

Insurance at Bankwest

Classic Life Insurance

Product Disclosure Statement
including policy terms



It's good to
protect the
important
things in life.

Issued by:
St Andrew's Life Insurance Pty Ltd

Issue date:
27 August 2012

bankwest



Happy Banking

About this Product Disclosure Statement

Classic Life Insurance is:

- issued by St Andrew's Life Insurance Pty Ltd (St Andrew's) ABN 98 105 176 243, Australian Financial Services Licence No. 281731; and
- promoted by Bankwest.

In this PDS, 'Bankwest' means, before the Transfer Date, Bank of Western Australia Ltd ABN 22 050 494 454 AFSL /Australian credit licence 236872. On and from the Transfer Date, Bankwest means, a division of Commonwealth Bank of Australia ABN 48 123 123 124 AFSL / Australian credit licence 234945 and its successors and assigns. The Transfer Date is the date on which the business of Bank of Western Australia Ltd is transferred to Commonwealth Bank of Australia. The Transfer Date will be notified in certain national and state newspapers. Neither Bank of Western Australia Ltd nor Commonwealth Bank of Australia is the issuer of the covers and neither they nor any of their related corporations guarantee or is liable to pay any of the benefits under these covers. Neither Bank of Western Australia Ltd nor Commonwealth Bank of Australia nor any of their related corporations is an Authorised Representatives of St Andrew's or any of its related companies.

St Andrew's has sole responsibilities to you for the PDS and Classic Life Insurance.

In this Product Disclosure Statement including policy terms (PDS), some words have special meanings. They are written in *italics* and their meaning is given in the Glossary on page 21. In this PDS, references to St Andrew's, we, our and us refer to St Andrew's Life Insurance Pty Ltd and references to you and your refer to the policy owner. The policy owner is also the *Life Insured* under the policy.

This PDS is a very important document. If you apply for Classic Life Insurance and we confirm your acceptance in writing, this PDS (which includes the policy terms) together with the *Policy Schedule* will form your policy document. Your policy document contains all of the terms and conditions of our contract, including when we will pay a benefit under the policy.

In addition to this document, you may also be provided with a Financial Services Guide (FSG).

The information in this PDS has been prepared without taking into account your objectives, financial situation or needs. Because of this, before acting on the information in this PDS, you should consider the appropriateness of this product having regard to your objectives, financial situation and needs before making a decision to apply for Classic Life Insurance. We recommend that you read this PDS carefully to ensure you fully understand the terms (and exclusions) of Classic Life Insurance and its appropriateness for you.

Contact details for St Andrew's

✉ PO Box 8446 Parramatta Westfield NSW 2150

☎ 1300 880 572

🌐 **Website:** www.bankwest.com.au/classiclif

St Andrew's is not an Authorised Deposit Taking Institution. The Classic Life Insurance policy is not a deposit with, product or liability of, nor guaranteed by Bank of Western Australia or Commonwealth Bank of Australia. The role of Bankwest in relation to Classic Life Insurance is as promoter only. Bankwest has not prepared this Product Disclosure Statement.

Classic Life Insurance – a simple thing you can do for your family

Classic Life Insurance provides simple, affordable and straightforward life insurance options giving you the peace of mind that you are helping to provide a secure financial future for your family.

Having plans in place is part of responsible life planning; especially if one person is the primary source of income for your family. Financial worries are the last thing you'd want your family to be faced with. Classic Life Insurance can pay an agreed lump sum in the event of your death or serious impairment, upon diagnosis of a *Terminal Illness* or if you have a *Covered Serious Illness*. The money can help your family manage household debt, provide for your children's education or cover general living and medical expenses.

Classic Life Insurance offers you

- › Easy over the phone *Application* process, no medical assessments or lengthy forms required
- › Low cost cover starting from only \$2.48 per week*
- › Up to \$1 million Life Cover
- › Additional protection including Serious Impairment Cover and Serious Illness Cover
- › Flexible premium options
- › Worldwide coverage 24/7
- › 21 day cooling-off period

*Based on a 32-year-old female, non-smoker with a nominated benefit of \$200,000

How to apply?

To apply for Classic Life Insurance you can:

- 1) simply call a Customer Representative on 1300 884 532; or
- 2) send your completed *Application* form to Reply Paid 8446 Parramatta Westfield NSW 2150; or
- 3) visit [**www.bankwest.com.au/classiclif**](http://www.bankwest.com.au/classiclif) where you can obtain a quote and download an *Application* form.

