days from the commencement date.		x		
Failure to seek medical attention and/or treatment and/or failure to follow medical advice.			x	
Unreasonable refusal to attend an independent examination by a medical practitioner requested and paid for by us.			x	
Childbirth, abortion or pregnancy (including conditions accelerated or induced as a result).			x	
Normal cessation of a contract, apprenticeship or seasonal employment.				x
Self employment or where you or your family's control exists over the employing company.				x

Event or circumstance	Life	Trauma	Disability	Involuntary unemployment
You were not engaged in paid employment on a regular basis for a period of at least fifteen (15) hours per week or if you were self-employed immediately before or on the date of commencement of the period of insurance.				x
You were not engaged in paid employment on a regular basis for a period of at least fifteen (15) hours per week for at least sixty (60) consecutive working days immediately before becoming involuntarily unemployed.				x
You became involuntarily unemployed and before you entered into your Policy you knew, or a reasonable person ought to have known, of any actual or proposed termination of employment or a decrease in work available to you.				x
Your unemployment is voluntary.				x
Disability and involuntary unemployment claim simultaneously.				x



Event or circumstance	Life	Trauma	Disability	Involuntary unemployment
Alcoholism, drug addiction or the influence of intoxicating liquor or drugs (except where your disability is a result of a drug administered by, or taken in accordance with, the advice of a medical practitioner or rehabilitation specialist).	x	x	x	x
An intentionally self-inflicted illness or injury whilst sane or insane (including suicide within thirteen (13) months following the commencement date of the Policy).	x	x	x	x
Engaging in a criminal act.	x	x	x	x
Taking part in lockouts, riots, civil commotion, strikes.			x	x
Engaging in professional racing of any kind except foot racing.			x	x
Flying or taking part in aerial activity except as a fare paying passenger in a motor propelled aircraft owned and / or operated by a recognised airline or licensed charter company.			x	x
If the policy does not remain in force during the whole period of the disability.			x	

Event or circumstance	Life	Trauma	Disability	Involuntary unemployment
For claims arising out of depression, stress and/or an anxiety condition.			x	
If you return to employment in any occupation for reward or profit			x	x
If your disability is a result of your decision to cease work that is not supported by an independent medical assessment of your disability. (The mere fact that you are medically discharged from your usual occupation does not qualify as such an assessment).			x	
If you are an apprentice and your period of apprenticeship ends.				x
If you are dismissed for any form of wilful or other misconduct which resulted in your immediate dismissal.				x

### Sanctions clause

You're not insured under any section of this Policy where a claim payment breaches any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of Australia, the European Union, United Kingdom or United States of America.

## General conditions

There are conditions set out in this General conditions section, in the Claims section and under each particular cover and section. If any of these conditions aren't met, we may refuse a claim, reduce the amount we pay or in some circumstances we may cancel your Policy. When making a claim, you must have met and then continue to comply with the conditions of your Policy. Any person covered by your Policy, or claiming under it, must also comply with these conditions.

If you, or someone covered under your Policy, don't meet these conditions or make a fraudulent claim we may:

- Refuse to pay your claim or reduce what we pay for your claim
- Cancel your Policy.

### Changes to your circumstances

You must tell us as soon as possible if circumstances occur, or if changes or alterations are intended or made which increase the risk of loss, damage or injury.

Examples include:

- Your occupation changing.

## Claims

This section describes what you must do, as well as conditions that apply when you make a claim and at the time loss or damage occurs which is likely to give rise to a claim.

### What you must do

You must advise us as soon as possible of an incident which could lead to a claim on this Policy.

When you, or your Estate, make a claim you must:

- contact us by phone as soon as practicable and be ready to provide details of the incident;
- return the completed claim form, that we provide you, promptly together with all letters, documents, medical certificates or other documentation and evidence that you have been asked to provide, otherwise we cannot process your claim;
- attend an independent examination by a medical practitioner if requested and paid for by us;
- provide written statements under oath if we require it;
- be interviewed about the circumstances of the claim, if we require this.

If a claim is not admissible under this Policy, you may be able to claim under a previous policy issued by us, which has been replaced by this Policy.

To notify us about a claim, to obtain a claim form or if you require assistance, you can call us on 1800 226 122.

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All claims are lodged with QBE. Where a claim is impacted by a Life component, the claim will be managed by Integrity Life.

### **You must assist us**

Before we will pay anything under this Policy, you must have complied with all the requirements of this section and provided us with all information and assistance that we have requested.

