

Supplementary Product Disclosure Statement (“SPDS”) (Notice of Policy Changes & Amendments) Effective Date: 14 March 2019

This notice sets out important changes and amendments made to the Product Disclosure Statement (PDS), for Real Income Protection Accident Only Cover, issued by Hannover Life Re of Australasia Ltd (ABN 37 062 395 484), dated 22 January 2018.

It is important that you read this SPDS and your original PDS together to familiarise yourself with the policy Terms and Conditions as they now apply. We recommend that you keep a copy of this document with your PDS.

Changes to your PDS

The changes as outlined in the following table apply to any new Real Income Protection Accident Only Cover policy issued on or after **14 March 2019**, or any increase to an existing Policy originally purchased in accordance with the above-mentioned PDS, where the increase in cover is made on or after **14 March 2019**. Except where specifically noted in the following table, all other information in your PDS remains valid and enforceable.

SPDS	
Section of the PDS	Description of Change
Who can take out Income Protection Accident Only Insurance? (page 8)	Replace this section with the following: You can apply for Income Protection Accident Only Insurance if you are an Australian Resident, aged between 18 and 59, and are working at least 15 hours per week.
Glossary (page 26)	Replace the definition of Pre-Disability Income with the following: Pre-Disability Income is the calculation of the highest average amount of monthly Pre-Tax Income for any period of 12 consecutive months during the two years immediately before you became Disabled, verified in the form of tax returns or employer issued payslips. If you have not worked for a period of 12 consecutive months during the two years immediately before you became Disabled, your Pre-Disability Income will be calculated based on the total Pre-tax income you have earned over a 12 month period, and then averaged over 12 months. For example, if you have earned a Pre-Tax Income of \$30,000 over a period of 12 months, your average monthly Pre-Tax Income equals \$30,000 divided equally by 12 months, which in this example is equal to \$2,500. If you are on maternity, paternity or other paid or unpaid leave and you become Disabled, your Pre-Disability Income will be the highest average amount of monthly Pre-Tax Income for any period of 12 consecutive months during the two years immediately before your leave commenced.

Any claim that occurs as the result of an insurable event on or after **25 January 2019** will be assessed against the terms as amended in the following table. Except where specifically noted in the following table, all other information in your PDS remains valid and effective.

SPDS	
Section of the PDS	Description of Change
Introduction Page (page 4)	<p>Replace the following: "Income Protection Accident Only Cover is issued by Hannover Life Re of Australasia Ltd ABN 37 062 395 484 of Level 7, 70 Phillip Street, Sydney NSW 2000." With "Income Protection Accident Only Cover is issued by Hannover Life Re of Australasia Ltd ABN 37 062 395 484 of Tower 1, Level 33, 100 Barangaroo Avenue, Sydney NSW 2000."</p>
Introducing Income Protection Accident Only Cover (page 7)	<p>Replace the second bullet point referring to Children's Insurance with the following: Children's Insurance – a lump sum benefit is paid in the event of a death, Terminal Illness, Blindness, Deafness, Total and Permanent Loss of Use of One Limb, Encephalitis, Major Head Trauma, Meningitis, Paralysis, Benign Tumour of the Brain or of the Spinal Cord, Cancer, Severe Burns, Chronic Kidney Failure or Major Organ Transplant of the Child Insured.</p>
Children's Insurance Option (pages 15-16)	<p>Remove the entire section and replace with the new section titled Children's Insurance Option that follows this table. Please refer to pages 5–8.</p>
External Dispute Resolution (page 20)	<p>Replace the third step referring to External Dispute Resolution with the following: 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 Australian Financial Complaints Authority (AFCA), providing your matter is within the scope of AFCA Terms of Reference. AFCA is an independent dispute resolution service provided free of charge. You may contact AFCA at: Australian Financial Complaints Authority Mail: GPO Box 3, Melbourne VIC 3001 Phone: 1800 931 678 Website: www.afca.org.au Email: info@afca.org.au</p>