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Glossary

Your Policy

Who can apply?

You can apply for Life Cover if you are aged 18 to 60 years of age and are a permanent *Australian Resident*.

To be eligible to apply for Serious Illness Cover (optional) and/or Serious Impairment Cover (optional) you must be a Classic Life Insurance policy owner aged 18 to 54 years of age.

The amount of Classic Life Insurance cover you can apply for

Cover Type	Minimum Benefit	Maximum Benefit
Life Cover*	\$100,000	\$1,000,000
Serious Illness Cover (optional benefit)*	\$50,000	Your Life Cover benefit up to \$200,000
Serious Impairment Cover (optional benefit)	\$100,000	Your Life Cover benefit up to \$200,000

*available in increments of \$50,000

When is a benefit payable?

Life Cover

Life Cover provides a lump sum benefit payment upon your death or on diagnosis of a *Terminal Illness* where your life expectancy is less than 12 months. You can apply for this cover on its own or with the following optional benefits:

Serious Illness Cover (optional benefit, premiums are additional to the Life Cover premium)

Serious Illness Cover provides a lump sum benefit in the event of diagnosis of a *Covered Serious Illness*, which is an *Illness* or procedure that is listed below:

Covered Serious Illness

- Aortic Surgery
- Aplastic Anaemia

- Cancer
- Chronic Kidney Failure
- Coronary Artery Bypass Surgery
- Diplegia
- Heart Attack
- Heart Valve Surgery
- Hemiplegia
- Major Organ Transplant
- Multiple Sclerosis
- Parkinson's Disease
- Stroke

Serious Impairment Cover (optional benefit, premiums are additional to the Life Cover premium)

Serious Impairment Cover provides a lump sum benefit in the event of an *Injury* or *Illness* where you suffer a loss listed in the table below:

Loss due to <i>Injury</i> or <i>Illness</i>	% of sum insured
<i>Loss of Independent Existence</i>	100%
<i>Loss of Limbs (two limbs)</i>	100%
<i>Loss of Limb (one limb) and Loss of Sight in One Eye</i>	100%
<i>Loss of Sight</i>	100%
Loss due to <i>Injury</i> only	% of sum insured
<i>Major Head Trauma</i>	100%
<i>Severe Burns</i>	100%
<i>Loss of Speech</i>	75%
<i>Loss of Hearing</i>	75%
<i>Partial Loss of Limb</i>	50%
<i>Partial Loss of Sight</i>	50%

When is a benefit reduced?

Only one Life Cover benefit is payable under this policy. Where a benefit is paid under Serious Illness Cover, we will reduce the Life Cover benefit by the benefit amount paid under Serious Illness Cover. Similarly where a benefit is paid under Serious Impairment Cover, we will reduce the Life Cover benefit by the benefit amount paid under Serious Impairment Cover.

Only one Serious Illness Cover benefit is payable under this policy. The Serious Illness Cover benefit cannot exceed the Life Cover benefit under this policy. A Serious Illness Cover benefit is not payable if the *Terminal Illness* benefit under the Life Cover is or has been paid.

Only one Serious Impairment Cover benefit is payable under this policy. The Serious Impairment Cover benefit cannot exceed the Life Cover benefit under this policy. A Serious Impairment Cover benefit is not payable if the *Terminal Illness* benefit under the Life Cover is or has been paid.

When is a benefit not payable?

Life Cover

We will not pay any benefit under Life Cover if your death results directly or indirectly from suicide or attempted suicide within the first 13 months of the *Commencement Date* or of any increase in the *Benefit Amount* or reinstatement of the policy. If the *Benefit Amount* increases, the limitation only applies to the increased amount.

Serious Illness Cover

We will not pay any benefit under Serious Illness Cover if the *Covered Serious Illness*:

- occurs or is diagnosed or the procedure or symptom became apparent before or within 90 days of the *Commencement Date* of the cover; or within 90 days of the date that any increase in cover starts (but only in respect of the increase) or reinstatement of the policy; or
- results directly or indirectly from an intentionally self-inflicted injury or infection caused by you whether sane or insane; or
- results directly or indirectly from committing or attempting to commit an assault, battery or criminal offence or act of terrorism; or
- is not a *Covered Serious Illness* or you do not meet the definition of the list of *Covered Serious Illness* on page 6.

