



# Bill Cover

Product Disclosure Statement

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Bill Cover is issued by Hannover Life Re of Australasia Ltd ABN 37 062 395 484 of Level 7, 70 Phillip Street, Sydney NSW 2000.

Bill Cover is distributed and promoted by Real Insurance. Real Insurance is a trading name of Greenstone Financial Services Pty Ltd ABN 53 128 692 884, Australian Financial Services Licence 343079 of 58 Norwest Blvd, Bella Vista NSW 2153.

From time to time, Bill Cover may be updated. Updates which are not materially adverse to you may be found on the Real Insurance website at [realinsurance.com.au](http://realinsurance.com.au). If you request a paper copy, this will be provided to you free of charge.

# Welcome to Real Insurance

Real Insurance is a trading name of Greenstone Financial Services (**GFS**). GFS has partnered with Hannover Life Re of Australasia Ltd (**Hannover**) which is the insurer of this Real Insurance product.

Hannover is a wholly-owned subsidiary of Hannover Re and is part of the Hannover Re Group worldwide. Hannover Re Group is one of the largest life reinsurers in the world, and has a Standard and Poor's Insurer Financial Strength of AA- (Very Strong), and has maintained this rating for a number of years. The life insurance business of Hannover has been operating in the Australian market since 1958, and as at 31 December 2016 had total annual in force premium of AU\$1 billion.

Hannover is regulated by the Australian Prudential Regulatory Authority (APRA).

## Our Promise to You

To ensure that you receive the highest standard of service when you take out life insurance, we comply with the Life Insurance Code of Practice (the Code). We also ensure our partners, including GFS, comply with the Code in all their dealings with you.

### What does the Life Insurance Code of Practice cover?

The Code sets out the life insurance industry's key commitments and obligations. It covers many aspects of your relationship with GFS and Hannover, from buying insurance to making a claim, to providing options if you experience financial hardship or require additional support.

### Key Code Promises

- ✓ we will be honest, fair, respectful, timely and transparent (using plain language) in our communications with you.
- ✓ we will monitor sales to ensure they are completed appropriately.
- ✓ if an inappropriate sale occurs, we will discuss with you how this can be remedied.
- ✓ additional support is available if you have difficulty with buying insurance or making a claim.
- ✓ when you make a claim, we will explain the process to you and keep you informed on the progress of your claim.
- ✓ a decision on your claim will be made within the Code timeframes, and if in exceptional circumstances we cannot meet these timeframes, you will have access to our complaints process.
- ✓ if we deny your claim, we will explain the reasons in writing and let you know the next steps if you disagree with our decision.
- ✓ we will restrict the use of investigators and surveillance, to ensure your legitimate right to privacy.
- ✓ the independent Life Code Compliance Committee will monitor our compliance with the Code.
- ✓ if we do not correct the Code breaches, sanctions can be imposed on us.

### Getting a copy

You can get a copy of the Code and a full list of insurance companies that are covered by the Code, on the Financial Services Council website at [fsc.org.au](http://fsc.org.au)



## Product Disclosure Statement

### Explaining this PDS

This Product Disclosure Statement (PDS) is designed to help you decide if Bill Cover is right for you. It tells you the terms and conditions applying to a Bill Cover Policy and it also provides important information about keeping premium payments up to date, what to do if you want to make a change and how to go about making a claim.

Any advice given in this PDS is general only and does not take into account your individual objectives or financial situation. You should consider whether this product is right for you, in regard to your objectives, financial situation and needs. You should carefully read this and any other documentation we send you.

Bill Cover is issued by the insurer, Hannover Life Re of Australasia Ltd (**Hannover**). Hannover has sole responsibility for the PDS, the Policy and the assessment and payment of claims.

GFS has consented to being named in this PDS in the form and context in which it appears and has not withdrawn this consent before the date of this PDS.

In this PDS, some words or expressions have special meaning. They normally begin with capital letters and their meaning is explained in the '**Glossary**' on page 19 of this PDS.

**In this PDS, references to “we”, “our” and “us” mean Hannover Life Re of Australasia Ltd.**



## Introducing Bill Cover

Bill Cover offers a range of insurance combinations to suit your needs.

There's Bill Insurance – broadly, this insurance provides a monthly Income Benefit if as a direct result of a Disabling Sickness or Injury you are temporarily disabled – which you can apply for on its own. In addition to the monthly Income Benefit, a premium waiver benefit and a hospital cash benefit are provided under the Policy.

You can apply for Bill Insurance on its own and you also have the option to add Children's Insurance which pays a lump sum benefit in the event of Accidental Death or Paralysis, Blindness, Deafness, Total and Permanent Loss of Use of Two Limbs, Encephalitis, Meningitis or Major Head Trauma of the Child Insured.

There are certain circumstances in which an Income Benefit will not be paid. Importantly, a benefit will not be paid for a Pre-existing Medical Condition. With Bill Cover, you are protected 24 hours a day, 7 days a week, worldwide while your Policy is in force and provided you remain an Australian Resident.

A full explanation of these benefits, and the terms and conditions applying is contained in this PDS.

## Your Insurance Policy

If your application is accepted by us, we will issue you a Policy Schedule. Your Insurance Policy consists of the Policy Schedule and:

- ✓ this PDS (which includes the terms and conditions applying under your Policy);
- ✓ the application/s; and
- ✓ any special conditions, amendments or endorsements we issue to you.

Please keep these documents in a safe place for future reference. The Insurance provided under this Policy is written out of the Hannover Australian statutory fund.



