PPS MUTUAL PROFESSIONALS CHOICE

PRODUCT DISCLOSURE STATEMENT



Issue Date: 26 September 2026

This Product Disclosure Statement (PDS) is issued by the insurer NobleOak Life Limited ABN 85 087 648 708 AFS Licence No. 247302 (NobleOak).

Information contained in this PDS
This PDS contains important information which will help you to decide whether the PPS Mutual Professionals Choice product is right for you. However, this information and any advice given in this PDS is general in nature and does not take into account your individual objectives, financial situation and needs. Therefore, before acting on the information in this PDS, you should consider the appropriateness of this information and you should consult a financial adviser.

The product referred to in this PDS is issued subject to the Rules of NobleOak's PPS Mutual Benefit Fund (Benefit Fund) which are approved by NobleOak's Board and the Australian Prudential Regulation Authority (APRA).

Upon acceptance, you will join the Benefit Fund and you will receive a welcome pack with a Plan Schedule setting out your cover, your premium and any special terms which apply. You may request to view the Benefit Fund Rules at any time.

The superannuation and taxation information in this PDS is based on current legislation and prevailing interpretations of that legislation as at the date of issue. This information is general in nature only.

Changes to the PDS
Information in the PDS may be amended from time to time. If the amendment is not significant or materially adverse, we will provide a notice of the change on our website **ppsmutual.com.au**. We will also provide you with a copy on request.

Definitions regularly referred to in this PDS
Some words and expressions used in this PDS have a specific meaning. These appear throughout the PDS and also in the Medical Glossary and Definitions sections at the back of this PDS. Defined terms are used in *italics*.

There are other words that are regularly used in this PDS that also have a specific meaning as set out below.

Member means an ordinary member of PPS Mutual Holding.

Life Insured means a person on whose life cover is issued who we accept as a "Life Insured" under a Plan and who is named as such in the Plan Schedule.

Plan Owner means a person who has been accepted by the PPS Mutual Benefit Fund and who is named as such in the Plan Schedule.

Plan means the package of one or more PPS Mutual Insurance Benefits provided to a Plan Owner.

'you' or **'your'** where appropriate to the content, means any potential customer who is likely to become the Life Insured and/or a Plan Owner, and means the Life Insured and/or a Plan Owner.

'us', 'we', 'our' or **'the insurer'** means NobleOak as the insurer.

'Trustee' means a Trustee of a Superannuation Fund including a Self-Managed Superannuation Fund (SMSF).

S – Indicates that the benefit/option/definition is only available on Plans issued to a Superannuation Fund including an SMSF.

NS – Indicates that the benefit/option/definition is only available to Plans issued outside superannuation.

Contact us
You can make any enquiries by calling Member Services on **1300 401 436** or by e-mail at **memberservices@ppsmutual.com.au**

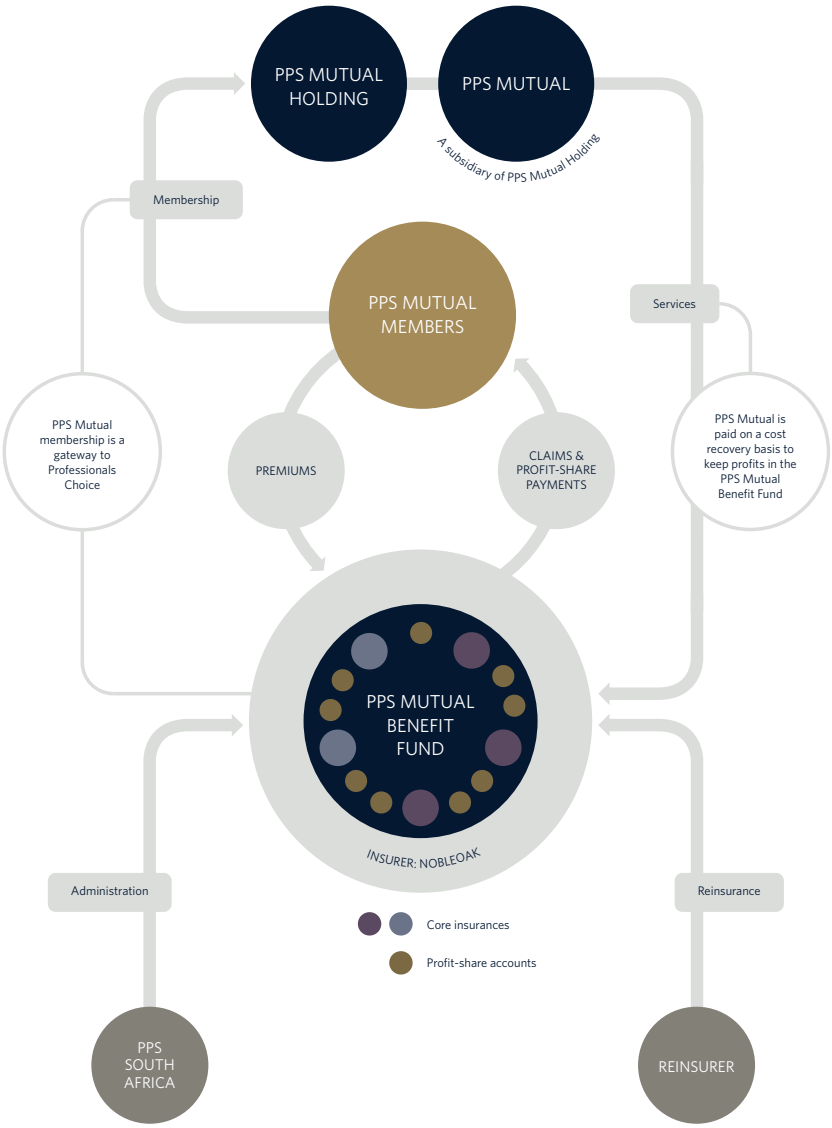
INTRODUCTION

The PPS Mutual Professionals Choice Product has a range of high quality life insurance benefits plus it operates under the ethos of mutuality. The product has been designed so that the majority of profits are shared with you via a Profit-Share Account, which has been created specifically for this purpose.

PPS Mutual Professionals Choice is exclusively available to members of PPS Mutual Ltd (PPS Mutual Holding). Membership of PPS Mutual Holding is only available to eligible professionals as explained on the PPS Mutual website www.ppsmutual.com.au/for-professionals/who-can-join/.

PPS Mutual Insurance Pty Ltd (PPS Mutual) has designed this product and as illustrated below, has brought together NobleOak to insure the product, PPS South Africa to administer the product and engaged one of the world's largest reinsurers.

Overview of Key Relationships



What is the role of PPS Mutual Holding (PPS Mutual Limited ACN 162 634 684)?

In order to be eligible to purchase a PPS Mutual Professionals Choice Plan the proposed life insured must be a Member (an ordinary member of PPS Mutual Holding).

Only PPS Mutual Holding will deal with any matters relating to becoming a Member and provide you with relevant information regarding your rights and obligations as a Member. This PDS is not an offer for such membership and it does not purport to explain the rights and obligations of a Member.

PPS Mutual Holding established PPS Mutual to procure the provision of benefits and services (including life insurance to meet the specific needs of professionals who become its Members).

What is the role of PPS Mutual (PPS Mutual Insurance Pty Ltd ACN 162 670 108 AFS Licence No. 478775)?

The PPS Mutual Professionals Choice product is promoted exclusively by PPS Mutual and Financial Advisers accredited by PPS Mutual. PPS Mutual is a specialist risk insurance business. PPS Mutual is a wholly owned subsidiary of PPS Mutual Holding.

PPS Mutual represents Members on certain life insurance matters. These include participating in a working group which recommends to NobleOak how any profit of the product is assigned by NobleOak to Plan owners each year, when the *Profit-Share Pool* should be used to support some of the insurance risk, and the investment strategy for the assets within the Benefit Fund which support Profit-Share Accounts.

Additionally, PPS Mutual provides services to NobleOak relating to product and business development, distribution support and underwriting of the business. NobleOak pays PPS Mutual fees for providing these services. These fees are limited to amounts necessary for PPS Mutual to recover its costs to maximise the profits relating to the product within NobleOak's PPS Mutual Benefit Fund, which can be assigned to Profit-Share Accounts. PPS Mutual's costs include royalty fees to the founding members of PPS Mutual Holding for the establishment of the business and providing the intellectual property.

What is the role of NobleOak Life Limited (NobleOak)?

NobleOak is the insurer and issuer of this PPS Mutual Professionals Choice product. NobleOak is an Australian life insurer that was established in 1877. NobleOak is regulated by the Australian Prudential Regulation Authority (APRA) and holds an Australian Financial Services Licence issued by the Australian Securities and Investment Commission (ASIC). NobleOak is responsible for meeting the terms and conditions of your cover, including the payment of benefits.

NobleOak is a Friendly Society, and business will be written in the PPS Mutual Benefit Fund of NobleOak. While NobleOak isn't a mutual company, their Benefit Fund structure helps facilitate the profit sharing concept included in this product.

What is the role of Professional Provident Society Insurance Company Limited (PPS South Africa)?

NobleOak has appointed PPS South Africa to be the administrator of this product. All data will be stored in Australia.

PPS South Africa is a South African mutual financial services company which was formed in 1941 and is the largest mutual in South Africa. PPS South Africa is a specialist administrator of insurance products incorporating a Profit-Share Account.

PPS South Africa is also a founding member of PPS Mutual Holding.

Reinsurer

This business is reinsured by one of the world's largest reinsurers.

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TAILORED
FOR THE PROFESSIONAL

Differentiating Features

Platinum definitions and features for the professional market
We offer a single product suite with high-quality benefits and definitions specifically designed for the professional market.

Profit Share
Holders of the PPS Mutual Profit-Share Plan will be entitled to a share in the profits of the Professionals Choice product. PPS Mutual Professionals Choice is the only product to offer this feature in the Australian retail life insurance market.

Indexation for Professionals
Being exclusively for professionals we are able to offer the option of having benefits increase in line with professionals' salaries (based on increases in our *Professional Earnings Index*) or the increase in the *Consumer Price Index*, whichever is greater.

Professional Events
Designed specifically with professionals in mind, we have included Professional Events such as becoming a partner or commencing private practice, as trigger events that allow our members to increase their cover without having to provide further medical evidence. This is in addition to Business and Personal events.

Definitions for Professionals
Our occupation definitions for Income Protection Select and Income Protection Prime 70 covers have been developed with professional careers in mind, meaning your income protection claim will be assessed against your ability to perform *any professional occupation* rather than *any occupation*.

Caring for your Child Benefit
Allows you to take time off to care for a sick child and receive your Income Protection Select or Income Protection Prime 70 benefit for up to 6 months.

Change of Plan Ownership
The Plan ownership may be transferred (or a replacement Plan issued if moving in or out of super) at any time with no underwriting. This gives you more flexibility, if for instance you want to change from a super owned insurance to an insurance owned by an individual or entity. The insurance you are transferring to will be like-for-like to the insurance you are transferring from. Additionally, if you are on a variable premium Plan your variable premium will continue at the same level after the transfer.

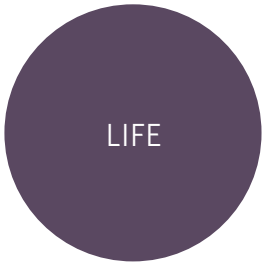
Flexible premium structure
A flexible premium structure provides for both variable age-stepped (previously known as "stepped") and variable (previously known as "level") premium structures for the one insurance type, allowing you to tailor your cover to benefit from the advantages of both premium structures.

Further information on these features can be found later in this PDS.

PROFESSIONALS CHOICE **PRODUCT OVERVIEW**

Insurance Overview

Core insurances:



Pays a lump sum if you die or if you are terminally ill



Pays a lump sum if you're totally and permanently disabled



Pays a lump sum if you suffer one of the specified trauma events



Pays a *monthly benefit* to help replace your income if you aren't able to carry out all or part of your occupation due to *illness* or *injury*



Pays a *monthly benefit* to help replace your income if you aren't able to carry out all or part of your occupation due to *illness* or *injury*



Pays a *monthly benefit* to replace your fixed business expenses if you're unable to carry out all or part of your occupation due to *illness* or *injury*

Additional insurances:



Pays a lump sum if an insured child dies, becomes terminally ill or suffers a specified trauma condition

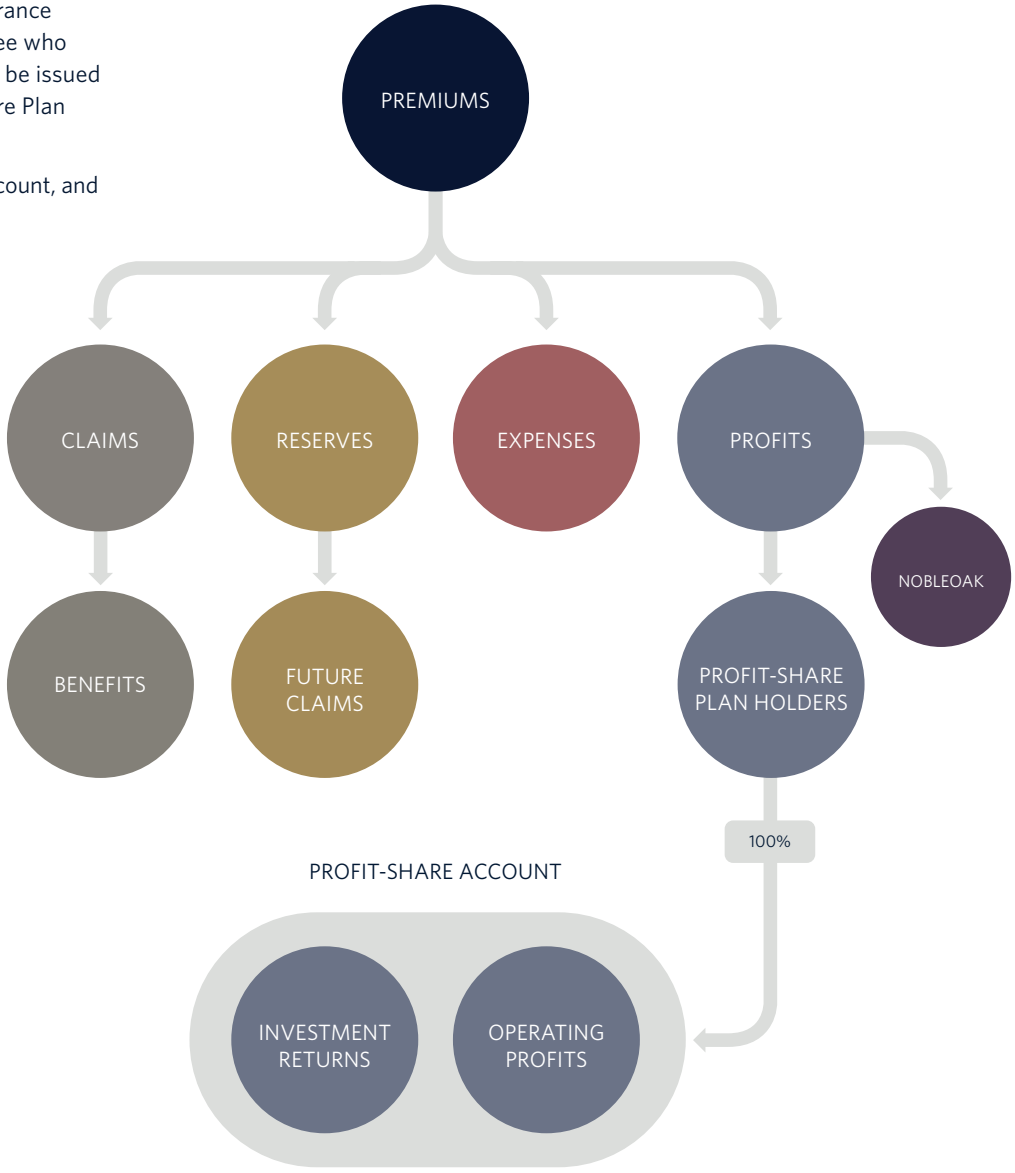


Pays a lump sum to medical professionals who are accidentally infected by a specified blood-borne disease at work

Profit-Share Plan

The Life Insured under a core insurance Plan (or the superannuation Trustee who owns the core insurance Plan) will be issued a Profit-Share Plan. The Profit-Share Plan contains two components:

- Your individual Profit-Share Account, and
- Accidental Death Insurance.



How does the Profit-Share Account work?
Premiums are paid under your insurance Plan. Benefits are paid when claims are admitted. Premiums also cover expenses and claims reserves for the future. This generates profits which PPS Mutual Profit-Share Account holders share in.

Your share of the profits will be assigned to your Profit-Share Account annually. Investment returns earned are also added to this Account. Assignments to your Profit-Share Account can be positive or negative.

For most life Insurance companies, these profits would be allocated to shareholders.

Further details of how the Profit-Share Account works are shown in the Profit-Share Plan section of this PDS starting on page 72.

Structuring your Cover

Choice of having cover inside or outside of super.

The structure you choose will influence:

- Who will own your Plan
- The type of insurances and options you can apply for
- How your premiums can be paid; and
- The tax treatment applied to your premiums and benefits

Non-super

A Non-Super Plan is one that is owned by an individual (who may or may not be different from the Life Insured), a company or a Trustee. Only one Life Insured is permitted on each Plan (except in cases where children are insured under the Child Insurance Option). If there is more than one Plan Owner, we will treat them as joint tenants.

The benefits under a Non-Super Plan will be paid to either the Plan Owner or the beneficiaries who have been nominated under the Plan.

Superannuation

If you purchase your insurance through super, the Plan Owner will be the Trustee of an approved Superannuation Fund, including the PPS Mutual Super Fund or an SMSF, of which you are a member. Only one Life Insured is permitted on each Plan. Not all insurances or features and options can be applied for within a Super Plan, as detailed further in the PDS.

The benefits paid under a super Plan will be paid to the Trustee of the Super Fund who will then distribute them as per the governing rules of the relevant Superannuation Fund and superannuation law. There may be a situation where we will pay a benefit to the Superannuation Fund however superannuation law may prevent the release of the benefit by the fund.

By structuring insurance through super you may be able to take advantage of a range of tax concessions generally not available with insurance outside super. These concessions can make it more affordable to insure through super. However as superannuation law is complex it is important that you receive advice from your financial adviser.

If applying for insurance through the PPS Mutual Super Fund please refer to the PPS Mutual Super Fund Product Disclosure Statement.

Split Insurances

- TPD Insurance
- Income Protection Select Insurance
- Income Protection Prime 70 Insurance

All insurance owned within super must have definitions that are consistent with superannuation legislation. This means that a 'basic' insurance offering can be bought inside super, and feature rich insurance can be bought outside of super.

This may allow you to pay a significant portion of your premium using superannuation monies.

If you claim, you will first be assessed under the super Plan and if you satisfy the conditions, the benefit amount will be paid to the relevant Trustee. We will also assess you under the Non-super Plan, and we will pay any additional amount that may be payable under those conditions.

Linking Options

- Life Insurance
- TPD Insurance
- Trauma Insurance

You can structure your Life, TPD and Trauma Insurance either as stand-alone or linked insurances.

Stand-alone insurances are held independently of each other and when a benefit is paid under one of the insurances, it does not reduce the benefit for any other insurance held.

If benefits are linked, the payment of a claim under one linked benefit reduces the *sum insured* under the other linked benefits. This leads to a lower premium for linked insurances than for non-linked Insurances.

Lump sum insurances both in and out of super can be linked. The insurances held in super can also be linked to Non-Super Plans. Some scenarios where this may occur include:

- Life Insurance taken out within super, linked to a non-super TPD and/or Trauma Insurance Plan
- Life and TPD Insurance taken out in super linked to non-super Trauma Insurance
- TPD in super linked to non-super Trauma Insurance

How to Apply

You may apply for one or more insurances through a PPS Mutual Accredited Adviser. If you need an adviser or are unsure whether your adviser is accredited please contact us.

A PPS Mutual Accredited Adviser can advise you on how best to structure your cover for your particular insurance needs and guide you through the application process.

To apply for Professionals Choice we will require a completed application form, personal statement and premium payment.

Your application and eligibility requirements will be assessed by PPS Mutual on behalf of us.

General Plan Features

The below features apply to all insurances within Professionals Choice.

Enhancements are passed back
Our philosophy is to keep our benefits current. Hence, we will enhance the Professionals Choice product if we consider it will reflect changes in society and medical enhancements.

Where enhancements do not result in an increase to your premium rates, we will automatically pass them onto you. If the enhancement does result in a premium increase, you will be given the option to apply for the enhancement with a related increase to your premium.

Any enhancement that is passed on will not apply to current claims or to any prior claim associated with the specific medical condition, *illness, injury* or *disability*. If you increase your benefit amount after an enhancement is introduced, any increased benefit amount will be subject to the enhanced terms.

Your insurance is guaranteed renewable each year until expiry
As long as you pay your premiums we will continue to insure you with the same or enhanced terms and conditions until expiry. This applies even if you suffer changes to your health, you change occupations (including to non-professional occupations) or you take up different pastimes.

Worldwide Insurance
Your insurance covers you wherever you are in the world.

Increase your insurance without providing medical evidence
With our Future Increases Benefit and Business Increases Option your insurance cover can keep pace with your changing life. This allows you to increase your insurance after certain life, professional and business events without the need to provide information about your health.

The Life Insurance Code of Practice
The Life Insurance Code of Practice outlines the standards that we're committed to in providing life insurance services to you. The code can be found at cali.org.au.

Further information on some of these features can be found later in this PDS.

LIFE

Pays you a benefit should you die or become *terminally ill*

Benefit fundamentals

Entry Ages

VARIABLE AGE-STEPPED PREMIUMS: 18–75

VARIABLE PREMIUMS: 18–60

Variable Premiums

You can choose variable premiums to ages 65 or 70, then it will convert to a variable age-stepped premium

Expiry Ages

LIFE: Expires at age 100

LIFE IN SUPER: Expires at 80, but can be converted to a Non-Super Plan without underwriting

Min. *Sum Insured* at Entry

$100,000

Max. *Sum Insured* at Entry

No maximum

*Expiry and conversion will occur at the *Plan anniversary* following the relevant age

*All references above to age refer to the current age of the Life Insured

Comprehensive Cover

The table below provides a summary of the benefits included in Professionals Choice Life Insurance.

Payment of a Benefit

Benefit in detail

Death Benefit
Pays the *sum insured* if the Life Insured dies

Terminal Illness Benefit
Advances the *sum insured* if the Life Insured is diagnosed with a *terminal illness* (see definition on page 105)

Financial Plan Benefit[NS] p28
We will reimburse up to $10,000 for the preparation of a financial plan following your death

Funeral Advancement Benefit p28
Advances some of your Death Benefit (before the full death claim has been assessed) to assist with funeral costs

Accidental Injury Benefit p28
Advances some of your Death Benefit if you suffer an accidental *injury* which causes specified total and permanent loss of one or more of a hand, a foot or the sight in one eye

Flexibility Features

Indexation for Professionals Benefit p29
Your *sum insured* will automatically increase by the higher of the increase in the *Professionals Earning Index*, the increase in *CPI* or 3% each year (you can elect not to take the increase)

Premium Freeze Benefit p29
Variable age-stepped premiums increase each year. This feature allows you to keep the cost of your insurance constant each year by decreasing your *sum insured*

Future Increases Benefit p30
You can increase your *sum insured* after certain specified events without having to provide further medical, pastimes and occupational evidence

Suspending Insurance Benefit p31
You can suspend your insurance upon request for up to 12 months (over the life of the insurance)

Linking Options p10
By linking your insurances, you can obtain a lower premium as a claim under one linked insurance will reduce the *sum insured* of the other linked insurance

Life Insurance in super p13
You can apply for your Life Insurance to be taken out through superannuation

Optional Extras

Should you wish to tailor your cover further, for an additional cost you can elect to have any of the Optional Extras (summarised below) added to your Plan.

	Benefit in detail
Business Increases Option You can increase your *sum insured* after specified business events without having to provide further medical, pastimes and occupational evidence	p**32**
Premium Waiver Option If you meet the definition of *totally disabled (Premium Waiver Option)* the premiums of the Plan will be waived	p**32**

NS - Indicates that the benefit/option/definition is only available to Plans issued outside superannuation (super).
S - Indicates that the benefit/option/definition is only available on Plans issued to a Superannuation Fund or to a SMSF.

Life Insurance in Super

Life Insurance is available in superannuation. The Death Benefit is the same in super and non-super.

The definition of *Terminal illness* under the Plan is different if your Life Insurance is owned within super. *Terminal illness* is defined on page 105.

Life Insurance Exclusions

We won't pay a benefit:

- for anything that is specifically excluded on your Plan Schedule;
- if your death is because of an intentional self-inflicted *injury*, suicide or attempted suicide within 13 months from commencement or reinstatement of the Plan, or if you increase your benefit we won't pay the increased amount within 13 months of the date of the increase, except if the increase is because of Indexation for Professionals Benefit.

However, if this Life Insurance is replacing existing life insurance provided by us or another insurer, the 13 month intentional self-inflicted *injury*, suicide or attempted suicide exclusion will not apply if:

- The insurance being replaced has been in force for 13 months or longer, or 13 months has elapsed from the start of the replaced insurance and the event leading to the claim, and;
- The insurance being issued is equal or less than the cancelled insurance (if the *sum insured* is higher, the exclusion only applies to the excess) and
- The insurance being replaced is cancelled within 7 days of the issue of this insurance. We will not pay in the event of "suicide or any intentional self-inflicted act" until the replaced insurance has been cancelled, and
- All similar exclusions under the Plan being replaced have expired, and
- No claim is paid, payable, lodged or pending under the insurance being replaced.

TOTAL & PERMANENT DISABILITY

Pays you a benefit should you become *totally and permanently disabled* (as per the definition)

Benefit fundamentals

Entry Ages

ANY OCCUPATION OR OWN OCCUPATION DEFINITIONS: 18–60

GENERAL COVER OR HOME DUTIES DEFINITIONS:
VARIABLE AGE-STEPPED PREMIUMS: 18–75
VARIABLE PREMIUMS: 18–60

Variable Premiums

You can choose variable premiums to ages 65 or 70, then it will convert to a variable age-stepped premium

Expiry Ages

TPD: Converts to "General Cover" definition from age 65.
Expires at age 100

TPD IN SUPER: Converts to "General Cover" definition from age 65.
Expires at age 80, but can be converted to a Non-Super Plan without underwriting

Min. *Sum Insured* at Entry

$100,000

Max. *Sum Insured* at Entry

$2,000,000 (Home Duties definition)
$3,000,000 (General Cover or General Cover (Super) definition)
$5,000,000 (Own or Any Occupation or Any Occupation (Super) definition)

*Expiry and conversion will occur at the *Plan anniversary* following the relevant age

*All references above to age refer to the current age of the Life Insured

Comprehensive Cover

The table below provides a summary of the benefits included in Professionals Choice TPD Insurance.

Payment of a Benefit

Benefit in detail

Total and Permanent Disability (TPD) Benefit p16
Pays your TPD *sum insured* if you are *totally and permanently disabled* (as per the definition that applies to your cover). One of the following TPD definitions may apply:

- Own Occupation
- General Cover
- Any Occupation (super)
- Any Occupation
- Home Duties
- General Cover (super)

Financial Plan Benefit [NS] p28
We will reimburse up to $10,000 for the preparation of a financial plan following a TPD claim

Waiver of the Three Month Waiting Period Benefit [NS] p29
We will waive the three month *waiting period* requirement of your TPD Insurance if you suffer from one of the specified medical conditions

Partial and Permanent Disability Benefit [NS] p29
We will pay 25% of the TPD *sum insured* if you suffer *partial loss of limbs – irreversible* or *partial loss of sight – permanent and irreversible*

Flexibility Features

Split TPD p17
Split TPD allows you to split your TPD Insurance both in and out of the superannuation environment, so as to reduce your out of pocket TPD premium costs

Indexation for Professionals Benefit p29
Your *sum insured* will automatically increase by the higher of the increase in the *Professionals Earning Index*, the increase in *CPI* or 3% each year (you can elect not to take the increase)

Premium Freeze Benefit p29
Variable age-stepped premiums increase each year. This feature allows you to keep the cost of your insurance constant each year by decreasing your *sum insured*

Future Increases Benefit p30
You can increase your *sum insured* after certain specified events without having to provide further medical evidence

Suspending Insurance Benefit p31
You can suspend your insurance upon request for up to 12 months (over the life of the insurance)

Linking Options p10
By linking your insurances, you can obtain a lower premium as a claim under one linked insurance will reduce the *sum insured* of the other linked insurance

Life Insurance Reinstatement after One Year Benefit p31
If you have claimed on your TPD Insurance that is linked to Life Insurance you can reinstate your Life Insurance one year from the time of claim

TPD Insurance in Super p17
You can apply for your TPD Insurance to be taken out through superannuation

Optional Extras

Should you wish to tailor your cover further, for an additional cost you can elect to have any of the Optional Extras (summarised below) added to your Plan.

Benefit in detail

Business Increases Option p**32**

You can increase your *sum insured* after specified business events without having to provide further medical, pastimes and occupational evidence

Premium Waiver Option p**32**

If you meet the definition of *totally disabled (Premium Waiver Option)* the premiums of the Plan will be waived

Life Insurance Reinstatement after 14 days with Premiums Waived Option p**33**

If you have claimed on your TPD Insurance that is linked to Life Insurance we will reinstate your Life Insurance 14 days from the time of claim and we will waive the Life Insurance premiums until age 65

NS - Indicates that the benefit/option/definition is only available to Plans issued outside superannuation (super).
S - Indicates that the benefit/option/definition is only available on Plans issued to a Superannuation Fund or to a SMSF.

Total and Permanent Disability (TPD):

Pays your TPD *sum insured* if you are *totally and permanently disabled* (as per the definition that applies to your cover). There are four *total and permanent disability* definitions; Own Occupation, Any Occupation, Home Duties and General Cover. The type of cover which applies to your Plan is shown on your Plan Schedule.

TPD Insurance can be purchased inside and outside of super. Only a modified Any Occupation and General TPD definition are available within super, these definitions and other TPD definitions are set out below.

Total and Permanent Disability Definitions in Non-Super

Own occupation TPD
means as a result of *illness or injury*;
- the Life Insured:
  - has been absent from work and unable to work in their Own Occupation for 3 months; or
  - suffers a permanent impairment of at least 25% of whole person function as defined in the latest edition of American Medical Association publication 'Guides to the Evaluation of Permanent Impairment';

  and in either case and at the end of the 3 month period (where applicable) is unlikely to ever engage in their own occupation; or
- the Life Insured satisfies the Any Occupation TPD Definition; or
- the Life Insured satisfies the General Cover TPD definition;

Own Occupation
- Own occupation means the Life Insured's primary occupation at the time of the *injury or illness* that caused the *total and permanent disability*, providing that primary occupation is eligible for Own Occupation TPD Insurance at that time. Otherwise it is the occupation as at the commencement date.