The *Covered Serious Illness* must become apparent outside the 90 day *Qualifying Period* and you must survive 14 days after suffering the *Covered Serious Illness*. The existence of the *Covered Serious Illness* must be certified by both the *Medical Practitioner* treating the *Covered Serious Illness* and the *Medical Practitioner* nominated by us and, in relevant cases, supporting evidence. If these requirements are not met we will not pay a benefit.

Serious Impairment Cover

We will not pay any benefit under Serious Impairment Cover where the *Injury or Illness*:

- results directly or indirectly from an intentionally self-inflicted injury or infection caused by you whether sane or insane; or
- results directly or indirectly from suicide or attempted suicide; or
- is caused, or contributed to, by drug abuse or the taking of drugs other than when taken under the direction of a *Medical Practitioner*; or
- is the result of any physical defect, infirmity, existing or recurring illness, injury or disability whether diagnosed or not, of which you had symptoms prior to the *Commencement Date* of this policy:
 - of which you were aware; or
 - for which you received medical examination, consultation, treatment, investment and/or medication; or
 - for which a reasonable person in the circumstances would have tried to receive advice, care or treatment from a *Medical Practitioner*; or
- occurs while you have a blood alcohol level of 50mg of alcohol per 100ml of blood or higher; or
- occurs while you are either a pilot, crew member or passenger, other than a fare-paying passenger, in any aircraft; or
- results directly or indirectly from you committing or attempting to commit an assault, battery, criminal offence or act of terrorism; or
- results from the consequence of war, civil commotion or riots; or

- › occurs as the direct result of you participating in a dangerous pursuit including, but not limited to, the following activities: boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off-piste skiing, pot-holing, power boat racing, under-water diving, yacht racing or any race, trial or timed motor sport.

No benefit shall be paid for any loss due to *Injury* that results directly or indirectly from, or is in any way connected with, any disease, bodily or mental illness (as defined by the Diagnostic & Statistical Manual of Mental Disorders Volume IV published by the American Psychiatric Association) or medical or surgical treatment of these.

No benefit shall be paid for any *Major Head Trauma* or *Severe Burns* that occurs while you are:

- › engaged in any *Professional Sport*; or
- › driving or riding in any kind of organised race, other than charity races.

Duplication of cover

You may not be covered by us under more than one Classic Life Insurance policy. If you do happen to be covered with us by more than one Classic Life Insurance policy, you may claim under either policy, but not both. The duplicated policy will be cancelled and any premium paid refunded.

Automatic renewal of your cover

We guarantee to renew your cover (provided you pay your premiums when due) up to and including the *Policy Anniversary* before your:

- › 70th birthday for Life Cover;
- › 65th birthday for Serious Illness Cover and Serious Impairment Cover.

If you renew your cover on the *Policy Anniversary* before your 70th birthday (for Life Cover) or 65th birthday (for Serious Illness Cover and Serious Impairment Cover), we will continue to accept premium payments for the period up to your next *Policy Anniversary*.

When does your cover start and end?

Your cover begins on the day we accept your *Application*. This is the *Commencement Date* and will appear on your *Policy Schedule*. Cover will continue until the earliest of the following dates:

- › The date of your *Policy Anniversary* after your 70th birthday for Life Cover; or
- › The date of your *Policy Anniversary* after your 65th birthday for Serious Illness Cover and Serious Impairment Cover; or
- › The date of payment of a Life Cover benefit; or
- › For Serious Illness Cover, the date of payment of a Serious Illness Cover benefit; or
- › For Serious Impairment Cover, the date of payment of a Serious Impairment Cover benefit; or
- › The date you cancel your policy; or
- › The date nominated by us in writing that your policy lapses due to non-payment of premium within 30 days of its due date; or
- › The expiry date for the cover as shown on your *Policy Schedule*; or
- › The date of payment of a Serious Illness Cover benefit or Serious Impairment Cover benefit which reduces your Life Cover benefit to zero.

Can you change your cover?

You can apply to increase or decrease your *Benefit Amount/s* or add additional cover at any time provided you have not been eligible to claim any benefits. Your *Application* is subject to our assessment and we do not guarantee to accept your *Application*. If we do not accept your *Application*, your existing policy will continue subject to the terms and conditions in this document.

