

AXA's Elevate

Insurance solutions



Product Disclosure Statement

Life Insurance

Life Insurance Superannuation

Total and Permanent Disability Insurance

Trauma Insurance

Income Insurance

Income Insurance Superannuation

Business Expenses Insurance

Issue Number 11, 19 September 2011



redefining / insurance

Products in this Product Disclosure Statement (PDS) are available from 19 September 2011.

For more information about AXA in Australia please visit axa.com.au/aph

AXA Customer Service 132 987

Regulatory identifiers

Super Directions Fund	Australian Business Number (ABN) 78 421 957 449 Superannuation (Super) Fund Number (SFN) 4904/989/97
N.M. Superannuation Proprietary Limited (NM Super)	ABN 31 008 428 322 Australian Financial Services (AFS) Licence No. 234654
The National Mutual Life Association of Australasia Limited (NMLA)	ABN 72 004 020 437 AFS Licence No. 234649
Wealth Personal Superannuation and Pension Fund	ABN 92 381 911 598

This PDS is jointly issued by NM Super and NMLA.

All plans except the Life Insurance Superannuation Plan and the Income Insurance Superannuation Plan are issued by The National Mutual Life Association of Australasia Limited ABN 72 004 020 437 AFS Licence No. 234649. The Life Insurance Superannuation Plan and Income Insurance Superannuation Plan are issued by N.M. Superannuation Proprietary Limited ABN 31 008 428 322 AFS Licence No. 234654 as trustee of the Super Directions Fund ABN 78 421 957 449 (Super Directions) and of the Wealth Personal Superannuation and Pension Fund ABN 92 381 911 598 (Wealth Super).

Changes to the PDS

Information in the PDS may be amended from time to time. If the amendment is not significantly or materially adverse it may be updated and information provided on axa.com.au/insurance.

A printed copy of any amendments can be obtained free of charge by contacting our Customer Service Centre on 132 987.

Information contained in this PDS

This PDS contains information about the following types of cover: Life Insurance, Life Insurance Superannuation, Trauma Insurance, Total and Permanent Disability Insurance, Income Insurance, Income Insurance Superannuation and Business Expenses Insurance, which describe the important terms and conditions of the insurance products available from AXA.

The information in this PDS will help you to decide whether these products will meet your needs. It will assist you in comparing the types of cover available in the marketplace but does not take into consideration your individual needs and circumstances.

If you purchase any AXA's Elevate products, you will be issued with a plan document. The plan document sets the terms and conditions of the benefits under your plan. The plan document will be issued once cover commences.

Definitions referred to in this PDS

In this PDS and the relevant application form, any references to 'us', 'we', 'our' or 'the insurer' means The National Mutual Life Association of Australasia Limited (NMLA), trading as AXA.

Any reference to 'you' or 'your' in this PDS means any potential customer who is likely to become the person insured.

Any reference to 'NM Super' or 'Trustee' means N.M. Superannuation Proprietary Limited.

Any reference to the 'Income Insurance Super Plan' means the Income Insurance Superannuation Plan.

Any reference to 'Wealth Super' means the Wealth Personal Superannuation and Pension Fund.

Where insurance products are owned by an individual or entity other than the person insured, 'you' may refer to the policy owner.

In the Application form, including the Personal Statement, 'you' means the person to be insured, unless the context requires it to be the plan owner.

The products contained in this PDS are not investment products.

Some words in this document have a particular meaning. These 'defined terms' are shown in bold italics and their meaning is explained in the 'Glossary of definitions' section.

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Throughout this document the following symbols have been used:

S	Superannuation
	Indicates that the benefit/option/definition is only available on plans issued by the Trustee being the Life Insurance Superannuation Plan and the Income Insurance Superannuation Plan.
NS	Non-superannuation
	Indicates that the benefit/option/definition is not available to plans issued by the Trustee.
S NS	Superannuation and non-superannuation
	Indicates that the benefit/option/definition is available to both superannuation plans issued by the Trustee and non-superannuation policies.
S	SuperLink
	Indicates that the benefit/option/definition is available on SuperLink and is not issued by the Trustee.