Section of the PDS	Description of Change
<p>Glossary (pages 22-27)</p>	<p>Insert the following new definitions into the Glossary section of the PDS.</p> <p>Benign Tumour of the Brain or of the Spinal Cord means the presence of a non-cancerous tumour on the brain or spinal cord causing a permanent neurological deficit with persisting symptoms. The diagnosis must be confirmed by a Medical Practitioner.</p> <p>“Permanent neurological deficit with persisting symptoms” means dysfunction in the nervous system that is present on clinical examination and expected to last throughout the Child Insured’s life. It includes outcomes such as: numbness, hypertonicity, hemiplegia, monoplegia, hemiparesis, monoparesis, hyperaesthesia (increased sensitivity), paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, coma and objectively documented significant loss of cognitive function.</p> <p>The following do not constitute “permanent neurological deficit with persisting symptoms”:</p> <ul style="list-style-type: none"> ✓ An abnormality seen on brain or spinal cord other scans without definite related clinical symptoms. ✓ Neurological signs occurring without symptomatic abnormality, such as brisk reflexes without other symptoms. ✓ Symptoms of psychological or psychiatric origin. <p>Cancer means the confirmed diagnosis of the presence of one or more malignant tumours histologically characterised by the uncontrolled growth and spread of malignant cells, and the invasion and destruction of normal tissue beyond the basement membrane. The term malignant tumour also includes leukaemia, sarcoma and lymphoma.</p> <p>The diagnosis must be confirmed by a specialist Medical Practitioner in the field.</p> <p>Chronic Kidney Failure means end stage renal failure presenting as chronic irreversible failure of the function of both kidneys, which requires permanent dialysis.</p> <p>Congenital Condition means an illness, disability or defect existing at or from a Child Insured’s birth.</p> <p>Major Organ Transplant means either having undergone an organ transplant, or upon specialist medical advice is placed on an official Australian acute care hospital waiting list to undergo an organ transplant, from another human donor of one or more of the following:</p> <ul style="list-style-type: none"> ✓ kidney ✓ heart ✓ liver ✓ lung ✓ pancreas, or ✓ bone marrow. <p>The transplantation of all other organs or parts of any organ or any other tissue is excluded.</p>

Section of the PDS	Description of Change
<p>Glossary (pages 22-27) (continued)</p>	<p>Monoplegia means the total and permanent loss of use of one limb caused by permanent damage to the nervous system. The diagnosis must be confirmed by a Medical Practitioner.</p> <p>Severe Burns means full thickness (third degree) or deep partial thickness (second degree) burns to at least:</p> <ul style="list-style-type: none"> ✓ 10% of the body surface area as measured by the Lund and Browder Body Surface Chart; ✓ 50% of both hands, requiring surgical debridement and/or grafting; or ✓ 50% of the face, requiring surgical debridement and/or grafting. <p>The diagnosis must be confirmed by a specialist Medical Practitioner in that field.</p> <p>Terminal Illness means the diagnosis, by a Medical Practitioner approved by us, of a terminal illness where life expectancy, after taking into account all reasonably available treatment, is 12 months or less.</p> <p>Total and Permanent Loss of Use of One Limb means complete and irrecoverable loss of the use of one limb. Limb in this context means an arm, leg, hand or foot. The diagnosis must be confirmed by a Medical Practitioner.</p>
<p>Glossary (page 22)</p>	<p>Replace the definition of Blindness with the following:</p> <p>Blindness means the permanent loss of sight in the Child Insured due to Injury or Illness, such that:</p> <ul style="list-style-type: none"> ✓ visual acuity is 6/60 or less in at least one eye, or ✓ the visual field is reduced to 20 degrees or less of arc, measured, in each case, after taking into account visual aids. <p>If the above is not met, other evidence confirming an equivalent severity of blindness will be considered. Diagnosis must be confirmed by a specialist Medical Practitioner in the field.</p>
<p>Glossary (page 23)</p>	<p>Replace the definition of Deafness with the following:</p> <p>Deafness means a confirmed diagnosis in the Child Insured of the total and irreversible loss of hearing, both natural and assisted, in one or both ears. The diagnosis must be confirmed by a specialist Medical Practitioner in the field.</p>
<p>Glossary (page 24)</p>	<p>Replace the definition of Encephalitis with the following:</p> <p>Encephalitis means the diagnosis of a bacterial infection of the brain tissue in the Child Insured. The diagnosis must be confirmed by a Medical Practitioner.</p>
<p>Glossary (page 25)</p>	<p>Replace the definition of Major Head Trauma with the following:</p> <p>Major Head Trauma means an accidental head injury in the Child insured resulting in the admission to ICU for more than four consecutive days (96 hours). The diagnosis must be confirmed by a Medical Practitioner.</p>

Section of the PDS	Description of Change
Glossary (page 25)	Replace the definition of Meningitis (and/or Meningococcal Disease) with the following: Meningitis (and/or meningococcal disease) means the diagnosis of a bacterial infection of the meninges of the brain or meningococcal septicaemia in the Child Insured. The diagnosis must be confirmed by a specialist Medical Practitioner in that field.
Glossary (page 26)	Replace the definition of Paralysis with the following: Paralysis means total and permanent loss of use of one or more limbs through injury or illness caused by permanent damage to the nervous system. This includes, but is not limited to, Monoplegia, Hemiplegia, Diplegia, Paraplegia, and Quadriplegia/Tetraplegia. The diagnosis must be confirmed by a Medical Practitioner.
Glossary (page 27)	Remove the definition for Total and Permanent Loss of Use of Two Limbs .