If we accept an *Application* to increase a *Benefit Amount* under this policy, any waiting periods and *Qualifying Periods* will recommence from the *Commencement Date* of the increased *Benefit Amount*, but only in respect of the increased *Benefit Amount*.

Maximum benefit

The maximum benefit under this policy is \$1,500,000. This includes Serious Illness Cover and Serious Impairment Cover and any automatic indexation, if applicable.

General Policy Conditions

Automatic indexation

To help protect the value of your Life Cover, your *Benefit Amount* is automatically increased on each *Policy Anniversary* by 5%. We will not apply any automatic increases from the *Policy Anniversary* after your 65th birthday or where you have reached a maximum Life Cover benefit of \$1,500,000. Your premium will increase each year on your *Policy Anniversary* in line with this change.

This automatic yearly increase in your *Benefit Amount* is optional and you may opt out at any time by notifying us in writing using the contact details on page 3.

If you have requested to opt out of the automatic yearly increase to your policy and then wish to re-apply the automatic indexation, your application may be subjected to our assessment and we do not guarantee to accept your application. If we do not accept your application, your existing policy will continue subject to the terms and conditions in this document.

\$10,000 fast cash payment

If you die while covered by this policy, we may advance to your estate \$10,000 while we assess your claim to assist with the immediate costs of arranging your funeral and covering legal expenses. A request for advancement must be made by your estate and must include proof of your age and satisfactory evidence of death. Any benefit subsequently paid when we complete our claims process will be reduced by the amount advanced. Advancement of a fast cash payment is not an acceptance of a Life Cover claim by us.

Cancelling your policy

If you are not completely satisfied with your policy, you can cancel this policy in writing within the first 21 days (or otherwise as permitted by law) of the *Commencement Date* (the cooling-off period). If you cancel within the cooling-off period we will refund any premiums paid in full unless a claim has been made or can be made.

You may cancel your policy at any time after the cooling-off period by notifying us in writing. If you pay premiums either fortnightly or monthly, the cancellation takes effect on the next premium due date. If you pay premiums annually, the cancellation takes effect on the date we receive your request and any pre-paid premium will be refunded on a pro-rata basis.

Cancellations can be made by writing to us at the address on page 3.

How premiums are calculated and paid

The premium that you will be charged depends on the following factors:

- › the cover(s) you select;
- › the *Benefit Amount(s)* you select;
- › your age;
- › your gender; and
- › your smoking status (smoker/non-smoker).

There are a number of statutory charges and taxes that may be included in an insurance premium. Your premium is inclusive of any applicable statutory charges and taxes.

You can obtain a premium estimate from **www.bankwest.com.au/classiclif** or by calling 1300 884 532. At your request, we can provide you with a table of all premiums that apply to Classic Life Insurance which is also available from **www.bankwest.com.au/classiclif**. Premiums generally increase each year on your *Policy Anniversary* based on your age and *Benefit Amount*.

You can choose to pay your premium fortnightly, monthly or annually, by direct debit from your nominated bank account or credit card. If a premium debit payment is returned unpaid, you may be charged a fee from your financial institution for each returned item.

Premium rates are not guaranteed and, as we may review our premium rates for our policies from time to time, premium rates may increase or decrease. Premium rates will only increase if we review all our rates for a type of policy within the same series (for example, all our Classic Life Insurance rates). We will not single you out for an increase in premiums. We will send written notice of any change in your premium to your last known address at least 30 days before the effective date of the change.

Commission

For any Classic Life Insurance policy issued, St Andrew's may pay Bankwest a commission of up to 20%. This is included in the premium you pay and is not an additional cost to you.

Your duty of disclosure

Before we agree to insure you, you have a duty of disclosure under law to tell us anything you know, or could reasonably be expected to know, which is relevant to our decision as to whether to accept your *Application* for insurance and on what terms. In providing us with information, you have a duty to be honest and truthful.

You do not need to tell us anything that:

- Reduces our risk;
- Is of common knowledge;
- We know or, as an insurer, should know; or
- We have waived your duty to disclose to us.

It is important that you understand you are providing information in this way for yourself as the person to be insured.

With respect to Serious Illness Cover and Serious Impairment Cover, if you fail to comply with your duty of disclosure we may reduce or refuse to pay a claim or cancel your policy.

With respect to Life Cover, if you fail to comply with your duty of disclosure and we would not have insured you if you had complied with your duty, we can avoid the policy at any time within three years of the *Commencement Date*. This means that we could refuse to pay a benefit.