### **What you must not do**

#### **False or misleading information**

We may deny part or all of your claim if you are not truthful and frank in any statement you make in connection with a claim, or if the claim is fraudulent or false in any respect.

### **What we do**

We may take over and conduct the defence or settlement of any claim or issue legal proceedings for damages. If we do this we will do it in your name. We have full discretion in the conduct of any legal proceedings and in the settlement of any claim. You must co-operate by giving us any statements, documents or assistance we require. This may include giving evidence in any legal proceedings.

### **What can affect a claim**

We may refuse to pay a claim if you are in breach of your duty of disclosure or any of the conditions of this Policy, including any endorsements noted on or attached to the Policy Schedule.

We may be entitled to refuse to pay or to reduce the amount of a claim if:

- it is in any way fraudulent; or
  - any fraudulent means or devices are used by you or anyone acting on your behalf to obtain any benefits under this policy.
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## GST

If you're a business you must tell us if you're registered, or are required to be registered, for GST. When you do this, we need you to give us:

- Your ABN
- The percentage of any input tax credit you will claim, or will be entitled to claim, on your premium.

When we pay a claim, your GST status will determine the amount we pay you. Your claim settlement amount will be adjusted to allow for any ITC entitlement.

Unless we say otherwise, all amounts in your Policy are inclusive of GST. There may be other taxation implications affecting you, depending upon your own circumstances. We recommend you seek professional advice.

### How claim administration and legal proceedings are undertaken

When a claim is admitted under this policy we have the right, at our discretion, to exercise all the legal rights of you relating to the incident and to do so in your name.

We will take full control of the administration, conduct or settlement of the claim.

### Providing proof

You must be able to prove to us you've suffered a loss covered by your Policy before we'll pay you for it. We may ask you for this proof if you make a claim under your Policy. So your claim can be assessed quickly, make sure you keep the following:

- Medical reports
  - Proof of income
  - Other documentation specific to your type of claim (e.g. Death certificate if the claim is for your death, proof of termination if your claim is due to your unemployment).
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## Other terms

These other terms apply to how your Policy operates.

### Cancelling your Policy

You can cancel your Policy at any time by telling us. If there are other people named as insured on your Policy, we only need a request to cancel it from one of you.

We may cancel your Policy in any of the circumstances permitted by law (eg failure to pay the premium by the due date) by informing you in writing.

We'll give you notice in person or send it to your address (including an electronic address) last known to us.

If you've paid your premium in advance, we'll refund you the proportion of the premium for the remaining period of insurance, less any administration fees.

### Changing your Policy

Changes to this Policy only become effective when we agree to them and send you a new Policy Schedule detailing the change.

### Joint and co-insureds

If more than one person is insured under your Policy, we'll treat a statement, act, omission, claim, request or direction by that person as having been made by all insured.

We only need a request from one person insured to cancel or change your Policy.

### Notices

Any notice we give you will be in writing, and will be effective once it's delivered to you personally or to your last known address (including when it's an electronic one).

It's important for you to tell us of any change of address as soon as possible.

### Continuity of cover (replacement policies)

If this Policy replaces an existing Policy with us, as a result of you re-financing or varying your loan, and you're not covered under the terms of this replacement policy, then you may be able to claim under the terms and conditions of your previous policy. For this benefit to apply, the commencement date of this replacement policy must be within ninety (90) days of the cancellation date of the previous policy.

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If your claim would have been payable under the previous policy, then this replacement Policy will respond to your claim at the levels and limits that were applicable under the previous policy. Where such a claim is for disability, life or trauma then the amount payable will be the lesser of the amount payable under the previous policy and this replacement Policy.

Where a claim would have been payable under the terms and conditions of your previous policy with us, however your claim occurs after the original expiry date of the period of insurance of the previous policy, then no claim will be payable under this replacement policy.

## When the Policy ends

The Policy ends, and we stop paying benefits on the earliest of any of the following:

- the expiry date shown on the Policy Schedule;
  - the first renewal after your 65th birthday;
  - the date the loan is discharged, re-financed, varied, foreclosed or terminated, unless we have agreed to continue cover in writing and you have agreed to pay any additional premium required by us;
  - the date we receive a written request from you to terminate the insurance;
  - the date given when we provide you with written notice to terminate the insurance in accordance with relevant legislation;
  - the date you are no longer a permanent resident of Australia (unless otherwise agreed in writing by us);
  - the date of your death.
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