## Bill Insurance

### What is Bill Insurance?

Bill Insurance pays an Income Benefit if you are temporarily disabled due to a Disabling Sickness or Injury for longer than your 30 day Waiting Period. In addition there is also a hospital cash benefit, which pays a benefit of \$100 per day for up to 10 days while you are hospitalised as the direct result of an Accident.

### Who can take out Bill Insurance?

You can apply for Bill Insurance if you are an Australian Resident aged between 18 and 59.

### The amount of Bill Insurance you can apply for

The minimum monthly Income Benefit that you can apply for is \$1,000. The maximum monthly Income Benefit that you can apply for is \$3,500.

### When we will pay the Bill Insurance benefit

We will pay the benefits explained below except in the circumstances explained in 'What is not covered under your Bill Insurance?' on page 11.

### Income Benefit

We will pay the Income Benefit as a monthly amount if you:

- ✓ suffer a Disabling Sickness or Injury while covered under the Policy; and
- ✓ remain continuously Disabled during the 30 day Waiting Period; and
- ✓ are continuously Disabled after the end of the 30 day Waiting Period.

Disabling Sickness or Injury means due to a Sickness or Injury occurring after the Acceptance Date you are:

- ✓ If the Life Insured is aged under 65 years of age and working 20 hours or more per week – unable to attend or engage in your usual occupation.
- ✓ If the Life Insured is aged under 65 years of age and not working or working less than 20 hours per week – unable to perform at least three of the Domestic Duty Tasks.
- ✓ If the Life Insured is aged 65 or over irrespective of work status – unable to perform at least 2 of the Activities of Daily Living without the physical assistance of someone else and without the use of special equipment.

The Sickness or Injury must be diagnosed by a Medical Practitioner and confirmed by medical specialists nominated by us.

The Income Benefit is payable monthly in arrears during the Benefit Period, with the first payment occurring one month after the end of the 30 day Waiting Period.

For partial months the amount paid will be at the rate of 1/30th of the Income Benefit for each day the Life Insured suffers a Disabling Sickness or Injury after the end of the 30 day Waiting Period.

**Example:** Your first payment would be 60 days after you were first eligible to claim (the 30 day Waiting Period plus 30 days because claims are paid in arrears).

## Benefit Period

The Benefit Period is the maximum period of time that the Income Benefit will be paid for any one Disabling Sickness or Injury claim you make under your Bill Insurance. When you apply for cover, you can choose a 6 month, 1 year or 2 year Benefit Period.

The Benefit Period starts at the end of the Waiting Period and continues until the earliest of:

- ✓ the end of the Benefit Period shown on the Policy Schedule; or
- ✓ the date you are no longer Disabled; or
- ✓ the Policy Anniversary following your 75th birthday; or
- ✓ the date your Policy ends.

Your Policy Schedule will show the Benefit Period you have chosen.

## Income Benefit Amount

We will continue to pay you the Income Benefit until the earliest of:

- ✓ the Benefit Period ends; or
- ✓ the Policy ends; or
- ✓ your death; or
- ✓ you are no longer under the regular care of a Medical Practitioner with regard to treatment of the Disabling Sickness or Injury; or
- ✓ you are no longer following the treatment recommended by a Medical Practitioner at such intervals and frequency as will lead to a cure, alleviation, or minimisation of the condition causing the Disabling Sickness or Injury.

## Recurrent disability benefit

If you suffer a Disabling Sickness or Injury from the same or a related cause as a Disabling Sickness or Injury which was the subject of an earlier claim for the Income Benefit, it will be considered a continuation of the earlier claim. This means that a new Waiting Period will not apply, but the Income Benefit is only payable for the balance, if any, of the Benefit Period

## Limit on Income Benefit

The Income Benefit payable under the Policy cannot exceed:

- ✓ \$3,500; plus
- ✓ any automatic sum insured increases under the Policy.

You are only entitled to one Income Benefit payable at any one time under this cover, even if you suffer more than one Disabling Sickness or Injury giving rise to the claim.

If you are covered under more than one Bill Cover Policy, we will apply this limit to the total of the Income Benefits payable under all Bill Cover policies held by you. Any reduction in the Income Benefit will be applied to the Policy most recently commenced and we will refund the premiums paid referable to the amount by which the Income Benefit is reduced.

## Hospital cash benefit

Included in your Bill Insurance Policy is a hospital cash benefit. If you are hospitalised as a direct result of an Accident for more than 48 consecutive hours during the Waiting Period we will pay \$100 for each day (including the first 48 consecutive hours) you are hospitalised during the Waiting Period, for up to 10 days.

## The cost of your Bill Insurance

Premiums are the cost of your Insurance. The premium you are required to pay when the Policy starts is shown on your Policy Schedule.

Your premium is calculated at each Policy Anniversary and is based on:

- ✓ your age, gender and smoking status at that time; and
- ✓ whether you are working, and if so, your occupation; and
- ✓ the Income Benefit; and
- ✓ the Benefit Period.

For a premium quote, or to understand more about the cost of your Insurance, please contact Real Insurance on **1300 367 325** (Monday to Friday between 8am and 8pm AEST), or visit [realinsurance.com.au](http://realinsurance.com.au)

## Premium waiver

You do not have to pay your premium for any period during which the Income Benefit is payable. If we receive your completed claim form within 30 days from the start of your Disabling Sickness or Injury and the Income Benefit is payable, we will also refund the portion of the premium you have paid in the Waiting Period.