If you provide or conceal information fraudulently, we may at any time refuse to pay a benefit and treat the policy as never having existed.

Your privacy

We collect personal information about you so that we can provide you with insurance and administer any insurance products issued.

Subject to the Privacy Act 1988 (Cth), you can have access to your personal information by contacting us using the contact details on page 3. Without your personal information we cannot provide you with insurance or properly administer any insurance products issued.

We disclose personal information to third parties to assist us in providing insurance and administering the insurance products issued to you and also to assist us, other related companies and preferred suppliers in developing new products and services. Those third parties (who may be overseas) may include other related companies, agents, representatives, organisations or contractors who provide services to us in connection with the provision of products or services that you have sought from us.

For further details please refer to our Privacy Policy, a copy of which can be found at www.standrewsaus.com.au.

Making a claim

To make a claim, you, your legal personal representative or your estate can contact 1300 880 572 to be guided through the claims process.

Claims must be made in writing as soon as possible and in any event within 90 days of the date of the event giving rise to the claim. Should you notify us of the claim after 90 days and we, in our reasonable opinion, feel that you have prejudiced our position by doing so, we may restrict the benefit we pay to commence on the date we were notified of the claim. Your notice should be sent to us at the address on page 3.

Before a claim is payable we must receive proof, provided at your (or your estate's) expense and to our satisfaction, that the insured event has occurred. Where required, the person making the claim under this policy must provide us with copies of both the death and birth certificates and such records or evidence of your medical history as we may reasonably require. For *Terminal Illness* claims we may require you to undergo an independent medical examination, which we will pay for.

We may reduce the amount we pay or may refuse to pay the claim if we are disadvantaged because of any delay in notifying us of a claim.

Fraudulent claims

If any claim under this policy is fraudulent or is intended to mislead us or if fraudulent or misleading actions are used by you or anyone acting on your behalf to obtain a benefit under this policy, your right to any benefit under this policy shall end and we shall be entitled to recover any benefit paid and costs incurred as a result of any such fraudulent or misleading claim.

Who is your benefit paid to?

In the event of a benefit being paid for *Terminal Illness*, or a benefit being paid under Serious Illness Cover or Serious Impairment Cover, the benefit will be paid to you. In the event of your death the benefit will be paid to your nominated beneficiaries as nominated in the *Application* for Classic Life Insurance. You can nominate one or more persons as your beneficiaries and the proportions in which they will receive the benefit. There are no restrictions on who you can nominate. We will pay your benefit to your beneficiaries in the proportions you tell us or divide the benefit equally between them if you do not.

You can change your nomination at any time, by providing us with an original, signed, dated and clear written notice. We will rely on any notice we receive which we reasonably believe you have given.

If your beneficiary is below the age of 18 at the time of your death, or if we determine that they are unable to look after their own affairs, we will pay the benefit to the beneficiary's legal guardian or to a trust for the benefit of the beneficiary.

If you die without a beneficiary or if we are unable to find your beneficiary after making all reasonable efforts, we will pay the benefit to your estate.

If we are unable to locate the executor or administrator of your estate or none is appointed within a reasonable time, we will pay the benefit to the Public Trustee in your State or Territory.

If your beneficiary dies before you and you do not update your nomination after their death, then any benefit that would have been payable to that beneficiary will be paid to your estate. If a nominated beneficiary dies at the same time as you or after you but before we have paid the benefit to them, we will pay the benefit or that part of the benefit to which they were entitled to the executor or administrator of their estate.

Complaints and disputes

If you have a complaint, please contact our Complaints Officer using the contact details on page 3.

In the unlikely event that your complaint is not resolved to your satisfaction, you may refer the matter for a further review to an Internal Dispute Resolution Committee via these same contact details.

If you remain unhappy with the response, you may then contact the Financial Ombudsman Service. This is an independent body that deals with disputes. It is available at no cost to you. You can find out more information at www.fos.org.au or you may contact them at:

The Executive Officer Financial Ombudsman Service

GPO Box 3
Melbourne VIC 3001
Telephone 1300 780 808 (local fee applies)
Facsimile (03) 9613 6399
Email: info@fos.org.au

Tax

We recommend that you consult your accountant or taxation adviser for advice on any taxation implications of taking out Classic Life Insurance.