Any occupation TPD
means as a result of *illness or injury*;
- the Life Insured:
  - has been absent from work and unable to work for 3 months; or
  - suffers a permanent impairment of at least 25% of whole person function as defined in the latest edition of American Medical Association publication 'Guides to the Evaluation of Permanent Impairment';

  and in either case and at the end of the 3 month period (where applicable) is unlikely to ever engage in any occupation reasonably suited by way of education, training or experience that would result in earnings of more than 25% of average *regular income* during the 12 month period prior to disability; or
- the Life Insured satisfies the General Cover TPD definition;

General Cover TPD
means as a result of *illness* or *injury*, the Life Insured has suffered:
- *loss of limbs – total and irreversible;* or
- *loss of sight – permanent loss in both eyes;* or
- *loss of independent existence – total and irreversible;* or
- *severe cognitive loss – permanent*

Home Duties TPD
means as a result of *illness* or *injury*;
- the Life Insured:
  - has been unable to perform *home duties* for 3 months; or
  - suffers a permanent impairment of at least 25% of whole person function as defined in the latest edition of American Medical Association publication 'Guides to the Evaluation of Permanent Impairment';

  and in either case and at the end of the 3 month period (where applicable) is unlikely to ever be able to:
  - perform *home duties*; or
  - engage in any occupation for which they are suited by education, training or experience; or
- the Life Insured satisfies the General Cover TPD definition.

The Life Insured will not be considered unable to perform *home duties* if he/she can perform at least one of the *home duties*.

Total and Permanent Disability Definitions in Super

Any Occupation (super) TPD
means as a result of *illness or injury*;
- the Life Insured:
  - has been absent from work and unable to work for 3 months; or
  - suffers a permanent impairment of at least 25% of whole person function as defined in the latest edition of American Medical Association publication 'Guides to the Evaluation of Permanent Impairment';

  and in either case and at the end of the 3 month period (where applicable) is:
  - unlikely to ever engage in any occupation reasonably suited by way of education, training or experience that would result in earnings of more than 25% of average *regular income* during the 12 month period prior to *disability*; and
  - through that *illness or injury* (whether physical or mental), we are reasonably satisfied that the Life Insured is unlikely, because of that ill-health, to engage in *gainful employment* for which the Life Insured is reasonably qualified by education, training or experience; or
- the Life Insured satisfies the General Cover TPD (super) definition.

General Cover (super) TPD
means as a result of *illness* or *injury*, the Life Insured has suffered:
- *loss of limbs – total and irreversible;* or
- *loss of sight – permanent loss in both eyes;* or
- *loss of independent existence – total and irreversible;* or
- *severe cognitive loss – permanent*

and
- the Life Insured has been absent from work and unable to work for 3 months and at the end of the 3 month period is unlikely to ever engage in any occupation for which the Life Insured is reasonably suited by way of education, training or experience

Split TPD

In addition to TPD Insurance being available as a super or non-super insurance Plan, you can choose to have a Split TPD Insurance arrangement, where your TPD Insurance is split inside and outside of super.

This will allow you to pay a significant portion of your premium using superannuation monies and still have a feature-rich TPD Insurance. If you select a Split TPD Plan, a Superannuation Plan for the super components will be issued to the Trustee of a *complying Super Fund* including an SMSF.

A second non-superannuation Plan will be issued to you outside superannuation, for the non-super components, definitions and features.

Under Split TPD, both Plans will have the same *sum insured*, premium type (variable age-stepped or variable) and the same *Plan anniversary*. The Superannuation Plan must have an Any Occupation (Super) or General Cover (Super) TPD definition, whilst the non-Superannuation Plan can have an Own Occupation, Any Occupation or General Cover TPD definition.

Under Split TPD, the following definitions and features will sit outside of superannuation:
- Own Occupation
- Any Occupation (that doesn't meet the SIS definition)
- General Cover
- Financial Plan Benefit
- Partial and Permanent Disability Benefit
- Waiver of the Three Month *Waiting Period* Benefit

You can choose to have additional options attached to the non-super TPD Insurance, including:
- Life Insurance Reinstatement after 14 days with Premiums Waived Option
- Business Increases Option
- Premium Waiver Option

If the *sum insured* is reduced or increased on one of these Plans, the reduction or increase will apply to both Plans.

If you claim, you will first be assessed under the definition with the Super Plan and if you satisfy the conditions, the benefit amount will be paid to the relevant Superannuation Trustee.

If you do not meet the definition for a claim under the Super Plan, you will then be assessed under the non-super Plan. If you satisfy this definition we will pay you your benefit. If a full TPD claim is paid all TPD cover under both Plans will cease, if however only a Partial and Permanent Disability is paid, cover under both Plans will be reduced.

TPD Insurance Exclusions

We won't pay a TPD benefit:
- for anything that is specifically excluded on your Plan Schedule; or
- if the event is caused by a deliberate self-inflicted act or attempted suicide, or for an *illness or injury* that first appeared, happened or was diagnosed before the insurance started, or was reinstated or was increased (for the increased amount), except where it was disclosed and accepted by us at the time of application.



Pays a lump sum if you suffer from one of the specified trauma events

Benefit fundamentals

Entry Ages

VARIABLE AGE-STEPPED PREMIUMS: 18–65

VARIABLE PREMIUMS: 18–60

Variable Premiums

You can choose variable premiums to ages 65 or 70, then it will convert to a variable age-stepped premium

Expiry Ages

Expires at 80, but the insured events will be reduced to loss of *independent existence – total and irreversible, loss of limbs – total and irreversible, loss of sight – permanent loss in both eyes;* or *severe cognitive loss – permanent* from age 70

Min. *Sum Insured* at Entry

$100,000

Max. *Sum Insured* at Entry

$2,000,000

*Expiry and conversion will occur at the *Plan anniversary* following the relevant age

*All references above to age refer to the current age of the Life Insured

Trauma Insurance is only available outside of superannuation.

Comprehensive Cover

The table below provides a summary of the benefits included in Professionals Choice Trauma Insurance.

Payment of a Benefit

Benefit in detail

Trauma Benefit p20
Pays a lump sum benefit if you suffer from one of the specified trauma events

Partial Trauma Benefit p21
Pays a portion of your Trauma *sum insured* if you suffer from one of the defined partial trauma events

Financial Plan Benefit [NS] p28
We will reimburse up to $10,000 for the preparation of a financial plan following payment of a Trauma claim

Flexibility Features

Indexation for Professionals Benefit p29
Your *sum insured* will automatically increase by the higher of the increase in the *Professionals Earning Index*, the increase in *CPI* or 3% each year (you can elect not to take the increase)

Premium Freeze Benefit p29
Variable age-stepped premiums increase each year. This feature allows you to keep the cost of your insurance constant each year by decreasing your *sum insured*

Future Increases Benefit p30
You can increase your *sum insured* after certain specified events without having to provide further medical evidence

Suspending Insurance Benefit p31
You can suspend your insurance upon request for up to 12 months (over the life of the insurance)

Linking Options p10
By linking your insurances, you can obtain a lower premium as a claim under one linked insurance will reduce the *sum insured* of the other linked insurance

Life Insurance Reinstatement after One Year Benefit p31
If you have claimed on your Trauma Insurance that is linked to Life Insurance you can reinstate your Life Insurance one year from the time of claim

Optional Extras

Should you wish to tailor your cover further, for an additional cost you can elect to have the Optional Extras (summarised below) added to your Plan.

Benefit in detail

Business Increases Option p32
You can increase your *sum insured* after specified business events without having to provide further medical evidence

Premium Waiver Option p32
If you meet the definition of *totally disabled (Premium Waiver Option)* the premiums of the Plan will be waived

Life Insurance Reinstatement after 14 days with Premiums Waived Option p33
If you have claimed on your Trauma Insurance that is linked to Life Insurance we will reinstate your Life Insurance 14 days from the time of claim and we will waive the Life Insurance premiums until age 65

Trauma Reinstatement Option p33
After claiming a Trauma Benefit or a Partial Trauma Benefit we will allow you to reinstate your Trauma Insurance without the need to provide medical evidence

Trauma Benefit and Partial Trauma Benefit

If you suffer from one of the following trauma events by meeting the definition of the event as detailed in the Medical Glossary section and survive for more than 14 days, we will pay you the Trauma Benefit or a Partial Trauma Benefit as per the table below:

Trauma Event

Cancers	% of sum insured
aplastic anaemia – requiring specified treatment	100%
cancer – excluding specified early stage cancers*	100%
carcinoma in situ of the breast – with specified severity*	25%
carcinoma in situ of the breast – with lumpectomy and specified treatment*	100%
chronic lymphocytic leukaemia – with specified severity*	25%
early stage melanoma – with specified severity*	25%
early stage prostate cancer – with specified severity*	25%
hydatidiform mole requiring surgical removal*	25%
precancerous lesions of reproductive organs – of specified severity*	25%

Heart and artery	
angioplasty / coronary artery stenting – through specific procedures*	25%
aortic surgery – excluding specific procedures	100%
cardiomyopathy (heart failure) resulting in significant permanent impairment	100%
coronary artery bypass surgery*	100%
heart attack (myocardial infarction) – with evidence of heart muscle damage*	100%
heart valve surgery	100%
open heart surgery – excluding specified procedures	100%
out of hospital cardiac arrest – excluding medical procedures*	100%
triple vessel angioplasty / coronary artery stenting*	100%

Lung related	
chronic lung disease – requiring long-term oxygen therapy	100%
pneumonectomy – total	100%
pulmonary arterial hypertension (idiopathic and familial) resulting in significant right heart failure	100%

Kidney related	
kidney failure – requiring renal dialysis or renal transplantation	100%

Eye	
loss of sight – permanent loss in both eyes	125%
partial loss of sight – permanent and irreversible	25%

Digestive system	
chronic liver failure – of specified severity	100%
colostomy/ileostomy – permanent and irreversible	25%
severe Crohn's disease – requiring specified treatment	25%
severe ulcerative colitis – with specified treatment failure	25%

Brain and nerve	% of sum insured
bacterial meningitis or meningococcal septicaemia – with severe permanent impairment	100%
benign brain tumour – with severe permanent impairment or undergoing surgical intervention	100%
benign brain tumour – with specified symptoms	25%
benign spinal cord tumour – with severe permanent impairment or undergoing surgical intervention	100%
benign spinal cord tumour – with specified symptoms	25%
brain damage or major head trauma – resulting in significant permanent impairment	100%
coma – with specified severity and treatment	100%
dementia including Alzheimer's disease – resulting in significant cognitive impairment	100%
encephalitis – resulting in significant permanent impairment	100%
hydrocephalus – with specified treatment	25%
motor neurone disease	100%
multiple sclerosis – with persisting neurological abnormalities	100%
muscular dystrophy	100%
Parkinson's disease – with irreversible neurological deficit	100%
severe cognitive loss – permanent	100%
stroke – resulting in new neurological deficits*	100%

Musculoskeletal and mobility	
loss of limbs – total and irreversible	125%
partial loss of limbs – irreversible	25%
paralysis – total and irreversible	125%
severe osteoporosis – with specified complications before age 50	25%
severe rheumatoid arthritis – with specified treatment failure	100%

Ear, nose and throat	
loss of hearing – of specified severity	100%
loss of speech – total and irrecoverable	100%
partial loss of hearing – irreversible	25%

Endocrine system	
advanced diabetes – with severe specified complications	100%
diabetes complications – with specified severe complications	25%

Other	% of sum insured
intensive care – with specified treatment	100%
loss of independent existence – total and irreversible	100%
major burns – of specified severity and requiring specified treatment	100%
major organ or bone marrow transplant of specified organs from a human donor, or placement on a waiting list	100%
medically acquired HIV – contracted through specified procedures	100%
occupationally acquired hepatitis B or C	100%
occupationally acquired HIV	100%

For events marked with an * on the previous page, no benefit will be paid if the Trauma Event first occurred or symptoms leading to the condition occurred or were diagnosed or first became apparent during the first 90 days we insure you under a benefit. The Qualifying Period also applies to any period during lapse and to the 90 days after reinstatement or to the increased portion of insurance, if you increase your benefit.

However, if the Trauma Benefit is **replacing a comparable existing Trauma insurance** provided by us or another insurer, there will be no such period (i.e. *Qualifying Period* will be zero) if:

- The insurance being replaced has been in force for 90 days; and
- The insurance being issued is providing similar insurance for the same Trauma Event; and
- The *sum insured* of the insurance being issued is equal or less than the cancelled insurance (if higher the qualifying period only applies to the excess); and
- The Plan being replaced is cancelled within 7 days of the issue of this insurance; and
- All similar qualifying periods under the Plan being replaced have expired; and
- No claim is payable or pending under the Plan being replaced; and
- The Life Insured is not eligible to be assessed in respect of a claim under the Plan being replaced.

Partial Benefits and Multiple Claims

If we pay you a partial benefit, your *sum insured* will reduce by the amount we pay. Where a partial benefit payment reduces the *sum insured* to less than $10,000, we will pay you the full *sum insured*.

Trauma Events with a payment level of 25% are limited to a maximum payment of $100,000 except for *angioplasty / coronary artery stenting – through specific procedures* which has a maximum of $50,000.

We will only pay one claim for each Trauma Event with the exception of:

- *angioplasty / coronary artery stenting – through specific procedures* – we will pay for multiple occurrences of *angioplasty / coronary artery stenting – through specific procedures* if the first *angioplasty / coronary artery stenting procedure – through specific procedures occurs*, and the symptoms leading to the first *angioplasty / coronary artery stenting – through specific procedures* only first become reasonably apparent, after the end of the 90 day qualifying period.
- *carcinoma in situ of the breast – with specified severity and precancerous lesions of reproductive organs – of specified severity* – we will pay subsequent claims for *carcinoma in situ of the breast – with specified severity and precancerous lesions of reproductive organs – of specified severity* in respect of a different site on the Life Insured's body where the *carcinoma in situ or precancerous lesions of reproductive organs* is unrelated to any prior *carcinoma in situ* or *precancerous lesions of reproductive organs* which was the subject of a claim.

Trauma Insurance Exclusions

We will not pay a Trauma Insurance benefit if your trauma event is, or is a result of, similar to, or related to, any of the following:

- anything that is specifically excluded on your Plan Schedule; or
- any trauma event occurring, appearing or arising during the qualifying period; or
- *illnesses* or *injuries* that are the result of an intentional self-inflicted act (including attempted suicide); or
- an *illness* or *injury* that first appeared, happened or was diagnosed before the insurance Plan started, was reinstated or was increased (for the increased amount) unless that was disclosed to us and accepted by us; or
- a previous trauma event for which a claim was paid under this PPS Mutual Trauma Insurance, except where the trauma event is:
  - *angioplasty / coronary artery stenting through specific procedures*, or
  - *carcinoma in situ of the breast – with specified severity* or *precancerous lesions of reproductive organs – of specified severity* in respect of a different site on the Life Insured's body where the *carcinoma in situ of the breast – with specified severity* or *precancerous lesions of reproductive organs – of specified severity* is unrelated to any prior *carcinoma in situ of the breast – with specified severity* or *precancerous lesions of reproductive organs – of specified severity* which was the subject of a claim.
- a previous trauma event for which a claim was paid under this PPS Mutual Trauma Insurance, except where cover has been reinstated under the Trauma Reinstatement Option, and the new trauma event is: – *cancer – excluding specified early stage cancers*; or – *heart attack (myocardial infarction) – with evidence of heart muscle damage*; in which case, the maximum benefit paid will be the lower of 10% of the original *sum insured* and $50,000.
- any trauma event occurring, appearing or arising after the *Plan anniversary* after the Life Insured turns 70, except if the event is: *Loss of Independent Existence – total and irreversible; Loss of Limbs – total and irreversible; Loss of Sight – permanent loss in both eyes; Severe cognitive loss – permanent.*

CHILD INSURANCE

Pays a lump sum if an *insured child* dies, becomes *terminally ill*, or suffers a specified trauma condition

Benefit fundamentals

Entry Ages

VARIABLE AGE-STEPPED PREMIUMS: 2–18

VARIABLE PREMIUMS: Not applicable

Expiry Age

Expires at age 25. From age 18 it can be extended to age 30 if the insured child is studying. If benefit is still current, up to age 30 it can be converted to an adult Life & Trauma Insurance Plan, if child meets the eligibility criteria to become a PPS Mutual Member.

Min. *Sum Insured* at Entry

$10,000

Max. *Sum Insured* at Entry

$200,000 (Where additional child(ren) are being added to an existing insurance the *sum insured* can be matched to the existing child insurance, even if this is greater than $200,000)

*Expiry and conversion will occur at the *Plan anniversary* following the relevant age

*All references above to age refer to the current age of the Life Insured

This option is available to be purchased with Life, TPD, Trauma, Income Protection Select, Income Protection Prime 70 or Business Expenses Insurance. This Option is not available inside superannuation. You can insure any number of children of the Life Insured (whether by birth, step, adoption, grand or legal guardianship).

Comprehensive Cover

The table below provides a summary of the benefits included in Professionals Choice Child Insurance.

Payment of a Benefit

Benefit in detail

Child Insurance Benefit p23
We will pay the *sum insured* if an insured child dies, becomes *terminally ill*, or suffers from one of the defined trauma events

Funeral Advancement Benefit p28
Advances some of the death benefit (before the full death claim has been assessed) to assist with funeral costs

Flexibility Features

Extension Option p24
If the insured child is between ages 18 and 25, then the Plan Owner may elect to continue the Child Insurance until age 30. If the Plan Owner has not elected to continue the insurance by the child's 25th birthday the insurance will expire

Child Insurance Conversion Option p24
If the insured child meets the eligibility criteria to become a Member of PPS Mutual, they may convert the Child Insurance to an equivalent adult Life Insurance Plan with the option to link Trauma Insurance without reapplying or providing medical evidence

Child Insurance Portability Benefit p24
Enables the Child Insurance Option to be transferred from one Plan to another eligible PPS Mutual Plan held by a parent or guardian of the insured child

Indexation for Professionals Benefit p29
Your *sum insured* will automatically increase by the higher of the increase in the *Professionals Earning Index*, the increase in *CPI* or 3% each year (you can elect not to take the increase)

Premium Freeze Benefit p29
Variable age-stepped premiums increase each year. This feature allows you to keep the cost of your insurance constant each year by decreasing your *sum insured*

Suspending Insurance Benefit p31
You can suspend the Child Insurance Option upon request for up to 12 months (over the life of the insurance)

Optional Extra

Should you wish to tailor your cover further, for an additional cost you can elect to have the Optional Extra (summarised below) added to your Plan.

Premium Waiver Option p32

If the adult Life Insured meets the definition of *totally disabled (Premium Waiver Option)* the premiums of the Plan will be waived

Child Insurance Benefit

We will pay the *sum insured* if an insured child dies, becomes terminally ill, or suffers one of the following Trauma Events by meeting the definition as detailed in the Medical Glossary section.

Trauma Event

Cancers

- *aplastic anaemia – requiring specified treatment*
- *cancer – excluding specified early stage cancers**

Heart and artery events

- *cardiomyopathy (heart failure) resulting in significant permanent impairment*
- *heart attack (myocardial infarction) – with evidence of heart muscle damage**
- *open heart surgery – excluding specified procedures*
- *out of hospital cardiac arrest – excluding medical procedures**

Kidney related events

- *kidney failure – requiring renal dialysis or renal transplantation*

Ear, nose and throat events

- *loss of hearing – of specified severity*
- *loss of speech – total and irrecoverable*

Brain and nerve events

- *bacterial meningitis or meningococcal septicaemia – with severe permanent impairment*
- *brain damage or major head trauma – resulting in significant permanent impairment*
- *coma – with specified severity and treatment*
- *encephalitis – resulting in significant permanent impairment*
- *muscular dystrophy*
- *benign brain tumour – with severe permanent impairment or undergoing surgical intervention*
- *benign spinal cord tumour – with severe permanent impairment or undergoing surgical intervention*
- *stroke – resulting in new neurological deficits**

Lung related events

- *chronic lung disease – requiring long-term oxygen therapy*
- *pulmonary arterial hypertension (idiopathic and familial) resulting in significant right heart failure*

Musculoskeletal and mobility

- *loss of limbs – total and irreversible*
- *paralysis – total and irreversible*

Eye events

- *loss of sight – permanent loss in both eyes*

Digestive system conditions

- *chronic liver failure – of specified severity*

Other events

- *child's loss of independent existence*
- *intensive care – with specified treatment*
- *major organ or bone marrow transplant of specified organs from a human donor, or placement on a waiting list*
- *medically acquired HIV – contracted through specified procedures*
- *major burns – of specified severity and requiring specified treatment*

For events marked with an * in these tables, no benefit will be paid if the Trauma Event first occurred or symptoms leading to the event occurred or were diagnosed or first became apparent during the first 90 days after the insurance started or was reinstated or was increased (but only in relation to the increased portion).

However, if the Trauma Benefit is **replacing a comparable existing Trauma insurance** provided by us or another insurer, there will be no such period (i.e. *Qualifying Period* will be zero) if:

- The insurance being replaced has been in force for 90 days; and
- The insurance being issued is providing similar insurance for the same Trauma Event; and
- The *sum insured* of the insurance being issued is equal or less than the cancelled insurance (if higher the qualifying period only applies to the excess); and
- The Plan being replaced is cancelled within 7 days of the issue of this insurance; and
- All similar qualifying periods under the Plan being replaced have expired; and
- No claim is payable or pending under the Plan being replaced, and
- The Life Insured is not eligible to be assessed in respect of a claim under the Plan being replaced.

We will only pay one benefit per child.

Included Benefits

Extension Option
At any time from the child's age of 18 to the child's reaching age 25, the Plan Owner may request in writing to continue the Child Insurance until age 30. If the Plan Owner has not elected to continue the insurance by the child's 25th birthday the insurance will expire.

Child Insurance Conversion Option
At any time before the Child Insurance has expired and providing the child meets the eligibility criteria to become a Member of PPS Mutual, the child may convert the Child Insurance to an equivalent adult Life Insurance Plan with the option to link Trauma Insurance without reapplying or providing medical, pastimes or occupational evidence.

The converted Life and Trauma Insurance will have:
- the same *sum insureds* as under the Child Insurance or lower;
- the PPS Mutual Life and Trauma Insurance terms and conditions available at the time;
- the same exclusions that applied to the child under this Child Insurance Option.

Funeral Advancement Benefit
If the insured child dies we will pay an advanced amount of $25,000 (or the *sum insured* if lower).

We will pay the advance when we receive a copy of the insured child's death certificate, or we receive satisfactory evidence of the insured child's death. This payment reduces the child insurance *sum insured*.

The Funeral Advancement Benefit may not be paid if there is reasonable doubt about whether the Child Insured *sum insured* will become payable.

Child Insurance Portability Benefit
This benefit allows the Child Insurance Option on a particular Plan to be transferred to another eligible PPS Mutual Professionals Choice Plan held by a parent or guardian of the insured child. This can be done at any time up to 60 days after the underlying Plan terminating, without the need to provide medical evidence.

Child Insurance Exclusions

No benefit will be paid for:

- Anything that is specifically excluded on your Plan Schedule; or
- An *illness* or *injury* that first appeared, happened or was diagnosed before the insurance started or was increased (for the increased amount) or during any period of lapse (except where disclosed and accepted by us); or
- Any illegal inflicted act by you or the child's guardian, or;
- Suicide within 13 months of commencement, reinstatement, increased benefit (for the increase); or
- An Intentional self-inflicted act including attempted suicide.

No benefit will be paid for any trauma event, *illness* or *injury* occurring, appearing or arising during the qualifying period.

BLOOD BORNE DISEASE

Pays a lump sum to medical professionals who are accidentally infected by a specified blood borne disease at work

Benefit fundamentals

Entry Ages
18–60

Expiry Age
Expires at age 70

Min. *Sum Insured* at Entry
$50,000

Max. *Sum Insured* at Entry
$1,000,000

*Expiry and conversion will occur at the *Plan anniversary* following the relevant age

*All references above to age refer to the current age of the Life Insured

This option is available to be purchased with Life, TPD, Trauma, Income Protection Select, Income Protection Prime 70 or Business Expenses Insurance. This Option is not available inside superannuation.

Comprehensive Cover

Below is a summary of the benefits included in Professionals Choice Blood Borne Disease Insurance Option.

Payment of a Benefit

Benefit in detail

Blood Borne Disease Insurance Option Benefit p28
We will pay a benefit if you are a medical professional who becomes infected with HIV or the Hepatitis B or Hepatitis C virus as the result of an *accident* during the course of your *regular occupation*

Flexibility Features

Indexation for Professionals Benefit p29
Your *sum insured* will automatically increase by the higher of the increase in the *Professionals Earning Index*, the increase in *CPI* or 3% each year (you can elect not to take the increase)

Suspending Insurance Benefit p31
You can suspend the Blood Borne Insurance Option upon request for up to 12 months (over the life of the insurance)

Optional Extra

Should you wish to tailor your cover further, for an additional cost you can elect to have the Optional Extra (summarised below) added to your Plan.

Premium Waiver Option p32
If you meet the definition of *totally disabled (Premium Waiver Option)* the premiums of the Plan will be waived

Included Benefits

Blood Borne Disease Insurance Option Benefit
We will pay the *sum insured* if you become infected with HIV or the hepatitis B or hepatitis C virus as the result of an *accident* during the course of your *regular occupation*.

Any *accident* giving rise to a potential claim must be reported in accordance with any applicable exposure prone procedures (including reporting timeframes) issued by an appropriate governing body or industry association as applicable to your *regular occupation* or as required by your employer in connection with that *regular occupation* (such as AHPRA, the Medical Board of Australia, a hospital credentialing committee or other medical professional governing body) and the report is confirmed by negative test results of that infection taken during 7 days from the date of the *accident*.

A test that confirms the production and detection (sero-conversion) of:
- HIV antibodies, by way of a positive HIV antibody test; or
- Hepatitis B surface antigen or HBV DNA, by way of a positive hepatitis B surface antigen or HBV DNA test; or
- Hepatitis C antibodies, by way of a positive hepatitis C antibody test,

must be performed and the results shared with us within six months of the *accident*.

Cover ends on the *Plan anniversary* after the Life Insured reaches age 70.

Blood Borne Disease Insurance Option Exclusions

We won't pay a benefit:
- for anything that is specifically excluded on your Plan Schedule,
- if the HIV or the Hepatitis B or Hepatitis C virus is caused by any other means, including sexual activity, or intravenous drug use or tattooing,
- if a treatment is developed and approved which renders the HIV, Hepatitis B or Hepatitis C virus (as applicable) inactive and non-infectious,
- a deliberate self-inflicted infection, or
- if you have elected not to take an approved vaccine that is recommended by the relevant professional governing body for use in your occupation and which is available prior to the event which causes infection.
- we will only pay an amount under this insurance once.

Life, TPD, Trauma and additional insurances in detail

This section provides further detail on the benefits and optional extras offered under Professionals Choice Life, TPD and Trauma Insurance Plans plus the options of Child Insurance and Blood Borne Disease Insurance.

Please refer to the tick box icons to understand which benefits and optional extras apply to which insurances.

- Life Insurance
- TPD Insurance
- Trauma Insurance
- Child Insurance Option
- Blood Borne Disease Insurance Option

NS - Indicates that the benefit/option/definition is only available to Plans issued outside superannuation (super).
S - Indicates that the benefit/option/definition is only available on Plans issued to a superannuation Fund or to a SMSF.

Included Benefits

Financial Plan Benefit [NS]

- Life Insurance
- TPD Insurance
- Trauma Insurance

Following the payment of any benefit of $500,000 or more, we will reimburse you up to $10,000 for the cost of engaging any of (or a combination of) the following to prepare a financial plan:

- a licensed financial adviser;
- a qualified lawyer;
- a qualified accountant.

The financial plan must be provided within 12 months of receiving the benefit. A limit of $10,000 is payable per Life Insured across all PPS Mutual Plans. The benefit is primarily for the preparation of a Financial Plan, however it may also be used to help with legal and accounting services directly related to the management of the benefit paid. We reserve the right to request appropriate evidence in consideration of the costs and services.

This benefit is not available inside superannuation.

Funeral Advancement Benefit

- Life Insurance
- Child Insurance Option

If you die we will pay an advanced amount of $25,000 of your death benefit (or the *sum insured* if lower). We will pay the benefit when we receive a copy of your death certificate, or we receive satisfactory evidence of your death. This payment reduces the *sum insured*.

The Funeral Advancement Benefit may not be paid if there is reasonable doubt about whether the Life *sum insured* or Child Insurance *sum insured* (as applicable) will become payable.

Accidental Injury Benefit

- Life Insurance

If the Life Insured suffers an *injury* (or *injuries*) caused by an *accident*, which causes the total and permanent loss of:

- the use of one hand or the use of one foot or the sight in one eye, we will pay you 25% of your Life Insurance *sum insured* up to a maximum of $500,000, or
- any combination of two of the following: the use of one hand, the use of one foot or the sight of one eye, we will pay you 100% of your Life Insurance *sum insured* up to a maximum of $2,000,000.

This payment reduces the Life Insurance *sum insured* and the *sums insured* on any linked TPD or Trauma benefits.

If a TPD or Trauma Insurance is linked to this Life Insurance, we will only pay a benefit once in respect of the same *injury*.

If the benefit is paid within super you will also need to be unlikely to ever engage in *any occupation* that you are reasonably suited to by way of education, training or experience.

The Accidental Injury Benefit will not be payable if the *injury* was as a result of:

- war (whether declared or not); or
- intentional self-inflicted injuries or attempted suicide

Waiver of the Three Month Waiting Period Benefit [NS]

✓ TPD Insurance

We will waive the requirement that your *illness* or *injury* must have continuously prevented you from working for three consecutive months if you suffer one of the following medical conditions, as described in the Medical Glossary section, and you satisfy all of the other requirements of your TPD definition:

- *pulmonary arterial hypertension (idiopathic and familial) resulting in significant right heart failure*
- *motor neurone disease*
- *muscular dystrophy*
- *multiple sclerosis – with persisting neurological abnormalities*
- *Parkinson's disease – with irreversible neurological deficit*
- *dementia including Alzheimer's disease – resulting in significant cognitive impairment*
- *paralysis – total and irreversible*
- *loss of sight – permanent loss in both eyes*
- *loss of speech – total and irrecoverable*
- *chronic lung disease – requiring long-term oxygen therapy*
- *severe rheumatoid arthritis – with specified treatment failure*

This benefit is not available inside superannuation.