## What is not covered under your Bill Insurance?

We will not pay an Income Benefit in respect of a claim for a Disabling Sickness or Injury occurring directly or indirectly from:

- ✔ a Pre-existing Medical Condition; or
- ✔ a Mental Disorder or Illness; or
- ✔ an intentional self inflicted act; or
- ✔ attempted suicide; or
- ✔ the consumption of drugs (unless it was under the direction of a Medical Practitioner and not in connection with treatment for substance abuse, drug addiction or dependence); or
- ✔ the consumption of intoxicating liquor, including having a blood alcohol content over the prescribed legal limit whilst driving; or
- ✔ aviation except as a fare-paying passenger on a commercial airline or as a commercial airline employee; or
- ✔ activity at a height 20 metres or more above ground or at a depth of 30 metres or more below ground or underwater; or
- ✔ willing and knowing exposure to the risk of Disabling Sickness or Injury for gain or reward; or
- ✔ normal pregnancy (including participation in an IVF or similar program, normal discomforts such as morning sickness, backache, varicose veins, ankle swelling or bladder problems), giving birth, miscarrying or having a pregnancy terminated; or
- ✔ war (whether declared or not) or war-like activity, or taking part in a riot or civil commotion; or
- ✔ engaging in any criminal activities or illegal acts.

## When your Bill Insurance starts and ends

If your application for Bill Insurance is accepted by us, your cover starts on the Acceptance Date set out in the Policy Schedule. Your first premium is deducted from the Commencement Date, which is also set out in the Policy Schedule.

We guarantee to renew your Bill Insurance (provided you pay your premiums when due) until you attain age 75.

Your Bill Insurance ends when the first of the following occurs:

- ✔ the Policy Anniversary following your 75th birthday; or
- ✔ the date the Policy ends; or
- ✔ your death; or
- ✔ the date you cancel the Policy; or
- ✔ the date we cancel the Policy; or
- ✔ you are no longer an Australian Resident.

# Children's Insurance Option

This option is available with Bill Insurance. You only have this cover if we accepted your application and it is shown in your Policy Schedule.

## What is Children's Insurance?

Children's Insurance provides a benefit in the event of Accidental Death, Paralysis, Blindness, Deafness, Total & Permanent Loss of Use of Two Limbs, Encephalitis, Meningitis or Major Head Trauma of a Child Insured under the Policy. These medical conditions are defined in the 'Glossary' on page 19.

## Who can take out Children's Insurance?

If you (and/or Partner Life Insured) are a parent or legal guardian of a child, you can apply for this Insurance cover for the child, if the child is aged between 2 and 17 years of age, and the child is an Australian Resident.

## The amount of Children's Insurance you can apply for

You can apply for a Benefit Amount from \$20,000 up to a maximum of \$50,000 for each Child Insured under the Policy (in increments of \$10,000).

## When we will pay the Children's Insurance benefit

We will pay the benefit explained below if the Child Insured suffers an insured event; namely Accidental Death, Paralysis, Blindness, Deafness, Total & Permanent Loss of Use of Two Limbs, Encephalitis, Meningitis or Major Head Trauma while

covered under the Policy except in the circumstances explained in '**What is not covered under your Children's Insurance?**' on page 13. Only one Benefit Amount is payable per Child Insured.

## Accidental Death

We will pay the Children's Insurance Benefit Amount as a lump sum in the case of Accidental Death of the Child Insured providing we have paid no Children's Insurance Benefit Amount in relation to a serious injury or illness for that Child Insured.

## Serious injury or illness

We will pay the Children's Insurance Benefit Amount as a lump sum in the event the Child Insured suffers Paralysis, Blindness, Deafness, Total & Permanent Loss of Use of Two Limbs, Encephalitis, Meningitis or Major Head Trauma as a result of injury or illness while covered under the Policy except in the circumstances explained in '**What is not covered under your Children's Insurance?**' on page 13.

Where we have paid a Children's Insurance Benefit Amount in relation to serious injury or illness, there are no further benefits payable under this Children's Insurance option for that Child Insured.

The injury or illness condition must be diagnosed by a Medical Practitioner and confirmed by our medical advisers.

## Limit on benefits

Only one Benefit Amount is payable per Child Insured. The total benefit payable cannot exceed \$50,000 for each Child Insured, plus any automatic sum insured increases.

If the Child Insured is covered for Children's Insurance under more than one Bill Cover Policy, we will apply this limit to the total of the Children's Insurance Benefit Amounts payable for the Child Insured under all Bill Cover policies. Any reduction in the Children's Insurance Benefit Amount will be applied to the Children's Insurance most recently commenced and we will refund the premiums paid referable to the amount by which the Children's Insurance Benefit Amount is reduced.

## The cost of your Children's Insurance

The premium you are required to pay for this option when the Policy starts is shown in your Policy Schedule.

The premium is calculated at each Policy Anniversary and is based on the Benefit Amount provided for each Child Insured.

