



Group Active

Accidental Injury Insurance



Combined Product Disclosure Statement (PDS)
and Financial Services Guide (FSG)

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1. About this document

This document helps you decide if Flip Group Active is right for you before you decide to buy.

It's a combination of the Product Disclosure Statement and Policy Document (PDS), and the Financial Services Guide (FSG). For information about the target market and distribution of Flip Group Active, you can read the relevant Target Market Determination (TMD) on our website.

Words with special meaning

Some words and expressions in this document have a special meaning. These words begin with capital letters, and their meanings can be found in section

[8. Glossary](#).

Also in this document, references to 'you' and 'your' means the Policy Owner who is shown on your Policy Schedule.

Insurance Terms

The terms of Insurance, including what's covered, eligibility criteria, benefits payable and the claims process are set out in this PDS and the Policy Schedule.

You can contact Flip Insurance if you need a copy of your PDS or your Policy Schedule.

A HCF Company

Flip Insurance

Flip Insurance Pty Ltd (ABN 71 648 680 960) (Flip Insurance) is a wholly-owned subsidiary and authorised representative (ARN 001288198) of HCF Life. Flip Insurance is a joint issuer of the FSG together with HCF Life, and is authorised to do things like deal in life insurance and provide general advice on behalf of HCF Life. Flip Insurance also provides a range of services in relation to Flip, such as customer support and claims handling.

HCF Life

HCF Life Insurance Company Pty Ltd ABN 37 001 831 250, AFSL 236 806 (HCF Life) is the company that is providing your insurance and is the issuer of this Combined Product Disclosure Statement and Policy Document (PDS) and Financial Services Guide (FSG). So whenever you see a reference to "we", "our" or "us" in this document, that means HCF Life. HCF Life is a wholly-owned subsidiary of The Hospitals Contribution Fund of Australia Limited ABN 68 000 026 746, AFSL 241 414 (HCF).

The benefit payable under this Insurance are paid out of HCF Life's No. 1 Statutory Fund. All premiums received are also paid into HCF Life's No. 1 Statutory Fund.



2. What we cover

Subject to the terms of this PDS, we will pay the following benefits to an Insured Person:

Benefit 1:

Accidental Injury

We will pay a cash payout to an Insured Person if:

- they suffer an Accidental Injury while participating in an Event or Location Visit,
- the Accidental Injury meets one of the descriptions as set out on [page 5](#).

There are two levels of cover available. The level of cover applicable to your policy will be shown on the Policy Schedule.

Benefit 2:

Ambulance

We will reimburse an Insured Person for any amount paid, or pay directly to the ambulance service, up to \$3,000 for an ambulance service to hospital with respect to certain Accidental Injuries arising from Sporting Activities, as set out on [page 6](#).

The benefit is only available if the Ambulance Benefit is noted on your Policy Schedule.

Maximum claim limit

No further benefits will be paid to an Insured Person once they receive \$50,000 or \$25,000 in payouts under this Insurance, depending on the chosen level of cover.

Who can buy this Insurance

Flip Group Active is only available for purchase by individuals or companies that are based in Australia and who receive this PDS in Australia.

The Insurance is issued to a Policy Owner, such as an event organiser, sports and recreation provider, or sports organisation.

The Policy Owner is shown on the Policy Schedule.

Who is covered

This Insurance provides cover for Insured Persons. An Insured Person is each person who:

- participates in an Event or Location Visit; and
- falls within a class of Insured Person specified in the Policy Schedule.



What's an Accidental Injury

An Accidental Injury is an acute injury or other physical damage to a person's body that:

- is caused by an Accident (a sudden, unexpected event); and
- is unintentional.

An Accidental Injury does not include:

- chronic injuries, like injuries from overuse, repetitive motion, or wear and tear;
- pre-existing injuries;
- injury or harm arising from surgical or medical care;
- damage to the body that is caused by a medical episode or a medical condition.

A pre-existing injury is an injury which you already had or were subject to before or when your Insurance starts.




In accordance with insurance law, we will decline a claim that was caused by a pre-existing injury only if you were aware or should have reasonably been aware of the injury when you took out your Insurance.

Benefit 1: Accidental Injury

The level of cover applicable to your policy (Starter or Elite) will be shown on the Policy Schedule.