Partial and Permanent Disability Benefit [NS]

✓ TPD Insurance

We will pay 25% of the TPD benefit up to a maximum of $500,000 if you suffer:

- *partial loss of limbs – irreversible;* or
- *partial loss of sight – permanent and irreversible*

This benefit will only be paid once over the lifetime of the Plan, and it will reduce the TPD *sum insured* (and the *sum insured* on other linked insurances) by the amount of the payment.

This benefit is not available inside superannuation.

Indexation for Professionals Benefit

✓ Life Insurance
✓ TPD Insurance
✓ Trauma Insurance
✓ Child Insurance Option
✓ Blood Borne Disease Insurance Option

We will increase your *sum insured* each year on the *Plan anniversary* by the greater of:

- The increase in the *Professionals Earnings Index* (PEI);
- The increase in *CPI*; or
- 3%

Your premiums will also increase to reflect your new *sum insured*. You can decline the increase.

Premium Freeze Benefit

✓ Life Insurance
✓ TPD Insurance
✓ Trauma Insurance

This benefit applies only to variable age-stepped premium Plans.

You have the choice to keep the cost of your insurance cover the same each year. The *sum insured* will be re-calculated each year to reflect the amount of insurance that can be bought for the agreed premium.

You can stop the freeze at any time (except when your premiums are being waived under the Premium Waiver Option), and your *sum insured* will be maintained at the level that is current at the time you opt back into insurance.

While the premium freeze applies, there will be no automatic increases of any *sum insured*.

Future Increases Benefit

✓ Life Insurance ✓ TPD Insurance
✓ Trauma Insurance

If one of the specified events listed in the section "Events and Maximum Increases" on this page occur to the Life Insured you can increase your Life, TPD and Trauma Insurance *sum insured* without having to provide further medical, pastimes or occupational evidence, even if your health has deteriorated. You may be required to provide evidence to demonstrate the event has taken place.

The increase must be requested within 60 days of the event and you may only apply once in any 12 month period.

In the 6 months following the increase, the increase in *sum insured* is only payable for insured events that are due to an *injury* (or *injuries*) caused by an *accident*.

This benefit is not available:

- If the Business Increases Option has been exercised for this benefit within the last 12 months
- If you have been paid or you are eligible to be paid a claim under any PPS Mutual Life, TPD or Trauma Insurance benefit held with us
- If the insurance was issued with a medical premium loading of over 100% or more than one exclusion
- If the Life Insured is over 60 years of age

The minimum increase per event is $20,000 and the maximums are different for each type of event, as shown on page 30. Total increases over the life of the Plan are limited to $2m per insurance.

Events and Maximum Increases

Reference to 'you' or 'your' below refers to the Life Insured.

Personal Events

- You marry, register a de facto relationship, enter into a de facto agreement or enter into a de facto relationship which is recognised at law
- You divorce, legally separate, register a separation from a marriage or registered de facto relationship, cancel a de facto agreement, or cease a de facto relationship which is recognised at law
- The death of your *spouse*
- Your child is born or you legally adopt a child
- Your child starts school
- You increase your mortgage for your primary place of residence
- You complete your first undergraduate degree at a recognised Australian university
- You become a carer for the first time

Benefit may be increased by the:

- Lesser of 25% of the *sum insured* at the start of the insurance and $250,000

Personal Event

- You are granted a housing loan by a financial institution to buy your primary residence

Benefit may be increased by the:

- Lesser of 50% of the *sum insured* at the start of the insurance, the amount of the mortgage and $250,000

Professional Event

- You have a salary increase of 15% or more, or
- You Qualify as a Fellow of your profession, or
- You become a partner of your organisation, or
- You commence private practice

Benefit may be increased by the:

- Lesser of 25% of the *sum insured* at the start of the insurance, 10 times salary package increase and $250,000

Business Event

- If insurance is supporting a buy/sell, share purchase agreement or business succession agreement and the value in your business increases using the same methodology to value it

Benefit may be increased by the:

- Lesser of 25% of the *sum insured* at the start of the insurance, the amount of the increase in the value of the financial interest in the business and $250,000

Business Event

- If you are responsible for a business loan and there is an increase in the loan liability

Benefit may be increased by the:

- Lesser of 25% of the *sum insured* at the start of the insurance, the amount of the increase in the value of the business loan and $250,000

Business Event

- If you are a key person and your value to the business increases

Benefit may be increased by the:

- Lesser of 5 times the average of the last 3 annual increases in the Life Insured's gross remuneration package, 25% of the *sum insured* at the start of the insurance and $250,000

Plan Event

- On every 5th anniversary of the start of cover, if the *sum insured* has not been increased under the Future Increases Benefit or Business Increases Option during the previous 5 years

Benefit may be increased by the:

- Lesser of 25% of the *sum insured* at the start of the insurance and $250,000

Suspending Insurance Benefit

- Life Insurance
- TPD Insurance
- Trauma Insurance
- Child Insurance Option
- Blood Borne Disease Insurance Option

If you've held your PPS Mutual insurance for a continuous period of at least 12 months, you can suspend your insurance upon written request for up to 12 months (over the life of the insurance).

The length of suspension (3, 6, 9 or 12 months) must be specified at the outset of the suspension. Prior to the end of the suspension period, you may elect to extend the suspension period for a further 3, 6 or 9 months (but must not exceed, in aggregate, the maximum 12 months period).

If you do not extend the suspension period, we will automatically resume premium collections at the end of the suspension period. If the suspension period is extended, premium collections will automatically resume at the end of the extended suspension period.

The suspension can be for one or more insurance covers under the Plan.

You will not be able to claim a benefit on a suspended insurance or in respect of any event, *illness* or *injury* that occurs during the suspension (including any extended suspension period).

The insurance will be cancelled if you do not reactivate and pay the required premium prior to end of the selected period.

No premium related Profit-Share accrues during the suspended insurance period.

Life Insurance Reinstatement after One Year Benefit

- TPD Insurance
- Trauma Insurance

If you have Trauma or TPD Insurance linked to Life Insurance, you can reinstate your Life Insurance cover after we pay a full or Partial Trauma or TPD benefit payment, after one year without the need for you to supply further medical, pastimes or occupational evidence to us.

We will write to you, to give you the opportunity to reinstate your Life Insurance from the later of 12 months after we receive a Trauma or TPD claim form or the date we pay you a Trauma or TPD claim. You will have 30 days to take up our offer. This benefit is not available if you are exercising or have exercised the Life Insurance Reinstatement after 14 days with Premiums Waived Option.

The reinstated Life Insurance *sum insured* is the amount that we paid you as a TPD or Trauma payment. The reinstated portion of the *sum insured* will remain fixed and cannot be increased under the Indexation for Professionals Benefit, Future Increases Benefit or Business Increases Option.

Extra Cost Options

Business Increases Option

- Life Insurance
- TPD Insurance
- Trauma Insurance

You can increase your Life, TPD or Trauma Insurance *sum insured* after certain specified business events without having to provide further medical, pastimes or occupational evidence. This will apply when there is an increase relating to any one of the following purposes approved at commencement:

- Buy/sell purchase or share protection – value of the business
- Loan guarantee or debt protection – amount of loan
- Key person insurance – value of key person
- Any other business purpose approved by us – business event agreed by us

In the 6 months following the increase, the increase in *sum insured* is only payable for insured events that are due to an *injury* (or *injuries*) caused by an *accident*.

You can only apply for an increase once in any 12 month period for any benefit. Individual increases are for a maximum of the increase in the value of the agreed business insurance purpose. You must request the increase within 60 days of the event/date of evaluation.

You may increase your benefit by up to a cumulative maximum of $15m for Life, $5m for TPD and $2m for Trauma or three times the original benefit. A $2m cap applies where no increase is requested within 3 years of commencement.

You cannot exercise this option:

- After the Life Insured is more than 60 years of age
- If the Future Increases Benefit has been exercised for this benefit within the last 12 months
- If the Future Increases Benefit has been exercised for the same event
- If the Life Insured has been paid or is eligible to be paid a claim under any PPS Mutual Death, TPD or Trauma benefit held with us
- If the insurance was issued with a medical premium loading of over 100%, or with more than one exclusion

Additionally, any increases are restricted such that the total *sum insured* under any TPD or Trauma Insurances that are linked to Life Insurance must be no more than the *sum insured* under the linked Life Insurance.

Premium Waiver Option

- Life Insurance
- TPD Insurance
- Trauma Insurance
- Child Insurance Option
- Blood Borne Disease Insurance Option

To be eligible for this cover the Life Insured must be at least 18 and no older than 60 years of age.

If you select this option, and, whilst the Plan is in force you meet the definition of *totally disabled (Premium Waiver Option)* (as defined in the Definitions – General section), premiums will be waived on the selected Life, TPD and Trauma Insurances and any selected extra cost options on this Plan until the earlier of the insurance expiring, you reach age 70, or until you are no longer *totally disabled (Premium Waiver Option)*.

We will waive your premiums from when the Life Insured has been *totally disabled (Premium Waiver Option)* for a period of 3 months and while this continues.

Indexation will not apply whilst premiums are being waived on the insurance(s) and options.

Profit Share will accrue on the premiums being waived.

For you to be eligible to claim this benefit the Life Insured must be 65 or younger and there must be no premiums owing to us.

Exclusions

We will not waive premiums:

- For anything that is specifically excluded on your Plan Schedule;
- If premiums are owing on the Plan or the Plan is lapsed;
- If *total disability* is caused by intentional self-inflicted *injury*, attempted suicide or war (whether declared or not); or
- For life cover obtained through the Life Insurance Reinstatement after One Year Benefit.

Life Insurance Reinstatement after 14 days with Premiums Waived Option

✓ TPD Insurance ✓ Trauma Insurance

This extra cost option applies when TPD and/or Trauma are linked to Life Insurance. If the full TPD or Trauma benefit is paid, the Life Insurance amount that would have been reduced as a result of the payment of the claim will be reinstated, and the premiums will be waived on the reinstated amount of cover until age 65.

Once the Life Insurance has been reinstated, the *sum insured* cannot be increased under the Indexation for Professionals Benefit, Future Increases Benefit or the Business Increases Option.

We will reinstate your Life Insurance on the later of 14 days after we receive the Trauma or TPD Insurance claim form and the date we pay your Trauma or TPD claim.

The reinstated insurance will continue to have any premium loading factors (when premiums are payable again) or exclusions that were agreed to when you first took out the insurance or varied the insurance.

This option expires at age 65.

Exclusions

This option cannot be exercised if:

- You are eligible to make a claim for *Terminal Illness* with us; or
- You don't survive 14 days after the *injury* or *illness* that caused the Trauma or TPD claim.

Trauma Reinstatement Option

✓ Trauma Insurance

You can reinstate your Trauma Insurance after we pay you a Trauma Benefit or a Partial Trauma Benefit without the need to provide medical, pastimes or occupational evidence.

We will write to you, to give you the opportunity to reinstate your Trauma Insurance from the later of 12 months after we receive a Trauma claims form or the date we pay you a Trauma claim. You must respond to our offer within 60 days agreeing to take up the offer and submit a payment equal to the new premium amount.

You cannot exercise this option if:

- 100% of the *sum insured* has been reinstated;*
- We consider the *illness* or *injury* for which the benefit was paid would meet or likely meet the definition of *terminal illness*, *total and permanent disability* or *loss of independent existence – total and irreversible*,
- The Life Insured is older than age 70; or
- The Life Insured dies before the reinstatement offer is accepted and the new cover commences.

*If you reinstate a partial amount of the Trauma Benefit due to a partial claim payment (for example you reinstate 25% of your *sum insured*), then you make subsequent claim(s), we will only cumulatively reinstate the remaining percentage (e.g. 75%).

We will not pay you a Trauma Benefit or a Partial Trauma Benefit on the reinstated Trauma Insurance Plan for either:

- the same Trauma Event that we paid a claim under the original Trauma Insurance; or
- a Trauma Event that is related to or caused by a medical condition resulting from the original claim under the original Plan.

However, we will pay you a partial benefit for a new diagnosis of cancer – excluding *specified early stage cancers* or a new *heart attack (myocardial infarction) – with evidence of heart muscle damage* that is related to the original claim. In these cases we will pay the lower of 10% of the *sum insured* or $50,000 under the reinstated Plan.

Any exclusion periods, qualifying periods or duty of disclosure requirements on the reinstated Plan will be regarded as having applied from the time of taking out the original Plan. The reinstated Trauma Benefit cannot be increased under the Indexation for Professionals Benefit, Future Increases Benefit or Business Increases Option.

If your Trauma Insurance premium is variable age-stepped, the premium for the reinstated Trauma Insurance will be variable age-stepped and will be calculated based on your age at the time of the reinstatement. If your Trauma Insurance premium is variable, the premium for the reinstated Trauma Insurance will be variable and will be calculated based on your age at the Trauma Insurance start date.

When your cover ends

- Life Insurance
- Trauma Insurance
- Blood Borne Disease Insurance Option
- TPD Insurance
- Child Insurance Option

The earliest of:

- Cancellation of cover on the written request of the Plan Owner
- Death of the Life Insured
- Payment of the *sum insured* for that insurance in full and there is no eligibility to reinstate now or in the future
- The *Plan anniversary* immediately after the expiry age, or any earlier expiry date detailed in your Plan Schedule
- The *sum insured* is reduced to nil by other benefit reduction payments
- We cancel your insurance because premiums are unpaid, as and when due
- We cancel your insurance in accordance with our rights in relation to your duty of disclosure
- If this Plan has been issued through superannuation, then 30 days after the Life Insured has left that Superannuation Plan
- For Child Insurance Option if the Child Insured dies
- For Child Insurance Option and Blood Borne Disease Insurance Option, if all the other Insurances under the Plan end.

INCOME PROTECTION

Income Protection Insurance pays a *monthly benefit* if you are not able to do all or part of your occupation due to *illness* or *injury* and you are *totally disabled* or *partially disabled* for longer than your *waiting period*.

You can choose between Income Protection Select Insurance or Income Protection Prime 70. The key differences on the two options are summarised here.

	Income Protection Select (see page 36 for further information)	Income Protection Prime 70 (see page 48 for further information)
Replacement Ratio	Maximum of 60% replacement ratio	Maximum of 70% replacement ratio
Top Up Options	**MAX 60** (No Top Up) **MAX 70** (2 Year Top Up with up to 70% replacement ratio) **MAX 84** (6 Month Top Up with up to 84% replacement ratio)	**6 Month Top Up** (with up to 84% replacement ratio)
Recovery Plan	*Recovery Plan* to support your recovery and return to work	No formal *Recovery Plan*
Assessed Occupation	You will be assessed under own occupation for 24 months of claim and definition will continue provided you adhere to the *Recovery Plan* unless the Insurer has confirmed in writing that a *Recovery Plan* is not required	**To Age 65 Benefit** Own occupation on the first 30 months of claim then any professional occupation or any occupation **2 Year and 5 Year Benefit Period** Own occupation
Working or Capacity to Work While on Claim	If you are working and earning income whilst on claim, your benefit will be reduced	If you are working and earning income or if you have capacity to perform any duties in your *assessed occupation* whilst on claim, you will be considered *partially disabled* and your benefit will be reduced. More details on page 56.

INCOME PROTECTION SELECT

Pays a *monthly benefit* if you are not able to do all or part of *your occupation* due to *illness* or *injury* and you are *totally disabled* or *partially disabled* for longer than your *waiting period*

Benefit fundamentals

Entry Ages

VARIABLE AGE-STEPPED PREMIUMS: 18–60

VARIABLE PREMIUMS: 18–60

Expiry Age

Expires* at age 65. We may agree to extend limited insurance to a maximum of age 70.

Min. *Sum Insured* at Entry

$4,000 per month

Max. *Sum Insured*

$60,000 per month (benefits over $30,000 per month are limited to a 2 year *benefit period*)

*Expiry and conversion will occur at the *Plan anniversary* following the relevant age

*All references above to age refer to the current age of the Life Insured

Comprehensive Cover

The table below provides a summary of the benefits included in Professionals Choice Income Protection Select Insurance.

Payment of a Benefit

Benefit in detail

Total Disability p42
Pays a *monthly benefit* if you are *totally disabled* after the *waiting period* as a result of *illness* or *injury*, while you remain *totally disabled* for up to the *benefit period*

Partial Disability p42
Pays a *monthly benefit* if you are *partially disabled* after the *waiting period* while you remain *partially disabled* for up to the *benefit period*

Death Benefit p64
We will pay a benefit of 6 times your monthly *sum insured* or $60,000 (whichever is lowest) as a lump sum if you die

Rehabilitation Expenses Benefit [NS] p64
While you are *totally disabled* we will reimburse the costs of any equipment, vocational rehabilitation program, or works which you may need to aid in your rehabilitation, in addition to any disability payments

Elective Surgery Benefit [NS] p64
Pays a *monthly benefit* if you are *totally disabled* or *partially disabled* and unable to work because you have had elective surgery performed on the advice of a *doctor*

Medical Professionals Benefit [NS] p65
We will pay the *monthly benefit* if due to the insured person's HIV, Hepatitis B or Hepatitis C status, they are required to cease performing exposure prone procedures

Caring for Your Child Benefit [NS] p65
Pays a *monthly benefit* if you stop working to provide full-time care for your *dependent child* who is *incapacitated*

Career Change Transition Benefit [NS] p69
Pays a *monthly benefit* for 12 months to support a career transition after an *illness* or *injury*

Bed Confinement Benefit [NS] p69
Pays additional 1/30th of your *monthly benefit* for each day you are *totally disabled* and confined to bed for at least 3 consecutive days during the *waiting period*

Flexibility Features

Benefit in detail

Indexation for Professionals Benefit p66
Your *sum insured* (and your *superannuation contribution benefit sum insured*, where the Superannuation Contribution Option applies) will automatically increase by the higher of the increase in the *Professionals Earning Index*, the increase in *CPI* or 0% each year (you can elect not to take the increase)

Premiums Waived While on Claim Benefit p66
Whilst we are paying you an Income Protection Select benefit, we will waive your premiums for that Income Protection Select benefit

Relapse Benefit p66
If you return to work on a full-time basis after receiving a *total disability* or *partial disability* benefit and you suffer a relapse of the same or related *illness* or *injury*, the *waiting period* will be waived and the disability claim will be treated as a continuation of the original claim

Future Increases Benefit p66
If your income increases, this allows you to increase your *sum insured* each year with no extra medical information

Expiry Age Extension Benefit [NS] p67
If your Income Protection Select Insurance expires at age 65 you may request us to extend your insurance until age 70 provided certain conditions are met

Suspending Insurance Benefit p68
You can suspend your insurance upon request for up to 12 months (over the life of the insurance) where you have held the cover for at least 12 months

Parental Leave Cover Protection [NS] p68
If you take Parental Leave you can reduce your cover or stop it all together. When you return to normal working hours you can increase cover to your previous level with no medical underwriting

Study Leave Cover Protection [NS] p68
If you have stopped work (or reduced your working hours) no more than 12 months ago to go on a Fellowship or for other career-based further Study or Training then you will be assessed against the occupation you were performing immediately prior to commencing the study

Optional Extras (See Extra Cost Options Section)

Should you wish to tailor your cover further, for an additional cost you can elect to have the Optional Extras (summarised below) added to your Plan.

	Benefit in detail
First 6 months Top Up Option You can boost your *monthly benefit* up to an 84%* income replacement ratio for the first 6 months of claim with this option. This option can't be selected if the First 2 Years Top Up Option has been selected	Please refer to Maximum *Sum Insured* on page 39 for details on income replacement available with this product
First 2 years Top Up Option You can boost your *monthly benefit* to up to a 70%* income replacement ratio for the first 2 years of claim with this option. This option can't be selected if the First 6 Months Top Up Option has been selected	
Increasing Benefit While on Claim Option For each year we pay you a *monthly benefit*, we will increase your *monthly benefit* in line with *CPI* to ensure your benefit keeps up with inflation	p**70**
Superannuation Contribution Option To ensure your superannuation contributions are not affected by any period of disability, you can insure up to 100% of the super guarantee contributions in the 12 months preceding application. We will pay this component of your *monthly benefit* to your nominated *complying Super Fund* as a personal contribution whilst you are *totally disabled* or *partially disabled*	p**70**
TPD Commutation Option If you select this option, we will give you the choice to take a lump sum in lieu of regular monthly payments if you have been paid at least 36 continuous months of *total disability* benefits and become totally and permanently *disabled* by meeting the *Any Occupation TPD definition*	p**70**

* Income replacement ratio may be lower if total income exceeds $30,000 per month. See the Maximum *Sum Insured* section for more detail

NS - Indicates that the benefit/option/definition is only available to Plans issued outside superannuation (super).

S - Indicates that the benefit/option/definition is only available on Plans issued to a Superannuation Fund or to a SMSF.

How Income Protection Select works

If you are *totally disabled* or *partially disabled* for longer than the *waiting period*, we will pay you an ongoing *monthly benefit* for as long as you remain *totally disabled* or *partially disabled* or until expiry of your *benefit period*, whichever comes first. We will commence paying you a benefit one month from the date that your *waiting period* finishes.

To obtain cover, you must be *gainfully employed* for at least 20 hours per week and be between the ages of 18 and 60 (inclusive).

What is the maximum cover I can apply for?

Maximum *Sum Insured*

The maximum *sum insured* you can apply for depends on your *regular income* at application and is calculated at application time by applying an income replacement ratio (shown in the table below) to your *regular income* at application, as assessed at underwriting. Your application will request these details and the maximum *sum insured* will be advised to you based on your information.

How much *sum insured* you get also depends on whether you go with the basic inclusion, Max 60, or opt to "top up" your *sum insured* by choosing either the Max 70 or Max 84 options. The top up amounts and top up periods are shown in the following table:

	Maximum *Sum Insured* Options		
Option	**Max 60**	**Max 70**	**Max 84**
What is the maximum *sum insured* (during the top up period)?	60% of first $30k per month of *regular income*, 40% of next $20k per month and 20% of the remainder	70% of first $30k p.m. of *regular income*, 46.7% of next $20k p.m. and 23.3% of the remainder	84% of first $30k p.m of *regular income*, 56% of next $20k p.m. and 28% of the remainder
How long is the top up period?	No top up period	2 Year top up period	6 months top up period
What is the maximum *sum insured*, which applies after the top up period?	60% of first $30k p.m. of *regular income*, 40% of next $20k p.m. and 20% of the remainder		
How can I get this option?	Included in the base product	Add the First 2 Years Top Up Option	Add the First 6 Months Top Up Option

The maximum *sum insured* is capped at $60,000 per month. Any amount in excess of a $30,000 per month *sum insured* will be limited to a two year *benefit period*. After commencement of the cover, the $30,000 limit will be subject to indexation per the Indexation for Professionals Benefit (together with the *sum insured*) where it applies. The $60,000 limit may be subject to increase at the discretion of the insurer.

We will show both the *sum insured* and the *sum insured* (during the top up period) on your Plan Schedule. All premiums are based on your *sum insured*.

The maximum *sum insured* offered by the insurer may be reduced during the underwriting process.

Can I insure my Super Contributions?

By choosing the Superannuation Contributions Option, you can insure up to 100% of the *superannuation guarantee contributions* paid or payable by the Life Insured's employer, as required by law (or the equivalent amount of contributions, if they are instead made as voluntary superannuation contributions). This is limited to the *superannuation guarantee cap* prescribed by the Australian Taxation Office. 100% of your Monthly Superannuation Contribution Benefit will be paid to your choice of a regulated and complying superannuation fund.

Regular Review

Every year we will send you an anniversary letter. This will show you your *sum insured* and premium for the next year. Our default approach is to increase your *sum insured* each year via the *Indexation for Professionals* benefit. This increase can be declined or reduced each year.

At claim time, we may pay you an amount that is different from the *sum insured*. We will pay the lower of your *sum insured* and the *Maximum Monthly Benefit* based on your earnings at that time and other factors at the time of claim. You may wish to review your level of *sum insured* on a regular basis.

How long can I receive a benefit after an illness or injury?

When applying, you can choose a *benefit period* for your cover. The *benefit period* is the maximum length of time your benefit will be paid while you remain continuously *totally disabled* or *partially disabled* following on from an *illness* or *injury*. The *benefit period* starts at the end of the *waiting period*.

There are three *benefit periods* you can choose from:

- 2 years
- 5 years or
- To age 65

What are *Waiting Periods*?

The *waiting period* is the length of time you must be *disabled* before a *monthly benefit* is payable. It is the period of time between when you suffer an *illness* or *injury* resulting in *total disablement* or *partial disablement**, and the disability benefits starting to accrue.

If you don't consult a registered *medical practitioner* within the first seven days of the *illness* or *injury* occurring, the *waiting period* will start when you consult a *medical practitioner*.

To be considered for a *monthly benefit* at the end of the *waiting period*, you must be *partially disabled* or *totally disabled* throughout the entire *waiting period*.

* The definition of *partial disability / partially disabled* is on page 42; however for the purposes of the *waiting period* only, the *partial disability / partially disabled* requirement that you have suffered at least a 20% decrease in your earnings does not apply for the purposes of determining that you have met the *waiting period*.

There are four *waiting periods* you can choose from:

- 30 days
- 60 days
- 90 days or
- 180 days

If the condition leading to a claim is related to complications of pregnancy, childbirth or miscarriage, a minimum 90 day waiting period will apply.

Can I pay for my cover through Superannuation?

Income Protection Select in super
It is possible to buy Income Protection Select in super. There may be an advantage to paying life insurance premiums through super. However, there are also restrictions on benefits being paid under superannuation law and there may be tax implications upon payment.

Split Income Protection Select
In addition to being available in super and non-super as stand-alone insurance, you can choose to have insurance that is split inside and outside super.

All insurance paid for through super must have definitions that are consistent with SIS legislation. This means that a 'basic' insurance offering can be bought inside super and feature rich insurance can be bought outside super.

This will allow you to pay a significant portion of your premium using superannuation monies and still have a feature-rich IP Insurance.

How does split IP work?
If you select split IP, a Superannuation Plan for the super components will be issued to:

- The Trustee of a *complying Super Fund* or
- The Trustee of an SMSF.

A second Non-Superannuation Plan will be issued to you outside superannuation, for the non-super components, definitions and features.

Both Plans will have the same *monthly benefit*, *waiting period*, *benefit period*, premium type (variable age-stepped or variable) and the same *Plan anniversary*, with the majority of the premiums being paid using superannuation funds.

If you change the *sum insured*, the *waiting period*, or the *benefit period* on one of these Plans, the change will apply to both Plans. If the *sum insured* is reduced or is increased on one of these Plans, the reduction or increase will apply to both Plans.

If you claim, you will first be assessed under the Super Plan and if you satisfy the conditions, the benefit amount will be paid to the relevant Trustee.

We will also assess you under the Non-Super Plan, and we will pay any additional amount that may be payable under those conditions.

One Benefit at a time: Unless otherwise stated, we will only pay for one benefit at a time, being the one that provides the higher payment.

The following table shows which benefits and options are available under Super versus Non-Super Plans:

Income Protection Select		Available in Super?	Available in Non-Super?
Payment Benefits	Total Disability (Monthly Benefit)	●	●
	Partial Disability (Monthly Benefit)	●	●
	Death Benefit	●	●
	Rehabilitation Expenses Benefit		●
	Elective Surgery Benefit		●
	Medical Professionals Benefit		●
	Caring for your Child Benefit		●
	Career Change Transition Benefit		●
	Bed Confinement Benefit		●
Flexibility Features	Indexation for Professionals Benefit	●	●
	Premiums Waived While on Claim Benefit	●	●
	Relapse Benefit	●	●
	Future Increases Benefit	●	●
	Suspending Insurance Benefit	●	●
	Expiry Age Extension Benefit		●
	Parental Leave Cover Protection		●
	Study Leave Cover Protection		●
Optional Benefits	Increasing Benefit While on Claim Option	●	●
	Superannuation Contribution Option	●	●
	TPD Commutation Option	●	●
	First 6 Months Top Up Option	●	●
	First 2 Years Top Up Option	●	●

When can I claim?

You can claim if, due to an *illness* or *injury* occurring during the period of cover, you are *totally disabled* or *partially disabled* for longer than the *waiting period*. The *illness* or *injury* must have first occurred during the period of cover, or been disclosed and accepted by us at application.

What is *Total Disability* or *Totally Disabled*?

This is the inability, solely caused by *illness* or *injury*, to perform the *duties* in your *assessed occupation* and:

- You are under regular care of and following the advice of a *Medical Practitioner* in relation to that *illness* or *injury*, including following any reasonable rehabilitation, treatment or counselling recommended by the *Medical Practitioner* which may assist in your return to work, and
- You are not working (and are not able to work) in your *assessed occupation*.

Duties

The duties of an occupation are defined as the material and substantial activities and tasks that are normally required for, and form a significant and integral part of, the performance of that occupation that cannot be reasonably omitted or modified.

Duties do not include:

- activities and tasks which aren't necessary to perform the occupation within the trade/profession (e.g. duties that are not necessary with another employer or within another business); or
- the commute to and from your place(s) of work.

What is Partial Disability or Partially Disabled?

Partial disability is when, you are not *totally disabled* and that solely due to *illness* or *injury*:

- You are working in any occupation in a reduced capacity and
- You have suffered a reduction in the ability to perform the *duties* of your *assessed occupation* and
- You have suffered at least a 20% decrease in earnings (i.e. your *post-disability income* is no more than 80% of your *pre-disability income*) and
- You have suffered a reduction in your *pre-disability working hours* of 20% or more and
- You are under regular care of and following the advice of your *Medical Practitioner* in relation to that *illness* or *injury* including following any reasonable rehabilitation, treatment or counselling recommended by the *Medical Practitioner* which may assist in your return to work.

Pre-disability working hours are the typical number of hours you worked per week immediately prior to the *disability date*. *Pre-disability working hours* will be limited to a maximum of 40 hours per week after the first two years on claim.

What happens once I claim?

Your situation will be evaluated against your *assessed occupation* to determine whether we can admit your claim and, once your claim has been admitted, whether you can remain on claim. We will also assess your *maximum monthly benefit*, which depends on your *regular income* at claim time, and is the benefit amount you will receive for your claim.

What will my Assessed Occupation be?