General conditions

There are further general conditions which apply to Classic Life Insurance. These are:

- You may not transfer your rights under your policy.
- Your policy will be subject to the law of the State of Western Australia (as amended or affected by statutes of the Commonwealth of Australia).
- The policy has no surrender value.
- When you apply for a Classic Life Insurance policy, you agree to comply with your obligations set out in this PDS and to take all reasonable steps to minimise our risk under your policy.
- Classic Life Insurance is written out of St Andrew's Statutory Fund No.1.
- The entire contract of insurance between you and us is comprised of this document (the PDS) and the *Policy Schedule* we send you.

- Nothing in this policy may be waived or modified except in writing by an Authorised Officer on our behalf.
- Any notices we send you regarding this policy will be sent to the address you last notified us. If you change your address you must notify us using the contact details on page 3.

Direct Debit Request – Service Agreement

1. St Andrew's Australia Services Pty Ltd ABN 75 097 464 616 (Debit User) will initiate direct premium debit payments in the manner referred to in the *Application*.
2. Debit payments will be made when due. The Debit User will not issue individual confirmation of payments made.
3. The Debit User will give at least 14 days written notice if the Debit User proposes to vary details of this arrangement, including the amount and frequency of debit payments.
4. If you wish to defer any payment or alter any of the direct debit details referred to in the *Application*, you must contact the Debit User using the details at page 3.
5. Any queries concerning disputed debit payments must be directed to the Debit User in the first instance. Details of the dispute resolution process that applies to the Debit User are described in the Classic Life Insurance PDS. You may also contact the Debit User on 1300 880 572 or at the address on page 3. Any queries you may have regarding any disputed debit payments may also be directed to your financial institution.
6. Direct payment debiting, through BECS (Bulk Electronic Clearing System), is not available on the full range of accounts at all financial institutions. If in doubt, you should check with your financial institution before completing the Direct Debit Request in the *Application*.
7. You should ensure that your account details given in the *Application* are correct by checking against a recent statement from the financial institution at which your account is held.
8. It is your responsibility to have sufficient cleared funds by the premium due date in your account to enable the direct debit payments to be made in accordance with the Direct Debit Request.

9. By signing the Direct Debit Request you warrant and represent that you are duly authorised to request and instruct the debiting of premium payments from your account described in the *Application*.
10. If a debit payment falls due on any day which is not a business day, the payment will be made on the next business day. If you are uncertain as to when a debit payment will be processed to your account, you should make enquiries directly with your financial institution at which your account is held.
11. If a debit payment is returned unpaid, you may be charged a fee for each returned item by your financial institution.
12. Should you wish to cancel the Direct Debit Request or to stop individual payments you must give at least 7 days written notice to the Debit User at the address on page 3 or by directing your request to the financial institution at which your account is held.
13. Except to the extent that disclosure is necessary in order to process debit payments, investigate and resolve disputed transactions or is otherwise required by law, the Debit User will keep the details of your account and debit payments confidential. The Debit User's Sponsor bank may require information relating to your records and account details to be provided in connection with any claim made on it to an alleged incorrect or wrongful debit.

Glossary

Activities of Daily Living means

1. Bathing and showering – the ability to wash oneself in a bath, shower or by sponge without assistance including getting in and out of the bath/shower;
2. Dressing and undressing – the ability to put on and take off essential clothing, without assistance. Essential clothing includes underwear, trousers, dress, skirt, shoes and shirt;
3. Eating and drinking – getting food from plate or cup into your mouth, the ability to feed oneself without assistance once food has been prepared and made available;
4. Using the toilet to maintain personal hygiene – the ability to get to and from and on and off the toilet without assistance;
5. Transferring – the ability to move from place to place either by walking, with the assistance of a wheelchair or a walking aid or the ability to get in and out of bed, a chair or a wheelchair.

Aortic Surgery means surgery to correct a narrowing, dissection or aneurysm of the thoracic or abdominal aorta but not its branches. Traumatic injury of the aorta and surgery performed using catheter techniques are specifically excluded.

Aplastic Anaemia means bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment, with at least one of the following:

- blood product transfusions;
- marrow stimulating agents;
- immunosuppressive agents; or
- bone marrow transplantation.

Application means the documents completed by you, or on your behalf when applying for Classic Life Insurance or any application to increase or decrease the *Benefit Amount*.