Children's Insurance Option

This option is only available with Income Protection Accident Only Cover. 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 the Child Insured suffers a death from any cause, Terminal Illness, Blindness, Deafness, Total and Permanent Loss of Use of One Limb, Encephalitis, Major Head Trauma, Meningitis, Paralysis, Benign Tumour of the Brain or of the Spinal Cord, Cancer, Severe Burns, Chronic Kidney Failure or Major Organ Transplant at least three months after the day cover starts, while covered under the Policy. These medical conditions are defined in the 'Glossary' on page 22 of the PDS.

Who can take out Children's Insurance?

If you (and/or the Partner Life Insured) are a parent or legal guardian of a child aged between 2 and 17 years of age who is an Australian Resident, you can apply for Children's Insurance cover for the child. If you have Children's Insurance, each Child Insured is shown in the Policy Schedule.

The amount of Children's Insurance you can apply for

You can apply for an Insurance 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 benefits explained below if the Child Insured of a Life Insured suffers an insured event; namely death from any cause, Terminal Illness, Blindness, Deafness, Total and Permanent Loss of Use of One Limb, Encephalitis, Major Head Trauma, Meningitis, Paralysis, Benign Tumour of the Brain or of the Spinal Cord, Cancer, Severe Burns, Chronic Kidney Failure or Major Organ Transplant while covered under the Policy except in the circumstances explained in 'What is not covered under your Children's Insurance?' on page 7 of this SPDS.

Only one Benefit Amount is payable per Child Insured. Once a Benefit Amount has been paid for a Child Insured, the Children's Insurance will cease and no further claims can be made.

Death from any cause – We will pay the Children's Insurance Benefit Amount as a lump sum in the case the Child Insured dies from any cause, or is diagnosed with a Terminal Illness, at least three months after the day cover starts, providing we have paid no Children's Insurance Benefit Amount in relation to a serious injury or illness for that 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 while covered under the Policy, 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 Blindness, Deafness, Total and Permanent Loss of Use of One Limb, Encephalitis, Major Head Trauma, Meningitis, Paralysis, Benign Tumour of the Brain or of the Spinal Cord, Cancer, Severe Burns, Chronic Kidney Failure or Major Organ Transplant as the result of an 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 7 of this SPDS.

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

Limit on benefits

Only one Children's Insurance 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 Income Protection Cover policy and/or Income Protection Accident Only Cover policy, we will apply this limit to the total of the Children's Insurance Benefit Amounts payable for the Child Insured under all such 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 for each Child Insured is shown in your Policy Schedule. The premium must be paid in Australian currency.

The Children's Insurance premium is a stepped premium, which means that it will increase each year as the Child Insured ages. 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

What is not covered under your Children's Insurance?

We will not pay a Children's Insurance Benefit Amount if the Child Insured suffers Blindness, Deafness, Total and Permanent Loss of Use of One Limb, Encephalitis, Major Head Trauma, Meningitis, Paralysis, Benign Tumour of the Brain or of the Spinal Cord, Cancer, Severe Burns, Chronic Kidney Failure or Major Organ Transplant 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 months after the Children's Insurance starts or, if reinstated, the first three months after the Children's Insurance for the Child Insured is reinstated.

We will not pay for a Children's Insurance Benefit Amount if the Child Insured dies or is diagnosed with a Terminal Illness which becomes apparent before or during the first three months after the Children's Insurance starts or, if reinstated, the reinstatement date.

We will pay for any new and unrelated occurrence of Blindness, Deafness, Total and Permanent Loss of Use of One Limb, Encephalitis, Major Head Trauma, Meningitis, Paralysis, Benign Tumour of the Brain or of the Spinal Cord, Cancer, Severe Burns, Chronic Kidney Failure or Major Organ Transplant suffered by a Child Insured after this three month period, while the Child Insured is covered under the Policy.

When your Children's Insurance starts and ends

If your application for Children's Insurance is accepted by us, cover for the Child Insured 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 die; or
- ✔ the date you cancel the Policy; or
- ✔ the date we cancel the Policy; or
- ✔ the date you cancel this cover for the Child Insured; or
- ✔ the Policy Anniversary following the Child Insured's 21st birthday.