For a premium quote, or to understand more about the cost of your Insurance, please contact Real Insurance on **1300 367 325** (Monday to Friday between 8am and 8pm AEST), or visit [realinsurance.com.au](http://realinsurance.com.au)

## What is not covered under your Children's Insurance?

We will not pay a Benefit Amount if the Child Insured suffers Paralysis, Blindness, Deafness, Total & Permanent Loss of Use of Two Limbs, Encephalitis, Meningitis or Major Head Trauma directly or indirectly as a result of:

- ✓ a Congenital Condition; or
- ✓ the intentional act of the Policyowner or person who will otherwise be entitled to all or part of the Benefit Amount; or

- ✓ an injury which occurs or an illness which becomes apparent, before the Children's Insurance for the Child Insured starts, or during the first three (3) months after the date that the Children's Insurance for the Child Insured starts or, if reinstated, the reinstatement date. We will pay for any new and unrelated occurrence of Paralysis, Blindness, Deafness, Total & Permanent Loss of Use of Two Limbs, Encephalitis, Meningitis or Major Head Trauma suffered by a Child Insured after this three (3) month period, while covered under the Policy.

## When your Children's Insurance starts and ends

If your application for Children's Insurance is accepted by us at the Commencement Date then the Children's Insurance starts on the Acceptance Date. If we agree to add Children's Insurance to your Policy after the Commencement Date, we will advise you of the date the Children's Insurance starts.

The Children's Insurance ends for a Child Insured when the first of the following occurs:

- ✓ the date of death of the Child Insured; or
- ✓ the date of payment of a Children's Insurance Benefit Amount for the Child Insured; or
- ✓ the date you cancel the Policy; or
- ✓ the date we cancel the Policy; or
- ✓ the date you cancel this cover; or
- ✓ the Policy Anniversary following Child Insured's 21st birthday.



## General Information

### Your 30 day money back guarantee

You have 30 days from the Commencement Date or the date any optional benefit starts to make sure you are happy with it, and decide whether you want to keep the Policy or optional benefit. This is known as the “cooling-off” period. If you want to cancel your Policy, or optional benefit within this 30 day period you may do so provided you have not made a claim under the Policy.

If you wish to cancel your Policy within the cooling-off period, please send a written request providing your instruction to cancel along with your full name and policy number to **Real Insurance**, PO Box 6728, Baulkham Hills NSW 2153. If your request is received within 30 days of your Commencement Date we will refund any premiums you have paid. If you wish to discuss the matter or make alterations to your cover you can contact us on **1300 367 325** (Monday to Friday between 8am and 8pm AEST).

### Automatic sum insured increases

To help your level of Insurance keep up with the cost of living, your Insurance and all optional benefits (if applicable) are automatically increased on each Policy Anniversary by 5%.

Automatic increases will continue even where the maximum Insurance amount is met or exceeded.

We will send you an updated Policy Schedule each year your Policy remains in force 30 days prior to your Policy Anniversary setting out your updated Insurance amounts and premium. You can decline the automatic increase by phoning us on 1300 367 325 (Monday to Friday between 8am and 8pm AEST) or by writing to **Real Insurance**, PO Box 6728, Baulkham Hills NSW 2153. If you decline the automatic increase, the updated Policy Schedule we sent you will not be valid and we will send you a replacement Policy Schedule.

If you decline the automatic sum insured increase in any given year, we will continue to offer you automatic sum insured increases on each subsequent Policy Anniversary until you are no longer eligible for them.

## Further Insurance options

We may offer you the option of incorporating further Insurance benefits under your Policy. If you accept such offers, we will issue you with a new Policy Schedule setting out the important details about the Insurance option.

## Premiums

We may change the premium rates applying to your Policy, but only if we change the premium rate applying to all (or the same group of) Bill Cover Policyowners. We will send written notice of any change to you (to your last address notified to us) at least 90 days before the effective date of the change.

## How you can pay for your Insurance and when your premium is deducted

Your premium will be debited on the date of your choice, either fortnightly, monthly or annually. The date on which your first premium is deducted will become your Policy Commencement Date. You can pay either by automatic debit from your bank, credit union or building society account or by charge to your credit card.

You may apply at any time in writing or by phone to change the method of payment of premiums. Payment frequency changes can only be made on the Policy Anniversary following the request.

All payments made in connection with this Policy must be made in Australian currency.

## Changing your Insurance

You can phone us on **1300 367 325** (Monday to Friday between 8am and 8pm AEST) to discuss changing your insurance cover. You may need to confirm changes in writing if you wish to:

- ✓ decrease your Insurance; and
- ✓ increase your Insurance; and
- ✓ change your status from a smoker to a non-smoker, for the purpose of determining the Insurance premium rating. You must provide a completed declaration form.

Any change and the terms and conditions relating to the change are subject to approval and written confirmation by us.

## When we can cancel your Policy

If you don't pay your premium when it is due and it remains unpaid for more than one month your Policy could be cancelled. It may be reinstated within six months of the date that the Policy was cancelled, but only if we agree and subject to any terms and conditions we might require.

The Policy will be cancelled if the Policyowner is on a temporary work visa and ceases to reside in Australia.

If you wish to cancel your Policy and/or optional benefits, please send a written request providing your instruction to cancel along with your full name and policy number to **Real Insurance**, PO Box 6728, Baulkham Hills NSW 2153. If you wish to discuss the matter or make alterations to your cover you can contact us on **1300 367 325** (Monday to Friday between 8am and 8pm AEST).

## Insurance risks

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

- ✓ you need to select the correct Insurance product and apply for the appropriate level of cover for your needs. If you do not have enough cover it might cause you or your family to suffer financial hardship even after receiving the benefit payment;

- ✓ if you are replacing a contract or policy with another contract or policy, you should consider all the terms and conditions of each policy before making a decision to change.

## Benefit payments

We will make all Income Benefit payments to you. If a Children's Insurance benefit applies it will be paid to you.