An Insured Person will be eligible for a benefit under the applicable level of cover if they suffer an Accidental Injury from the table below and subject to the terms of this PDS.

To be eligible for an Accidental Injury Benefit, the Insured Person needs to:

-  **See a Health Professional in relation to the Accidental Injury within 14 days of their Accident.**
-  **Show us proof from a Health Professional that their Accidental Injury meets one of the descriptions in this table before we can pay a claim.**
-  **Submit their claim to us within six (6) months of their Accident.**

An Insured Person is eligible for one benefit per Accident. If the Insured Person suffers multiple Accidental Injuries from the same Accident, we will pay the highest benefit they qualify for under the level of cover applicable to the policy.

SPECIFIED ACCIDENTAL INJURIES		ELITE	STARTER
Fractures	Simple, non-displaced or minimally displaced fractures	\$400	\$300
	Spinal fractures	\$800	\$400
	Displaced fractures or open fractures	\$2,500	\$1,250
Sprain and Strains	Partial tearing of a ligament, muscle or tendon	\$400	\$300
	Complete tearing of a ligament, muscle or tendon	\$2,200	\$1,100
Dislocations	Dislocation	\$200	\$200
	Dislocation associated with partial tendon or ligament tears and/or simple, non-displaced fractures	\$600	\$400
	Dislocation associated with complete tendon or ligament tears and/or displaced fractures	\$2,500	\$1,250
Head Injuries	Concussion	\$200	\$200
	Traumatic Brain Injury with neurological symptoms lasting more than 24 hours	\$5,000	\$2,500
	Traumatic Brain Injury with neurological symptoms that are persistent 1 month after the injury	\$25,000	\$12,500
Spinal Cord Injuries	Spinal Cord Injury	\$5,000	\$2,500
	Spinal Cord Injury that results in an inability to move two or more limbs that is persistent 1 month after the injury	\$50,000	\$25,000
Dental Injuries	Chipped tooth	\$200	\$200
	Single knocked out-tooth	\$800	\$600
	Multiple knocked out-teeth	\$2,000	\$1,000
Other Injuries	Wounds that extend deep into underlying tissue, involving muscles, tendons or bones	\$400	\$300
	Internal Injuries; rupture of internal chest or abdominal organ	\$5,000	\$2,500
	An Accidental Injury that results in the loss of a hand, arm, foot or leg	\$50,000	\$25,000

Benefit 2: Ambulance

The Ambulance Benefit is only available if it is noted on your Policy Schedule.

An Insured Person is eligible for an Ambulance Benefit if they:



Suffer an Accidental Injury while engaged in a Sporting Activity at an Event or Location Visit as a participant or referee or while assisting with the conduct of a Sporting Activity



Require an ambulance service to a hospital with respect to that Accidental Injury



Are required to pay for the ambulance service themselves

How does it work?

If the Insured Person pays for the ambulance service, we'll reimburse the amount paid up to \$3,000. We will pay this amount directly to the Insured Person's bank account.

If the Insured Person has not paid for the ambulance service, we will pay the ambulance service directly the amount the Insured Person is required to pay, up to \$3,000.

We will ask the Insured Person for the invoices or, if paid, proof of payment of the ambulance service and evidence of their Accidental Injury.

The maximum we'll pay under this additional benefit per Accident is \$3,000, subject to the Maximum Claim Limit under this Insurance.

What is a Sporting Activity?

A Sporting Activity is a competitive or game-based sport activity involving physical exertion which is organised by the Policy Owner or a person on the authority of the Policy Owner.

For example:

- A football competition or a marathon organised by the Policy Owner is a Sporting Activity.
- A jog with friends is not a Sporting Activity.



Case studies

Case study 1

Charlie went snowboarding

Charlie was snowboarding when they fell and landed painfully on their knee.

Charlie went straight to the nearby medical centre, where they were diagnosed with a complete tear of their anterior cruciate ligament (ACL) via an MRI. Charlie was referred to a specialist and required surgery to repair their torn ligament.

Charlie submitted their claim via the Flip mobile app and provided the MRI report and hospital discharge summary as evidence.

Charlie's benefit was \$2,200 because their Accidental Injury met the requirement of the Flip **Sprains and Strains** benefit for a **complete tearing of a ligament, muscle or tendon**.