Contact us on **1300 367 325** if you would like to discuss these changes in any further detail.



Income Protection Accident Only Cover

Product Disclosure Statement

Issue date:

22 January 2018

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

Income Protection Accident Only 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, Income Protection Accident Only Cover may be updated. Updates which are not materially adverse to you may be found on the Real Insurance website at 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



Product Disclosure Statement

Explaining this PDS

This Product Disclosure Statement (PDS) is designed to help you decide if Income Protection Accident Only Cover is right for you. It tells you the terms and conditions applying to an Income Protection Accident Only 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.

Income Protection Accident Only 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.

Income Protection Accident Only Cover is not issued or guaranteed by Real. Real 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 22 of this PDS.

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



Introducing Income Protection Accident Only Cover

Income Protection Accident Only Cover offers a number of insurance combinations to suit your needs.

There's Income Protection Accident Only Insurance – broadly, this insurance provides a monthly Income Benefit if as a direct result of an Injury you suffer a loss of income – which you can apply for on its own. In addition to the monthly Income Benefit, a premium waiver benefit and a recurrent disability benefit are provided under the Policy. Cover is not provided for loss of income due to an illness. Please consider the definitions of 'Injury' and 'Accident' in the 'Glossary' on page 22.

There are also optional benefits that you can apply for with your Income Protection Accident Only Insurance:

- ✔ Homemaker Insurance – broadly, this insurance provides up to \$1,000 per month for up to six months if the Homemaker is unable to perform any three Domestic Duty Tasks due to Sickness or Injury.

- ✔ Children's Insurance – a lump sum benefit is paid 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.

A full explanation of these benefits, and the terms and conditions applying, are set out in the following sections of this PDS. With Income Protection Accident Only Insurance, you are protected against Accidents 24 hours a day, 7 days a week, worldwide while your Policy is in force.

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.



Income Protection Accident Only Insurance

What is Income Protection Accident Only Insurance?

Income Protection Accident Only Insurance pays an Income Benefit if you are unable to work due to a Disabling Injury for longer than your chosen Waiting Period. This Insurance does not provide a benefit if you are unable to work due to illness.

Who can take out Income Protection Accident Only Insurance?

You can apply for Income Protection Accident Only Insurance if you are working at least 20 hours per week and you have been working in this capacity for at least 12 months prior to the Policy Commencement Date.

You must be an Australian Resident aged between 18 and 59.

The amount of Income Protection Accident Only Insurance you can apply for

The minimum and maximum Income Benefit Amount that you can apply for at the Policy Commencement Date is shown on the following table:

Minimum monthly Income Benefit Amount	Maximum monthly Income Benefit Amount
\$1,000	75% of your monthly Pre-Tax Income up to a maximum monthly benefit of \$10,000.

The Income Benefit payable will not exceed 75% of your average monthly Pre-Disability Income.

When we will pay the Income Protection Accident Only Insurance benefit

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

Income Benefit

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

- ✓ suffer a Disabling Injury while covered under the Policy; and

- ✓ remain continuously Disabled during the Waiting Period; and
- ✓ are continuously Disabled after the end of the Waiting Period.

Disabling Injury means due to an Injury occurring after the Acceptance Date, you are:

- ✓ unable to perform the usual duties of your Regular Occupation necessary to produce income; and
- ✓ you are under regular care, in relation to your Injury for which you are claiming; and
- ✓ suffering a loss of income; and
- ✓ you are not engaged in your Regular Occupation or any other gainful occupation.

A Disabling Injury must be certified by your Medical Practitioner and confirmed by one or more medical specialists nominated by us.

Disabled/Disability has the same meaning as Disabling Injury. Please also refer to the meaning given to other defined terms in the 'Glossary' on page 22.

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

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

Example: If you choose a 30 day Waiting Period, 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 Injury claim you make under your Income Protection Accident Only Insurance. When you apply for cover, you can choose a 6 month, 1 year, 2 year or 5 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 65th birthday; or
- ✓ the date your Policy ends.

Income Benefit Amount

The Income Benefit payable may be less than the Monthly Amount Insured shown on your Policy Schedule.

The Income Benefit payable will be calculated as the lesser of:

- ✓ the Monthly Amount Insured; and
- ✓ 75% of your Pre-Disability Income.

If you are receiving Other Payments, this amount may then be reduced so that the combined total of the monthly amount we pay, plus the Other Payments you receive, is no more than the lesser of:

- ✓ the Monthly Amount Insured; and
- ✓ 75% of your Pre-Disability Income.

If you make a claim we will require you to provide satisfactory financial evidence of your Pre-Disability Income.