*and immediately prior to the *disability date* and during the *waiting period*.

where

Own occupation means

- the occupation in which you were working immediately before the *illness* or *injury* causing disability, or
- if you worked in that occupation for less than ten hours a week or were unemployed, on sabbatical, long service or on parental leave for more than 12 months, then your own occupation will be *any occupation,* or
- If immediately prior to the *illness* or *injury* causing disability you have been working in more than one occupation that meets the criteria, then own occupation will include any of those occupations
- if you have exercised the Parental Leave Cover Protection benefit or the Study Leave Cover Protection benefit, then own occupation is the occupation in which you were working immediately before the start of the Parental Leave or Study Leave

Own occupation is not restricted to mean employment with your employer at the disability date.

Professional occupation means an occupation that typically requires a minimum 3 year degree (or equivalent) within one of the *Professions eligible for coverage under the PPS Mutual Benefit Fund*.

Any professional occupation means any *professional occupation* for which you are reasonably suited or capable of performing based on education, training or experience, including any education, training or experience which has been acquired through occupational rehabilitation programs, re-skilling, retraining or employment during any period on *claim*.

Any occupation means any occupation for which you are reasonably suited or capable of performing based on education, training or experience, including any education, training or experience which has been acquired through occupational rehabilitation programs, re-skilling, retraining or employment during any period on *claim*.

Recovery Plan

A Recovery Plan is a roadmap agreed between you and us as a means to support your recovery and return to work. The Recovery Plan will be devised in conjunction with you, your treating *medical practitioner*, treating allied health professionals and rehabilitation professionals.

The Recovery Plan will outline appropriate treatment and support for you to return to your usual occupation (that is, the occupation in which you were working immediately prior to your disability).

In the event you are unable to return to your usual occupation due to your *injury* or *illness*, support will be provided to explore and identify an alternative occupation. The alternative occupation will be appropriate to your education, training and experience, and take into consideration your functional capacity, interests, motivation and prospective remuneration. In this case, your Recovery Plan will outline appropriate treatment and support for you to return to work in this alternative occupation.

We will cover any reasonable rehabilitation or retraining costs you incur, as agreed in advance with us, in creating a Recovery Plan as part of the Rehabilitation Expenses Benefit.

The Plan includes the following:

- Confirmation of the diagnosis and any secondary medical conditions
- Outline of treatment plan informed by best practice guidelines and recovery milestones
- A return to work goal and estimated timeframe to achieve this goal
- Identification of rehabilitation and/or retraining services that may support recovery or return to work, the pre-approved cost of which the insurer will pay

The Plan will require your consent (as indicated by you signing the Plan), and can be assessed, reviewed and updated on a regular basis. As the Plan will be an integral part of your return to work journey, we expect that, in most cases, the Plan will be created and entered into in your first 6 weeks on claim and by no later than the end of 6 months on claim. We may waive the requirement for a Recovery Plan if we consider that your claim duration is likely to be under 6 months and you will return to your *usual occupation*, or in circumstances where due to your illness or injury it is highly unlikely that a Recovery Plan would assist your return to work.

If you do not enter into a Recovery Plan (and the requirement to do so has not been waived) or you do not comply with your Recovery Plan then your *assessed occupation* will be "any professional occupation" or "any occupation" after 2 years on claim in accordance with the information on page 43 instead of "own occupation".

What if I'm not working just before my claim?

If immediately prior to a claim, you were not *gainfully employed* or were on sabbatical, long service, or parental leave and not on a leave period under the exercised Study Leave Cover Protection option or the exercised Parental Leave Cover Protection option for:

- No more than 12 months, then you will be assessed against your own occupation; or
- If longer than 12 months, then against any occupation.

This definition is not available inside superannuation.

If you are not working, you can elect to take the Suspending Insurance Benefit.

What amount will I get once I claim?

Monthly Benefit
Monthly Benefit is the amount we will pay you for an admitted claim. The Monthly Benefit is calculated as the lesser of:

Sum Insured multiplied by ***Partial Benefit Adjustment Percentage*** **(if *post-disability income* is greater than zero)** less ***Offsets***

OR

Income Replacement Amount less ***Offsets***

where

Income Replacement Amount and *Sum Insured* are calculated using this table:

Option	Max 60 No Top Up Option	Max 70 First 2 Years Top Up Option	Max 84 First 6 Months Top Up Option
Sum Insured **(during top up period)**	*Sum Insured*	= 116.7% x *Sum Insured*	= 140% x *Sum Insured*
Income Replacement Amount (during top up period)	No top up period	70% of first $30k of *total monthly income*, 46.7% of next $20k and 23.3% of the remainder	84% of first $30k of *total monthly income*, 56% of next $20k and 28% of the remainder
Sum Insured **(applies after top up period)**	*Sum Insured*		
Income Replacement Amount (applies after top up period)	60% of first $30k of *total monthly income* and 40% of next $20k and 20% of the remainder		

Total monthly income means *pre-disability income less post-disability income.*

Please see page 104 for definition of *pre-disability income* and page 103 for *post-disability income.*

If you have an income protection or disability income policy with another insurer as well as with PPS Mutual, you may be able to receive benefits from both policies if the combined total benefit is no more than the maximum monthly benefit based on your pre-disability earnings.

Monthly Superannuation Contribution Benefit

If you have chosen the Superannuation Contribution Option, the Monthly Superannuation Contribution Benefit is the lower of:

- the superannuation contribution benefit *sum insured* multiplied by the *monthly benefit* as a proportion of the *sum insured*; and
- the *superannuation guarantee cap*.

If you are self-employed, there must be evidence that voluntary superannuation contributions have been paid to a regulated and complying superannuation fund during the period we use to assess your pre-disability income.

100% of your Monthly Superannuation Contribution Benefit will be paid to your choice of *complying super fund*.

Overall Maximum Payments Limits

Under IP Select, your *monthly benefit* may cover up to 60%, 70% or 84% of your *regular income* depending on your chosen Top Up option with some benefits payable over and above the *monthly benefit*. There is a maximum overall payment such that your total benefit (excluding the monthly Superannuation Contribution Benefit and Rehabilitation Expenses Benefits) cannot exceed 90% of *pre-disability income* in the first six months on claim and cannot exceed 70% thereafter in accordance with the Australian Prudential Regulation Authority requirements of life insurers for this class of product.

When do Income Protection Select benefits stop?

On the earliest of:

- You no longer being *totally disabled* or *partially disabled*
- Your maximum *benefit period* being reached
- The insurance ending
- Your death
- The *sum insured* being reduced to zero as a result of the payment of the TPD Commutation Benefit
- 30 days after you stop being a member of the PPS Mutual Super Fund, for cover held under superannuation business
- The plan being cancelled by you or us
- The *Plan anniversary* after you reach the expiry age

Income Protection Select Insurance Exclusions; and Special Acceptance Terms

No Income Protection Select benefit will be paid for:

- anything that is specifically excluded on your Plan Schedule, or
- an intentional self-inflicted injury or attempted suicide, or
- normal and uncomplicated pregnancy, childbirth or miscarriage (and in this respect, we will not pay benefits if the claim is caused or contributed to by multiple pregnancy, threatened or actual miscarriage, participation in an IVF or similar programme, or discomfort commonly associated with pregnancy such as morning sickness, backache, varicose veins, ankle swelling, or bladder problems), or
- an *illness* or *injury* that occurred during any period of lapse or
- war or act of war (except in relation to a death benefit payment), or
- any restrictions for reimbursement of expenses under the health insurance or other laws, or
- any claim that arises from participation in criminal activity or disability that arises from the consequences of a criminal conviction (e.g. anxiety or stress as a result of a criminal conviction) or
- a permanent or temporary banning, deregistration, suspension, disqualification or restriction being placed on you (by any governing or industry body applicable to your trade, employment or profession) from performing all or some of the duties of your *assessed occupation*, including by way of any permanent or temporary loss or restriction on any license, registration, permit or similar required in respect of your employment or profession, unless the restriction is a result of an accidental infection which results in benefit being paid under the Medical Professionals Benefit.

We may apply special acceptance terms (also known as revised terms) in the course of underwriting of the application and in agreement with you, as the Plan Owner; such special acceptance terms shall form part of the terms of the cover once cover is issued.

Examples

Alex chooses to purchase Income Protection Select cover with a Superannuation Continuation Option.

At application time,			
Alex's regular income (excluding super), which is	$10,000 p.m.		
Alex's super (based on super guarantees and caps) is	$1,050 p.m.		10.5% of $10,000 p.m.
Alex chooses to get the maximum sum insured of	**$6,000 p.m.**		**60% of $10,000 p.m.**
Alex also chooses the Superannuation Contribution Option, with a sum insured of	**$1,050 p.m.**		**100% of $1,050 p.m.**
Alex needs to make a claim 4 years into his cover. Just before the disability			
Alex's sum insured has been indexed to	$6,500 p.m.		
Alex's Superannuation Contribution Option sum insured has been indexed to	$1,100 p.m.		subject to the ATO super cap
Alex's pre-disability income is	$11,000 p.m.		assuming Alex's income increases over the 4 years

At claim time,	**Total Disability Scenario**	**Partial Disability Scenario**	
	Alex is unable to work and meets the Total Disability definition	Alex is still able to work but in a reduced capacity and meets the Partial Disability definition	
Alex's post-disability income is	$0	$3,300 p.m.	
Alex's offsets are	$0	$0	
Calculation 1: Sum Insured x Partial Benefit Adjustment Percentage – Offsets			
Sum insured	$6,500 p.m.	$6,500 p.m.	
Partial Benefit Adjustment Percentage	100%	70%	(Pre-Disability Income – Post-Disability Income) / Pre-Disability Income
Offsets	$0	$0	
Calculation 1 is	**$6,500 p.m.**	**$4,550 p.m.**	
Calculation 2: Income Replacement Amount – Offset			
Total monthly income	$11,000 p.m.	$7,700 p.m.	Pre-Disability Income – Post-Disability Income
Income Replacement Amount	$6,600 p.m.	$4,620	60% of first $30k of total monthly income
Offsets	$0	$0	
Calculation 2 is	**$6,600 p.m.**	**$4,620 p.m.**	
Alex's Monthly Benefit is	**$6,500 p.m.**	**$4,550 p.m.**	lesser of Calculation 1 and Calculation 2
Alex's total Superannuation Contribution Sum Insured	$1,100 p.m.	$1,100 p.m.	
Alex's proportionate Superannuation Contribution Monthly Sum Insured	$1,100 p.m.	$770 p.m.	Total SCO Sum Insured x (Alex's Benefit / Alex's current Sum Insured)
Alex's Super Contribution Option Benefit is	**$1,100 p.m.**	**$770 p.m.**	paid to Alex's nominated Super Fund
Alex's total disability benefit	**$7,600 p.m.**	**$5,320 p.m.**	
Alex's total income (disability benefit + post-disability income)	**$7,600 p.m.**	**$8,620 p.m.**	

It's important that you insure the correct amount of *sum insured* and update it as your circumstances change. We provide you with a reminder on your Plan Schedule to check and calculate the amount of income you can insure.

If your income has reduced or you have no income since taking out your insurance cover then you should contact your adviser to determine if your *sum insured* should also reduce or your insurance cover should be paused.

Similarly, if your income has increased, you may want to review your *sum insured* with your adviser.

INCOME PROTECTION PRIME 70

Benefit fundamentals

Entry Ages

VARIABLE AGE-STEPPED PREMIUMS: 18–60

VARIABLE PREMIUMS: 18–60

Expiry Age

Expires* at age 65. We may agree to extend limited insurance to a maximum of age 70.

Min. *Sum Insured* at Entry

$4,000 per month

Max. *Sum Insured*

$60,000 per month (benefits over $30,000 per month are limited to a 2 year *benefit period*)

*Expiry and conversion will occur at the *Plan anniversary* following the relevant age

*All references above to age refer to the current age of the Life Insured

Pays a *monthly benefit* if you are not able to do all or part of *your occupation* due to *illness* or *injury* and you are *totally disabled* or *partially disabled* for longer than your *waiting period*

Comprehensive Cover

The table below provides a summary of the benefits included in Professionals Choice Income Protection Prime 70 Insurance.

Payment of a Benefit

Benefit in detail

Total Disability p54
Pays a *monthly benefit* if you are *totally disabled* after the *waiting period* as a result of *illness* or *injury*, while you remain *totally disabled* for up to the *benefit period*

Partial Disability p54
Pays a *monthly benefit* if you are *partially disabled* after the *waiting period* while you remain *partially disabled* for up to the *benefit period*

Death Benefit p64
We will pay a benefit of 6 times your monthly *sum insured* or $60,000 (whichever is lowest) as a lump sum if you die

Rehabilitation Expenses Benefit [NS] p64
While you are *totally disabled* we will reimburse the costs of any equipment, vocational rehabilitation program, or works which you may need to aid in your rehabilitation, in addition to any disability payments

Elective Surgery Benefit [NS] p64
Pays a *monthly benefit* if you are *totally disabled* or *partially disabled* and unable to work because you have had elective surgery performed on the advice of a *doctor*

Medical Professionals Benefit [NS] p65
We will pay the *monthly benefit* if due to the insured person's HIV, Hepatitis B or Hepatitis C status, they are required to cease performing exposure prone procedures

Caring for Your Child Benefit [NS] p65
Pays a *monthly benefit* if you stop working to provide full-time care for your *dependent child* who is *incapacitated*

Career Change Transition Benefit [NS] p69
Pays a *monthly benefit* for 12 months to support a career transition after an *illness* or *injury*

Bed Confinement Benefit [NS] p69
Pays additional 1/30th of your *monthly benefit* for each day you are *totally disabled* and confined to bed for at least 3 consecutive days during the *waiting period*

Flexibility Features

Benefit in detail

Indexation for Professionals Benefit p66

Your *sum insured* (and your *superannuation contribution benefit sum insured*, where the Superannuation Contribution Option applies) will automatically increase by the higher of the increase in the *Professionals Earning Index*, the increase in *CPI* or 0% each year (you can elect not to take the increase)

Premiums Waived While on Claim Benefit p66

Whilst we are paying you an Income Protection Prime 70 benefit, we will waive your premiums for that Income Protection Prime 70 benefit

Relapse Benefit p66

If you return to work on a full-time basis after receiving a *total disability* or *partial disability* benefit and you suffer a relapse of the same or related *illness* or *injury*, the *waiting period* will be waived and the disability claim will be treated as a continuation of the original claim

Future Increases Benefit p66

If your income increases, this allows you to increase your *sum insured* each year with no extra medical information

Expiry Age Extension Benefit [NS] p67

If your Income Protection Prime 70 Insurance expires at age 65 you may request us to extend your insurance until age 70 provided certain conditions are met

Suspending Insurance Benefit p68

You can suspend your insurance upon request for up to 12 months (over the life of the insurance) where you have held the cover for at least 12 months

Parental Leave Cover Protection [NS] p68

If you take Parental Leave you can reduce your cover or stop it all together. When you return to normal working hours you can increase cover to your previous level with no medical underwriting

Study Leave Cover Protection [NS] p68

If you have stopped work (or reduced your working hours) no more than 12 months ago to go on a Fellowship or for other career-based further Study or Training then you will be assessed against the occupation you were performing immediately prior to commencing the study

Optional Extras (See Extra Cost Options Section)

Should you wish to tailor your cover further, for an additional cost you can elect to have the Optional Extras (summarised below) added to your Plan.

First 6 months Top Up Option

You can boost your *monthly benefit* up to an 84%* income replacement ratio for the first 6 months of claim with this option

Please refer to Maximum *Sum Insured* on page 51 for details on income replacement available with this product

Increasing Benefit While on Claim Option p**70**

For each year we pay you a *monthly benefit*, we will increase your *monthly benefit* in line with *CPI* to ensure your benefit keeps up with inflation

Superannuation Contribution Option p**70**

To ensure your superannuation contributions are not affected by any period of disability, you can insure up to 100% of the super guarantee contributions in the 12 months preceding application. We will pay this component of your *monthly benefit* to your nominated *complying Super Fund* as a personal contribution whilst you are *totally disabled* or *partially disabled*

TPD Commutation Option p**70**

If you select this option, we will give you the choice to take a lump sum in lieu of regular monthly payments if you have been paid at least 36 continuous months of *total disability* benefits and become totally and permanently *disabled* by meeting the *Any Occupation TPD definition*

* Income replacement ratio may be lower if total income exceeds $30,000 per month. See the Maximum *Sum Insured* section for more detail

NS - Indicates that the benefit/option/definition is only available to Plans issued outside superannuation (super).

S - Indicates that the benefit/option/definition is only available on Plans issued to a Superannuation Fund or to a SMSF.

How Income Protection Prime 70 works

If you are *totally disabled* or *partially disabled* for longer than the *waiting period*, we will pay you an ongoing *monthly benefit* for as long as you remain *totally disabled* or *partially disabled* or until expiry of your *benefit period*, whichever comes first. We will commence paying you a benefit one month from the date that your *waiting period* finishes.

To obtain cover, you must be *gainfully employed* for at least 20 hours per week and be between the ages of 18 and 60 (inclusive).

What is the maximum cover I can apply for?

Maximum *Sum Insured*

The maximum *sum insured* you can apply for depends on your *regular income* at application and is calculated at application time by applying an income replacement ratio (shown in the table below) to your *regular income* at application, as assessed at underwriting. Your application will request these details and the maximum *sum insured* will be advised to you based on your information.

How much *sum insured* you get also depends on whether you choose the First 6 Months Top Up Option or not. The maximum *sum insured* amounts are shown in the following table:

We will show both the *sum insured* and the *sum insured* (during the top up period) on your Plan Schedule. All premiums are based on your *sum insured*.

The maximum *sum insured* offered by the insurer may be reduced during the underwriting process.

Can I insure my Super Contributions?

By choosing the Superannuation Contributions Option, you can insure up to 100% of the *superannuation guarantee contributions* paid or payable by the Life Insured's employer, as required by law (or the equivalent amount of contributions, if they are instead made as voluntary superannuation contributions). This is limited to the *superannuation guarantee cap* prescribed by the Australian Taxation Office. 100% of your Monthly Superannuation Contribution Benefit will be paid to your choice of a regulated and complying superannuation fund.

Regular Review

Every year we will send you an anniversary letter. This will show you your *sum insured* and premium for the next year. Our default approach is to increase your *sum insured* each year via the *Indexation for Professionals* benefit. This increase can be declined or reduced each year.

At claim time, we may pay you an amount that is different from the *sum insured*. We will pay the lower of your *sum insured* and the *Maximum Monthly Benefit* based on your earnings at that time and other factors at the time of claim. You may wish to review your level of *sum insured* on a regular basis.

	Maximum *Sum Insured* Options	
Option	**No Top Up Option**	**First 6 Months Top Up Option**
What is the maximum *sum insured* (during the top up period)?	70% of first $30k per month of regular income, 50% of next $18k per month and 20% of the remainder	84% of first $30k p.m. of regular income, 60% of next $18k p.m. and 24% of the remainder
How long is the top up period?	No top up period	6 months top up period
What is the maximum *sum insured*, which applies after the top up period?	70% of first $30k p.m. of regular income, 50% of next $18k p.m. and 20% of the remainder	

The maximum *sum insured* is capped at $60,000 per month. Any amount in excess of a $30,000 per month *sum insured* will be limited to a two year *benefit period*. After commencement of the cover, the $30,000 limit will be subject to indexation per the Indexation for Professionals Benefit (together with the *sum insured*) where it applies. The $60,000 limit may be subject to increase at the discretion of the insurer.

How long can I receive a benefit after an illness or injury?

When applying, you can choose a *benefit period* for your cover. The *benefit period* is the maximum length of time your benefit will be paid while you remain continuously *totally disabled* or *partially disabled* following on from an *illness* or *injury*. The *benefit period* starts at the end of the *waiting period*.

There are three *benefit periods* you can choose from:

- 2 years
- 5 years or
- To age 65

What are *Waiting Periods*?

The *waiting period* is the length of time you must be *disabled* before a *monthly benefit* is payable. It is the period of time between when you suffer an *illness* or *injury* resulting in *total disablement* or *partial disablement**, and the disability benefits starting to accrue.

If you don't consult a registered *medical practitioner* within the first seven days of the *illness* or *injury* occurring, the *waiting period* will start when you consult a *medical practitioner*.

To be considered for a *monthly benefit* at the end of the *waiting period*, you must be *partially disabled* or *totally disabled* throughout the entire *waiting period*.

* The definition of *partial disability / partially disabled* is on page 54; however for the purposes of the *waiting period* only, the *partial disability / partially disabled* requirement that you have suffered at least a 20% decrease in your earnings does not apply for the purposes of determining that you have met the *waiting period*.

There are four *waiting periods* you can choose from:

- 30 days
- 60 days
- 90 days or
- 180 days

If the condition leading to a claim is related to complications of pregnancy, childbirth or miscarriage, a minimum 90 day *waiting period* will apply.

Can I pay for my cover through Superannuation?

Income Protection Prime 70 in super
It is possible to buy Income Protection Prime 70 in super. There may be an advantage to paying life insurance premiums through super. However, there are also restrictions on benefits being paid under superannuation law and there may be tax implications upon payment.

Split Income Protection Prime 70
In addition to being available in super and non-super as stand-alone insurance, you can choose to have insurance that is split inside and outside super.

All insurance paid for through super must have definitions that are consistent with SIS legislation. This means that a 'basic' insurance offering can be bought inside super and feature rich insurance can be bought outside super.

This will allow you to pay a significant portion of your premium using superannuation monies and still have a feature-rich IP Insurance.

How does split IP work?
If you select split IP, a Superannuation Plan for the super components will be issued to:

- The Trustee of a *complying Super Fund* or
- The Trustee of an SMSF.

A second Non-Superannuation Plan will be issued to you outside superannuation, for the non-super components, definitions and features.

Both Plans will have the same *monthly benefit*, *waiting period*, *benefit period*, premium type (variable age-stepped or variable) and the same *Plan anniversary*, with the majority of the premiums being paid using superannuation funds.

If you change the *sum insured*, the *waiting period*, or the *benefit period* on one of these Plans, the change will apply to both Plans. If the *sum insured* is reduced or is increased on one of these Plans, the reduction or increase will apply to both Plans.

If you claim, you will first be assessed under the Super Plan and if you satisfy the conditions, the benefit amount will be paid to the relevant Trustee.

We will also assess you under the Non-Super Plan, and we will pay any additional amount that may be payable under those conditions.

One Benefit at a time: Unless otherwise stated, we will only pay for one benefit at a time, being the one that provides the higher payment.

The following table shows which benefits and options are available under Super versus Non-Super Plans:

Income Protection Prime 70		Available in Super?	Available in Non-Super?
Payment Benefits	Total Disability (Monthly Benefit)	●	●
	Partial Disability (Monthly Benefit)	●	●
	Death Benefit	●	●
	Rehabilitation Expenses Benefit		●
	Elective Surgery Benefit		●
	Medical Professionals Benefit		●
	Caring for your Child Benefit		●
	Career Change Transition Benefit		●
	Bed Confinement Benefit		●
Flexibility Features	Indexation for Professionals Benefit	●	●
	Premiums Waived While on Claim Benefit	●	●
	Relapse Benefit	●	●
	Future Increases Benefit	●	●
	Suspending Insurance Benefit	●	●
	Expiry Age Extension Benefit		●
	Parental Leave Cover Protection		●
	Study Leave Cover Protection		●
Optional Benefits	Increasing Benefit While on Claim Option	●	●
	Superannuation Contribution Option	●	●
	TPD Commutation Option	●	●
	First 6 Months Top Up Option	●	●

When can I claim?

You can claim if, due to an *illness* or *injury* occurring during the period of cover, you are *totally disabled* or *partially disabled* for longer than the *waiting period*. The *illness* or *injury* must have first occurred during the period of cover, or been disclosed and accepted by us at application.

What is *Total Disability* or *Totally Disabled*?

This is the inability, solely caused by *illness* or *injury*, to perform the *duties* in your *assessed occupation* and:

- You are under regular care of and following the advice of a *Medical Practitioner* in relation to that *illness* or *injury*, including following any reasonable rehabilitation, treatment or counselling recommended by the *Medical Practitioner* which may assist in your return to work, and
- You are not working (and are not able to work) in your *assessed occupation*.

Duties

The duties of an occupation are defined as the material and substantial activities and tasks that are normally required for, and form a significant and integral part of, the performance of that occupation that cannot be reasonably omitted or modified.

Duties do not include:

- activities and tasks which aren't necessary to perform the occupation within the trade/profession (e.g. duties that are not necessary with another employer or within another business); or
- the commute to and from your place(s) of work.

What is Partial Disability or Partially Disabled?

Partial disability is when, you are not *totally disabled* and that solely due to *illness* or *injury*:

- You are working, or are capable of working, in any occupation in a reduced capacity and
- You have suffered a reduction in the ability to perform the *duties* of your *assessed occupation* and
- You have suffered at least a 20% decrease in earnings (i.e. your *post-disability income* is no more than 80% of your *pre-disability income*) and
- You have suffered a reduction in your *pre-disability working hours* of 20% or more and
- You are under regular care of and following the advice of your *Medical Practitioner* in relation to that *illness* or *injury* including following any reasonable rehabilitation, treatment or counselling recommended by the *Medical Practitioner* which may assist in your return to work.

Pre-disability working hours are the typical number of hours you worked per week immediately prior to the *disability date*. *Pre-disability working hours* will be limited to a maximum of 40 hours after the first two years on claim.

What happens once I claim?

Your situation will be evaluated against your *assessed occupation* to determine whether we can admit your claim and, once your claim has been admitted, whether you can remain on claim. We will also assess your *maximum monthly benefit*, which depends on your *regular income* at claim time, and is the benefit amount you will receive for your claim.

What will my Assessed Occupation be?

Income Protection Prime 70

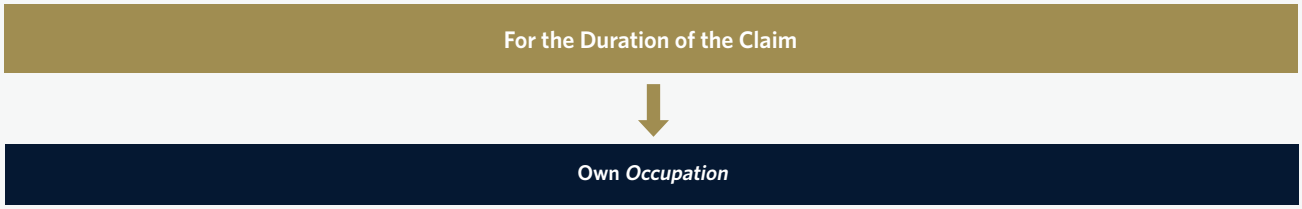
With to Age 65 benefit period



*and immediately prior to the *disability date* and during the *waiting period*.

Income Protection Prime 70

With 2 or 5 year benefit period



where

Own occupation means

- the occupation in which you were working immediately before the *illness* or *injury* causing disability, or
- if you worked in that occupation for less than ten hours a week or were unemployed, on sabbatical, long service or on parental leave for more than 12 months, then your own occupation will be any *occupation,* or
- If immediately prior to the *illness* or *injury* causing disability you have been working in more than one occupation that meets the criteria, then own occupation will include any of those occupations
- if you have exercised the Parental Leave Cover Protection benefit or the Study Leave Cover Protection benefit, then own occupation is the occupation in which you were working immediately before the start of the Parental Leave or Study Leave

Own occupation is not restricted to mean employment with your employer at the *disability date*.

Professional occupation means an occupation that typically requires a minimum 3 year degree (or equivalent) within one of the *Professions eligible for coverage under the PPS Mutual Benefit Fund.*

Any professional occupation means any *professional occupation* for which you are reasonably suited or capable of performing based on education, training or experience, including any education, training or experience which has been acquired through occupational rehabilitation programs, re-skilling, retraining or employment during any period on *claim*.

Any occupation means any occupation for which you are reasonably suited or capable of performing based on education, training or experience, including any education, training or experience which has been acquired through occupational rehabilitation programs, re-skilling, retraining or employment during any period on *claim*.

What if I'm not working just before my claim?

If immediately prior to a claim, you were not *gainfully employed* or were on sabbatical, long service, or parental leave and not on a leave period under the exercised Study Leave Cover Protection option or the exercised Parental Leave Cover Protection option for:

- No more than 12 months, then you will be assessed against your own occupation; or
- If longer than 12 months, then against *any occupation*.

This definition is not available inside superannuation.

If you are not working, you can elect to take the Suspending Insurance Benefit.

What amount will I get once I claim?

Monthly Benefit
Monthly Benefit is the amount we will pay you for an admitted claim. The Monthly Benefit is calculated as the lesser of:

Sum Insured multiplied by ***Partial Benefit Adjustment Percentage*** **(if *post-disability income* is greater than zero)** less ***Offsets***

OR

Income Replacement Amount less ***Offsets***

where

Income Replacement Amount and *Sum Insured* are calculated using this table:

Option	No Top Up Option	First 6 Months Top Up Option
Sum Insured **(during top up period)**	*Sum Insured*	= 120% x *Sum Insured*
Income Replacement Amount (during top up period)	No top up period	84% of first $30k of *total monthly income*, 60% of next $18k and 24% of the remainder
Sum Insured **(applies after top up period)**	*Sum Insured*	
Income Replacement Amount (applies after top up period)	70% of first $30k of *total monthly income* and 50% of next $18k and 20% of the remainder	

Total monthly income means *pre-disability income* less *post-disability income*.

If you have an income protection or disability income policy with another insurer as well as with PPS Mutual, you may be able to receive benefits from both policies if the combined total benefit is no more than the maximum monthly benefit based on your pre-disability earnings.

For Income Protection Prime 70, if you are *partially disabled* and you are not working at the full extent of your capacity, then *post-disability income* will be determined based on what your earning potential would reasonably be if you were working at the full extent of your capacity.

Monthly Superannuation Contribution Benefit

If you have chosen the Superannuation Contribution Option, the Monthly Superannuation Contribution Benefit is the lower of:

- the superannuation contribution benefit *sum insured* multiplied by the *monthly benefit* as a proportion of the *sum insured*; and
- the *superannuation guarantee cap*.

If you are self-employed, there must be evidence that voluntary superannuation contributions have been paid to a regulated and complying superannuation fund during the period we use to assess your pre-disability income.

100% of your Monthly Superannuation Contribution Benefit will be paid to your choice of *complying super fund*.

Overall Maximum Payments Limits

Under IP Prime 70, your *monthly benefit* may cover up to 84% of your *regular income* depending on your chosen Top Up option with some benefits payable over and above the *monthly benefit*. There is a maximum overall payment such that your total benefit (excluding the monthly Superannuation Contribution Benefit and Rehabilitation Expenses Benefits) cannot exceed 90% of *pre-disability income* in the first six months on claim and cannot exceed 70% thereafter in accordance with the Australian Prudential Regulation Authority requirements of life insurers for this class of product.