All benefits paid in connection with this Policy will be made in Australian currency.

## Making a claim

If you (or your legal personal representative on your death) wish to claim under this Policy, please phone **1300 307 297** (Monday to Friday between 8am and 8pm AEST), or write to **Real Insurance**, PO Box 6728, Baulkham Hills NSW 2153. You will be sent a form to be completed, signed and returned. We may also require your treating doctor or specialist to complete a form at your expense.

The Policy and the Insurance for the benefit must be in force when the insured event occurs.

Claims should be made as soon as possible after the event giving rise to the claim. If you do not notify us within 120 days after the event giving rise to the claim, and we are disadvantaged by the delay, we may be able to reduce the amount we would otherwise pay, or we may be able to refuse to pay the claim.

Before a claim is payable we must receive proof, provided at your expense and to our satisfaction, that the insured event has occurred. In addition:

- ✓ the insured event must be confirmed by one or more medical specialists nominated by us; and

- ✓ all relevant information, including any test, examination, or laboratory results, must be provided to us.

We may be entitled to refuse to pay the benefit under this Policy if a claim is made more than 120 days after the insured event giving rise to the claim without good cause or if we do not have evidence to our satisfaction of the applicable insured event.

We reserve the right to require you to undergo, at our expense, examinations or other reasonable tests to confirm the occurrence of an insured event or entitlement to claim. In addition we may conduct investigations to assess the validity of the claim. This could involve the use of investigation agents and surveillance, legal advisers and the collection of personal data.

## Tax

The Income Benefit will generally be considered income. Therefore the premiums in respect of the Income Benefit may be tax deductible and benefits paid will generally be assessable as income.

In most cases the premium for the Children's Insurance will not be tax deductible and tax will not be payable on a payment of these benefits under your Policy.

This information is based on continuance of present tax laws and our interpretation of those laws. Your individual situation may differ and you should seek qualified professional advice in relation to your particular circumstances.

## Questions or complaints

We hope that you never have reason to complain, but if you do we will do our best to work with you to resolve it. Our complaints resolution process has three steps.

### 1 – Immediate Response

Usually when you have a concern, we can resolve it immediately on the phone. If we can't immediately resolve your concern we will treat it as a complaint and take steps to resolve your matter as soon as possible. Please contact us using one of the following means:

- Phone:** 1300 367 325  
(Monday to Friday between 8am and 8pm AEST)
- Writing:** Customer Service Complaints  
Real Insurance  
PO Box 6728  
Baulkham Hills NSW 2153
- Email:** [service@reallifecover.com.au](mailto:service@reallifecover.com.au)

Please supply your Policy number to enable the enquiry to be dealt with promptly. Your complaint or enquiry will be dealt with by someone with appropriate authority.

### 2 – Internal Dispute Resolution

If we haven't resolved your matter to your satisfaction, at your request, we will escalate your complaint for review by our Internal Dispute Resolution team. All escalated matters will be acknowledged within 2 business days of being escalated. After full consideration of the matter a written final response will be provided that will outline the decision reached and the reasons for the decision.

### 3 – External Dispute Resolution

In the unlikely event that your complaint is not resolved to your satisfaction, or a final response has not been provided within 45 days, you may be eligible to refer your matter to the Financial Ombudsman

Service (FOS), providing your matter is within the scope of the FOS Terms of Reference. The FOS is an independent dispute resolution service provided free of charge. You may contact the FOS at:

### Financial Ombudsman Service

- Mail:** GPO Box 3,  
Melbourne VIC 3001
- Phone:** 1800 367 287
- Fax:** (03) 9613 6399
- Website:** [www.fos.org.au](http://www.fos.org.au)
- Email:** [info@fos.org.au](mailto:info@fos.org.au)

## Privacy

For the purposes of this Notice "we", "our" and "us" means Hannover Life Re of Australasia Ltd and anyone collecting information on its behalf.

We may collect personal information directly from you through the application process or, where that is not reasonably practical, from other sources. For example, we may obtain information from other insurers or medical practitioners.

Your personal information is collected for the purpose of processing your application, administering your Policy and assessing and paying any claims under the Policy. Your information may also be used to consider any other application you may make in the future, or to perform our administrative operations. If you do not consent to us collecting and using your personal information in this manner, or do not provide the requested information in full, we will be unable to provide the requested insurance services. Real insurance may use your personal information (but not sensitive information) to assist them in developing and identifying products and services that may interest you and (unless you ask them not to by

calling them on **1300 367 325** (Monday to Friday between 8am and 8pm AEST), telling you about products and services offered by Real Insurance.

Your personal information may be disclosed to third parties who assist in the provision of insurance services (i.e. reinsurers, related companies, our advisers, persons involved in claims, medical service providers, external claims data collectors and verifiers, your employer, your agents and other persons where required by law). We are unlikely to send your personal information to any foreign jurisdiction and we take steps to ensure our service providers don't either.

By applying for cover, you consent to sensitive information about you being collected and it being used to consider your application for Insurance, assess a claim, using it or giving it to related companies for research and analysis, to design or underwrite new insurance products, and disclosing it to any of the third parties listed above for these purposes. Your sensitive information will not be disclosed for any other purpose. Third parties are prohibited from using your personal information for purposes other than those for which it is supplied.

You can read more about how we collect, use and disclose your personal information in our Privacy Policy, including how to complain about a breach of the Privacy Principles, which is available on our website at [realinsurance.com.au](http://realinsurance.com.au) or you can request a copy. If you wish to gain access to your information (including correcting or updating it), have a complaint about a breach of your privacy or have any other query relating to privacy please call **1300 367 325** (Monday to Friday between 8am and 8pm AEST).