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

- ✔ the Disabling Injury giving rise to the claim does not prevent you from earning an income from your Regular Occupation or any other gainful occupation; or
- ✔ 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 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 minimization of the condition causing the Disabling Injury.

Recurrent disability benefit

If the Disabling Injury recurs within six months of your last Income Benefit and you need to restart your claim, we will treat it as a continuation of your previous claim. In this circumstance the Waiting Period will be waived, but your claim is only payable for the balance, if any, of the Benefit Period.

You must return to full time work for at least six consecutive months and perform all of the important Income Producing Duties of your Regular Occupation without restriction before becoming eligible to submit a new claim for the same or related cause. A new Waiting Period and Benefit Period will then apply.

Limit on benefits

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

At no time can your Income Benefit exceed 75% of your Pre-Disability Income.

If you are covered under more than one Income Protection Cover and/or Income Protection Accident Only Cover Policy, we will apply these limits to the total of the benefits payable under all such Policies. Any reduction in the Income Benefit will be applied to the Insurance most recently commenced and we will refund the premiums paid referable to the amount by which the Income Benefit is reduced.

The cost of your Income Protection Accident Only 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 gender and age at that time; and
- ✔ the Monthly Amount Insured; and
- ✔ the Benefit Period; and
- ✔ the Waiting Period; and
- ✔ various factors which may affect the premium rating such as the state of your health, occupation and participation in hazardous activities.

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**

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 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 Income Protection Accident Only Insurance?

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

- ✔ 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
- ✔ 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.

We will not pay the Income Benefit where we have agreed a special term with you in respect of your cover that specifically excludes the event or condition leading to the claim. Any such special term will be agreed with you before your Policy is issued and will appear on your Policy Schedule.

When your Income Protection Accident Only Insurance starts and ends

If your application for Income Protection Accident Only 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 Income Protection Accident Only Insurance (provided you pay your premiums when due) until you attain age 65.

Your Income Protection Accident Only Insurance ends when the first of the following occurs:

- ✔ the Policy Anniversary following your 65th 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.

Homemaker Insurance Option

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

What is Homemaker Insurance?

Homemaker Insurance pays a monthly Homemaker Benefit while the Homemaker Life Insured is unable to perform any three of their Domestic Duty Tasks due to Sickness or Injury for longer than 30 days.

Who can take out Homemaker Insurance?

You can apply for Homemaker Insurance if the Homemaker Life Insured is aged between 18 and 59, and an Australian Resident.

The amount of Homemaker Insurance you can apply for

You can apply for a monthly Homemaker Benefit Amount of either \$500 or \$1,000 for the Homemaker Life Insured.

When we will pay the Homemaker Insurance benefit

We will pay the benefit explained below while the Homemaker Life Insured is covered under the Policy except in the circumstances explained in 'What is not covered under your Homemaker Insurance?' on page 14.

Homemaker Benefit

We will pay the Homemaker Benefit as a monthly amount when the Homemaker

Life Insured suffers a Sickness or Injury and, as a result the Homemaker Life Insured:

- ✓ is unable to perform any three of their Domestic Duty Tasks; and
- ✓ is under the regular care of, and following the advice of, a Medical Practitioner in relation to that Sickness or Injury; and
- ✓ has continuously been unable to perform any three of their Domestic Duty Tasks for 30 days; and
- ✓ has continuously been unable to perform any three of their Domestic Duty Tasks since the end of the 30 day period.

The Homemaker Benefit is payable after the expiry of the 30 day period if, solely as a result of Sickness or Injury, the Homemaker Life Insured is unable to perform any three of their Domestic Duty Tasks. The Homemaker Benefit is payable monthly in arrears with the first payment occurring one month after the end of the initial 30 day period.

We will pay the Homemaker Benefit for a maximum period of 6 months for any one Sickness or Injury. Once the Homemaker Benefit has been paid for 6 months, no further payments will be made for the same or a related cause.

Example: The first payment would be 60 days after the Homemaker Life Insured was first eligible to claim (the initial 30 days plus 30 days because claims are paid in arrears).

Homemaker Benefit Amount

The Homemaker Monthly Amount Insured is shown on your Policy Schedule.

If the Homemaker Life Insured is receiving Other Payments, the Homemaker Monthly Amount Insured will be reduced by the Other Payments the Homemaker Life Insured receives.