Australian Resident means an Australian citizen or a holder of permanent resident status of Australia who is permanently residing within Australia at the time the *Application* is made.

Benefit Amount means the benefit you apply for at your *Commencement Date* together with any requested increase, which we have accepted in writing, or any automatic increases that we have applied to your policy.

Cancer means any malignancy characterised by unlimited growth and which expands locally by invasion, but excluding malignancies which meet the following medical and/or histopathology classifications:

The following conditions are excluded:

- prostate cancer which remain classified as TNM classification T1 (including T1(a) or T1(b) or another equivalent or lesser clarification); but not if the Gleason Score is 6 or more;
- carcinoma in situ, including intraepithelial neoplasia, but not if:
 - the cancer is located in the breast and all breast tissue of the affected breast is removed, or
 - the cancer is located in a testis;
- pre-malignant conditions; and
- cervical dysplasia, CIN1, CIN2 and CIN3;
- non-melanoma skin cancers, but not if the cancer has spread to another part of the body;
- melanoma with a depth of invasion classified as Clark Level II or less, or a Breslow thickness of 1.5mm or less; and
- chronic lymphocytic leukaemia with a classification equivalent to Rai Stage 1 or less.

Chronic Kidney Failure means end stage renal failure presenting as chronic irreversible failure of both kidneys to function as a result of which regular renal dialysis is instituted or renal transplantation is performed.

Commencement Date means the date on which your *Application* is accepted by us, as shown in your *Policy Schedule*.

Coronary Artery Bypass Surgery means the open chest surgical grafting of a bypass to a coronary artery to overcome narrowing or obstruction. It must be considered necessary by both a specialist *Medical Practitioner* treating the condition and a specialist *Medical Practitioner* nominated by us.

The following conditions are excluded:

- coronary artery angioplasty;
- cardiac keyhole surgery; and
- laser or other intra-arterial procedures.

Covered Serious Illness means an *Illness* or procedure that is *Aortic Surgery*, *Aplastic Anaemia*, *Cancer*, *Chronic Kidney Failure*, *Coronary Artery Bypass Surgery*, *Diplegia*, *Heart Attack*, *Heart Valve Surgery*, *Hemiplegia*, *Major Organ Transplant*, *Multiple Sclerosis*, *Parkinson's Disease* or *Stroke*.

Diplegia means the total loss of function of both sides of the body due to sickness or injury where such loss of function is permanent.

Heart Attack means the death of part of the heart muscle (myocardium) as a result of inadequate blood supply. The diagnosis must be based on either:

- the following medical evidence:
 1. elevation of cardiac enzyme CK-MB; or
 2. both:
 - a. elevation in levels of Troponin I greater than 2.0 mcg/L or Troponin T greater than 0.6 mcg/L or their equivalent; and
 - b. confirmatory new electrocardiogram (ECG) changes; or
 3. medical evidence satisfactory to us that the Heart Attack reduced the Left Ventricular Ejection Fraction to below 50% when measured at least six weeks after the Heart Attack, or
- any other medical evidence satisfactory to us which demonstrates that myocardial damage has occurred to at least the same degree of severity as would be evidenced by the medical evidence required under the first bullet point.

Heart Valve Surgery means open heart surgery for treatment of cardiac defect/s, cardiac aneurysm or benign cardiac tumour/s.

Hemiplegia means the total loss of function of one side of the body due to sickness or injury, where such loss of function is permanent.

Illness means a pathological condition that you are diagnosed with which is evidenced by medically recognised signs and symptoms.

Injury means accidental bodily injury which:

- occurs to you while cover in respect of the benefits referred to in this policy are in force; and
- is caused solely and directly by violent, external and accidental visible means, independently of all other causes.

Life Insured means the person specified as a *Life Insured* in the *Policy Schedule*.

Loss of Hearing means the total and irrecoverable (permanent) loss of hearing in both ears.

Loss of Independent Existence means the total and irreversible inability to perform at least two of the numbered *Activities of Daily Living* without the assistance of another person for 24 hours a day for a period of 6 consecutive months.

Loss of Limb (one limb) and Loss of Sight in One Eye means the total and irreversible loss of the use of one limb, where "limb" means whole hand or whole foot; and the irrecoverable loss of sight in one eye, with and without the use of an appropriate aid, to the extent that eyesight is reduced in that eye to 6/60 or less of central visual acuity on the Snellen test chart.