# Glossary

In this Policy, some words begin with a capital letter, for example, Acceptance Date. These words have the special meanings as explained below.

**Acceptance Date** means the date your application is accepted by us and cover starts, as set out in the Policy Schedule.

**Accident** means an event resulting in bodily injury occurring while this Policy is in force, where the injury is directly and solely caused by accidental, violent, external and visible means without any other contributing causes and where the injury is not self inflicted.

**Accidental Death** means death occurring as a direct result of an Accident and where death occurs within 90 days of the Accident.

**Activities of Daily Living** means:

Activity	Description
Bathing	the ability to wash or shower;
Dressing	the ability to put on and take off clothing;
Feeding	the ability to get food from a plate into the mouth;
Mobility	the ability to get in and out of bed and a chair; and
Toileting	the ability to use the toilet including getting on and off.

**Australian Resident** means a person who resides in Australia at the time of application and either holds Australian or New Zealand citizenship; or holds an Australian permanent residency visa; or has been in Australia continuously for

six months or more on a temporary work visa and resides in Australia.

**Benefit Amount** means the amount payable under this Policy for a Child Insured in respect of Children's Insurance (as applicable). The Benefit Amount at the Acceptance Date for each Child Insured is shown in the Policy Schedule.

**Benefit Period** means the maximum length of time that we will pay the Income Benefit for the same or related Disabling Sickness or Injury during the life of the Policy, as set out in your Policy Schedule. The benefit periods you can choose from are 6 months, 1 year or 2 years.

**Blindness** means the permanent loss of sight in both eyes, due to injury or illness, such that:

- ✓ visual acuity is at least 6/60 or less in both eyes, or
- ✓ the visual field is reduced to at least 20 degrees or less of arc,

measured, in each case, after taking into account visual aids. The diagnosis must be confirmed by a Medical Practitioner.

**Child Insured in respect of the optional Children's Insurance** means the Life Insured named in the Policy Schedule in respect of Children's Insurance.

**Commencement Date** means the date on which your first premium payment is deducted. The date you select for the first premium deduction is set out in the Policy Schedule.

**Congenital Condition** means an illness, disability or defect existing at or from a Child Insured's birth.

**Deafness** means the confirmed diagnosis, by a Medical Practitioner, of the total and irreversible loss of hearing, both natural and assisted, in both ears, of 90 decibels or greater measured over the frequencies of 500 hertz, 1000 hertz, 2000 hertz and 3,000 hertz in 2 measurements at least 6 months apart.

**Diplegia** means total & permanent loss of use of symmetrical parts of the body through injury caused by permanent damage to the nervous system. The diagnosis must be confirmed by a Medical Practitioner.

**Disabled/Disability** has the same meaning as Disabling Sickness or Injury.

**Disabling Sickness or Injury** means due to a Sickness or Injury occurring after the Acceptance Date you are:

- ✓ If the Life Insured is aged under 65 years of age and working 20 hours or more per week – unable to attend or engage in your usual occupation.
- ✓ If the Life Insured is aged under 65 years of age and not working or working less than 20 hours per week – unable to perform at least three of the Domestic Duty Tasks.
- ✓ If the Life Insured is aged 65 or over irrespective of work status – unable to perform at least 2 of the Activities of Daily Living without the physical assistance of someone else and without the use of special equipment.

The Sickness or Injury must be diagnosed by a Medical Practitioner and confirmed by medical specialists nominated by us.

**Domestic Duty Tasks** means:

Duties	Description
Cleaning	cleaning the family home, such as using a vacuum cleaner, sweeping with a broom, using a mop, cleaning dishes (automatic or manual);
Cooking	cooking the family meals, such as preparing fresh and frozen food, using an oven, stove or microwave oven;
Laundry	doing the family's laundry, such as loading and unloading a washing machine and hanging out clothes or using a dryer, folding clothes and ironing;
Shopping	shopping for food and household items, such as attending shops or using the phone or internet to purchase food or household items for the family; and
Childcare	where applicable, taking care of dependent children under 16 years of age or in full time secondary education, such as supervising, lifting, transporting, feeding and bathing.

Domestic Duty Tasks do not include duties performed outside the person's home for salary, reward or profit.

**Encephalitis** means the severe inflammation of brain tissue which results in significant and permanent neurological impairment which is at least a 25% impairment of whole person function as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' (most recent edition). The diagnosis must be confirmed by a Medical Practitioner.

**Hemiplegia** means the total & permanent loss of use of one side of the body through injury caused by permanent damage to the nervous system. The diagnosis must be confirmed by a Medical Practitioner.

**Income Benefit** means the monthly benefit you are eligible to receive, in respect of Bill Insurance under the Policy terms and conditions.

**Injury** means a bodily injury caused by an Accident.

**Insurance** means, in respect of a Life Insured, the Insurance benefits that have been applied for by the Policyowner and accepted by us as indicated on the Policy Schedule.

**Life Insured** means, as the context requires, you and, if applicable, a Child Insured.

**Major Head Trauma** means a head injury due to an Accident resulting in permanent neurological deficit, resulting in the Child Insured:

- ✔ suffering at least a 25% impairment of whole person function as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' (most recent edition); or
- ✔ being permanently and irreversibly unable to perform any one of the following "activities of daily living" without the assistance of another person or special equipment.