We will continue to pay the Homemaker Benefit until the earliest of:

- ✔ the Sickness or Injury giving rise to the claim does not prevent the Homemaker Life Insured from performing any three of their Domestic Duty Tasks; or
- ✔ the Homemaker Benefit has been paid for 6 months; or
- ✔ the Policy ends; or
- ✔ the death of the Homemaker Life Insured; or
- ✔ the Homemaker Life Insured is no longer under the regular care of a Medical Practitioner with regard to treatment of the Sickness or Injury giving rise to the claim; or
- ✔ the Homemaker Life Insured is no longer following the treatment recommended by a Medical Practitioner at such intervals and frequency as will lead to a cure, alleviation, or minimization of the condition causing the inability to perform any three of their Domestic Duty Tasks.

The total of all Homemaker Insurance benefit payments is limited to \$18,000 plus any automatic sum insured increases.

Recurrent condition

If the Sickness or Injury of the Homemaker Life Insured recurs within six months of the last Homemaker Benefit payment and you need to restart the Homemaker Benefit

claim, we will treat it as a continuation of the previous claim for the balance, if any, of the 6 month maximum payment period.

Limit on benefits

Only one Homemaker Benefit is payable at any one time under this cover, even if the Homemaker Life Insured suffers more than one Sickness or Injury giving rise to the claim.

The total of all Homemaker Insurance benefit payments under this Policy is \$18,000 plus any automatic sum insured increases.

If the Homemaker Life Insured is covered under more than one Income Protection Cover and/or Income Protection Accident Only Policy, we will apply these limits to the total of the benefits payable for the Homemaker Life Insured under all such Policies. Any reduction in the Homemaker Benefit will be applied to the Policy most recently commenced and we will refund the premiums paid referable to the amount by which the Homemaker Benefit is reduced.

The cost of your Homemaker Insurance

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

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

- ✔ the age, gender and smoking status of the Homemaker Life Insured at that time; and
- ✔ the Homemaker Monthly Amount 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**

What is not covered under your Homemaker Insurance?

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

- ✔ a pre-existing medical condition that was apparent in the 2 years before the Homemaker Insurance started. A pre-existing condition is a physical condition or related symptom (whether caused by illness or injury) that the Homemaker Life Insured was aware of, or a reasonable person in the Homemaker Life Insured's position should have been aware of, or for which the Homemaker Life Insured had a medical consultation; 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
- ✔ 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.

We will not pay any benefits where we have agreed a special term in respect of the Homemaker's cover that specifically excludes the event or condition leading to the claim. Any such special term will be agreed with you before your Policy is issued and will appear on your Policy Schedule.

When your Homemaker Insurance starts and ends

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

The Homemaker Insurance ends for the Homemaker Life Insured when the first of the following occurs:

- ✔ the date the maximum Homemaker Benefit Amount has been paid; or
- ✔ the Policy Anniversary following the 65th birthday of the Homemaker Life Insured; or
- ✔ the date the Policy ends; or
- ✔ the death of the Homemaker Life Insured; or
- ✔ the date you cancel the Policy; or
- ✔ the date you cancel this Insurance; or
- ✔ the date we cancel the Policy; or
- ✔ when the Homemaker Life Insured is no longer an Australian Resident.

Children's Insurance Option

This option is available with Income Protection Accident Only 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 22.

Who can take out Children's Insurance?

If you 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 16.

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 16.

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 Income Protection Cover Policy and/ or Income Protection Accident Only Policy, we will apply this limit to the total of the Children's Insurance Benefit Amounts payable for the Child Insured under all such Policies. Any reduction in the Children's Insurance Benefit Amount will be applied to the Policy 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

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 to make sure you are happy with the Policy, and decide whether you want to keep it. This is known as the “cooling-off” period. If you want to cancel your Policy 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 the automatic increase would mean that the Income Protection Accident Only Insurance Monthly Amount Insured is greater than 75% of your average monthly Pre-Tax Income, you should reject the increase to avoid paying unnecessary premium.

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) Income Protection Accident Only 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; or
- ✓ increase your Insurance.

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 or the most suitable 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 Homemaker Benefit applies we will make all 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 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 or the cause of your death.

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 and Homemaker Benefit will generally be considered income. Therefore the premiums in respect of the Income Benefit and Homemaker 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
Income Protection Cover
PO Box 6728
Baulkham Hills NSW 2153
- Email:** 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
- Email:** 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 or you may be deemed to not have complied with your duty of disclosure. 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 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).

Your duty of disclosure

Before you enter into a life insurance contract, you have a duty of disclosure to tell us anything you know, or could reasonably be expected to know, which is relevant to our decision to insure you, and other Lives Insured, and on what terms.

You have this duty until we agree to insure you. Your duty applies to all lives insured under the Policy, and you have the same duty to disclose those matters before you extend, vary or reinstate this Policy.