When do Income Protection Prime 70 benefits stop?

On the earliest of:

- You no longer being *totally disabled* or *partially disabled*
- Your maximum *benefit period* being reached
- The insurance ending
- Your death
- The *sum insured* being reduced to zero as a result of the payment of the TPD Commutation Benefit
- 30 days after you stop being a member of the PPS Mutual Super Fund, for cover held under superannuation business
- The plan being cancelled by you or us
- The *Plan anniversary* after you reach the expiry age

Income Protection Prime 70 Insurance Exclusions; and Special Acceptance Terms

No Income Protection Prime 70 benefit will be paid for:

- anything that is specifically excluded on your Plan Schedule, or
- an intentional self-inflicted injury or attempted suicide, or
- normal and uncomplicated pregnancy, childbirth or miscarriage (and in this respect, we will not pay benefits if the claim is caused or contributed to by multiple pregnancy, threatened or actual miscarriage, participation in an IVF or similar programme, or discomfort commonly associated with pregnancy such as morning sickness, backache, varicose veins, ankle swelling, or bladder problems, or
- an *illness* or *injury* that occurred during any period of lapse, or
- war or act of war (except in relation to a death benefit payment), or
- any restrictions for reimbursement of expenses under the health insurance or other laws, or
- any claim that arises from participation in criminal activity or disability that arises from the consequences of a criminal conviction (e.g. anxiety or stress as a result of a criminal conviction) or
- a permanent or temporary banning, deregistration, suspension, disqualification or restriction being placed on you (by any governing or industry body applicable to your trade, employment or profession) from performing all or some of the duties of your *assessed occupation*, including by way of any permanent or temporary loss or restriction on any license, registration, permit or similar required in respect of your employment or profession, unless the restriction is a result of an accidental infection which results in benefit being paid under the Medical Professionals Benefit.

We may apply special acceptance terms (also known as revised terms) in the course of underwriting of the application and in agreement with you, as the Plan Owner; such special acceptance terms shall form part of the terms of the cover once cover is issued.

Example

Alex chooses to purchase Income Protection Prime 70 cover with a Superannuation Continuation Option.

At application time,			
Alex's regular income (excluding super) is	$10,000 p.m.		
Alex's super (based on super guarantees and caps) is	$1,050 p.m.		10.5% of $10,000 p.m.
Alex chooses to get the maximum sum insured of	**$7,000 p.m.**		**70% of $10,000 p.m.**
Alex also chooses the Superannuation Contribution Option, with a sum insured of	**$1,050 p.m.**		**100% of $1,050 p.m.**

Alex needs to make a claim 4 years into his cover. Just before the disability			
Alex's sum insured has been indexed to	$7,600 p.m.		
Alex's Superannuation Contribution Option sum insured has been indexed to	$1,100 p.m.		subject to the ATO super cap
Alex's pre disability income is	$11,000 p.m.		assuming Alex's income increases over the 4 years

At claim time,

	Total Disability Scenario	**Partial Disability Scenario**		
		(Working at Capacity)	**(Not working at Capacity)**	
	Alex is unable to work and meets the Total Disability definition	Alex is still able to work but in a reduced capacity and meets the Partial Disability definition	Alex is still able to work in a reduced capacity but is not working, and meets the Partial Disability definition	
Alex's post disability income is	$0	$3,300 p.m.	$0	
Alex's post disability maximum earning potential is			$3,300 p.m.	
Alex's offsets are	$0	$0	$0	

Calculation 1: Sum insured x Partial Benefit Adjustment Percentage – Offsets				
Sum insured	$7,600 p.m.	$7,600 p.m.	$7,600 p.m.	
Partial Benefit Adjustment Percentage (working at capacity)	100%	70%		Pre Disability Income – Post Disability Income / Pre Disability Income
Partial Benefit Adjustment Percentage (not working at capacity)			70%	Pre Disability Income – Post Disability Maximum Earning Potential / Pre Disability Income
Income Replacement Amount	$7,700 p.m.	$5,390 p.m.	$5,390 p.m.	70% of first $30k of total monthly income
Offsets		$0	$0	$0
Calculation 1 is	**$7,600 p.m.**	**$5,320 p.m.**	**$5,320 p.m.**	

Calculation 2: Income Replacement Amount – Offset

Total monthly income (working at capacity)	$11,000 p.m.	$7,700 p.m.		Pre Disability Income – Post Disability Income
Total monthly income (not working at capacity)			$7,700 p.m.	Pre Disability Income – Post Disability Maximum Earning Potential
Income Replacement Amount	$7,700 p.m.	$5,390 p.m.	$5,390 p.m.	70% of first $30k of total monthly income
Offsets	$0	$0	$0	
Calculation 2 is	**$7,700 p.m.**	**$5,390 p.m.**	**$5,390 p.m.**	
Alex's Monthly Benefit is	**$7,600 p.m.**	**$5,320 p.m.**	**$5,320 p.m.**	lesser of Calculation 1 and Calculation 2
Alex's total Superannuation Contribution Sum Insured	$1,100 p.m.	$1,100 p.m.	$1,100 p.m.	
Alex's proportionate Superannuation Contribution Sum Insured	$1,100 p.m.	$770 p.m.	$770 p.m.	Total SCO sum insured x (Alex's Monthly Benefit / Alex's current Sum Insured)
Alex's Super Contribution Option Benefit is	**$1,100 p.m.**	**$770 p.m.**	**$770 p.m.**	paid to Alex's nominated Super Fund
Alex's total disability benefit	**$8,700 p.m.**	**$6,090 p.m.**	**$6,090 p.m.**	
Alex's total income (disability benefit + post disability income)	**$8,700 p.m.**	**$9,390 p.m.**	**$6,090 p.m.**	

It's important that you insure the correct amount of *sum insured* and update it as your circumstances change. We provide you with a reminder on your Plan Schedule to check and calculate the amount of income you can insure.

If your income has reduced or you have no income since taking out your insurance cover then you should contact your adviser to determine if your *sum insured* should also reduce or your insurance cover should be paused.

Similarly, if your income has increased, you may want to review your *sum insured* with your adviser.

BUSINESS EXPENSES INSURANCE

Pays a *monthly benefit* to reimburse your fixed *business expenses* up to your *sum insured* if you are not able to do all or part of your occupation due to *illness* or *injury*

This insurance is not available inside superannuation.

Benefit fundamentals

Entry Ages

VARIABLE AGE-STEPPED PREMIUMS: 18–60

VARIABLE PREMIUMS: 18–60

Expiry Age

Expires at age 65

Min. *Sum Insured* at Entry

$4,000 per month

Max. *Sum Insured* at Entry

$60,000 per month

*Expiry and conversion will occur at the *Plan anniversary* following the relevant age

*All references above to age refer to the current age of the Life Insured

Comprehensive Cover

The table below provides a summary of the benefits included in Professionals Choice Business Expenses Insurance.

Payment of a Benefit

Benefit in detail

Total Disability p61
Pays a *monthly benefit* if you are *totally disabled* after the *waiting period* as a result of *illness* or *injury* for up to 12 months

Partial Disability p61
Pays a *monthly benefit* if you are *partially disabled* after the *waiting period* as a result of *illness* or *injury* for up to 12 months

Death Benefit p64
We will pay a benefit of 6 times your monthly *sum insured* or $60,000 (whichever is lower) as a lump sum if you die

Flexibility Features

Indexation for Professionals Benefit p66
Your *sum insured* will automatically increase by the higher of the increase in the *Professionals Earning Index*, the increase in *CPI* or 0% each year (you can elect not to take the increase)

Premiums Waived While on Claim Benefit p66
Whilst we are paying you a *monthly benefit*, we will waive all premiums

Relapse Benefit p66
If you return to work on a full time basis after receiving a *total disability* or *partial disability* benefit and you suffer a relapse of the same or related *illness* or *injury*, the *waiting period* will be waived and the disability claim will be treated as a continuation of the original claim

Future Increases Benefit p66
If your share of *business expenses* increases, and you provide us with appropriate financial evidence, you may increase your *sum insured* by up to 15% each year without providing further medical evidence

Expiry Age Extension Benefit p67
If you are not disabled and still working in a professional occupation we may agree to extend your insurance until age 70

Suspending Insurance Benefit p68
If you've held your PPS Mutual Insurance Plan for a continuous period of at least 12 months, you can suspend your insurance upon request for up to 12 months (over the life of the insurance)

Payment Extension Benefit p68
We extend the payment period if after 12 months of claim, you are still *totally disabled* or *partially disabled* and the total amount paid under the benefit is less than 12 times the *monthly benefit*

Optional Extra

Should you wish to tailor your cover further, for an additional cost you can elect to have this Optional Extra (summarised below) added to your Plan.

Day 1 Accident Option p**71**

We will pay a portion of your *monthly benefit* during the *waiting period* if you are *totally disabled* as a result of an *accident* for a period of at least 3 consecutive days.

If you become *totally disabled* or *partially disabled* how and when will you be paid?

If you are *totally disabled* or *partially disabled* for longer than the *waiting period*, we will pay you an ongoing *monthly benefit* for as long as you remain *totally disabled* or *partially disabled* for up to the end of the *benefit period*. The amount of the *monthly benefit* is the amount of your share of *Allowable Business Expenses* incurred each month, up to a maximum of your *sum insured*, which includes things like rent, electricity, water and the net costs of a locum. We will commence paying you a benefit one month from the date that your *waiting period* finishes.

Total Disability or Totally Disabled

You are *totally disabled* if you meet one of the following definitions which applies to your circumstances:

Duties based definition

For persons who were *gainfully employed* or not more than 12 months out of *gainful employment* at the time of *illness* or *injury*:

If solely due to *illness* or *injury* the Life Insured is:

- unable to perform at least one or more of the important *regular income* producing duties of their *regular occupation*;
- not working in any *gainful employment*; and
- under the regular care of and following the advice of an appropriately qualified *medical practitioner* in relation to that *illness* or *injury*.

Hours based definition

For persons who were *gainfully employed* or not more than 12 months out of *gainful employment* at time of *illness* or *injury*:

If solely due to *illness* or *injury* the Life Insured is:

- not working for more than 10 hours per week in their *regular occupation* and not working in any other *gainful employment* (5 hours where working less than 20 hours per week in the previous 12 months);
- unable to perform the duties of their *regular occupation* for more than 10 hours per week (5 hours where working less than 20 hours per week in the previous 12 months); and
- under the regular care of and following the advice of an appropriately qualified *medical practitioner* in relation to that *illness* or *injury*.

Partial Disability or Partially Disabled

You are partially disabled if solely due to *illness* or *injury* the Life Insured is:

- working in their *regular occupation* at a reduced capacity or another occupation at a reduced capacity;
- not *totally disabled*;
- your share of *business income* is less than your share of *pre-disability business income;* and
- under the regular care of and following the advice of an appropriately qualified *medical practitioner* in relation to that *illness* or *injury*.

Partial Disability Benefit Calculation
Partial disability will be calculated in proportion to the reduction in your share of *pre-disability business income* as calculated below:

Monthly Benefit for Partial Disability

$$= \frac{\text{(Your share of } \textit{Pre-disability business income} \text{ – Your share of } \textit{Post-disability business income)}}{\text{Your share of } \textit{Pre-disability business income}} \times \textit{The Total Disability monthly Benefit}$$

* This relates to the *business income* for the month in which you are *partially disabled* and claiming a *Partial Disability* Benefit.

Waiting Period and Benefit Period

Waiting Period
The *waiting period* is the length of time you must be *disabled* before a *monthly benefit* is payable. To be considered for a *monthly benefit* at the end of the *waiting period*, you must be *partially disabled* or *totally disabled* throughout the entire *waiting period*. However, you can return to work for up to 5 consecutive days during the *waiting period* (or up to 10 consecutive days if you have a *waiting period* of more than 30 days) without having to start the *waiting period* again. The days worked will not be added to the end of the *waiting period*.

The *waiting period* starts at the earlier of the date you become *disabled* as a result of an *illness* or *injury* as certified by a doctor on or after that date, or when you first stopped working (as long as you consult a doctor within 7 days of stopping working).

There are two *waiting periods* you can choose from:
- 30 days
- 90 days

Benefit Period
The *benefit period* is the maximum length of time your benefit will be paid.

The *benefit period* is 1 year. However, if after the end of the benefit period, you still meet definition then the benefit will be extended until the total amount we have paid is 12 times the *monthly benefit* as long as you still meet the definition.

Adjustments and Exclusions

We will reduce your *monthly benefit* if you receive other business expenses income insurance monthly payments which exceed 10% of your share of *Allowable Business Expenses*, unless we have expressly agreed not to apply a reduction.

We will only reduce your benefit to ensure that when combined with payments from other sources (and income where *partially disabled*), the payments do not exceed 100% of your share of *Allowable Business Expenses* or the *sum insured* (whichever is lower).

One Benefit at a time:

- Unless otherwise stated, we will only pay for one benefit at a time, being the one that provides the higher payment.

Business Expenses Exclusions

No Business Expenses benefit will be paid for:

- anything that is specifically excluded on your Plan Schedule; or
- intentional self-inflicted injury or attempted suicide; or
- normal and uncomplicated pregnancy, or childbirth or miscarriage (and in this respect, we will not pay benefits if the claim is caused or contributed to by multiple pregnancy, threatened or actual miscarriage, participation in an IVF or similar programme, or discomfort commonly associated with pregnancy such as morning sickness, backache, varicose veins, ankle swelling, or bladder problems). If the condition is related to pregnancy, childbirth or miscarriage complication; a minimum 90 day *waiting period* will apply; or
- an *illness* or *injury* that occurred before the insurance started or was increased (for the increased amount) or during any period of lapse (except where disclosed and accepted by us); or
- elective surgery or treatment which is voluntarily undertaken within 6 months of commencement, reinstatement or increase (for the increase), or
- war or act of war (doesn't apply to benefit payable upon death); or
- expenses that are not permitted by law to be reimbursed

When do Business Expenses benefits stop

On the earliest of:

- no longer *totally disabled* or *partially disabled*
- we have paid 12 times the *monthly benefit*
- the insurance ends
- death of the Life Insured

Income Protection Select, Income Protection Prime 70 and Business Expenses in Detail

This section provides further detail on the benefits and optional extras offered under Professionals Choice Income Protection Select, Income Protection Prime 70 and Business Expenses Insurance Plans.

By taking the time to read through this section, you will come to fully understand how the benefits and optional extras have been purposefully designed to provide additional peace of mind and security for our Members.

Please refer to the tick box icons to understand which benefits and optional extras apply to which insurances.

- Income Protection Select Insurance
- Income Protection Prime 70 Insurance
- Business Expenses Insurance

NS - Indicates that the benefit/option/definition is only available to Plans issued outside superannuation (super).
S - Indicates that the benefit/option/definition is only available on Plans issued to a Superannuation Fund or to a SMSF.

Death Benefit

- Income Protection Select Insurance
- Income Protection Prime 70 Insurance
- Business Expenses Insurance

We will pay a benefit of 6 times your *monthly sum insured* as a lump sum (to a maximum of $60,000 across all PPS Mutual insurances), if you die.

You don't have to be on claim to receive a benefit.

Rehabilitation Expenses Benefit NS

- Income Protection Select Insurance
- Income Protection Prime 70 Insurance

In addition to any disability payment we will cover the costs of any equipment, vocational rehabilitation program or works which we agree you need for rehabilitation when you are *totally disabled*. We will pay the rehabilitation service provider directly or reimburse you where this is not possible. We will also cover any reasonable expenses incurred when creating a Recovery Plan. We must agree in writing to reimburse the costs before you incur them (and we will act reasonably in providing approval – and will do so within 5 business days – subject to provision of such evidence as we reasonably require to verify the claimed expenses).

We will pay up to a maximum of 12 times the *monthly benefit* over the life of the Plan.

This benefit is not available inside superannuation.

Elective Surgery Benefit NS

- Income Protection Select Insurance
- Income Protection Prime 70 Insurance

A *monthly benefit* is payable if you are *totally disabled* or unable to work because you have an elective surgery performed on the advice of a *doctor*:

- to improve your appearance which had been materially detrimentally impacted as a result of *illness* or *injury*; or
- to donate a body organ or bone marrow

The surgery must take place more than 6 months after the commencement or reinstatement of the Plan. If you have made any discretionary increases to your cover less than 6 months before the elective surgery, your *monthly benefit* will be based on the *sum insured* before those increases.

This benefit is not available inside superannuation.

Medical Professionals Benefit [NS]

- Income Protection Select Insurance
- Income Protection Prime 70 Insurance

Under Income Protection Select Insurance and Income Protection Prime 70, we will consider that a medical professional has satisfied the occupational duties component of the *total disability* or *partial disability* definition if the following apply:

- the occupation class shown on your Plan is that of a Medical Professional;
- the Life Insured becomes infected with HIV, Hepatitis B or Hepatitis C as a result of an *accident*;
- at the time of infection, exposure prone procedures, as defined by the relevant professional governing body, are at least one of the duties of your *assessed occupation* necessary to produce income; and
- due to the Life Insured's HIV, Hepatitis B or Hepatitis C status, the Life Insured is required to cease performing exposure prone procedures as a result of the guidelines of the professional governing body in their state.

The other components of the *total disability* benefit or *partial disability benefit*, must also be satisfied in order for a claim to be admitted including reporting your claim within the required time periods.

The *accident* giving rise to a potential claim must be reported to us within seven days of the *accident* and supported by a negative HIV, Hepatitis B or Hepatitis C test (as applicable) taken after the *accident*.

An applicable test that confirms the production and detection (sero-conversion) of:

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

Must be performed and the results shared with us within 6 months of the accident.

We must be given access to test all blood samples used.

The Medical Professionals Benefit will not apply if:

- a treatment is available which renders the HIV or Hepatitis B or C virus inactive and non-infectious; or
- the Life Insured has elected not to take a relevant vaccine that is recommended by the relevant professional governing body and which was available prior to the event which causes infection.

This benefit is not available inside superannuation.

Caring for your Child Benefit [NS]

- Income Protection Select Insurance
- Income Protection Prime 70 Insurance

If you stop working to provide full-time care for your *dependent child* who is

- *incapacitated*, or
- as certified by a doctor, is suffering from an *illness* or *injury* that is likely to result in death within 12 months

We will pay the *monthly benefit* for up to 6 months.

To confirm that they need care we may ask for any reasonable evidence of their condition and any other reasonable evidence to consider the *claim*. We will pay the benefit once you stop work to provide full-time care for your child, with no *waiting period* applying.

We will not pay this benefit if any of the following apply:

- the child's condition was present at birth, unless:
  - the child was born after the insurance started; and
  - the condition is not known to be hereditary; and
  - neither parent received counselling or medical advice in relation to this condition before the birth.
- the symptoms first arose before you took out this insurance, unless:
  - the treatment for the condition has been completed; and
  - the child has been discharged from follow-up for the condition; and
  - they have not consulted any *medical practitioner* or received further treatment or advice for the condition within the last 5 years

We will continue to pay a benefit until the earliest of the following happens:

- you return to work; or
- your child no longer needs full-time care; or
- you die; or
- we have made 6 *monthly benefit* payments.

This benefit is not available inside superannuation.

Indexation For Professionals Benefit

- Income Protection Select Insurance
- Income Protection Prime 70 Insurance
- Business Expenses Insurance

We will increase your *sum insured* (and your *superannuation contribution sum insured*, where the Superannuation Contribution has been applied) each year on the *Plan anniversary* by the greater of:

- The increase in the *Professionals Earnings Index* (PEI);
- The increase in *CPI*; or
- 0%

Your premiums will also increase to reflect your new benefit amount. You can decline the increase.

Premiums Waived While on Claim Benefit

- Income Protection Select Insurance
- Income Protection Prime 70 Insurance
- Business Expenses Insurance

Whilst we are paying you a *monthly benefit*, we will waive all premiums applicable to the period of disability. Any premiums that you paid during the *waiting period* will be refunded (and these will be pro-rated for annual premiums).

For the purposes of the Profit-Share Account, profit-share will accrue on the premiums being waived.

Relapse Benefit

- Income Protection Select Insurance
- Income Protection Prime 70 Insurance

Benefit period to age 65

If you return to work on a full time basis after receiving a *total disability* or *partial disability* benefit and you suffer a relapse of the same or related *illness* or *injury* within 12 months (or within 6 months after age 65), the *waiting period* will be waived and the disability claim will be treated as a continuation of the original claim.

If the relapse occurs after 12 months (or after 6 months if you are over the age of 65), then the disability claim will be treated as a new claim.

Benefit period 2 or 5 years

If you return to work on a full time basis after receiving a *total disability* or *partial disability* benefit and you suffer a relapse of the same or related *illness* or *injury* within 6 months, the *waiting period* will be waived and the disability claim will be treated as a continuation of the original claim. If the relapse occurs after 6 months, then the disability claim will be treated as a new claim.

The periods of time on claim will be added together to determine when the *benefit period* expires. Once the *monthly benefits* have been paid for the entire *benefit period* for a same or related *illness* or *injury*, then no further *claim* for that same or related *illness* or *injury* will be paid.

- Business Expenses Insurance

If you return to work on a full time basis after receiving a *total disability* or *partial disability* benefit and you suffer a relapse of the same or related *illness* or *injury* within 6 months, the *waiting period* will be waived and the disability will be treated as a continuation of the original claim. If the disability re-occurs after 6 months, then the disability will be treated as a new claim.

The periods of time on claim will be added together to determine when the *benefit period* expires. Once the *monthly benefits* have been paid for the entire *benefit period* for a same or related *illness* or *injury*, then no further claim for that same or related *illness* or *injury* will be paid.

Future Increases Benefit

- Income Protection Select Insurance
- Income Protection Prime 70 Insurance

If your income increases, and you provide us with appropriate financial evidence, you may increase your *sum insured* by up to 15% each year (to a maximum of $2,000 per month each year across all PPS Mutual Income Protection Plans) without providing further medical evidence. You can increase your *sum insured* on each *Plan anniversary* up to age 55 and the increase is in addition to indexation increases. You must request the increase within 30 days of the *Plan anniversary* immediately after your income increase.

The minimum increase using this benefit is $250 per month. You cannot:

- Increase the *sum insured* above the maximum *sum insured* (please see table on page 39 for Income Protection Select Insurance and page 51 for Income Protection Prime 70 Insurance)
- The total of all Future Increases Benefits can't exceed your original *sum insured*
- You cannot exercise this benefit if you are on claim, or if you have a medical premium loading of more than 75% or you have more than one exclusion on your Income Protection Select or Income Protection Prime 70 Plan.

Business Expenses Insurance

If your *allowable business expenses* increases, and you provide us with appropriate financial evidence, you may increase your *sum insured* by up to 15% each year (to a maximum of $2,000 per month each year across all PPS Mutual Business Expenses Plans) without providing further medical evidence. You cannot increase the *sum insured* above your *allowable business expenses*. You can increase your *sum insured* on each *Plan anniversary* up to age 55 and the increase is in addition to indexation increases.

The minimum increase using this benefit is $250 per month.

- The total of all Future Increases Benefits can't exceed your original *sum insured*
- You cannot exercise this benefit if you are on claim, or if you have a medical premium loading of more than 100% or you have one or more exclusions on your Business Expenses Plan.

Expiry Age Extension Benefit NS

Income Protection Select Insurance
Income Protection Prime 70 Insurance

If your Income Protection Insurance expires at age 65, upon your request we may agree to extend your insurance until age 70.

To exercise this benefit at age 65, you must not be on claim or eligible to make a claim and you must still be working in a *professional occupation* for at least 20 hours per week for the previous 6 consecutive months.

You must request for the insurance to be extended, and we may require extra information from you before we are able to extend the insurance.

The new Income Protection Insurance will be limited to:

- A *waiting period* of 30 days
- *Benefit period* of 1 year
- *Total disability* benefit (no *partial disability* benefits will be paid)
- Variable age-stepped premium rates
- Indemnity
- Maximum *sum insured* is $20,000
- Indexation for Professionals Benefit does not apply

The benefit will cease at the earlier of:

- On the *Plan Anniversary* after your 70th birthday
- You being on claim for 12 months (whether consecutive or not)
- If you are not working in *gainful employment* for at least 20 hours per week for 6 consecutive months (except where the cessation of employment is due to the *illness* or *injury* that causes the claim)

Business Expenses Insurance

If you are not *disabled* and you are still working in a professional occupation for at least 20 hours per week for the previous 6 consecutive months, we may agree to extend your insurance until age 70 as follows.

You must request for the insurance to be extended, and we may require extra information from you before we are able to extend the insurance.

The new extended benefit will be limited to:

- A *waiting period* of 30 days
- *Total disability* benefits (no *partial disability* benefits will be paid)
- Variable age-stepped premium rates
- Maximum *sum insured* is $30,000

The benefit will cease at the earlier of:

- On the *Plan anniversary* after your 70th birthday
- If you are not working in *gainful employment* for at least 20 hours per week for 6 consecutive months (except where the cessation of employment is due to the *illness* or *injury* that causes the claim).

This benefit is not available inside superannuation.

Suspending Insurance Benefit

- Income Protection Select Insurance
- Income Protection Prime 70 Insurance
- Business Expenses Insurance

If you've held your PPS Mutual insurance for a continuous period of at least 12 months, you can suspend your insurance upon request for up to 12 months (over the life of the insurance). The length of suspension (3, 6, 9 or 12 months) must be specified at the outset of the suspension. Prior to the end of the suspension period, you may elect to extend the suspension period for a further 3, 6 or 9 months (but must not exceed, in aggregate, the maximum 12 months period).

The suspension can be for one or more insurances under the Plan.

You will not be able to claim a benefit on a suspended insurance or in respect of any event, *illness* or *injury* that occurs during the suspension period.

The insurance will be cancelled if you do not reactivate and pay the required premium prior to the end of the selected period.

No premium related Profit-Share accrues during the suspended insurance period.

Payment Extension Benefit

- Business Expenses Insurance

We extend the payment period if after 12 months of claim, you are still *totally disabled* or *partially disabled* and the total amount paid under the benefit is less than 12 times the *monthly benefit*. The *benefit period* will extend until we have paid 12 times the *monthly benefit* as long as you still meet the definition.

Study Leave Cover Protection NS

- Income Protection Select Insurance
- Income Protection Prime 70 Insurance

If you reduce your working hours or stop working to complete a fellowship or undertake career-based further study, you can exercise this feature for up to 12 consecutive months.

You must inform us as soon as you can and no more than 90 days after the *Plan anniversary* following the commencement of the study leave and provide evidence and details of your study leave, including the study leave period start date if required.

Premiums must continue to be paid during the study leave. Any claims occurring during study leave will be based on your *assessed occupation* just before the study leave and your *regular income* just before the study leave.

For claims in the first 12 months after the end of your study leave, the *monthly benefit* will be calculated based on the greater of your *regular income* just before the start of your study leave and your *regular income* as at the *disability date*.

Parental Leave Cover Protection NS

- Income Protection Select Insurance
- Income Protection Prime 70 Insurance

If you choose to take a career break (the "parental break period") while *gainfully employed* to take care of a child no older than 5 years of age then:

- You can suspend your cover for a period up to 5 years without it counting towards your Suspending Insurance Benefit suspension period or
- You can continue to pay premiums and continue to receive cover for up to 12 months, during which time your *own occupation* will mean the occupation in which you were working just before your parental break period

If you choose to reduce your working hours while *gainfully employed* to take care of a child no older than 5 years of age then:

- You can suspend your cover for a period of up to 5 years without it counting towards your Suspending Insurance Benefit suspension period or
- You can continue to pay premiums and continue to receive cover for up to 12 months, during which time your own occupation will mean the occupation in which you were working just before your parental break period, or
- You can continue your cover at a reduced *sum insured* as supported by your reduced income during the parental break period for up to 5 years, during which time the premium payable will be adjusted to reflect the reduced *sum insured* during that time and also your *own occupation* will mean the occupation in which you were working just before your parental break period

You must have had your Income Protection Select or Income Protection Prime 70 Insurance for at least 24 months prior to utilising the Parental Leave Cover Protection. To activate the feature, you must provide us with your parental break start date, reduced *sum insured* (if applicable) and the length of the parental break period, during which time the premium payable will be adjusted to reflect the reduced *sum insured* during that time and also your *own occupation* will mean the occupation in which you were working just before your parental break period.

To resume cover to the level prior to the parental break period, you must provide evidence of your *gainful employment* and your *regular income* within 30 days of your parental break period ending.

We may ask for evidence of your children's ages.

Career Change Transition Benefit [NS]

- Income Protection Select Insurance
- Income Protection Prime 70 Insurance

We will pay the *monthly benefit* for up to 12 months following a claim in respect of a Life Insured if:

- NobleOak, acting reasonably, has agreed to support the Life Insured returning to work in some occupation other than their own occupation and the Life Insured is working in that other occupation;
- the Life Insured is following any steps required by NobleOak, acting reasonably;
- the Life Insured has suffered a reduction in the ability to perform the duties of their *own occupation*;
- the Life Insured has suffered at least a 20% decrease in *pre-disability income*; and
- the Life Insured is under the regular care and following the advice of a *Medical Practitioner* in relation to the *illness* or *injury*.

We will pay the Career Change Transition Benefit when the Life Insured is working and not otherwise receiving any other disability benefits under this benefit. The income earned by the Life Insured in their new occupation will be treated as *post-disability income* for the purposes of determining the *monthly benefit*.

Bed Confinement Benefit [NS]

- Income Protection Select Insurance
- Income Protection Prime 70 Insurance

If you are *totally disabled* and confined to bed for at least 3 consecutive days during the *waiting period* and a *medical practitioner* certifies that you need the continuous full time care of a registered nurse. We will pay you an additional 1/30th of your *monthly benefit* for each day you are *totally disabled* up to a maximum of 90 days or until the end of your *waiting period*.

Income Protection Select Insurance and Income Protection Prime 70 Insurance Extra Cost Options

First 6 Months Top Up Option

- Income Protection Select Insurance

To get the Max 84 option, you must choose the First 6 Months Top Up. If you select this option we will increase your *monthly benefit* (note this does not apply to any *sum insured* for the Superannuation Contribution Benefit) during the first 6 months on claim.

In calculating this we will increase the *sum insured* and the *income replacement amount* by 40% as shown in the Monthly Benefit section. The *sum insured* (during the top up period) and the formula for calculating the *income replacement amount* will be shown on your Plan Schedule. You can't choose the First 6 Months Top Up Option in conjunction with the First 2 Years Top Up Option.