The operator at the mountain where Charlie was snowboarding had purchased Group Active with a **\$50,000 Cover Level** for all visitors and Charlie had cover for their Accident.



Case study 2

Oliver went for a swim

Oliver was participating in a surfing competition when his head hit a sandbank as he was diving into the waves.

Unable to move, lifeguards pulled him out of the water. He was immobilised and taken to in an ambulance to the emergency department.

Oliver was urgently treated in the emergency department where he was diagnosed with a spinal cord injury. After a week in hospital and ongoing rehabilitation, Oliver is expected to make a full recovery.

Oliver was required to pay \$650 for the ambulance.

The total benefit paid for Oliver's Accident was \$5,650.

Benefit 1: Oliver was eligible for \$5,000 because his Accidental Injury met the requirement of the Flip **Spinal Cord Injury** benefit.

Benefit 2: Oliver was also eligible for reimbursement of the \$650 ambulance cost.

The organiser of the surfing competition had purchased Group Active with a **\$50,000 Cover Level**, including the **Ambulance Benefit** for all participants and Oliver had cover for his Accident.



3. What we don't cover

We won't pay a benefit where the Insured Person is:



Not participating in an Event or Location Visit



Injured in an Accident that occurs outside of an Event or Location or outside of the Term



Also eligible for a benefit for their Accidental Injury under an Other Flip Policy (other than any Ambulance Benefit, which will remain payable subject to the terms of this Insurance).

We won't pay a benefit under this Insurance if your Accidental Injury happens as a result of any of the following reasons:



Motorcycling



Involvement in an illegal act



Any Accidental Injury that occurs outside the Event or Location



Intentional self-injury or attempted suicide



A dental injury caused by food or drink, including any foreign object in it while being consumed



Being under the influence of alcohol, or taking illicit drugs, or taking medication in a way not as directed



Acts of war, whether declared or not, hostilities, civil commotion, terrorism or insurrection

Under the influence of alcohol means being over the prescribed legal limit for driving a motor vehicle according to the relevant state or territory limit.



Catastrophes resulting from natural processes, such as avalanche, earthquake, flood, bush fire

In addition, we will not pay a benefit in the following circumstances:



Injuries that happen gradually over time



Injuries caused by a medical condition or medical episode



Accidents caused by a medical condition or medical episode



Accidents caused by a medical procedure or related complications

4. Premiums

How premiums are calculated

Premiums for Insurance issued under this PDS are the responsibility of the Policy Owner. Insured Persons are not liable for premiums under this PDS.

The premiums you pay for the Insurance are calculated taking into account a number of different factors, which may include the following:

FACTOR
The number of Insured Persons
Ambulance Benefit (optional)
Age and gender of Insured Persons
Level of cover
Type of sport or activity
Safety practices at the Event or Location
Our operating costs, specifically our costs of capital, our operating expenses and government charges that apply to this Insurance, such as stamp duty

We may determine, in accordance with our underwriting policies, a revision to our assessment of the risk profile associated with an Event or Location. In the event of a revision, the Insurer may alter the amount of premium payable for each Insured Person.

Even if the risk profile of your Event or Location doesn't change, the premium you pay may change to reflect changes in our costs of capital, our operating expenses, or government charges and taxes that apply to this Insurance (such as stamp duty).

The premium payable will be shown on your Policy Schedule. We may vary the premiums payable for this Insurance from time to time, on the condition that the changes only apply prospectively and that they are made to all contracts of the same kind on a simultaneous and continuous basis. You are entitled to cancel this Insurance if you do not accept our decision to vary the premiums.

We will notify you in advance where we determine to vary the premiums payable for this Insurance.

This premium includes stamp duty payable by us (where applicable). Generally, insurance premiums are tax deductible if they are directly related to earning assessable income. This is a general statement based on present laws and their interpretation. Individual circumstances may vary, so you may like to consult a professional tax adviser.

Paying your premium

The premium comprises the following components:

Fixed component:

- Payable in advance by the beginning of each year, starting from commencement of this Insurance
- This amount is shown on your Policy Schedule.

Variable component:

A variable amount is payable depending on:

- the number of Insured Persons per Event, or
- the number of Insured Persons per Billing Cycle (applicable to Locations or other arrangements where regular payments are agreed).