Structuring your insurance

Insurance available

AXA's Elevate Insurance solutions offers you:

- Life insurance
- Total and permanent disability (TPD) insurance
- Trauma insurance
- Income insurance
- Business expenses insurance

Ownership

Plans can be owned by:

- individuals
- a company
- a self-managed superannuation fund (SMSF)
- a trust
- NM Super – see Superannuation section below.

To purchase insurance within superannuation via a SMSF, select any combination of non-superannuation plans. These plans will be owned by the SMSF with the trustee of the SMSF being responsible for meeting the requirements under the Superannuation Industry (Supervision) Act 1993 (SIS), including ensuring that the member satisfies the appropriate condition of release before releasing any insurance benefits.

For non-superannuation plans, where a claim is paid, it will be paid to the owner of the plan.

Superannuation

AXA's Elevate Insurance solutions offers the following plans which are held in our superannuation funds:

- Life Insurance Superannuation Plan
- Income Insurance Superannuation Plan.

These plans are owned by NM Super and

- if you are paying directly, your plan will be with the Super Directions Fund with NM Super as the Trustee.
- if you are paying through AXA's capital protected solution North or through AXA's platforms Summit, Generations or iAccess, your plan will be with the Wealth Personal Superannuation and Pension Fund with NM Super as the Trustee.

TPD insurance is available within superannuation as an option to the Life Insurance Superannuation Plan.

Where a claim is paid, it is paid to NM Super who will then release the benefit subject to the member satisfying the appropriate condition of release under superannuation law.

SuperLink can improve the timing of the payment of benefits. This is because under SuperLink the TPD or trauma benefit is outside of superannuation and can be paid to you directly, without you having to satisfy a superannuation condition of release.

Also, should you claim under SuperLink, benefits are paid outside of superannuation and are usually not taxable, meaning you will receive the full value of your benefit. Without SuperLink, payments within the superannuation environment may be subject to taxation, reducing the value of the benefit you receive.

To determine if your insurance should be held in or outside of the superannuation environment, there are various factors to consider such as eligibility to contribute, taxation, where your benefit will be paid if you make a claim, cost, and the benefits included in the plan. Also note that the paying of insurance premiums from your Wealth Personal Superannuation and Pension Fund will decrease the superannuation balance available for your retirement.

Your financial adviser will be able to assist you to determine the ownership that is appropriate for your individual needs.

For further information refer to the 'Holding your policy in superannuation' section on page 44.

Premiums

Depending on the plan you purchase, there are three premium structures available to you:

Stepped premiums

Premiums are adjusted each year at the renewal date according to your age. In general, each year as you get older your premiums will increase.

Blended premiums

Only available for life, TPD and trauma insurance

Blended premiums increase for the first 10 years of the given level of cover. After 10 years, the premium is then fixed and remains constant until age 60. At the first renewal after age 60 the policy switches to a stepped premium policy.

Level premiums

For income insurance, premiums remain the same for a given level of cover throughout the term of the plan. For life, TPD and trauma plans, level premiums will alter to stepped premiums from the first renewal date after age 70 or after an earlier age requested by you.

For further information on premium structures refer to the 'General terms and conditions' section on page 48.

Plan structure

Most insurance products can be purchased as plans or as options on plans. Whether to purchase insurance plans or options is a key consideration in structuring your insurance.

Life insurance and income insurance can be purchased as plans only, whereas the trauma insurance products and TPD insurance products can be purchased as plans, options or SuperLink plans.

Insurance purchased as a plan

Life insurance, TPD insurance, trauma insurance, income insurance and business expenses insurance can be purchased as plans that operate independently of each other.