The impairment or inability, as applicable, must have existed for at least six months and must be confirmed by a Medical Practitioner.

**Medical Practitioner** is a qualified, practicing medical specialist, licensed to practice his or her medical specialty within Australia or New Zealand, and whose specialty qualifies him or her to make a diagnosis or prognosis related to the injury or illness, of a Life Insured or Child Insured, and in the case of a Child Insured, must be a pediatrician. The Medical Practitioner must not be the Policyowner or a Life Insured under this Policy, their spouse, relative or business associate.

**Meningitis (and/or meningococcal disease)** means Meningitis or meningococcal septicemia causing at least a 25% impairment of whole person function as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' (most recent edition). The diagnosis must be confirmed by a Medical Practitioner.

**Mental Disorder or Illness** means any disorder or illness classified in the Diagnostic and Statistical Manual of Mental Disorders, Volume IV, published by the American Psychiatric Association (or such replacement or successor publication we approve, or if none then a comparable publication as selected by us). Such mental disorder conditions include, but are not limited to:

- ✔ post traumatic stress; and
- ✔ physical symptoms of a psychiatric illness; and
- ✔ anxiety; and
- ✔ depression; and
- ✔ psychoneurosis; and
- ✔ psychotic, personality, emotional or behavioural disorders; and

## **Mental Disorder or Illness (continued)**

- ✔ disorders related to substance abuse or dependency which include alcohol, drug or chemical dependency.

Mental disorders or illnesses do not include dementia (except where the dementia is related to substance abuse or dependency), Alzheimer's disease or head injuries.

**Paralysis** means the total & permanent loss of use of two or more limbs through disease or injury caused by permanent damage to the nervous system. This includes, but is not limited to, Paraplegia, Quadriplegia/Tetraplegia, Hemiplegia and Diplegia. The diagnosis must be confirmed by a Medical Practitioner.

**Paraplegia** means the total & permanent loss of use of both legs caused by permanent damage to the nervous system. The diagnosis must be confirmed by a Medical Practitioner.

**PDS** is an abbreviation of Product Disclosure Statement.

**Policy** means the legal contract between the Policyowner and us. This PDS, your application, any future application accepted by us, the current Schedule, and any special conditions, amendments, or endorsements make up the Policy.

**Policy Anniversary** means the anniversary of the Commencement Date of your Policy.

**Policyowner, you, your, yours** means the owner of the Policy named in the Policy Schedule and the Life Insured for the Bill Insurance. This Policy may not be transferred or assigned to another person.

**Pre-existing Medical Condition** means a physical or mental condition of which you were aware, or a reasonable person in the circumstances could be expected to have been aware, before the Acceptance Date (or the date that we agreed to increase the Income Benefit, in respect

of the increased amount). This includes a condition, even if not diagnosed, for which you experienced symptoms and you sought medical attention, or a reasonable person in the circumstances, if experiencing such symptoms, could be expected to have sought medical attention. We will not regard a condition as a Pre-existing Medical Condition if you were advised by your Medical Practitioner that you were cured of that condition prior to the date three years before the Acceptance Date (or three years before the date that we agreed to increase the Income Benefit, in respect of the increased amount).

**Quadriplegia/Tetraplegia** means the total and permanent loss of use of both arms and both legs caused by permanent damage to the nervous system. The diagnosis must be confirmed by a Medical Practitioner.

**Schedule** means the Schedule issued with your Policy and updated from time to time. A new Schedule will be issued at any time we agree with you to change the details in respect of a Life Insured under your Policy. A new Schedule will replace previous Schedules.

**Sickness** means sickness or disease which first manifests itself after the date on which the applicable Insurance benefit starts. Any sickness or disease that is the direct or indirect result of elective or transplant surgery is excluded.

**Total & Permanent Loss of Use of Two Limbs** means complete and irrecoverable loss of the use of two limbs. Limb in this context means an arm, leg, hand or foot. The diagnosis must be confirmed by a Medical Practitioner.

**Waiting Period** means the 30 day period you must wait before the Income Benefit becomes payable under the Policy, as set out in your Policy Schedule.