The premium attributable to each Event or Billing Cycle is determined by a premium formula shown on your Policy Schedule.

The variable amounts are payable in advance and are calculated and paid as follows:

1. At least 14 days prior to each Event or Billing Cycle, the Policy Owner will inform Flip Insurance of the actual number (or, if that information is not available, then the expected number) of Insured

Persons for the Event or Billing Cycle.

2. Flip Insurance will issue a premium statement to the Policy Owner setting out the premium required to be paid for that Event or Billing Cycle.

What happens if the actual number of Insured Persons is different to the number notified to Flip

If the actual number of Insured Persons that participated in the Event or Billing Cycle is different to the number of Insured Persons notified to Flip Insurance:

1. the Policy Owner will inform Flip Insurance of the actual number of Insured Persons that participated in the Event or Billing Cycle at least 14 days prior to the next Event or Billing Cycle or, if there are no more Events listed in the Policy Schedule, as soon as reasonably practicable after the last Event or Billing Cycle.

2. The premium payable will be retrospectively adjusted to reflect the actual number on Insured Persons, in accordance with the formula shown on the Policy Schedule.
3. Premium adjustments will be issued as a refund or an additional amount payable and will be payable within 30 days.



5. Cancellations and claims

When the Insurance starts and ends

The Insurance starts on the start date shown on the Policy Schedule and continues for an Initial Term of 3 years and 1 day.

At the end of the Initial Term, the Insurer and the Policy Owner may agree to extend the Term beyond the Initial Term. Unless the Insurer and the Policy Owner agree otherwise, the Insurance will end after the Initial Term.

For the avoidance of doubt, a benefit will not be payable for any Accidental Injury that happens after the Insurance has ended.

A benefit will be payable in accordance with section [2. What we cover](#) of this PDS for an Accidental Injury that happens before the Insurance has ended.

Cooling off period

From the date you receive your Policy Schedule, you have 14 days to check whether this Insurance meets your needs (unless this Insurance insures an Event that will start and end within that period, in which case you have until the Event starts to check). Within this time you may cancel your Insurance by contacting us and receive a full refund of any money paid, provided we haven't paid a claim to an Insured Person.

Cancelling this Insurance

The Policy Owner can cancel the Insurance at any time by giving written notice to the Insurer via help@getflip.com.au

Non-payment of premiums

If the Policy Owner doesn't pay the premium, the Insurer can cancel the Insurance by giving written notice.

Here's what must happen before the Insurance is cancelled:

1. The Insurer must tell the Policy Owner in writing how much the premium is, when it's due or became due, and that the Insurance will be cancelled 28 days after the notice is given or the premium becomes due (whichever is later) if the premium isn't paid.
2. At least 28 days must pass after the notice is given or after the premium becomes due (whichever is later) without payment of premium.

Once the Insurance is cancelled, it can't be used to cover new events and cover for any Location will stop.

Claims

Any benefit payable under this Insurance will be paid directly to the relevant Insured Person or legal personal representative in the event of their death.

The Policy Owner has no right or claim to an Insured Person's benefit. Claims can be lodged by an Insured Person through the Flip mobile app.

Benefits under this Insurance will be paid on proof that the terms of the Insurance have been met.

Benefits will not be paid if a claim is fraudulent in any way, and the Insured Person will need to repay any benefits that have already been paid to the Insured Person in the event of a fraudulent claim.

6. Changes to this insurance and risks

Understanding the risks with buying Group Active

It's always important to understand the risks of buying anything. Here are some risks to consider about our Insurance:

- Flip provides life insurance cover and is not health insurance. Any benefits paid under your Insurance are designed to provide a support payment and may not cover all of the Insured Person's medical costs.
- Accidental Injury benefits are only provided for Accidental Injuries listed in the benefits table on [page 5-6](#), as determined by a Health Professional, up to \$50,000 (Elite) or \$25,000 (Starter) per Insured Person. Not all accidents or injuries are covered, so consider whether this Insurance would suit your insurance needs as an Event organiser or Location manager, and if the level of Insurance provided is sufficient. See sections [2. What we cover](#) and [3. What we don't cover](#) for more information.
- The Ambulance Benefit under this Insurance only applies if it has been noted on your Policy Schedule and an ambulance service is required for a sporting-related Accidental Injury at an Event or Location Visit, as set out in section [2. What we cover](#). Where it applies, the benefit is limited to \$3,000 per Insured Person, subject to the Maximum Claim Limit under this Insurance. This benefit may not cover all ambulance service costs.
- Accidental Injury benefit under this Insurance does not indemnify for medical expenses or loss of income. Benefits paid under this Insurance may not cover all of an Insured Person's medical expenses or loss of income caused by the injury.
- If you're replacing existing insurance, consider the terms and conditions of your existing insurance compared to Flip before making a decision, because your existing insurance may provide you with broader or more suitable coverage based on your needs;
- Claims will not be paid and the Insurance may be cancelled if you haven't paid your premium by the due date. See section [5. When this Insurance starts and ends](#) for more information.

Changes to the terms of this Insurance

A. Changes that improve benefits under this insurance

During the Term, the Insurer may offer, and the Policy Owner may agree in writing that one or more additional events or locations are to be treated as an Event or Location covered under the terms of this PDS, in exchange for an additional premium calculated in accordance with section [4. Premiums](#) of this PDS.

The Insurer may also offer, and the Policy Owner may agree in writing, to any other alterations that improve the benefits under this Insurance. The Policy Owner may also request improvements. If the Policy Owner agrees to an offer made by the Insurer to any change to the terms of the Insurance covered under this PDS, the Insurer will issue an updated Policy Schedule.

B. Necessary changes

The information in this PDS is current as at the date of issue of this PDS. From time to time we may change the terms or update information in this PDS.

Any change or update will only apply going forward and not retrospectively, and you are entitled to cancel your Insurance at any time (see page 11).

Even though we may change the terms or update the information in this PDS from time to time, we will not change the benefits that are payable to the Insured Person under your Insurance, unless we agree such changes with you in accordance with section A above. This means that the benefits set out in page 5 - 6 of this PDS will not be changed by us - they'll stay the same for the duration of your Insurance - unless we agree such changes with you.

7. Other things you should know

Your duty of disclosure

Before you enter into a life insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell us anything that:

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

If the insurance is for the life of another person and that person does not tell us everything he or she

should have, this may be treated as a failure by you to tell us something that you must tell us.

If you do not tell us something

In exercising the following rights, we may consider whether different types of cover or the cover provided in relation to each Insured Person can constitute separate contracts of life insurance. If they do, we may apply the following rights separately to each separate contract.

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.

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.

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.

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

Governing law

This Insurance is subject to, and governed by, the laws of New South Wales.

No assignment

A benefit under this Insurance cannot be assigned to a person who is not an Insured Person without the written agreement of the Insurer and the Policy Owner.

8. Glossary

Where the below terms appear throughout this document, they hold the meanings stated in the table below.

TERM	MEANING
Accident	A sudden, unexpected event.
Accidental Injury	<p>An acute injury or other physical damage to a person's body that:</p> <ul style="list-style-type: none"> is caused by an Accident; and is unintentional. <p>Accidental Injury does not include:</p> <ul style="list-style-type: none"> chronic injuries, like injuries from overuse, repetitive motion, or wear and tear; pre-existing injuries; injury or harm arising from surgical or medical care; or damage to the body that is caused by a medical episode or a medical condition.
Accidental Injury Benefit	The benefit payable under this Insurance if you suffer an Accidental Injury which meets one or more of the descriptions on page 5 .
Ambulance Benefit	The benefit payable under this Insurance if you suffer an Accidental Injury while engaging in a Sporting Activity that requires an ambulance service, as described on page 6 .
Billing Cycle	A regular timeframe, agreed with the Policy Owner, during which we will calculate and issue a premium statement e.g. monthly, quarterly or yearly.
Business Day	A day on which banks are open for business in Sydney, but excluding Saturday, Sunday and any public holiday.
Event	<p>An event organised by the Policy Owner that is either:</p> <ul style="list-style-type: none"> specified in the Policy Schedule; or agreed to be treated as an Event under the terms of this Insurance in accordance with section 6 A. Changes that improve benefits under this Insurance of this PDS. <p>For each Insured Person, an Event:</p> <ul style="list-style-type: none"> commences when the Insured Person starts participating in the event, on the day on which the event starts; and ends when the Insured Person finishes participating in the Event, on the day on which the event ends.
Flip Insurance	Flip Insurance Pty Ltd (ABN 71 648 680 960).
Group Active / Flip Group Active / Insurance	The insurance provided to Insured Persons under this PDS.
Health Professional	A medical practitioner, dentist, physiotherapist or podiatrist that is registered or licensed to practice by the relevant licensing body of the country where they are practicing.
Initial Term	The period which commences on the start date shown on the Policy Schedule and ends 3 years after that date.
Insured Persons	As explained in section 2. Who is covered of this PDS.
Insurer / we	HCF Life Insurance Company Pty Ltd (ABN 37 001 831 250).
Location	<p>A location managed by the Policy Owner that is either:</p> <ul style="list-style-type: none"> specified in the Policy Schedule; or agreed to be treated as a Location under the terms of this Insurance in accordance with section 6 A. Changes that improve benefits under this Insurance of this PDS.
Location Visit	<p>A visit by an Insured Person to a Location. For each Insured Person, a Location Visit:</p> <ul style="list-style-type: none"> commences when the Insured Person arrives at the Location; and end when the Insured Person leaves the Location.
Other Flip Policy	means any life insurance policy issued by HCF Life under a PDS for "Flip" insurance cover, other than this Insurance.