Where TPD insurance and trauma insurance are purchased as plans, independent of a life insurance plan, in the event of a TPD or trauma claim, the benefit under the life insurance plan is not reduced.

Insurance purchased as an option

TPD insurance and trauma insurance can be purchased as options attached to a life insurance plan. TPD insurance (any occupation or own occupation plan types only) can be purchased as an option attached to a trauma insurance plan.

Where TPD insurance or trauma insurance is purchased as an option, in the event of a claim being paid out on the option the benefit of the plan and any other insurance options attached to the plan will be reduced by the amount of the claim (unless a Double TPD or Double trauma option has been purchased). Therefore a lower premium is charged for insurance purchased as an option compared with being purchased as a plan.

SuperLink plans

SuperLink provides you with flexibility in structuring your insurance. Under SuperLink, if you are paid a trauma or TPD benefit it will be paid directly to you. Without SuperLink, for cover within superannuation the benefit would be paid to the Trustee of the Fund. The Trustee would release the benefit to you only if you met a condition of release as defined under superannuation law.

When you purchase life insurance, SuperLink allows you to attach trauma and TPD insurance with the same person insured as the life insurance, but with a different policy owner (refer to Figure 1.0 below). Some common policy owner combinations include:

- having a life insurance plan and a TPD option inside superannuation via a SMSF, with SuperLink Trauma and/or SuperLink TPD outside superannuation and owned by individuals, business, trust or company
- having life insurance and TPD insurance inside superannuation via NM Super, with SuperLink Trauma and/or SuperLink TPD outside superannuation owned by individuals, business trust or company.

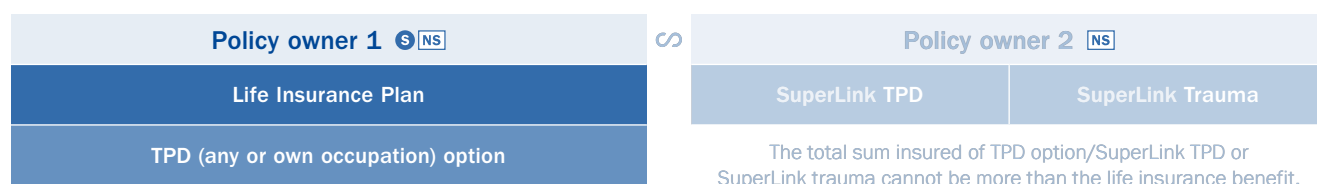
SuperLink plans work in a similar way to an option regarding how they are priced and how they function.

Because of this, SuperLink TPD and SuperLink Trauma plans are priced lower than stand-alone TPD and trauma plans.

Note: If you attach SuperLink TPD or SuperLink trauma to a life insurance plan, a Trauma option cannot be added to the life insurance plan.

Figure 1.0

How SuperLink works



Trauma is not available as an option when adding SuperLink to a plan.

AXA's Elevate Life insurance Plan

The Life Insurance Plan will pay a lump-sum benefit if you die or if you are diagnosed with a terminal illness and have 12 months or less to live. This amount is paid once only, and is paid as a lump sum. The life insurance benefit amount is specified in your schedule.

Life insurance as a plan

Life insurance can be purchased as a plan only. The two plans available are:

- Life Insurance Plan
- Life Insurance Superannuation Plan.

Eligibility to apply

	Life Insurance Plan NS	Life Insurance Superannuation Plan S
Initial sum insured	Minimum: \$50,000 Maximum: No limit subject to Underwriting	
Entry ages	Stepped premiums: 11 – 70 next birthday Level premiums: 11 – 65 next birthday Blended premiums: 25 – 50 next birthday	
Expiry ages	Age 99 Or earlier if selected ^{1,2}	Age 75 Or earlier if selected ^{1,2}
Minimum annual premium	\$250 across linked plans ³	

1 Level premiums will alter to stepped premiums from the first renewal date after age 70 or after an earlier age requested by you.