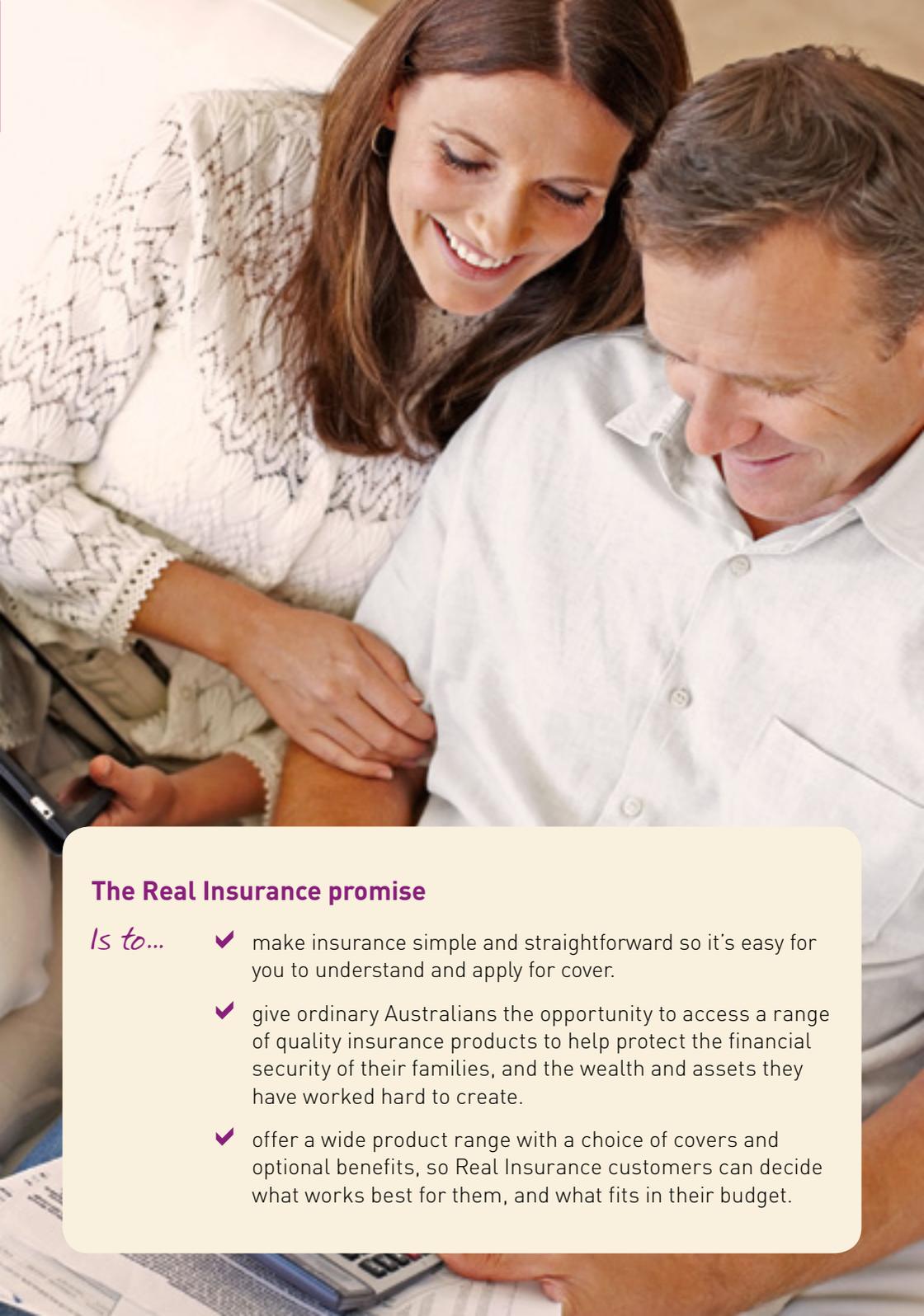
# Direct Debit Service Agreement

1. Hannover Life Re of Australasia Ltd ABN 37 062 395 484 ("Debit User") will initiate direct premium debit payments in the manner referred to in the Schedule (contained in the Direct Debit Request).
2. Debit payments will be made when due. The Debit User will not issue individual confirmation of payments made.
3. The Debit User will give the customer at least 14 days' written notice if the Debit User proposes to vary details of this arrangement, including the amount and frequency of debit payments.
4. If the customer wishes to defer any payment or alter any of the details referred to in the Policy Schedule, they must either contact the Debit User on **1300 367 325** (Monday to Friday between 8am and 8pm AEST), or write to the Debit User at PO Box 6728, Baulkham Hills NSW 2153.
5. Customer queries concerning disputed debit payments must be directed to the Debit User in the first instance. Details of the dispute resolution process that applies to the Debit User are described in this PDS on page 17. Queries about claims in regards to disputed debit payments should also be directed to the Debit User and may also be directed to the customer's financial institution nominated in the Schedule.
6. Direct payment debiting is not available on the full range of accounts at all financial institutions. If in doubt, the customer should check with their financial institution before completing the Direct Debit Request.
7. The customer should ensure that their account details given in the Policy Schedule are correct by checking against a recent statement from their financial institution at which their account is held.
8. It is the customer's responsibility to have sufficient cleared funds available, by the premium due date, in the account to be debited to enable debit payments to be made in accordance with the Direct Debit Request.
9. By authorising the Direct Debit Request, the customer warrants and represents that he/she/they is/are duly authorised to request and instruct the debiting of premium payments from the account described in the Policy Schedule.
10. If a debit payment falls due on any day which is not a business day, the payment will be made on the next business day. If you are uncertain as to when a debit payment will be processed to your account, you should make enquiries directly with the financial institution nominated in the Policy Schedule.
11. If a debit payment is returned unpaid, the customer may be charged a fee by the financial institution nominated in the Policy Schedule for each returned item.
12. Customers wishing to cancel the Direct Debit Request or to stop individual payments must give at least 7 days' written notice to the Debit User at the address referred above.
13. Except to the extent that disclosure is necessary in order to process debit payments, investigate and resolve disputed transactions or is otherwise required by law, the Debit User and its service providers will keep details of the customer's account and debit payments confidential.









## The Real Insurance promise

*Is to...*

- ✔ make insurance simple and straightforward so it's easy for you to understand and apply for cover.
- ✔ give ordinary Australians the opportunity to access a range of quality insurance products to help protect the financial security of their families, and the wealth and assets they have worked hard to create.
- ✔ offer a wide product range with a choice of covers and optional benefits, so Real Insurance customers can decide what works best for them, and what fits in their budget.



**For more information about  
Bill Cover**

**Call 1300 367 325**

Monday to Friday 8am–8pm (AEST)

**Visit [realinsurance.com.au](https://realinsurance.com.au)**

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