- Income Protection Prime 70 Insurance

If you select the First 6 Months Top Up option, we will increase your *monthly benefit* (note this does not apply to any *sum insured* for the Superannuation Contribution Benefit) during the first 6 months on claim.

In calculating this we will increase the *sum insured* and the *income replacement amount* by 20% as shown in the Monthly Benefit section. The *sum insured* (during the top up period) and the formula for calculating the *income replacement amount* will be shown on your Plan Schedule.

First 2 Years Top Up Option

- Income Protection Select Insurance

To get the Max 70 option, you must choose the First 2 Years Top Up. If you select this option we will increase your *monthly benefit* (note this does not apply to any *sum insured* for the Superannuation Contribution Benefit) during the first 24 months on claim.

In calculating this we will increase the *sum insured* and the *income replacement amount* by 16.7% as shown in the Monthly Benefit section. The *sum insured* (during the top up period) and the formula for calculating the *income replacement amount* will be shown on your Plan Schedule. You can't choose the First 2 Years Top Up Option in conjunction with the First 6 Months Top Up Option.

Increasing Benefit while on Claim Option

- Income Protection Select Insurance
- Income Protection Prime 70 Insurance

If we have paid you 12 months *total disability* or *partial disability benefit*, we will increase the *monthly benefit* (and the super contribution *monthly benefit*) by the increase in the *CPI*.

Each subsequent year whilst we are paying you a claim, we will increase your *monthly benefit* (and the super contribution *monthly benefit*, if applicable) each subsequent claim year by the increase in the *CPI*.

When we stop paying a claim, the *sum insured* amount will be reset to be equal to the total *monthly benefit* that applied at the time the claim stopped, ignoring any *adjustments*.

Superannuation Contribution Option

- Income Protection Select Insurance
- Income Protection Prime 70 Insurance

If you select this option you can insure up to 100% of your *designated superannuation guarantee contributions*. This is limited to the *superannuation guarantee cap* prescribed by the Australian Taxation Office. Your monthly Superannuation Contribution Benefit will be paid to your choice of a regulated and complying superannuation fund.

To ensure your superannuation contributions are not affected by any period of *disability*, we will pay a portion of your *monthly benefit* (as per your Plan Schedule) to your nominated *complying Super Fund* as a personal contribution whilst you are *totally disabled* or *partially disabled*.

TPD Commutation Option

- Income Protection Select Insurance
- Income Protection Prime 70 Insurance

If you select this option, we will give you the choice to take a lump sum in lieu of the remaining regular monthly payments, provided:

- We have paid you 36 consecutive *total disability monthly benefit* payments, and
- We are satisfied that you meet the *any occupation TPD* definition.

Your Income Protection Select or Income Protection Prime 70 Insurance ends when we pay you a lump sum benefit under this option. The benefit will be the lesser of $5m and a multiple of annualised *monthly benefit* based on age and *benefit period*.

We will not pay a TPD Commutation benefit if you have a *Terminal Illness*.

This option is only available if you are applying for a *benefit period* to age 65 and it is not available to higher risk occupations that we classify as Occupation Categories D or E customers.

Age at Commutation	**Multiples (age 65 *benefit period*)**
39 or less	15
40 to 43	13
44 to 48	11
49 to 54	9
55 to 59	64 minus Age
60 to 64	64 minus Age

Business Expenses Insurance Extra Cost Options

Day 1 Accident Option

Business Expenses Insurance

If you are *totally disabled* as a result of an *injury* (or *injuries*) caused by an *accident* for a period of at least 3 consecutive days from the day you first seek medical advice for your *injury*, we will pay 1/30th of the *monthly benefit* for each day you are *totally disabled* during the *waiting period*.

This benefit will accrue from the first day that you are *totally disabled* and will continue until the earlier of:
- the end of the *waiting period*, or
- until you are no longer *totally disabled*.

When Cover Ends

Income Protection Select Insurance

Income Protection Prime 70 Insurance

The earliest of:
- Cancellation by Plan Owner
- Death of the Life Insured
- The *Plan anniversary* immediately after the expiry age (whether on claim or not at that time)
- We cancel your insurance because premiums are unpaid, as and when due
- We cancel your insurance in accordance with our rights in relation to your duty of disclosure
- Retirement or stopping work for reasons other than disability with no intention of working any more.
- If the TPD Commutation Option benefit is paid

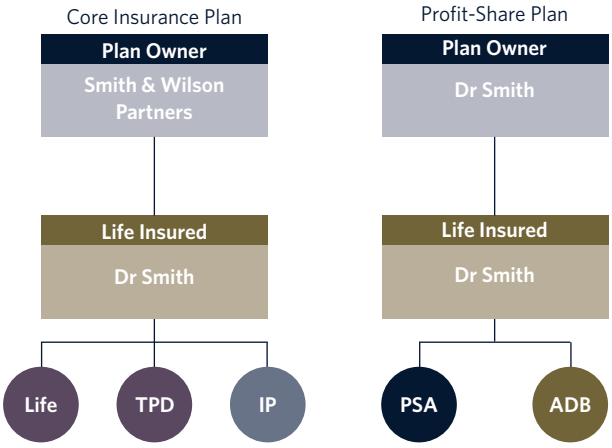
Business Expenses Insurance

The earliest of:
- Cancellation by Plan Owner
- Death of the Life Insured
- The *Plan anniversary* immediately after the expiry age (whether on claim or not at that time)
- We cancel your insurance because premiums are unpaid, as and when due
- We cancel your insurance in accordance with our rights in relation to your duty of disclosure
- Retirement or stopping work for reasons other than disability with no intention of working any more.

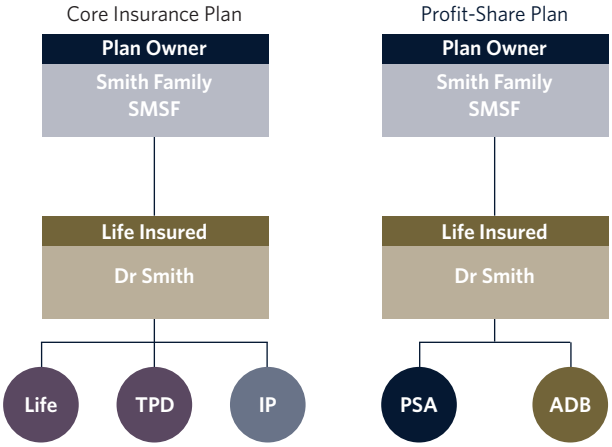
PROFIT-SHARE PLAN

The Life Insured under a core insurance Plan (or the superannuation Trustee who owns the core insurance Plan) will be issued a Profit-Share Plan. These Profit-Share Plans reside within the PPS Mutual Benefit Fund.

Non-Superannuation



Superannuation



There are two components to the Profit-Share Plan

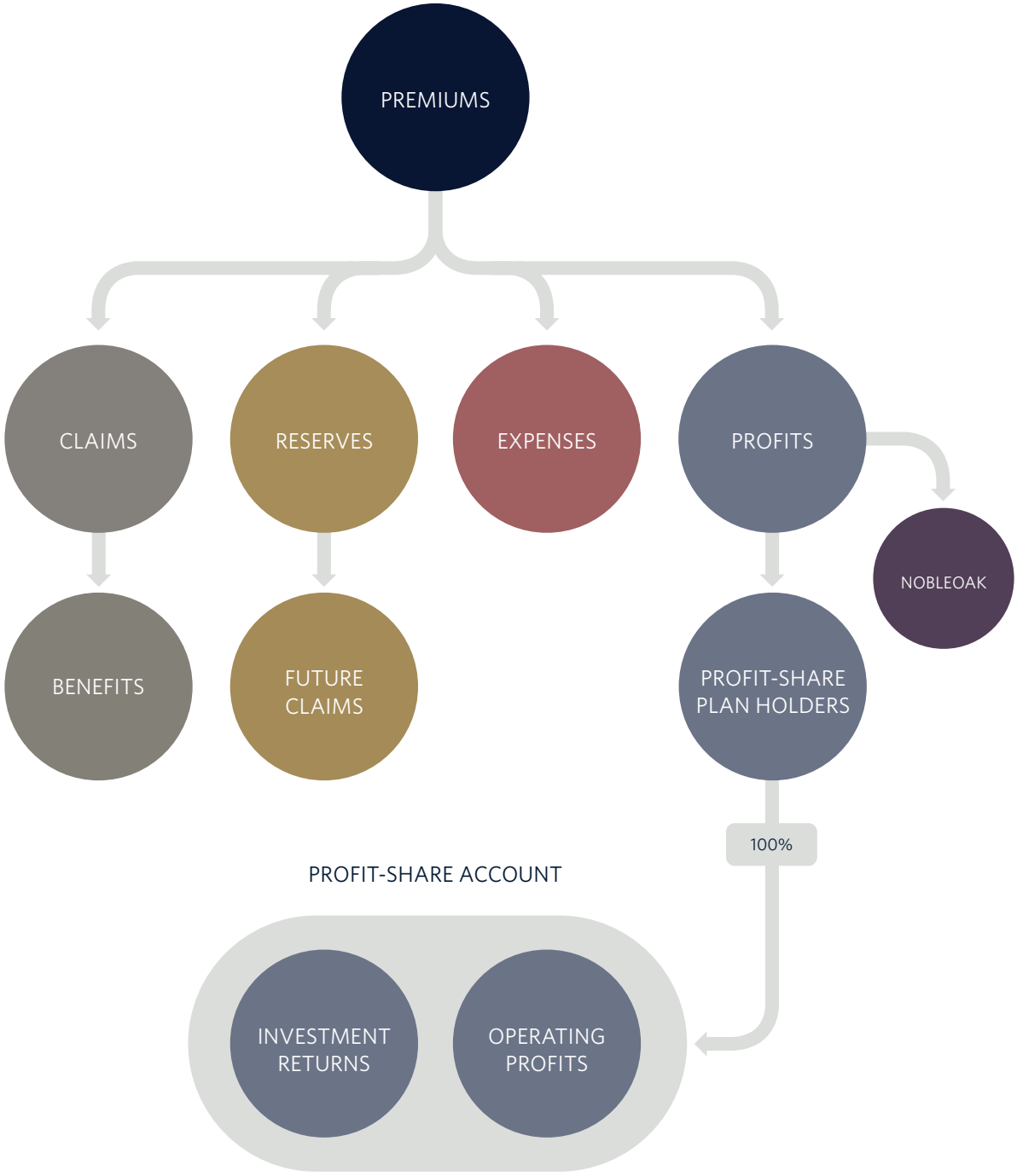
PSA Profit-Share Account

ADB Accidental Death Benefit

The following is an outline of how the Profit-Share Account works.

How does the Profit-Share Account work?

Premiums are paid under your insurance Plan. Benefits are paid when claims are admitted. Premiums also cover expenses and claim reserves for the future. This generates profits which Profit-Share Account holders share in with NobleOak.



How are assignments to the Profit-Share Account determined?

Your share of the profits will be assigned to your Profit-Share Account annually using profit-share rates.

The profits assigned result from a number of sources including operating margin, claims experience and investment returns. These assignments can be positive or negative depending on whether there is a surplus or a loss.

For most life insurance companies, these profits would normally all be allocated for the benefit of shareholders.

In addition, any Profit-Share Accounts forfeited (due to early lapse or cancellation by some holders) remain in the *Profit-Share Pool* and will form part of the profits available for assigning to the remaining Profit-Share Accounts at the year end.

The amount of Profit-Share that is assigned to your Profit-Share Account is based on:

- The amount of premiums paid on each insurance under your Plan (assignments may vary between different benefits), and
- The current balance of your total Profit-Share Account

Other important information around assignments:

- Assignments can be made up to the maximum of 100% of the profits which NobleOak attributes to Plan holders
- The profit-share rates are to be determined by our Board taking in to account the Appointed Actuary's advice and the recommendations of a Working Group which includes representatives from PPS Mutual Holding and NobleOak. The factors to be considered in making these allocations are shown below
  - The manner of calculating profit assignments will be applied consistently to all Profit-Share Accounts within a defined group. Individual assignments will not be affected by the claims history or claim status of that Life Insured
  - The balances of the Profit-Share Account are not guaranteed, and can be affected by, amongst other items, positive or negative investment performance and claims experience
  - Profit-Share Account balances can fall to zero but can never go negative
- Payments made to you from your Profit-Share Account will be adjusted by means of interim profit-share rates to reflect the performance of the business since the last profit assignment
- Extreme investment losses on assets held by the Benefit Fund, such as a bank default on cash and term deposits, will be allocated to the *Profit-Share Pool*
- Insurance losses due to reinsurer default will be assigned to the *Profit-Share Pool*

Factors that will be considered when making recommendations of profit assignments:

- Life Insurance Act 1995, and any other applicable legislation or Prudential Standards from the Australian Prudential Regulatory Authority
- The Constitution of NobleOak and the PPS Mutual Benefit Fund Rules
- NobleOak's profit share declaration policy, taking into account:
  - Whether the *Profit-Share Pool* should be fully assigned to Profit-Share Accounts.
  - The status of insurance Plans (in-force or suspended).
  - Equity, as being how much individual eligible Plans have contributed towards the change in the *Profit-Share Pool* in that year and how the *Profit-Share Pool* is expected to change in future years.
- The change in the *Profit-Share Pool*, which arose during the year.
- The contributions to the *Profit-Share Pool* by superannuation business and non-superannuation business
- The rate of taxation on the profits of the Benefit Fund are currently 15% for super business and 30% for non-super business.

When does the assignment of profit happen?

We plan to make the profit-share declaration each September for the year ending on the previous 30 June, at which time an annual statement will be sent to you showing the profit-share declarations and the balance of your Profit-Share Account.

Interim profit-share rates will be set for the new financial year for any payments made during the year (these may be changed during the year as experience emerges).

In the event that the *Profit-Share Pool* is negative you will be informed of this (and the magnitude of the deficit) in your annual statement.

How are the Profit-Share Accounts invested?

The balance of all Profit-Share Accounts will be held in our PPS Mutual Benefit Fund and will be invested by us in accordance with the prevailing investment strategy.

It is likely that these assets will initially be invested in short term and low risk assets (such as Australian cash and short-term securities) and as the Fund grows a significant portion of the assets is likely to be invested in longer term assets (such as equities and property trusts) with the aim of achieving higher long term growth.

When can the Profit-Share Accounts be accessed in full?

Profit-Share Plan holders can access the full amount of their Profit-Share Account from the earliest of:

- The Life Insured reaching age 65
- 20 years after their Profit-Share Plan commenced
- Death or *Terminal Illness* of the Life Insured
- Full TPD or Trauma payment (if no other insurance Plans relating to the Life Insured would otherwise continue)
- Natural expiry of the term of cover of all Plans relating to the Life Insured (if we have restricted the term of these insurances)

If you have multiple Profit-Share Plans for the same Life Insured, the 20 years starts from the commencement of the first Plan (provided it has been held continuously).

When can Members start to take withdrawals from their Profit-Share Account?

Members can start to take withdrawals 10 years after the Profit-Share Plan commenced. They can take up to 5% of the balance of the Profit-Share Account each year. Any percentage amounts not taken carry forward to the following year.

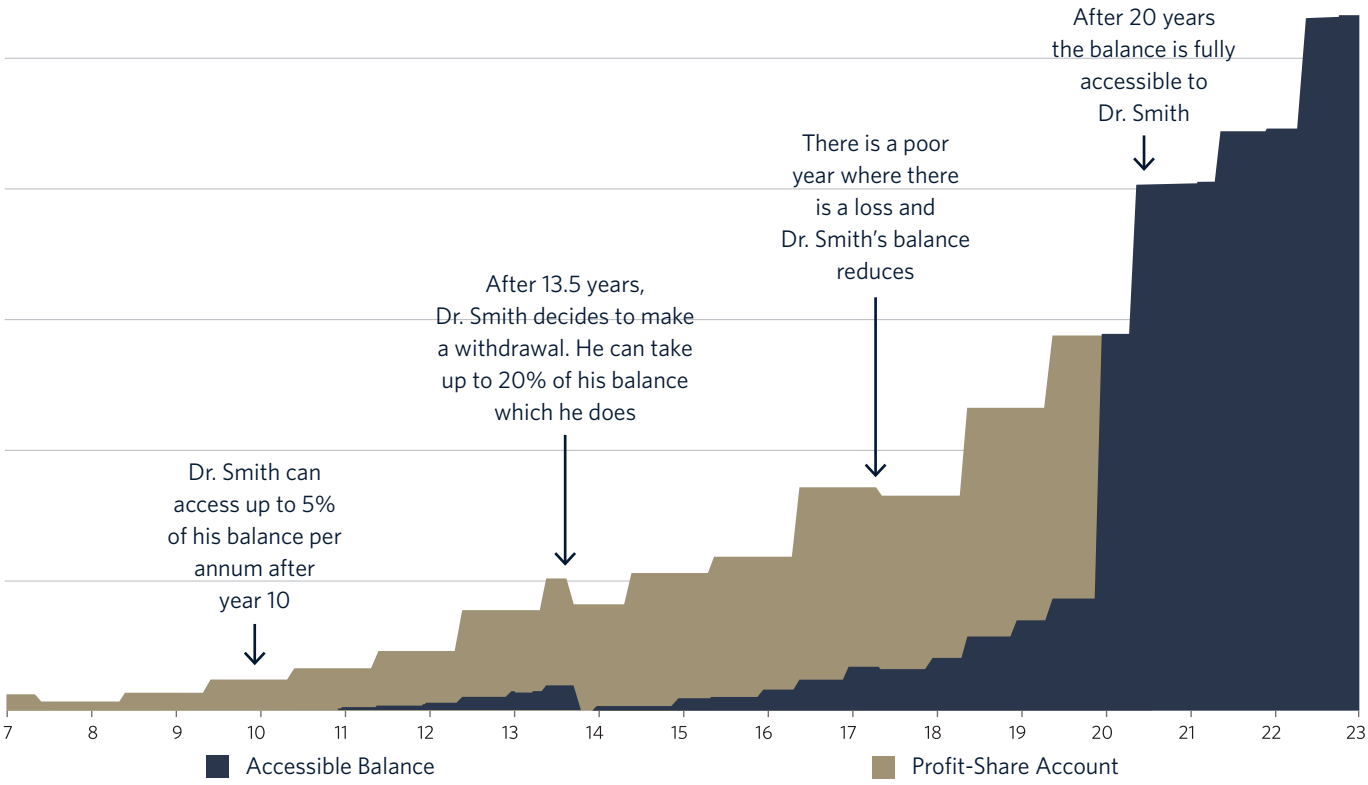
Profit-Share Plan has been in-force for:

Less than 10 years	Nothing is payable
10 to 20 years	Member can take 5% of their Profit-Share Account after 10 years, plus a further 5% for each complete year over and above 10 years, less any previous percentage withdrawals
Over 20 years or from age 65 (and other events listed above)	Member receives balance of their Profit-Share Account

We reserve the right to suspend the above payments for up to 6 weeks, in the event of volatile investment market performance, or if the balance of the *Profit-Share Pool* cannot be assessed or properly determined, and we believe it is in the overall best interests of Profit-Share Plan Owners.

The following diagram shows an example of how the balance of the Profit-Share Account can be withdrawn.

Dr. Smith's Profit-Share Account



Please note that the above diagram is not an illustration of the future value of benefits or how they may grow. The balance of the Profit-Share Account is not guaranteed and it could fall in value at any time if, for example, there is adverse insurance claims or investment experience.

What happens if the underlying insurances lapse or are cancelled?

In the event that all the core insurance Plans on the same Life Insured as under the Profit-Share Plan are lapsed or cancelled, then the Profit-Share Plan Owner is paid out the maximum amount that is available to withdraw as set out above.

If the Profit-Share Plan terminates any amounts not paid out remain in the *Profit-Share Pool* and will form part of the profits available for allocating to the remaining Profit-Share Accounts at the year end.

Accidental Death Benefit

Each Profit-Share Plan has a $10,000 accidental death benefit (which does not index each year).

This amount will be paid out if the *Life Insured* dies as a direct result of an *injury* (or *injuries*) caused by an *accident*, provided that both the *accident* and death occurred while the Life Insured is covered for the Profit-Share Plan, and provided that death occurs within 90 days of the *accident*.

This is available for both superannuation and non-superannuation plans.

Exclusions:

- Deliberate self-inflicted injury, suicide or attempted suicide
- Any cause other than the result of an *accident*
- Anything that is specifically excluded on your Plan Schedule

Termination

Earliest of:

- Cancellation by Plan Owner
- The termination of all core risk Plans on the same Life Insured
- Death of the Life Insured
- We cancel your insurance in accordance with our rights in relation to your duty of disclosure
- We close the PPS Mutual Benefit Fund to new members and decide that there are too few members for the Benefit Fund to be viable. In which case the *Profit-Share Pool* will be fully allocated to Profit-Share Accounts, and we will pay all Profit-Share Plan Owners 100% of the balance of their Profit-Share Account.

Interim Accident Insurance

Interim Accident Insurance is designed to provide you with limited insurance while your application is being assessed by us.

The Interim Accident Insurance will start as soon as we receive:
- the life to be insured's completed insurance application form; and
- a completed personal statement; and
- a premium by cheque (annual premiums only)/ bpay/direct debit from your Australian financial institution account/credit card authority.

The Interim Accident Insurance ceases at the earliest of the following:
- 90 days after commencement of the Interim Accident Insurance
- the date we issue you with your Plan
- when the application is withdrawn by you or declined or deferred by us
- if our request for further information is not answered within 14 days.

We will only ever pay one Interim Accident Insurance benefit for any one *accident* under each insurance. If we pay an Interim Accident Insurance benefit under a linked or Split insurance, then the linked or Split insurance will not be payable.

If the life to be insured has an *accident* that makes you eligible to receive a benefit on your Interim Accident Insurance(s), and the insurance being applied for is a replacement of an existing insurance, we will reduce the interim benefit to reflect the amount payable under the existing insurance.

Insurance corresponds to the benefit type applied for.

Life Interim Accident Insurance

We will pay you the Life Interim Accident Insurance benefit if the life to be insured dies as a direct result of an *injury* (or *injuries*) caused by an *accident*, provided that both the *accident* and death occurred while the life to be insured is covered for Life Interim Accident Insurance, and provided that death occurs within 90 days of the *accident*.

The benefit payable is the lesser of:
- the amount applied for;
- $1m;
- the amount that would have been approved under our underwriting and assessment guidelines.

Total and Permanent Disability Interim Accident Insurance

We will pay you the Interim TPD Insurance if solely because of an *injury* (or *injuries*) caused by an *accident* the life to be insured becomes TPD, provided that the *accident* occurred while the life to be insured is covered for TPD Interim Accident Insurance, and provided that TPD occurs within 90 days of the *accident*.

The benefit payable is the lesser of:
- the amount applied for;
- $1m;
- the amount that would have been approved under our underwriting and assessment guidelines.

Trauma Interim Accident Insurance

We will pay you the Interim Trauma Insurance if solely because of an *injury* (or *injuries*) caused by an *accident* the life to be insured suffers a trauma event, provided that the *accident* occurred while the life to be insured is covered for Trauma Interim Accident Insurance, and provided that the trauma event occurs within 90 days of the *accident* and they survive 14 days after suffering the trauma event. The trauma events are:
- brain damage or major head trauma – resulting in significant permanent impairment
- loss of sight – permanent loss in both eyes
- paralysis – total and irreversible
- loss of hearing – of specified severity
- major burns – of specified severity and requiring specified treatment
- loss of limbs – total and irreversible
- coma – with specified severity and treatment
- loss of independent existence – total and irreversible

The benefit payable is the lesser of:
- the amount applied for
- $750,000

The amount that would have been approved under our underwriting and assessment guidelines.

Income Protection Select, Income Protection Prime 70 and Business Expenses Interim Accident Insurance

We will pay you the Income Protection Select, Income Protection Prime 70 or Business Expenses Interim Accident Insurance if solely because of an *injury* (or *injuries*) caused by an *accident* the life to be insured becomes *totally disabled* provided that the *accident* occurred while the life to be insured is covered for Income Protection Select Interim Accident Insurance, Income Protection Prime 70 Interim Accident Insurance or Business Expenses Interim Accident Insurance, and provided that disability occurs within 90 days of the *accident*.

The *monthly benefit* payable is the lesser of:

- the amount applied for;
- $10,000 per month;
- the amount that would have been approved under our underwriting and assessment guidelines.

The life to be insured will be assessed against either indemnity or agreed value definitions, depending on the definition you applied for in the application, provided we would normally offer that definition based on the life to be insured's circumstances and occupation.

You'll receive this benefit each month that the life to be insured is continuously *totally disabled* after the end of the *waiting period* you applied for, up to a maximum of 12 *monthly benefits*.

Exclusions

An interim accident benefit will not be paid:

- for any *illness*;
- for any *accident* that first occurred prior to the application date;
- for any reason that would make the life to be insured ineligible for that particular PPS Mutual Professionals Choice Insurance;
- for suicide, attempted suicide or any intentional self-inflicted act;
- for act of war (whether declared or not);
- for any other exclusion that NobleOak would have applied through its usual underwriting and assessment guidelines in order to accept that life to be insured; and
- if the life to be insured is not eligible to join PPS Mutual Holdings.

If a claim is made under the Interim Accident Insurance, this will be taken into account when assessing the application and we may decline the application on this basis.

Making a claim

Claims philosophy

PPS Mutual Professionals Choice helps to secure a financial future for Members by providing them with access to insurance options that can be tailored specifically for their needs.

Whilst the hope is that the lives insured may remain healthy and reap the rewards of the Profit-Share Account, we recognise that unfortunate circumstances arise and Plan Owners or their beneficiaries may need to make a claim on their valuable insurance benefits.

We commit to expediently assess claims and pay all genuine claims. As long as you have fully disclosed all your information accurately when you applied, you can rest assured that any claim in the future will be paid in accordance with the terms and conditions of the Benefit Fund Rules which are outlined in this PDS.

How to make a claim

Step 1 – Notify us of the claim
Please speak to your Financial Adviser who will support you through the Claims process.

If you need to contact us directly please call us on 1300 401 436 or email us at claims@ppsmutual.com.au and notify us of a claim.

You should notify us of a claim in a timely manner unless it is impracticable to do so (otherwise we may reduce liability under the claim by an amount that fairly represents the extent to which our interests were prejudiced as a result of a delay in claim notification).

Step 2 – Claims pack
The Claimant is sent a claims kit that outlines our claims process and includes the relevant claim form, and confirms what information we need to process the claim.

For example, for Income Protection Select Insurance claims, we may require proof of income with the required medical evidence, together with the completed claim form to enable us to assess the claim and pay the benefit if it is approved.

Note that any expenses you incur to substantiate your claim and any travelling expenses to attend medical examinations are to be paid by you. However, we will pay for any further medical evidence that we seek to substantiate a claim.

In some circumstances, it may be necessary for us to contact the *doctors* you consulted prior to the commencement date of your insurance, to verify the information disclosed when you applied for insurance. In this case, we will need to obtain permissions from you or your beneficiaries to approach those parties, so the earliest we can start that process the better.

If there are material differences between the medical history and what was disclosed, we have the right to review any claim regardless of whether those differences are related to the cause of claim. The implications are explained in the Duty of Disclosure section on page 82.

Step 3 – Claims assessment
You or your Financial Adviser return the information and a Case Manager begins assessing the claim.

Step 4 – Claims communication
You will be kept informed regularly of the progress of the claims assessment and we will let you know the outcome. If the claim meets the eligibility and assessment criteria, we will pay the benefit. We will also be in regular communication with your Financial Adviser to advise them of the progress of the claim. The claims administrator or case manager are always available to assist with enquiries on the claim process.

Further information around Claims

We may (acting reasonably) require the Life Insured to provide us with additional information in consideration of your claim. This may include having the Life Insured examined by one or more registered *medical practitioners* or other health care practitioner that we choose.

Where we specifically require the Life Insured to undergo a medical examination to support the additional evidence sought, we will pay for that examination.

Where the Life Insured is residing overseas at the time of claim, then acting reasonably we may at any stage require the Life Insured to travel to a regional medical facility to attend a *medical practitioner* approved by us; if we are unable to appoint a health care practitioner in the relevant region including where a suitably qualified health care practitioner is not available then the Life Insured is required to return to Australia at their own expense to attend a *medical practitioner* approved by us (although acting reasonably, we may agree for alternative arrangements having regard to the circumstances including the nature of the *illness* or *injury*; such alternative arrangements may include a remote or telehealth consultation with a *Medical Practitioner* or other health care practitioner appointed by us).

All claims will be paid in Australian dollars.

For any advanced payments due to death, where there are multiple beneficiaries, the benefit will be split commensurate with the benefit allocation.

Please note that if a fraudulent claim is made, we will have no liability in respect of the claim and we may cancel the cover altogether.

Additional Information

Privacy Statement

We recognise the importance of protecting your personal information that is collected and used by us and we will follow privacy practices and procedures to maintain your privacy and protect your information. At all times we will safeguard your personal information and that of any lives insured under your Plan as required by the Privacy Act 1988.

Your consent
By applying for insurance with us, you will be consenting to the collection, use and disclosure of your personal information in the manner set out below. If we are not provided with the required information, we will not be able to provide you with a quote for the insurance, consider your application or provide you with any insurance.

Collection of personal information, including sensitive information
We only collect personal information that is needed to assist us in providing a service to you and your family/employees. When you provide your personal information to us, you are consenting to its use in accordance with this Policy. Generally we keep a record of:

- Personal information that identifies you, such as your name, date of birth and address, your financial institution details or credit card details, your vocational and your lifestyle pursuits;
- Sensitive information about you including, amongst other things, health information for the purposes of assessing applications and claims under life insurance products. We will obtain your consent before we collect sensitive information about you, unless we are otherwise permitted by law to make the collection;
- Information from other service providers we use in the insurance application process and administration of your Life insurance cover such as *medical practitioners*, pathologists, and other service providers we utilise for the purposes of assessing your insurance application and managing any claim.

We will collect personal information, including sensitive information, directly from you or from your nominated treating *doctor* or other health provider. If we need to collect personal or sensitive information from third parties (such as the service providers mentioned above), we will ask for your consent to do so.

We don't ordinarily return, respond to, or store unsolicited personal information that we receive.

Use and disclosure of personal information
We will only use or disclose personal information that you provide to us for:

- the purpose of assessing and providing your insurance cover and managing your Plan including any claims; or
- another purpose which has been disclosed to you, with your consent; or
- if we are required or authorised by law to do so.