You do not need to tell us anything that:

- ✔ reduces the risk we insure you for; or
- ✔ is of common knowledge; or
- ✔ we know, or as an insurer, should know; or
- ✔ we waive your duty to tell us about.

If you do not tell us something

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

If you do not tell us anything you are required to, and we would not have insured you if you had told us, we may avoid the contract within 3 years of entering into it. This means we could refuse to pay a benefit.

If we choose not to avoid the contract, we may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told us everything you should have. However, if the contract provides cover on death, we may only exercise this right within 3 years of entering into the contract.

If we choose not to avoid the contract or reduce the amount you have been insured for, we may, at any time vary the contract in a way that places us in the same position we would have been in if you had told us everything you should have. However, this right does not apply if the contract provides cover on death.

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



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.

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 on the applicable insured event covered under this Policy in respect of a Life Insured and Child Insured (as applicable). The Benefit Amount at the Acceptance Date for each benefit for each Life Insured and 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 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, 2 years or 5 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.

Disabling Injury means due to an Injury occurring after the Acceptance Date, you are:

- ✓ unable to perform the usual duties of your Regular Occupation necessary to produce income; and
- ✓ you are under regular care, in relation to your Injury for which you are claiming; and

- ✓ suffering a loss of income; and
- ✓ you are not engaged in your Regular Occupation or any other gainful occupation.

A Disabling Injury must be certified by your Medical Practitioner and confirmed by one or more medical specialists nominated by us.

Disabled/Disability has the same meaning as Disabling Injury.

Domestic Duty Tasks are the tasks performed by a Homemaker Life Insured whose main occupation is to maintain the family home and who, if in paid employment, is working less than 10 hours per week.

These tasks are:

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);

Domestic Duty Tasks (continued)

Duties	Description
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.

Homemaker means the main provider of Domestic Duty Tasks within the family home and if also in paid employment, is working for less than 10 hours per week.

Homemaker Benefit means the Homemaker monthly amount you are entitled to receive in respect of Homemaker Insurance under the Policy terms and conditions.

Homemaker Life Insured means the Life Insured named in the Policy Schedule in respect of the Homemaker Insurance. A Homemaker may be your legal spouse or de-facto and may be the same gender as you.

Homemaker Monthly Amount Insured is the amount shown on the Policy Schedule and is used to calculate the Homemaker Benefit.

Income Benefit means the monthly benefit amount you are eligible to receive in respect of Income Protection Accident Only 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, the Homemaker Life Insured and 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:

Activity	Description
Washing	bathing and showering
Dressing	dressing and undressing
Eating	eating and drinking
Continence	maintaining continence with a reasonable level of personal hygiene
Mobility	getting in and out of bed, a chair or wheelchair, or moving from place to place by walking, wheelchair or walking aid

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;
- ✓ physical symptoms of a psychiatric illness;
- ✓ anxiety;
- ✓ depression;
- ✓ psychoneurosis;
- ✓ psychotic, personality, emotional or behavioural disorders; and
- ✓ 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.

Monthly Amount Insured is the amount shown on the Policy Schedule and is used to calculate the Income Benefit.

Other Payments are:

- ✔ workers compensation; and
- ✔ compensation for motor vehicle injury; and
- ✔ payments made under statute, regulation or ordinance; and
- ✔ damages paid under common law whether modified or not by statute; and
- ✔ payments received from any other disability income, illness or injury policies, including group insurance policies; and
- ✔ sick leave or any other approved leave payments received. This does not include an entitlement to these payments when they are not received or taken.

If any of the 'Other Payments' are paid in a lump sum we convert to its equivalent in terms of monthly income. We calculate this based on actuarial advice, by looking at the circumstances in which the payments were made.

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.

Pre-Disability Income is the calculation of the highest average amount of monthly Pre-Tax Income for any period of 12 consecutive months during the two years immediately before you became Disabled, verified in the form of tax returns or employer issued payslips.

If you are on maternity, paternity or other paid or unpaid leave and you become Disabled, your Pre-Disability Income will be the highest average amount of monthly Pre-Tax Income for any period of 12 consecutive months during the two years immediately before your leave commenced.

Pre-Tax Income means income earned through personal exertion calculated after the deduction of expenses incurred in producing that income and before the deduction of income tax.

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 Income Protection Accident Only Insurance. This Policy may not be transferred or assigned to another person.

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.