TERM	MEANING
Policy Owner / you	means the Policy Owner specified in the Policy Schedule.
Policy Schedule	means a document issued to you by the Insurer when your application for Insurance is accepted and which forms part of the terms of your Insurance.
Health Professional	A medical practitioner, dentist, physiotherapist or podiatrist that is registered or licensed to practice by the relevant licensing body of the country where they are practicing.
Spinal Cord Injury	Damage to the spinal cord resulting from trauma or compression, leading to partial or complete loss of sensory, motor and/or automatic function below the level of injury.
Traumatic Brain Injury	A physical injury to the brain caused by an external force or impact resulting from an Accident that results in acute neurological symptoms such as loss of consciousness, altered mental state (e.g. confusion, amnesia), neurological deficit (e.g. weakness, difficulty speaking or vision changes), seizures or coma.
Sporting Activity	A competitive or game-based sport activity involving physical exertion which is organised by the Policy Owner or a person on their authority.
Term	means the period for which the Insurance provided under this PDS will remain in force, being the Initial Term and any additional period agreed in writing by the Insurer and the Policy Owner, as explained in section 5. When the Insurance Starts and Ends of this PDS.

9. Protecting your rights

We truly hope we never have any disagreements that can't be resolved amicably. On the rare occasion you want to make a complaint about your Insurance, please contact our Resolutions Team. We'll promptly investigate your complaint and aim to resolve it within 30 days.

If an issue hasn't been resolved to your satisfaction, you can lodge a complaint with the Australian Financial Complaints Authority (AFCA). AFCA provides a fair and independent financial services complaint resolution process that is free to customers.



flipinsurance.com.au



resolutions@getflip.com.au



(03) 6361 6161

1800 931 678 (free call)

afca.org.au

info@afca.org.au

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

LICOP signatory statement

HCF Life, the issuer of Flip Accidental Injury Insurance, is bound by the Life Insurance Code of Practice which sets out the Australian life insurance industry's key commitments and obligations to our customers. Further information is available at cali.org.au

10. Privacy statement

Flip is committed to best practice privacy protection.

We collect your personal information, including sensitive information such as health information, from you and from other third parties detailed in the Flip Privacy Policy, so we can:

- comply with applicable laws;
- manage our relationship with you;
- provide information and offers on life insurance products and services to you (including through third parties);
- manage and pay claims and benefits;
- assess your life insurance and related needs;
- investigate fraudulent or improper claims and assess risks;
- research and develop products, services and benefits that may better serve your needs and objectives;
- assess your possible interest in and tell you about other HCF products and services; and,
- administer our business and manage complaints.

The types of organisations and individuals we disclose personal information to include:

- third party organisations who deliver services on our behalf or to us, some of whom may be located overseas;
- research companies contracted to us to ask your opinion on improving our service, benefits or product offerings;
- other insurers or reinsurers;
- government, including law enforcement agencies;
- related HCF companies; and,
- any other authorised individual.