Following your consent, we may disclose your personal and sensitive information to the appointed service providers where this information will assist with processing your insurance application and any changes you seek to make to it. You can also request that we disclose information to another person on your behalf.

We will take reasonable steps to ensure that these third parties are also bound by the Privacy Act, confidentiality and non-disclosure principles and are prohibited from using your personal information for any other purpose than those described in this Privacy Policy. However, we will not accept responsibility for the unauthorised use of personal information by third parties. We may also disclose your personal information to our related companies.

Your information will be stored and backed-up in Australia. However, our administrators are based in South Africa and will have access to your data to administer your Plan.

Marketing
We may also use your information to inform you about any other products and services offered or promoted by us. In order to do this we may disclose your personal information on a confidential basis to such other licensed distributors that we may choose to do this through.

You may call or write to us at any time to let us know that you do not want to receive any further marketing communications from us.

Privacy Policy
Our Privacy Policy contains information about how you may access personal information held by us and how you can seek correction of such information. It also contains information about how you may complain about a breach of the Australian Privacy Principles and how we will deal with such a complaint.

You may obtain a copy of our Privacy Policy from www.ppsmutual.com.au

Cooling off period

You have a cooling off period of 30 days from the commencement date to consider your Plan.

You can cancel some or all of the insurances under the Plan during the cooling off period. Cancellation must be in writing.

Upon cancellation of all or any of the insurances within the cooling off period, any premiums paid in respect of the cancelled insurance will be refunded in full by us.

Duty of Disclosure

Your duty to take reasonable care
When applying for insurance, you have a legal duty to take reasonable care not to make a misrepresentation to us before we issue your contract of insurance. A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty applies to new applications for insurance, when extending or amending existing insurance and when reinstating insurance, up until your application, amendment or reinstatement is submitted and accepted by us. If someone assists you to make this application, you are responsible for the information they give to us.

Please note that there may be circumstances where we later investigate whether the information given to us was true. For example, we may do this when a claim is made.

If you do not meet your duty to take reasonable care
If you do not meet your duty to take reasonable care not to make a misrepresentation, this can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced.

Guidance for answering our questions
Keep in mind that you are responsible for the information provided to us, including information provided in response to any questions we ask during the application process or when you make changes to your insurance or reinstate your insurance.

When answering our questions, please:
- Think carefully about each question before you answer. If you are unsure about the meaning of any question, please ask us before you respond.
- Answer every question that we ask you.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it, or check with us.
- Review your submitted application carefully. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) as soon as possible.

Changes before your cover starts
Before your cover starts (or before insurance cover is extended, changed or reinstated), we may ask about any changes that mean you would now answer our questions differently. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

What can we do if the duty is not met?
If you do not take reasonable care not to make a misrepresentation, we may exercise our rights to put us in the position we would have been if the duty had been met.

Failure to meet your duty to take reasonable care may result in the following:
- we may avoid your cover within three years of entering into it
- we may reduce your cover in accordance with a formula that takes into account the premium that would have been payable, if your duty had been met, or the misrepresentation hadn't been made. Any reduction in respect of the death of an insured person can only occur within three years of the cover commencement date
- we may vary your cover (except for Life Cover) in such a way as to place us in the position we would have been if your duty had been met; and/ or
- if the misrepresentation is fraudulent, we may refuse to pay your claim at any time and we may treat your cover as having never existed

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

Whether we can exercise any of these rights depends on a number of factors, including:
- whether the person who answered our questions took reasonable care not to make a misrepresentation, depending on all the relevant circumstances; and
- whether the misrepresentation was fraudulent; and
- in some cases, how long it has been since the cover started; and
- what we would have done, had the duty been met (for example, whether we would have offered cover; and if so, on what terms).

Before we exercise any of these rights, we will explain our reasons, how you can respond or provide further information, and also what you can do if you disagree.

Notifying us
If, once your cover is in place, you think you may not have met your duty, please contact us immediately to let us know.

Replacement Insurance
Where any new insurance issued by us has been granted on the basis of replacing existing life insurance held with another Life Office, that existing insurance must be cancelled immediately on the acceptance of the new PPS Mutual Professionals Choice insurance. If the existing insurance is not cancelled as was indicated and a claim arises, then the replacement insurance will be null and void as from the inception date and all premiums paid will be refunded.

Taxation

The table below summarises how your premiums and benefit payments may be treated for tax purposes.

As your individual circumstances could be quite different, we recommend that you seek professional tax advice specific to you (including in relation to your Profit-Share Plan). These tax statements are necessarily of a general nature and based on a continuation of present taxation laws and their interpretation.

Insurance Type	Non-Super	Super
Life TPD	**For Individuals:** Premium is generally not tax deductible and the benefit is not assessable. **For Business:** Premium deductibility depends on the purpose of each Plan. Tax treatment of benefits also varies depending on the particular circumstances.	Contributions to the Super Fund may be tax deductible depending on your personal circumstances. The Trustee may be taxed on any deductible contributions made to the Fund and the Trustee may be eligible to a tax deduction on insurance premiums it pays to us. Life insurance benefits are generally not assessable to you or to your dependants. Life insurance benefit payments to non-dependants and TPD benefit payments to you may be assessable.
Trauma, Blood Borne Disease, Child Insurance		N/A
Income Protection Select and Income Protection Prime 70	Premium is generally tax deductible Benefits are generally included in your assessable income and taxed at your marginal tax rate.	Contributions to the Super Fund may be tax deductible depending on your personal circumstances. The Trustee will be taxed on any deductible contributions made to the fund. The Trustee may be eligible to a tax deduction on insurance premiums it pays to us. Income Protection Select and Income Protection Prime 70 benefits should be included in your assessable income and taxed at your marginal tax rate.
Business Expenses		N/A
Profit-Share Plan	No separate Premium is paid by the Plan Owner in relation to the Profit-Share Plan. Payments from the Profit-Share Account after 10 or more years of continuous coverage under the Plan should not be assessable for income tax purposes (considered "Tax-paid"). These amounts are paid as a "bonus" under a life insurance contract. Accidental death benefit lump sum is not assessable.	No separate Premium is paid by the Plan Owner in relation to the Profit-Share Plan. Payments from the Profit-Share Account should not be assessable for income tax purposes (considered "Tax-paid"). These amounts are paid as a "bonus" under a life insurance contract. Accidental death benefit lump sum is not assessable.

Who receives the insurance benefits?

Generally, the Plan Owner will receive any benefits that become payable on a Plan.

However different rules apply for Life Insurance inside and outside superannuation.

For Life Insurance held inside of superannuation (including SMSFs), we will pay, upon the death of the Life Insured, the agreed cover amount to the Trustee of the Superannuation Fund who will determine the recipient of the benefit under superannuation law. If you have submitted an eligible Binding Nomination to your Superannuation Fund, the Trustee is required to pay the benefit to your nominated person/s. If you have made a Non-Binding Nomination to your Superannuation Fund, the Trustee will take into account your nominated person/s, however the final decision lies with the Trustee.

For life cover held outside of superannuation, if you are the Plan Owner and Life Insured, we will pay, upon the death of the Life Insured, the agreed cover amount to your nominated beneficiaries (which can be up to 6 people and in differing proportions) or your estate if there are no nominated beneficiaries. If the Plan Owner and Life Insured are different persons, the benefit is paid to the Plan Owner.

For the Child Insurance Option, the beneficiary is the Plan Owner. The Plan Owner cannot nominate other beneficiaries for Child Insurance.

Payments will be made to an Australian financial institution account or legal Australian trust account. We may seek validation of identification documents if from outside Australia.

When does my insurance start?

Your insurance starts when your application has been assessed and approved by us, and we have received the first premium (or we have confirmed the insurance has started if earlier). Until then, we may ask for more information to fully assess your application.

Upon acceptance of your insurance, you will be issued with an acceptance letter and a Plan Schedule, outlining the full details of your insurance, including the insurance commencement date.

If your insurance is held through super, you must also be a member of the fund before your insurance can commence.

Premiums, fees and payment

How Premiums are Calculated

The premium you pay will depend on a number of factors, including:

- the type of cover and benefits selected – different premium rates apply for different cover and benefit types. Discounts may apply based on the combination of benefits selected.
- your level of cover – including increase in *sum insured* each year with the Indexation for Professionals Benefit. Discounts may apply based on the size of cover held.
- any additional options you choose – which attract an additional premium
- the premium type selected – see section "Premium Types" below
- whether you have selected premiums with phasing applied or phasing removed – premiums with phasing will be lower in earlier years (and higher in later years) compared to premiums with phasing removed. Under phasing, a larger discount will be applied in earlier years that reduces over time to reflect the recency of underwriting. With phasing removed, a smaller discount will instead be applied over the lifetime of the Plan.
- how often you pay your premiums – monthly premiums are more expensive than annual premiums
- your age – the probability of making a claim generally increases as you get older
- your sex – mortality and morbidity rates differ between men and women
- your smoking status – premium rates are higher for smokers due to the associated health risks
- your occupation – premium rates are higher for higher risk, hazardous occupations
- for Income Protection Select Insurance, Income Protection Prime 70 Insurance and Business Expenses Insurance, the *waiting period* selected, (the longer the *waiting period*, the lower the premium rate), and the benefit period selected (the longer the benefit period, the higher the premium rate),
- your personal circumstances such as the state of your health, family history and pastimes – as your health status and high-risk hobbies can impact the probability of making a claim, during the assessment of your application, we may apply a premium loading having regard to these factors; and
- Other fees and charges (plan fee, stamp duty, and other government charges) – see section "Fees and Charges"

Note that your premiums may also change as a result of *sum insured* increases, changes to benefits or options, change to eligibility for discounts or loadings applied, if a discount previously applied ends or is reduced, or due to age if variable age-stepped premiums are selected.

Paying premiums

The following premium payment methods are accepted:

Monthly

- Direct Debit – from your Australian financial institution account
- Credit Card – VISA or Mastercard

Annual

- Direct Debit – from your Australian financial institution account
- Cheque
- B-Pay

Premium Types

The following premium types are available. Under all premium types, premiums are not guaranteed to stay the same, as described in the 'Changes to Premium Rates' section.

Variable Age-Stepped Premium

Variable age-stepped premiums (previously known as "stepped" premiums) are based on your age at each *Plan anniversary*, meaning your premium will generally increase each year on your *Plan anniversary* as you get older.

Your premiums will also increase with increases in your *sum insured*. The premium for any increase in *sum insured*, including increases due to application of the Indexation for Professionals Benefit, will initially be based on your age at the time of the increase and will then be based on your age at each *Plan anniversary*.

If you exercise the Trauma Reinstatement Option or Life Reinstatement after One Year Benefit, the premium for the reinstated cover is calculated based on your age at the time the relevant cover is reinstated.

Variable Premium

Professionals Choice offers a variable premium (previously known as "level" premium) structure for cover where the original quote was produced on or after 1 May 2021. Under this structure, your premium is based on your age when your cover first commenced. Unlike variable age-stepped premiums, your premium will not increase with your increase in age each year.

Your premiums will increase with increases in your *sum insured*. The premium for any increase in *sum insured*, including increases due to application of the Indexation for Professionals Benefit, will be based on your age at the time of the increase.

If you exercise the Trauma Reinstatement Option or Life Insurance Reinstatement after One Year Benefit, the premium for the reinstated cover is calculated based on your age at the date of original commencement of the relevant cover, rather than your age at the time the relevant cover is reinstated.

True-Level Premium
Professionals Choice offers a true-level premium structure for cover where the original quote was produced prior to 1 May 2021. Under this structure, your premium is based on your age when your cover first commenced. Unlike variable age-stepped premiums, your premium will not increase with your increase in age each year.

Your premium will increase with increases in your *sum insured*. Under a true-level premium structure, the premium for any increase in *sum insured* that results from application of the Indexation for Professionals Benefit will be based on your age when your cover first commenced and not your age at the time the indexation is applied. The premium for any other increase in *sum insured* will be based on your age at the time of the increase.

If you exercise the Trauma Reinstatement Option or Life Insurance Reinstatement after One Year Benefit, the premium for the reinstated cover is calculated based on your age at the date of original commencement of the relevant cover, rather than your age at the time the relevant cover is reinstated.

Flexible Premium Structure
A flexible premium structure allows you to have both a variable age-stepped and a variable premium structure (or a true-level premium structure for cover where the original quote was produced prior to 1 May 2021) applied to the one insurance type.

Under a variable age-stepped premium structure, premiums are initially lower than under a variable premium structure. However as time progresses and you age, variable age-stepped premiums increase, resulting in a variable premium structure becoming lower than a variable age-stepped premium structure over time. Therefore, a Flexible Premium Structure provides additional flexibility and control over how premiums can be structured, enabling your cover to match your insurance and affordability requirements.

Changes to Premium Rates
Future premium rates are not guaranteed to remain the same as current premium rates and can change. This applies for all premium types. Premium rates may need to be reviewed to ensure the sufficiency of premiums including considerations for the profit share and may take into account changes in factors such as:

- the number, total cost or duration of claims received;
- the length of time that members keep their insurance cover;
- economic conditions such as interest rates;
- operating costs and expenses, including cost of capital, reinsurance and third-party providers; and
- laws or regulation.

If premium rates are changed, this will apply for all Plans in a particular category. We will not single out individual policies.

Fees and charges

What are the fees and charges?
All the fees and charges for the insurance are included in your overall premiums and there are no additional fees and charges payable by you. These include:

- **Plan Fee**
  A Plan Fee is included in your premium payment. The amount of the fee is shown on your Plan Schedule. We may increase the Plan Fee each year (by an amount determined by us). Any increase will take effect from 1 July and will apply on the *Plan anniversary* occurring on or after that date.
- **Stamp duty**
  Insurance premiums attract State stamp duty at different rates for different products. This charge is included in the premium and we are responsible for these payments
- **GST**
  No GST is payable

Commission
We may pay a commission to your Financial Adviser. Any amounts paid are factored in the cost of your Plan. Your Financial Adviser will provide you with details of any commission they receive.

Lapse, reinstatement and expiry

If your insurance has an expiry age, then the Plan will expire on the *Plan anniversary* after you reach the expiry age. You will no longer be charged a premium and you will not be able to claim on the insurance.

Your insurance Plan will lapse if you do not pay your premiums in full by the due date, and it is still not paid by the end of the notice period. This means you will no longer be covered and your Profit-Share Plan will terminate.

However, if the Plan Owner is different to the Life Insured, we will give the Life Insured an opportunity to take out a new Plan, on a like-for-like basis to the lapsing Plan, without underwriting (although we may require a financial justification for *sums insured* in excess of $2 million). Taking out this option will prevent your Profit-Share Plan from terminating at that time.

What are the risks?

There are a number of risks you should be aware of including the following:

- Your selected insurance cover may not be appropriate for your particular needs
- Insurance benefits may be varied or not paid at all if you or the Life Insured don't comply with the duty not to make a misrepresentation to us
- Your cover will be cancelled if you don't pay premiums within the time required by us
- Future premium rates are not guaranteed to remain the same as current premium rates and can change.
- An insured benefit may not be payable because of the exclusions that apply to it
- The value of the Profit-Share Account could be reduced to zero at any time in the future in the event of poor insurance or investment experience of the PPS Mutual Benefit Fund.

Direct Debit Service Agreement

Definitions

account means the account held at your financial institution from which we are authorised to arrange for the insurance premium to be debited.

agreement means the Direct Debit Request Service Agreement between you and us.

banking day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

debit day means the day that payment by you is due to us.

debit payment means a particular transaction where a debit is made to your account.

direct debit request means the direct debit request you have provided to us.

insurance premium means the premium payable for the insurance cover provided under the PPS Mutual Professionals Choice at the debit day.

we/us/our means NobleOak Life Limited (or any subsequent insurer of the insurance product).

you/your means the customer who provided the direct debit request to us.

your financial institution is the Australian financial institution where you hold the account that you have authorised us to debit.

Debiting your account

By providing a direct debit request, you have authorised us to arrange for funds to be debited from your account for the purpose of paying the premium on the PPS Mutual Professionals Choice Plan. You should refer to the direct debit request and this agreement for the terms of the arrangement between us and you.

We will only arrange for funds to be debited from your account for payment of the insurance premium as authorised in the direct debit request. The amount of the insurance premium may vary from time to time and we will not notify you of this variation unless we are required to do so under the terms and conditions of the PPS Mutual Professionals Choice Plan.

We will not issue a billing notification prior to debiting your account.

If the debit day falls on a day that is not a banking day, we may direct your financial institution to debit your account on the following banking day. If you are unsure about which day your account has or will be debited, you should ask your financial institution.

Changes by us

We may vary any details of this agreement or a direct debit request at any time by giving you at least fourteen (14) days written notice.

Changes by you

You may change the arrangements under a direct debit request by contacting us (contact details are on page 90), subject to:

- If you wish to stop or defer a debit payment you must notify us at least seven (7) days before the next debit day. This notice should be given to us in the first instance.
- You may also cancel your authority for us to debit your account at any time by giving us at least seven (7) days' notice before the next debit day. This notice should be given to us in the first instance.

You may also cancel a direct debit request by contacting your own Financial Institution.

Your obligations

It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the direct debit request.

If there are insufficient clear funds in your account to meet a debit payment:

- you may be charged a fee and/or interest by your financial institution;
- you may also incur fees or charges imposed or incurred by us; and
- you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.

You should check your account statement to verify that the amounts debited from your account are correct.

If we are liable to pay goods and services tax ("GST") on a supply made in connection with this agreement, then you agree to pay us on demand an amount equal to the consideration payable for the supply, multiplied by the prevailing GST rate.

Disputes
If you believe that there has been an error in debiting your account, you should notify us and confirm that notice in writing with us as soon as possible so that we can resolve your query.

If we conclude as a result of our investigations that your account has been incorrectly debited, we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you of the amount by which your account has been adjusted.

If we conclude as a result of our investigations that your account has not been incorrectly debited, we will respond to your query by providing you with reasons and any evidence for this finding.

Any queries you may have about an error made in debiting your account should be directed to us in the first instance so that we can attempt to resolve the matter between us and you. If we cannot resolve the matter you can still contact your financial institution, which will obtain details from you of the disputed transaction and may lodge a claim on your behalf.

Accounts
You should check:
- with your financial institution whether direct debiting is available from your account, as direct debiting is not available on all accounts offered by financial institutions;
- your account details which you provided to us are correct by checking them against a recent account statement; and
- with your financial institution before completing the direct debit request if you have any queries about how to complete the direct debit request.

Confidentiality
We will keep any information (including your account details) in your direct debit request confidential. We will make reasonable efforts to keep any such information that we have about you secure, and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.

We will only disclose information that we have about you:
- to the extent specifically required by the law; or
- for the purposes of this agreement (including disclosing information in connection with any query or claim).

Notice
If you wish to notify us in writing about anything relating to this agreement, our contact details are below.

Where we are providing you with notification in writing we will send the notice in the ordinary post to the address you have given us in the direct debit request. Any notice will be deemed to have been received on the third banking day after it is posted.

Change of Life Insurer
If we cease to be the "insurer" of the life insurance cover provided by the PPS Mutual Professionals Choice Plan as a result of the insurance being transferred to another registered life insurer, then in order for premium payments to continue, the authorities provided to us under your direct debit request will be transferred to the new insurer without the need for your consent.

Providing Instructions
Your direct debit request may be provided to us in writing, by calling us or by such other electronic means that we choose to accept from time to time.

Unless we require otherwise, instructions from you in connection with this agreement (including any change to the account to which your direct debit request applies) may be provided to us in writing, by calling us or by e-mail.

Contact details:
Phone: 1300 401 436

E-mail: memberservices@ppsmutual.com.au **or**

PPS Mutual Member Services Team
Level 10, 45 Clarence Street
Sydney NSW 2000

Complaints

If you have a complaint, you should put it in writing to our Dispute Resolution Officer haveyoursay@ppsmutual.com.au. We will acknowledge your complaint within 24 hours of receipt and will attempt to resolve your complaint within 30 days of the date it is received by us. If we are unable to resolve your complaint within that period, we will inform you of the reasons for the delay and will let you know when we expect to provide a response to your complaint.

If your complaint has not been resolved to your satisfaction, you may contact the Australian Financial Complaints Authority (AFCA). If your Plan is held within superannuation, the Trustee has 90 days to consider your complaint.

AFCA is an independent body designed to help you resolve complaints relating to financial products, as well as complaints relating to financial advice and sales of financial and investment products. There are some circumstances where AFCA cannot deal with your complaint, however they can advise you of these circumstances.

Complaints with AFCA may be resolved by a conciliation process or arbitration. The complaints procedure is free of charge and decisions made by AFCA are binding on us. Before you ask AFCA to help you, please try to resolve the issue with us first.

AFCA can be contacted as follows:
Australian Financial Complaints Authority
GPO Box 3, Melbourne, VIC, 3001
Phone: 1800 931 678
Email: info@afca.org.au
Website: www.afca.org.au

Alterations

If you wish to make any alterations to your Plan please speak to your adviser.

Changes to your personal details can be made by contacting us directly or via In-Touch (our on-line tool).

Medical Glossary

Meet Council of Australian Life Insurers Minimum Definitions:

The Life Insurance Code of Practice (Life Code) promoted by the Council of Australian Life Insurers (CALI) imposes minimum definitions that apply to cancer, heart-attack and stroke under trauma insurance products. This means that any claim for one of these conditions will be assessed under the definition included in this PDS as well as the Life Code definition, and the most favourable one to you being used to assess the claim.

Definitions of medical conditions referred to in this PDS are set out below.

If due to medical advancements, the medical diagnostic techniques and investigations within the medical definitions below used for diagnosing the relevant trauma event have been superseded, are inconclusive or impractical to apply, we will consider other medically recognised methods or tests that conclusively diagnose the condition to at least the same severity.

The following requirements must be met for a claim in respect of a trauma event to be considered under new or alternative diagnostic techniques and/or investigations:

- they are not experimental and are medically necessary and medically equivalent or superior to the diagnostic technique or investigation referenced in the medical definition, and
- they must be deemed medically acceptable based on medical standards and medically recognised in Australia by *specialist medical practitioners*.

Advanced diabetes – with severe specified complications

A certified consultant endocrinologist has confirmed that at least two of the following complications have occurred as a direct result of diabetes:

- severe diabetic retinopathy resulting in permanent visual acuity (whether aided or unaided) and corrected of 6/36 or worse in both eyes;
- severe diabetic neuropathy causing motor and/or autonomic impairment;
- diabetic gangrene leading to surgical intervention; or
- severe diabetic nephropathy causing chronic irreversible renal impairment as measured by a corrected creatinine clearance less than 28ml/min (CKD stage 4, International Chronic Kidney Disease classification)

6 months apart.

Angioplasty / coronary artery stenting – through specific procedures

Undergoing either angioplasty or coronary stenting on one or two coronary arteries to treat coronary artery disease.

Aortic surgery – excluding specific procedures

Surgery to repair or correct an aortic aneurysm, an obstruction of the aorta, a coarctation of the aorta or traumatic *injury* to the aorta. For the purpose of this definition, aorta means the thoracic and abdominal aorta but not its branches. Angioplasty, intra-arterial procedures or other non-surgical techniques are excluded.

Aplastic anaemia – requiring specified treatment

Permanent bone marrow failure that results in anaemia, neutropenia and thrombocytopenia requiring specified treatment by at least one of the following:

- blood product transfusion
- marrow stimulating agents
- immunosuppressive agents, or
- bone marrow transplantation (including hematopoietic stem cell transplantation).

Bacterial meningitis or meningococcal septicaemia – with severe permanent impairment

The unequivocal diagnosis of Bacterial Meningitis or Meningococcal Septicaemia by a *specialist medical practitioner* in the field, which is characterised by:

- a permanent impairment of at least 25% of whole person function as defined in the latest edition of American Medical Association publication 'Guides to the Evaluation of Permanent Impairment'; or
- total and irreversible inability to perform without the assistance of another person, at least one of the *activities of daily living*.

Benign brain tumour – with specified symptoms

The diagnosis of a benign tumour in either the brain tissue or between the brain tissue and the cranium giving rise to symptoms of increased intracranial pressure such as seizures, sensory impairment or motor impairment.

The presence of the underlying tumour must be confirmed by CT scan, MRI or other imaging studies. Cysts, granulomas, cholesteatomas, malformations in or of the arteries or veins of the brain, haematomas and tumours in the pituitary gland are excluded.

Benign brain tumour – with severe permanent impairment or undergoing surgical intervention

The diagnosis of a benign tumour in either the brain tissue or between the brain tissue and the cranium giving rise to neurological deficits that results in the Life Insured either:

- suffering a permanent impairment of at least 25% of whole person function as defined in the latest edition of American Medical Association publication 'Guides to the Evaluation of Permanent Impairment'; or
- being permanently unable to perform at least one of the *activities of daily living* without the physical assistance of someone else; or
- the undergoing of surgical removal of the tumour on the advice of a *specialist medical practitioner* in the field, such as consultant neurologist or neurosurgeon.

The presence of the underlying tumour must be confirmed by CT scan, MRI or other imaging studies. Cysts, granulomas, cholesteatomas, malformations in or of the arteries or veins of the brain, haematomas and tumours in the pituitary gland are excluded.

Benign spinal cord tumour – with specified symptoms

The diagnosis of a benign tumour in the spinal cord giving rise to symptoms of local pressure effects such as paralysis (complete or partial), sensory changes, or autonomic effects.

The presence of the underlying tumour must be confirmed by relevant imaging. Cysts, granulomas, cholesteatomas, malformations in or of the arteries or veins of the brain, haematomas and tumours in the pituitary gland are excluded.

Benign spinal cord tumour – with severe permanent impairment or undergoing surgical intervention

The diagnosis of a benign tumour in the spinal cord giving rise to neurological deficits that results in the Life Insured either:

- suffering a permanent impairment of at least 25% of whole person function as defined in the latest edition of American Medical Association publication 'Guides to the Evaluation of Permanent Impairment'; or
- being permanently unable to perform at least one of the *activities of daily living* without the physical assistance of someone else; or
- the undergoing of surgical removal of the tumour on the advice of a *specialist medical practitioner* in the field, such as consultant neurologist or neurosurgeon.

The presence of the underlying tumour must be confirmed by CT scan, MRI or other imaging studies. Cysts, granulomas, cholesteatomas, malformations in or of the arteries or veins of the brain, haematomas and tumours in the pituitary gland are excluded.

Brain damage or major head trauma – resulting in significant permanent impairment

Brain damage or major head trauma which results in a neurological deficit causing

- a permanent impairment of at least 25% of whole person function as defined in the latest edition of American Medical Association publication 'Guides to the Evaluation of Permanent Impairment'; or
- total and permanent inability to perform at least one of the *activities of daily living*.

The diagnosis must be confirmed by a *specialist medical practitioner* in the field.

Cancer – excluding specified early stage cancers

The presence of one or more malignant tumours (including leukaemia and lymphoma) characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue.

The following cancers are excluded:

- Conditions classified by their clinical features, cytopathology and/or histopathology as tumours showing the malignant changes of 'carcinoma in situ' or which are histopathologically described as premalignant or non-invasive (carcinoma in situ of the breast is covered if it results directly in the removal of the entire breast. This procedure must be performed specifically to arrest the spread of malignancy and be considered the appropriate and necessary treatment). Uterine cervical intraepithelial lesions, cervical dysplasias and cervical intraepithelial neoplasias, including those classified as CIN 1, CIN 2 and CIN 3 are examples of tumours categorised as either being carcinoma in situ and/or premalignant and are excluded
- All hyperkeratosis and basal cell carcinomas, and squamous cell carcinomas of skin unless there has been evidence of metastatic spread
- Prostatic cancers which remain histologically as TNM Classification T1 or are of another equivalent or lower classification unless
  (i) the Gleason score is 6 or more, or
  (ii) major interventionist treatment is required to arrest the spread of malignancy
- Melanomas which are less than stage T1b N0M0
- Chronic lymphocytic leukaemia diagnosed as less than RAI Stage 1.

Carcinoma in situ of the breast – with specified severity

Localised cancer where there is a confirmed histopathological diagnosis of carcinoma in situ without evidence of invasive cancer.

Carcinoma in situ of the breast – with lumpectomy and specified treatment

Carcinoma in situ of the breast requiring breast conserving surgery and adjuvant therapy (such as radiotherapy). This procedure must be performed specifically to arrest the spread of malignancy and be considered the appropriate and necessary treatment.

Cardiomyopathy (heart failure) resulting in significant permanent impairment

Impaired ventricular function due to disease of the heart muscle which results in significant permanent and irreversible cardiac impairment, and manifests with symptoms that fulfill at least Class 3 of the New York Heart Association Functional Classification. The diagnosis must be confirmed by a *specialist medical practitioner* in the field and be supported by imaging evidence such as echocardiography.

Child's loss of independent existence

After reaching seven years of age, the total and irreversible inability to perform at least two of the numbered *activities of daily living* without the assistance of another person.

Chronic liver failure – of specified severity

End stage liver failure together with permanent jaundice (yellow discolouration of the skin or eyes) and either ascites (abnormal build-up of fluid in the abdomen) or hepatic encephalopathy (a decline in brain function that occurs as a result of severe liver disease). The diagnosis must be confirmed by a *specialist medical practitioner* in the field.

Chronic lung disease – requiring long-term oxygen therapy

End stage respiratory failure requiring permanent and continuous oxygen therapy. The diagnosis must be confirmed by a *specialist medical practitioner* in the field.

Chronic lymphocytic leukaemia – with specified severity

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

Colostomy / ileostomy – permanent and irreversible

The creation of a permanent and irreversible opening, linking the colon and/or ileum to the surface of the body.

Coma – with specified severity and treatment

A state of total unconsciousness and unresponsiveness to all external stimuli, resulting in a Glasgow Coma Scale score of 6 or less and requiring continuous assisted ventilation to maintain life for at least 72 consecutive hours.

Coronary artery bypass surgery

Bypass grafting surgery performed to correct or treat coronary artery disease.

Dementia including Alzheimer's disease – resulting in significant cognitive impairment

Unequivocal Clinical diagnosis of Dementia (including Alzheimer's Disease) by a specialist medical practitioner in the field. The diagnosis must confirm permanent, irreversible failure of brain function resulting in significant cognitive impairment. Significant cognitive impairment in this definition means a deterioration in the Life Insured's score to 24 or less out of 30 in a Mini-Mental State Examination.