Loss of Limbs (two limbs) means the total and irreversible loss of the use of two limbs, where "limb" means whole hand or whole foot.

Loss of Sight means the irrecoverable loss of sight in both eyes, with and without the use of an appropriate aid, to the extent that eyesight is reduced to 6/60 or less of central visual acuity on the Snellen test chart or the degree of vision is less than or equal to 20 degrees of arc.

Loss of Speech means the total and irrecoverable (permanent) loss of speech.

Major Head Trauma means injury to the head resulting in neurological deficit causing a permanent loss of at least 25% whole person function (as defined in the edition of the American Medical Association publication "Guides to the Evaluation of Permanent Impairment" current as at the date of this PDS).

Major Organ Transplant means the human to human transplant from a donor to you of one or more of the following organs:

- kidney;
- lung;
- pancreas;
- heart;
- liver; or
- bone marrow.

The transplantation of all other organs or parts of organs or any other tissue transplant is excluded.

Medical Practitioner means a Medical Practitioner registered in Australia or a Medical Practitioner practicing in a country other than in Australia, with qualifications equivalent to a Medical Practitioner registered in Australia, in either case who is not you, a partner or a relative of you.

Multiple Sclerosis means the unequivocal diagnosis of Multiple Sclerosis as confirmed by a consultant neurologist and characterised by demyelination in the brain and spinal cord evidenced by Magnetic Resonance Imaging or other investigations acceptable to us. There must have been more than one episode of well-defined neurological deficit with persisting neurological abnormalities.

Partial Loss of Limb means the total and irreversible loss of the use of one limb, where 'limb' means whole hand or whole foot.

Partial Loss of Sight means the irrecoverable loss of sight in one eye, with and without the use of an appropriate aid, to the extent that eyesight is reduced in that eye to 6/60 or less of central visual acuity on the Snellen test chart.

Parkinson's Disease means the unequivocal diagnosis of Parkinson's Disease by a consultant neurologist where the consultant neurologist confirms that the condition:

- is the established cause of two or more of the following:
 - muscular rigidity;
 - resting tremor;
 - bradykinesia;
- has caused significant progressive physical impairment, likely to continue progressing but for any treatment benefit.

You must be under the established care and following the advice of a specialist neurologist.

Policy Anniversary means the anniversary of the *Commencement Date* of your policy as specified in the *Policy Schedule*.

Policy Schedule means the document we send you entitled *Policy Schedule*, specific to your Classic Life Insurance policy, once we accept your *Application* for Classic Life Insurance, as updated from time to time.

Professional Sport means a sport from which, through your participation, you derive an income.

Qualifying Period means, in respect of a *Covered Serious Illness*, the period of 90 days from the *Serious Illness Benefit Start Date*, during which we will not pay a benefit under your

policy if the condition giving rise to the *Covered Serious Illness* became apparent during this 90 day period. For the purpose of this definition, a condition became apparent if you had symptoms of the condition for which a reasonable person would have tried to receive advice, care or treatment from a *Medical Practitioner*. For the avoidance of doubt, we will not pay a benefit if the condition giving rise to the *Covered Serious Illness* became apparent during the *Qualifying Period*.

Serious Illness Benefit Start Date means the date upon which benefits under Serious Illness Cover begin which is the date identified as the Serious Illness Benefit Start Date in the *Policy Schedule*.

Severe Burns means tissue injury caused by thermal, electrical or chemical agents causing third degree burns to at least:

- 20% of body surface as measured by the Rule of Nines or the Lund and Browder Body Surface Chart;
- the whole of both hands requiring surgical debridement (removal of dead, damaged or infected skin) and/or grafting; or
- the whole of the face requiring surgical debridement (removal of dead, damaged or infected skin) and/or grafting.

Stroke means a cerebrovascular accident or incident producing permanent neurological sequelae. This includes infarction of brain tissue, intracranial and/or subarachnoid haemorrhage, or embolisation from an extracranial source.

The following conditions are excluded:

- Cerebral systems due to:
 - Transient ischaemic attacks;
 - Reversible ischaemic neurological deficit; or
 - Migraine; and
- Cerebral injury resulting from:
 - Trauma;
 - Hypoxia; or
 - Vascular disease affecting the eye optic nerve or vestibular function.

Terminal Illness means you are diagnosed as having a life expectancy of less than 12 months, as confirmed by a *Medical Practitioner* approved by us.

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