We may provide **HCF Life** with your personal data for the purposes of underwriting the insurance provided and to support the handling of claims. More information about **HCF Life's** handling of your personal data can be found at: hcf.com.au/privacy

If you don't provide the personal information we request, we may not be able to provide you with our products or services. You can ask us at any time to stop direct marketing to you by emailing

marketing@getflip.com.au

For more information about the personal information we collect and how we handle it, how to access and correct your personal information or how to make a complaint, and how we'll respond to complaints, please read the Flip Privacy Policy at:

flipinsurance.com.au/privacy

11. Financial Services Guide (FSG)

This Financial Services Guide provides information about the services provided by HCF Life, Flip Insurance and HCF Life's individual Authorised Representatives in relation to Flip Group Active. It's designed to help you decide whether to use any of these services.

It contains information about remuneration paid to HCF Life, Flip Insurance, as well as their staff, HCF Life's individual Authorised Representatives and HCF. You can also find information on how complaints are dealt with in relation to these services.

If HCF Life, Flip Insurance or HCF Life's individual Authorised Representatives offers or arranges to issue you Flip Group Active, we'll provide you with a PDS. The PDS sets out the features and terms of the Insurance and will help you to make informed decisions about the Insurance.

HCF Life's Australian Financial Services License (AFSL Number 236 806) authorises HCF Life to issue and otherwise deal in life insurance products, handle and settle claims and provide general financial product advice about life insurance products. HCF Life is a wholly owned subsidiary of HCF and acts on its own behalf. Premiums for the life insurance products, including Flip Group Active, are paid to HCF Life. HCF receives commission of 80% of HCF Life's underwriting profit each year calculated as premiums less claims and expenses.

HCF holds professional indemnity insurance that complies with the compensation requirements of Section 912B of the Corporations Act. This includes cover for claims in relation to the conduct of representatives and employees who no longer work for HCF but who did at the time of the relevant conduct. As part of the HCF Group, HCF Life and Flip Insurance, and their activities, are covered under this professional indemnity insurance. Flip Insurance is a wholly owned subsidiary of HCF Life and is an authorised representative of HCF Life (ACN 001288198).

Contact:

HCF Life, 403 George Street, Sydney 2000 NSW

Flip Insurance is authorised to arrange for the issue of Flip Group Active, handle and settle claims in respect of Flip Group Active and provide general financial

product advice about life insurance products. HCF Life also appoints individual Authorised Representatives who are authorised to arrange for the issue of, and provide general financial product advice about, Flip Group Active.

Flip Insurance and HCF Life's individual Authorised Representatives may provide general advice about the suitability of Flip Group Active for your needs. This means that the advice is general in nature and we do not take into account individual objectives, financial situations or needs. You should, before acting on that advice, consider the appropriateness of the advice, having regard to your objectives, financial situation or needs. Please read the PDS before deciding to buy any of this product.

Flip Insurance may receive remuneration from HCF Life for the financial services it provides in relation to Flip Group Active. Flip Insurance and HCF Life employees receive a salary, paid by HCF Life, for the financial services they provide in relation to Flip Group Active. In addition, HCF, HCF Life and Flip Insurance employees may also receive an incentive depending on the total revenue and profitability of Flip products, and for meeting their compliance obligations. This remuneration is provided on a discretionary basis and may vary from time to time.

HCF Life's individual Authorised Representatives are employees or representatives of ROI 4 Events Pty Limited (ROI4E), which has entered into an agreement with Flip to provide distribution services in relation to Flip Group Active. ROI4E receives remuneration from you for financial services the individual Authorised Representatives provide in relation to Flip Group Active. The individual Authorised Representatives receive service payments and/or distributions from ROI4E.

If you have a complaint about any of the services we offer in this Financial Services Guide, please contact us on (03) 6361 6161. If we have not resolved your complaint within 30 days or you are not satisfied with our response, you can contact The Australian Financial Complaints Authority (AFCA). AFCA is an independent body available free of charge to customers and can be contacted at:

1800 931 678 (free call)

afca.org.au

info@afca.org.au

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



flipinsurance.com.au



help@getflip.com.au



Technical support
(03) 6161 3547 (6161 FLIP)