Diabetes complications – with specified severe complications

Diagnosis of Type 1 insulin dependent diabetes mellitus, as certified by a consultant endocrinologist and resulting in at least two of the following criteria:

- urinary protein excretion of more than 300mg per day,
- creatinine clearance of 28–42ml/min (CKD stage 3b, International Chronic Kidney Disease classification),
- diabetic retinopathy with a minimum severity of at least exudates and/or dot-blot haemorrhages, or
- persistent sensory, motor or autonomic neuropathy

Early stage melanoma – with specified severity

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

Early stage prostate cancer – with specified severity

Localised cancer characterised by focal autonomous new growth of cancer cells. The tumour must be described histologically as TNM Classification T1.

Encephalitis – resulting in significant permanent impairment

An inflammatory disease of the brain resulting in neurological deficit causing:

- at least 25 per cent impairment of whole person function that is permanent; or
- total and permanent inability to perform at least one of the *activities of daily living*.

Diagnosis must be confirmed by a *specialist medical practitioner* in the field.

Heart attack (myocardial infarction) – with evidence of heart muscle damage

The death of heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis must be confirmed by a cardiologist and evidenced by typical rise and/or fall of cardiac biomarker blood test (Troponin T, Troponin I or CK-MB) with at least one level above the 99th percentile of the upper reference limit and one of the following:

- Acute cardiac symptoms and signs consistent with myocardial infarction (e.g. chest pain);
- New serial ECG changes with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block (LBBB); or
- Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.

If the above tests are inconclusive we will consider other appropriate and medically recognised tests.

We will not pay under this definition for other acute coronary syndromes including, but not limited to:

- Angina;
- Angina pectoris;
- Myocyte necrosis classified as micro-infarction;
- Acute coronary insufficiency; and
- An elective percutaneous procedure for coronary artery disease, which is the sole cause of a rise in cardiac biomarkers.

Heart valve surgery

The actual undergoing of a procedure to replace or repair cardiac valves as a consequence of heart valve defects or abnormalities.

Hydatidiform mole requiring surgical removal

The presence of a hydatidiform mole requiring surgical removal as recommended and confirmed by a *specialist medical practitioner* in the field.

Hydrocephalus – with specified treatment

An excessive accumulation of cerebrospinal fluid within the cranium requiring the insertion of a permanent shunt.

Intensive care – with specified treatment

An *illness* or *injury* has resulted in the Life Insured requiring continuous mechanical ventilation by means of tracheal intubation for 10 consecutive days (24 hours per day) or more in an authorised intensive care unit of an acute care hospital. No benefit shall be payable where the *illness* or *injury* is as a result of drug or alcohol intake or other self-inflicted means.

Kidney failure – requiring renal dialysis or renal transplantation

End stage renal failure presenting as chronic irreversible failure of both kidneys to function with a permanent requirement for regular renal dialysis or renal transplantation.

The definition will be met if, despite the need for regular dialysis or a kidney transplant as confirmed by a *specialist medical practitioner* in the field, the Life Insured chooses renal supportive care.

Loss of hearing – of specified severity

Irreversible loss of hearing in both ears (except by cochlear implant) which even with amplification, results in an average hearing threshold of greater than 81dB as measured at 500, 1000, 1500 and 3000 Hz in the better ear as confirmed by a *specialist medical practitioner* in the field.

Loss of independent existence – total and irreversible

The total and irreversible inability to perform at least two of the numbered *activities of daily living* without the assistance of another person (if the Life Insured can perform the activity on his/her own by using special equipment we won't treat the Life Insured as unable to perform that activity).

Loss of limbs – total and irreversible

The total and irreversible loss of the use of two limbs, where 'limb' includes whole hand or whole foot.

Loss of sight – permanent loss in both eyes

The permanent loss of sight in both eyes, whether aided or unaided, due to *illness* or *injury* to the extent that visual acuity is 6/60 or less in both eyes, or to the extent that the visual field is reduced to 20 degrees or less of arc, as diagnosed by a *specialist medical practitioner* in the field.

For clarity:

- Any loss of sight that is reversible through treatment or visual aids, including (but not limited to) cataracts, is excluded as it would not be considered irreversible.
- Best corrected visual acuity is reduced to at least 6/60 means that even with the use of visual aids, the Life Insured needs to be at 6 metres or closer to see what someone with normal vision can see at 60 metres.
- Visual field is reduced to at least 20 degrees of arc means that the Life Insured's field of vision is less than 20 degrees in diameter.

Loss of speech – total and irrecoverable

The total and irrecoverable loss of the ability to produce intelligible speech as a result of *illness* or *injury* which causes permanent damage to the larynx or its nerve supply or the speech centres of the brain, as certified by a *specialist medical practitioner* in the field. Loss of speech due to psychological reasons is excluded.

Major burns – of specified severity and requiring specified treatment

Tissue *injury* caused by thermal, electrical or chemical agents causing deep partial-thickness burns or full thickness burns to:

- 20% or more of the body surface area as measured by the 'Rule of Nines' or the Lund and Browder Body Surface Chart, requiring surgical debridement and/or grafting;
- 50% or more of the skin surface area of both hands, requiring surgical debridement and/or grafting;
- 50% or more of the skin surface area of both feet, requiring surgical debridement and/or grafting;
- 50% or more of the skin surface area of the face, requiring surgical debridement and/or grafting; or
- the whole of the skin surface area of the genitalia, requiring surgical debridement and/or grafting.

The diagnosis must be confirmed by a *specialist medical practitioner* in the field.

Major organ or bone marrow transplant of specified organs from a human donor, or placement on a waiting list

The Life Insured is the recipient of an organ transplant from a human donor or is on the waiting list to receive one of the following organs:

- heart,
- kidney,
- liver,
- lung,
- pancreas,
- small bowel, or
- the transplantation of bone marrow (including hematopoietic stem cell transplantation).

For the purposes of this definition 'Waiting list' means the waiting list of a Transplantation Society of Australia and New Zealand recognised transplant list.

Medically acquired HIV – contracted through specified procedures

The infection with Human Immunodeficiency Virus (HIV), which on the balance of probabilities arose from an accident during a medical procedure or operation performed by a *medical practitioner* at a registered medical facility. The procedure must have been performed by a registered health professional and have occurred in Australia.

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

A Trauma claim for medically acquired HIV will not be payable if:

- HIV infection is caused by any other means, including sexual activity or recreational intravenous drug use, or
- a treatment is developed and approved which renders the HIV virus inactive and non-infectious.

Motor neurone disease

Unequivocal diagnosis of motor neurone disease confirmed by a *specialist medical practitioner* in the field.

Multiple sclerosis – with persisting neurological abnormalities

The unequivocal diagnosis of Multiple Sclerosis by a *specialist medical practitioner* in the field, which is characterised by demyelination in the brain and spinal cord. There must have been more than one episode of well-defined neurological deficit with persisting clinical neurological abnormalities.

Neurological investigations such as MRI (Magnetic Resonance Imaging) evidence of lesions in the central nervous system, evoked visual responses, evoked auditory responses and the presence of oligo-clonal bands within cerebrospinal fluid (CSF) in accordance with the 2017 McDonald Criteria, or most recent modification of the McDonald criteria, are required to confirm diagnosis.

Muscular dystrophy

Unequivocal diagnosis of muscular dystrophy confirmed by a *specialist medical practitioner* in the field, which causes progressive and selective degeneration and weakness of voluntary muscles.

Occupationally acquired Hepatitis B or C

The Life Insured becoming infected with the Hepatitis B or Hepatitis C virus as the result of an *accident* during the course of the Life Insured's *regular occupation*.

The production and detection (sero-conversion) of:

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

and the applicable test must be confirmed within six months of the *accident*.

Your *accidental* infection will need to be reported to the relevant health authority at the time of the *accident*.

We encourage you to report any *accident* giving rise to a potential claim within 30 days. Your *accidental* infection will need to be supported by a negative Hepatitis B or Hepatitis C test (as applicable) taken within 7 days after the *accident*.

We will not pay a benefit if the Life Insured has elected not to take an approved vaccine that is recommended by the relevant professional governing body for use in the Life Insured's occupation and which was available prior to the *accident*, which caused infection.

Occupationally acquired HIV

The Life Insured becoming infected with HIV as the result of an *accident* during the course of the Life Insured's *regular occupation*.

The production and detection (sero-conversion) of HIV antibodies, by way of a positive HIV antibody test must be confirmed within six months of the *accident*.

Your *accidental* infection will need to be reported to the relevant health authority at the time of the *accident*.

We encourage you to report any *accident* giving rise to a potential claim within 30 days. Your *accidental* infection will need to be supported by a negative HIV Antibody Test taken within 7 days after the *accident*.

We will not pay a benefit if the Life Insured has elected not to take an approved vaccine that is recommended by the relevant professional governing body for use in the Life Insured's occupation and which was available prior to the *accident*, which caused infection.

Open heart surgery – excluding specified procedures

The undergoing of surgery that involves cutting through the sternum to expose the heart for treatment of cardiac defect, cardiac aneurysm or benign cardiac tumour. Angioplasty, valvuloplasty, endovascular procedures, minimally invasive procedures and other non-surgical techniques are excluded.

Out of hospital cardiac arrest – excluding medical procedures

Cardiac arrest which is not associated with any medical procedure and is documented by an electrocardiogram, occurs out of hospital and is due to:

- cardiac asystole; or
- ventricular fibrillation with or without ventricular tachycardia

If ECG evidence is not available, other medical evidence that unequivocally confirms a cardiac arrest has occurred will be considered. Such evidence may include ambulance or hospital medical records.

Parkinson's disease – with irreversible neurological deficit

Unequivocal diagnosis of Parkinson's disease confirmed by a *specialist medical practitioner* in the field, leading to irreversible neurological deficit.

Paralysis – total and irreversible

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

Paraplegia, quadriplegia, tetraplegia, diplegia (such as both arms or both sides of the face) and hemiplegia (such as one arm and one leg of the same side of the body) are included in this definition.

Partial loss of hearing – irreversible

Irreversible loss of hearing in one ear (except by cochlear implant) which even with amplification, results in an average hearing threshold of greater than 81dB as measured at 500, 1000, 1500 and 3000 Hz as confirmed by a *specialist medical practitioner* in the field.

Partial loss of limbs – irreversible

The total and irreversible loss of the use of one limb, where 'limb' means whole hand or whole foot.

Partial loss of sight – permanent and irreversible

The permanent loss of sight in one eye, whether aided or unaided, due to *illness* or *injury* to the extent that visual acuity is 6/60 or less in one eye, or to the extent that the visual field is reduced to 20 degrees or less of arc, as diagnosed by a *specialist medical practitioner* in the field.

For clarity:

- Any loss of sight that is reversible through treatment or visual aids, including (but not limited to) cataracts, is excluded as it would not be considered irreversible.
- Best corrected visual acuity is reduced to at least 6/60 means that even with the use of visual aids, the Life Insured needs to be at 6 metres or closer to see what someone with normal vision can see at 60 metres.
- 'Visual field is reduced to at least 20 degrees of arc' means that the Life Insured's field of vision is less than 20 degrees in diameter.

Pneumonectomy – total

The undergoing of a surgery to remove an entire lung. This treatment must be considered medically necessary and deemed the most appropriate treatment.

Precancerous lesions of reproductive organs – of specified severity

The Life Insured is confirmed by biopsy to have a pre-cancerous lesion of an organ listed below, which is characterised as a focal autonomous new growth of carcinomatous cells, which has not yet resulted in the invasion of normal tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane.

Precancerous lesions of the following organs at the levels specified below, are covered. These must be pathologically staged according to the latest editions of the WHO Classification of Tumours online, American Joint Committee on Cancer (AJCC) TNM classification or International Federation of Gynecology and Obstetrics (FIGO) classification systems,

a) Corpus-uteri: classified as Atypical hyperplasia of the endometrium.

b) Cervix-uteri: classified as High Grade Squamous Intraepithelial Lesion (HSIL) or Adenocarcinoma In Situ.

c) Fallopian tube: classified as Serous borderline tumour (SBT).

d) Ovary: classified as Serous borderline tumour non-invasive, low grade.

e) Vagina: classified as Vaginal Intraepithelial Neoplasia 3 (VaIN3), or High grade Squamous Intraepithelial Lesion (HSIL).

f) Vulva: classified as Vulval High Grade Squamous Intraepithelial Lesion or Vulval Intra-epithelial Neoplasia 3 (VIN3) or differentiated Vulval Intra-epithelial Neoplasia (d-VIN).

g) Penis: classified as Carcinoma in Situ or Differentiated Penile Intra-epithelial Neoplasia (d-PeIN).

h) Testicle: classified as Germ Cell Neoplasia In Situ.

Any lesion not specified or listed above, not limited to those described as being borderline malignant (unless otherwise specified), low malignant potential or low grades of dysplasia, is not covered.

Pulmonary arterial hypertension (idiopathic and familial) resulting in significant right heart failure

The confirmed diagnosis of idiopathic or familial (meaning of a spontaneous or unknown cause, or inherited) pulmonary arterial hypertension (increased blood pressure in the blood vessels of the lungs) with right ventricular enlargement (enlarged right side of the heart muscle) established by investigations including cardiac catheterisation, resulting in permanent physical impairment to the degree of at least Class III* of the World Health Organisation Functional Classification of Pulmonary Hypertension.

The diagnosis must be confirmed by a *specialist medical practitioner* in the field.

*Class III of the World Health Organisation Functional Assessment of Pulmonary Hypertension means:
Patients with pulmonary hypertension resulting in a slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity causes undue dyspnoea or fatigue, chest pain or near syncope.

Severe cognitive loss – permanent

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

Severe Crohn's disease – requiring specified treatment

Diagnosis of Crohn's disease that requires permanent maintenance treatment with immunosuppressant or biologic medication.

Severe osteoporosis – with specified complications before age 50

Before the age of 50, the Life Insured:

- suffers at least two vertebral body *fractures* or a *fracture* of the neck of femur, due to osteoporosis; and
- has bone mineral density reading with a T-score of less than –2.5 (i.e. 2.5 standard deviations below the young adult mean for bone density). This must be measured in at least two sites by dual energy x-ray absorptiometry (DEXA).

Severe rheumatoid arthritis – with specified treatment failure

Diagnosis of rheumatoid arthritis, confirmed by appropriate radiology and blood tests, that has failed to respond to conventional disease modifying treatment including DMARD and at least 2 biological agents administered consistently for a period of at least 12 months as confirmed by a *specialist medical practitioner* in the field.

Severe ulcerative colitis – with specified treatment failure

Unequivocal diagnosis of Ulcerative Colitis that has failed to be controlled by standard therapy including cortisone treatment and requires permanent maintenance treatment with immunosuppressant or biologic medication.

Stroke – resulting in new neurological deficits

An infarction of the central nervous system or intracranial haemorrhage (including subarachnoid haemorrhage), or embolism from an extracranial source causing the onset of new and acute neurological deficits.

The diagnosis must be confirmed by:
- neuroimaging and
- an appropriate *specialist medical practitioner* in the field, such as a consultant neurologist or neurosurgeon.

The following are excluded:
- transient ischaemic attacks;
- reversible ischaemic neurological deficits;
- cerebral events due to migraine, hypoxia or trauma;
- vascular disease affecting the eye, optic nerve or vestibular functions.

Triple vessel angioplasty / coronary artery stenting

The undergoing of angioplasty or coronary artery stenting on the arteries (or their branches) of three or more coronary arteries within one or more procedures within a three-month period to correct a narrowing or blockage. Evidence indicating obstruction of three or more coronary arteries is required prior to the first angioplasty procedure.

Definitions – General

Terms that are not otherwise defined in this PDS have the meanings set out below:

Activities of daily living

1. **Dressing** – putting on and taking off clothing
2. **Toileting** – using the toilet, which includes getting on and off
3. **Maintaining continence** – having good control of bowel and bladder functions
4. **Feeding** – getting food from the plate into the mouth
5. **Mobilising** - Moving from place to place by walking, wheelchair or with assistance of a walking aid or getting in and out of bed, a chair or a wheelchair

Accident

Means a random and unforeseen event that results in loss, damage or harm, independent of all other causes.

Allowable business expenses

Allowable business expenses means the following items of expenditure provided they are incurred in the normal conduct and operation of the Life Insured's business:

- Accountants' and auditors' fees
- Advertising costs
- Business insurance premiums
- Cleaning, electricity, gas, heating, laundry, telephone (including mobile phone) and water
- Leasing costs of equipment and vehicles
- Interest repayments on Mortgage or Business Loans
- Repayment of principal towards a mortgage or towards a business loan, providing any such mortgage or business loan was established at least 6 months prior to the *disability date*
- Property rates and taxes
- Rent
- Salaries of non-income producing employees including related costs such as payroll tax and superannuation
- Subscriptions to professional bodies and publications
- Other fixed expenses normally incurred in the conduct of the Life Insured's business and which were identified in the application for this Plan and agreed to by us
- Any net costs associated with employing a locum after the Life Insured became *totally disabled* to perform the work normally performed by them.
- Net costs are treated as the total expenses incurred with hiring the locum less the revenue generated by the locum.

Allowable business expenses do not include:

- The cost of books, equipment, fittings, goods, implements or products used in the Life Insured's business
- Depreciation of equipment and vehicles
- Salary and salary-related costs of the Life Insured's
- Repayment of mortgage or loan principal where the mortgage or business loan was established less than 6 months prior to the *disability date*
- Salaries and related costs of income producing employees
- Salaries and related costs paid to any of the Life Insured's *relatives*, unless the *relative* has been a full-time employee of the Life Insured's business for at least 6 months prior to the commencement of *total disability*
- Any share of the *business expenses* which are not normally attributable to the Life Insured
- Expenses of a private or domestic nature

Business expenses

The regular or continuing fixed expenses incurred by your business whether you are working or not and which are not a payment of capital or of a capital, private or domestic nature, and could not reasonably be considered to give a private benefit to you, members of your family or any company, trust or other entity from which you or your family derive a benefit. Your share of these expenses will be that which is apportionable to you in line with the usual manner that the profits and/or losses of your business are divided.

Business income

Your share of the gross income generated by the business before expenses and tax, subject to a minimum value of zero.

Consumer Price Index (CPI)

The weighted average of the eight Australian capital cities combined, as published by the Australian Bureau of Statistics (or anybody which succeeds it) for the 12 month period ending 31 December each year.

Complying super fund

A complying super fund is a fund that follows the rules contained in the Superannuation Industry (Supervision) Act 1993 and the rules in the fund's trust deed.

Dependent child(ren)

Any natural child, adopted child, legal ward, grandchild of the adult Life Insured.

Designated superannuation guarantee contributions

The monthly superannuation contributions paid or payable by the Life Insured's employer, as required by law (or the equivalent amount of contributions, if they are instead made as voluntary superannuation contributions and the Superannuation Contribution Option applies in respect of the Life Insured). This is limited to the *superannuation guarantee cap*.

Disability / disabled

This refers to *total disability* or *partial disability* as the context implies.

Disability Date or Disablement Date

The earlier of:

- the date that you were first *totally disabled* or *partially disabled* as a result of an *illness* or *injury* and as certified by a *Medical Practitioner* on or after that date; and
- the date that you first stopped working if gainfully employed and providing this was no more than 7 days prior to consulting a *Medical Practitioner* about the *illness* or *injury* causing *disability*.

Doctor

A registered *medical practitioner* in Australia, or another country as approved by us. This does not include a family member, business partner, your employee or employer.

Fracture

Any fracture of bone that requires a pin, traction, plaster cast or other immobilising structure.

Gainfully employed or gainful employment

Gainfully employed or gainful employment means to be employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment.

Home duties

Home duties means all of the following activities:

- cooking and preparing meals (ie the ability to prepare meals using basic ingredients and normal kitchen appliances);
- cleaning the house (ie the ability to carry out the basic internal household chores using various tools such as mop or vacuum cleaner);
- washing and drying clothes (ie the ability to maintain the household's laundry by using the washing machine and being able to hang clothes on a washing line or clothes airer);
- shopping for groceries (ie the ability to physically purchase general household grocery items with either the use of a shopping basket or trolley); and
- if the Life Insured normally looks after a child or children up to the age of 12 as part of their everyday activities, looking after that child or children (ie the ability to care for and supervise a child or children up to the age of 12, including preparation of meals, bathing, dressing and getting the children to and from school by the usual mode of transport).

Illness

Is an illness or disease.

Incapacitated – definition for caring for your child benefit

The child must need full-time care and supervision by another person because of an *illness* or *injury* that is expected to continue beyond 12 months. This must be confirmed by a *medical practitioner* who is treating the child and agreed by our Consultant Medical Officer.

Injury

An injury to the body caused by an *accident*.

Medical practitioner

A registered medical practitioner in Australia, or another country as approved by us. This does not include a family member, business partner, your employee or employer.

Monthly benefit

Means the actual amount payable to you each month during a claim. The monthly benefit is payable monthly in arrears. See the Monthly Benefit section for more details.

Offsets

- any payments you receive or are entitled to receive in respect of your *injury* or *illness* under state, territory or federal legislation, or as damages under common law, for a loss of income, loss of earning capacity or any other economic loss (including any benefits or payments for work injury damages), including but not limited to worker's compensation and motor *accident* claims payments
- any payments you receive or are entitled to receive in respect of your *injury* or *illness* from any other individual or group disability income insurance policy or, consumer credit or mortgage insurance, not disclosed at the commencement of the cover or when you applied to increase your cover
- any leave payments from your employer that you have received or are entitled to receive in respect of leave taken including but not limited to sick leave (we do not offset leave of which you are entitled but you have not taken)
- any social security payments or other government grants you receive or are entitled to receive in respect of your *injury* or *illness*, to the extent permitted by law.

These payments will be treated as 60 monthly payments with each payment equalling 1/60th of the lump sum payment. While sick leave and annual leave benefits may reduce your Income Protection Select or Income Protection Prime 70 benefit, you can make a claim for an Income Protection Select benefit or Income Protection Prime 70 before your sick leave is used up and you are not required to use up your annual leave.

For clarity, any amounts which are post-disability income will not be included within offsets.

Partial Benefit Adjustment Percentage

A percentage calculated as:

$$\frac{\text{(Pre Disability Income – Post Disability Income)}}{\text{(Pre Disability Income)}}$$

which may be assessed periodically whilst on claim.

Passive Income

Income which you receive that is not income earned from personal exertion, working or from the conduct of a business, including interest, dividends or net rental income, other investment income or capital gains, ongoing contractual royalties or annuities, or other similar income.

Plan anniversary

Is the date shown on your current Plan Schedule, on which the review of your benefits and premiums each year take effect.

Post-disability Income

Those amounts (or their equivalent) which would have been treated as your *regular income* (expressed monthly) had you not become disabled, which you continue to receive whilst *disabled* or which you are entitled to receive whilst *disabled*. These are assessed periodically whilst on claim.

Equivalent amounts shall also include reasonably determined amounts that would have accrued to you or been earned by you (and as such, would have been *post-disability income*) had you not, following your *disability*, sold, transferred or disposed of an interest held by you.

For Income Protection Prime 70 the following also applies – If you are *partially disabled* and are not working at the extent of your capacity, *post-disability income* will be an amount determined based on what your earning potential would reasonably be if you were working at the full extent of your capacity (taking into account your capability to work).

Pre-disability income

This is your average *regular income* (expressed monthly) in the 12 months before the disability date except where one of the following (a), (b), (c) or (d) applies:

(a) if the average of your *regular income* (expressed monthly) in the 3 years before the *disability date* is higher than the above, then so as to account for income variability we will use the average of your *regular income* over the 3 years prior to *disability date*.

(b) If immediately prior to the *disability date* you are, or have been in the 12 months before the *disability date*, on:
   i) a period of study leave under the exercised Study Leave Cover Protection option for up to 12 consecutive months, or
   ii) on a parental break period under the exercised Parental Leave Cover Protection option or on parental leave (or a combination of the two) for up to 12 consecutive months, or
   iii) on parental leave (or a combination of parental break and parental leave) for up to 12 consecutive months, or
   iv) on a parental break period under the exercised Parental Leave Cover Protection option or on parental leave (or a combination of the two) for up to 24 months and a return to work date had been agreed in writing by your employer before the *disability date*,

   then your *pre-disability income* will be the higher of

- your *regular income* (expressed monthly) in the 12 months before the date you commenced the leave or break period (although if the average of your *regular income* for the last 3 years prior to that date is higher, we will use the average over the 3 years),

or

- your regular income (expressed monthly) since returning to work after the leave or break period as long as you returned to work at least 6 months before the disability date.

(c) If you are unemployed at the *disability date* for reasons other than being on study leave under the Study Leave Cover Protection Option, on parental break under the Parental Leave Cover Protection option, or on parental leave, then your *pre-disability income* will be the average of your *regular income* (expressed monthly) for the last 2 years before the *disability date*.

(d) If you are gainfully employed immediately before the *disability date* but had elected a reduced *sum insured* under the Parental Leave Cover Protection option, your *pre-disability income* will be your average *regular income* (expressed monthly) over the previous 12 months or over the period of the reduced *sum insured* (if this period is shorter).

Professionals Earnings Index (PEI)

Is an index developed by PPS Mutual of salaries for a basket of occupations that represent the expected PPS Mutual membership. Over time the PEI will be updated to reflect changing eligibility requirements while remaining representative of the membership.

Professions eligible for coverage under the PPS Mutual Benefit Fund

Accountant, Actuary, Architect, Audiologist, Barrister, Chartered Financial Analyst, Chinese Medicine Practitioner, Chiropractor, Dentist, Dental Specialist, Doctor, Engineer, General Practitioner, Judge, Medical Radiation Practitioner, Occupational Therapist, Optometrist, Osteopath, Pharmacist, Podiatrist, Psychologist, Physiotherapist, Quantity Surveyor, Solicitor, Specialist (Medical), Speech Pathologist, Surveyors, Town Planner, Veterinarian.

For new benefits from 7 August 2023:
In addition to the list of professions above: Business & Finance, Information Technology, Science.

Profit-Share Pool

The total of all Profit-Share Accounts (including any profits that have not been assigned to individual Profit-Share Accounts).

Regular Income

(a) to the extent the Life Insured is self-employed or a working director, means the life insured's share of the gross monthly income generated by the business(es) or professional practice less his/her share of the *business expenses* necessarily incurred in generating that income; and

(b) to the extent the Life Insured is not self-employed or a working director, means the Life Insured's gross monthly income by way of total remuneration package and includes salary, regular overtime, superannuation contributions paid by their employer, commissions, bonus payments and other fringe benefits;

less the designated superannuation guarantee contributions.

In each case, regular income does not include *passive income* or other amounts explicitly agreed at or following the time of application (such as expected net income and/or profit which the Life Insured is likely to continue to receive despite suffering a *disability*).

Each of the following applies in determining regular income:

(a) Where your income includes single large amounts or amounts that are not reliably recurrent in nature (which for example includes bonuses, redundancy payments, over-time, one-off transaction fees or income which are large amounts not usual for your work or which are not reasonably considered recurring amounts), these will be excluded from your *regular income*.

(b) Where you are not self-employed and their income includes reasonable periodic payments for which there is a history of payment, such as commissions, bonuses or profit shares, these will be spread over the period to which they relate and will be capped so that they do not comprise more than of 20% of the *regular income*.

(c) If there is a delay between the time you generate your income and when you receive it, we will deem your income to have been received in the month in which it was generated.

The *regular income* will be limited to that which can be earned by working 50 hours per week (or, if different, the hourly limit shown on the Plan Schedule).

Regular Occupation

Regular occupation means the occupation that the Life Insured performs on a regular basis.

Relative

Means your spouse, sibling, parent, father-in-law, mother-in-law, son or daughter, or any other person in a bona-fide living arrangement with you who is financially interdependent.

Specialist medical practitioner

Means a *medical practitioner* who practices in a specialty field and is listed on the Australian Health Practitioner Regulation Agency (AHPRA) Specialist Register, who cannot be:

- the Member or the Life Insured; or
- a family member, business partner, employee or employer of the Member or the Life Insured.

Spouse

Is a husband or wife or a partner in an equivalent de facto relationship, including same-sex relationships.

Sum Insured

Is the amount of cover you are insured for, as shown in your Plan Schedule.

Superannuation guarantee cap

The maximum superannuation contributions base expressed monthly, multiplied by the superannuation guarantee rate prescribed by the Australian Taxation Office.

Terminal Illness, Terminally Ill, Terminal Illness Benefit [NS]

Terminally ill means a *medical practitioner* has certified that you suffer from an *illness*, or you have incurred an *injury*, that is likely to result in your death within 24 months of diagnosis regardless of any reasonable medical treatment that maybe undertaken.

Terminal Illness, Terminally Ill, Terminal Illness Benefit [S]

Terminally ill means:

- Two medical practitioners have certified, jointly or separately, that you suffer from an *illness*, or you have incurred an *injury*, that is likely to result in your death within 24 months of the date of certification
- At least one of the medical practitioners is a specialist practising in an area related to the *illness* or *injury*, and
- For each of the certificates, the certification period has not ended.

Total disability (Premium Waiver Option) or totally disabled (Premium Waiver Option):

The Life Insured is totally disabled for the purpose of determining the Premium Waiver if they meet one of the following definitions which applies to their circumstances:

Duties based definition:
For persons who were gainfully employed or not more than 12 months out of gainful employment at the time of *illness* or *injury*:

If solely due to *illness* or *injury* the Life Insured is:

- unable to perform at least one or more of the important *regular income* producing duties of their *regular occupation*;
- not working in any gainful employment; and
- under the regular care of and following the advice of an appropriately qualified medical practitioner in relation to that *illness* or *injury*.

Hours based definition [NS]:
For persons who were gainfully employed or not more than 12 months out of gainful employment at time of *illness* or *injury*. This definition is not available inside superannuation.

If solely due to *illness* or *injury* the Life Insured is:

- not working for more than 10 hours per week in their *regular occupation* and not working in any other gainful employment (5 hours where working less than 20 hours per week in the previous 12 months);
- unable to perform the duties of their *regular occupation* for more than 10 hours per week (5 hours where working less than 20 hours per week in the previous 12 months); and
- under the regular care of and following the advice of an appropriately qualified medical practitioner in relation to that *illness* or *injury*.

Extended unemployment or leave without pay definition [NS]:
This definition is not available inside superannuation.

If immediately prior to a claim, the Life Insured was for a period longer than 12 months:

- not gainfully employed; or
- on leave without pay;

then the Life Insured will be totally disabled if solely due to *illness* or *injury* they are:

- unable to perform any occupation (whether paid or unpaid) for which he or she is reasonably suited by education, training or experience;
- not working in any occupation (whether paid or unpaid); and
- under the regular care of and following the advice of an appropriately qualified *medical practitioner* in relation to that *illness* or *injury*.

CONTACT **US**

Should you have any queries please contact the Member services contact centre by phone or email: 1300 401 436
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