Regular Occupation means the occupation predominantly performed in the 12 months prior to the Injury causing Disability. If you are on maternity, paternity or other paid or unpaid leave for more than 12 consecutive months immediately prior to the Injury causing Disability, then your Regular Occupation is any occupation that you are reasonably capable of performing having regard to your education, training or experience.

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.

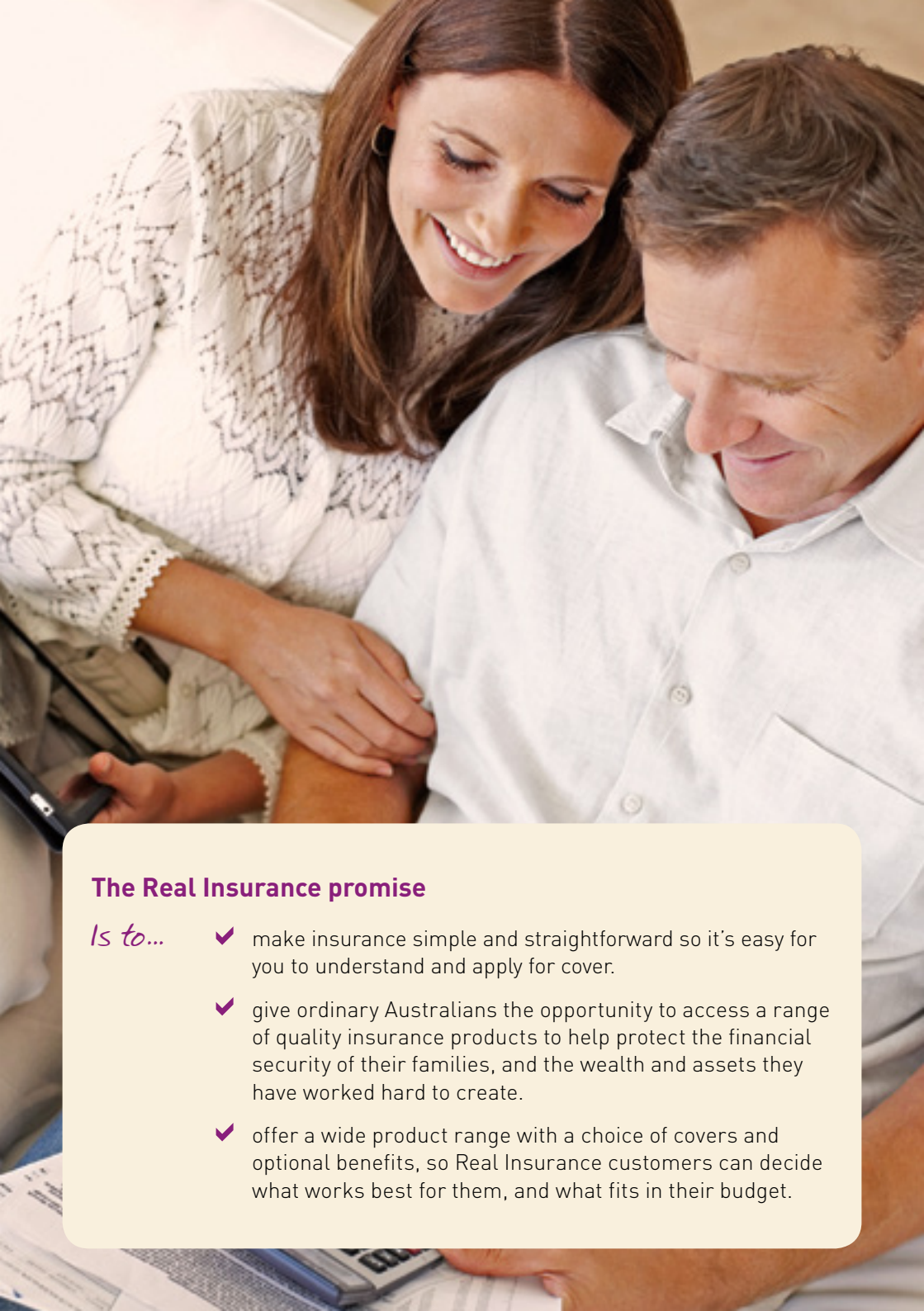
Sickness means sickness or disease which first manifests itself after the date on which the Homemaker Insurance starts. Any sickness or disease that is the direct or indirect result of elective or transplant surgery is excluded.

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 period you must wait before the Income Benefit becomes payable under the Policy, as set out in your Policy Schedule. The waiting periods you can choose from are 30 or 90 days.

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 19. 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
Income Protection Accident Only Cover
Call 1300 367 325**

Monday to Friday 8am–8pm (AEST)

Visit realinsurance.com.au

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