2 Blended premiums will alter to stepped premiums from the first renewal date after age 60.

3 The minimum premium applies to the sum of premiums for:

- an individual's linked policies (please refer to Plan fee waiver on additional plans on page 50 for more information), and
- policies linked by way of family relationship and or a business partner relationship.

S Life Insurance Superannuation Plan

Cover will expire:

- on your 75th birthday, or
- on an earlier age you selected.

If you cease to be eligible to contribute to superannuation over age 65 due to superannuation age restrictions

- and your plan is with the Super Directions Fund with NM Super as the Trustee, your plan will cease.
- and your plan is with Wealth Super with NM Super as the Trustee, your cover will continue if there are sufficient funds in your superannuation account to pay the premiums.

For further information on making contributions refer to the 'Holding your policy in superannuation' section on page 44.

Benefits overview

Included benefits

The following table outlines the benefits that are included for each plan at no additional cost. Further information on these benefits can be found on the page indicated below.

Included benefits	Page	Life Insurance Plan NS	Life Insurance Superannuation Plan S
Life insurance	6	✓	✓
Terminal illness	6	✓	✓
Future insurability benefit	7	✓	✓
Indexation benefit	7	✓	✓
Interim cover	7	✓	✓
Premium freeze ¹	7	✓	✓
Upgrade of benefits	7	✓	✓
24 hour worldwide cover	7	✓	✓
Accommodation benefit	6	✓	
Advancement of funeral expenses	7	✓	
Financial plan benefit	7	✓	

Optional benefits available

The following table outlines the optional benefits that can be added or linked to the plan at an additional cost. Further information on these benefits can be found on the page indicated below.

Optional benefits	Page	Life Insurance Plan NS	Life Insurance Superannuation Plan S
Business solutions option – life	10	✓	✓
Premium waiver option	10	✓	✓
Total and permanent disability (TPD) option	10	✓	✓
Double TPD option	11	✓	✓
Life buy back TPD option	11	✓	✓
Business solutions option – TPD	10	✓	✓
SuperLink total and permanent disability (TPD) ²	11	∞	∞
Life buy back TPD option	11	∞	∞
Business solutions option – TPD	10	∞	∞
Children's trauma	25	∞	∞
Activities of Daily Living (ADL) TPD option	11	✓	✓
SuperLink trauma ²	13	∞	∞
Life buy back – trauma option	12	∞	∞
Trauma reinstatement option	13	∞	∞
Business solutions option – trauma	10	∞	∞
Children's trauma	25	∞	∞
Children's trauma	25	✓	
Trauma option	12	✓	
Double trauma option	12	✓	
Life buy back – trauma option	12	✓	
Trauma reinstatement option	13	✓	
Business solutions option – trauma	10	✓	

S Life Insurance Superannuation Plan

You should be aware that should you choose to purchase an insurance product under superannuation, any benefit payment is made to NM Super, who will then release the benefit to you or your beneficiaries, subject to you satisfying the appropriate condition of release under superannuation law. If you do not meet the condition of release, the benefit must remain in the Fund until a condition of release has been met.

For further information on the following, refer to the 'Holding your policy in Superannuation' section on page 44:

- Plan membership
- Taxation Information
- Eligibility to make a contribution
- Cancelling your plan
- Nominating a dependant

¹ Not available for blended premiums.

² SuperLink plans and options can be linked to the Life Insurance Superannuation Plan; however, they will be held on a separate policy outside of superannuation.

Included benefits

Life insurance

If you die we will pay a lump-sum benefit. This amount is paid once only. The life insurance benefit is specified in your plan schedule.

Terminal illness benefit

If you become terminally ill, we will pay the Trustee the terminal illness benefit. This is an advance payment of the life insurance benefit.

We will pay a terminal illness benefit if you become terminally ill:

- while the plan is in force
- before this plan ends, and
- before you reach the benefit expiry age for this plan.

A person is regarded as terminally ill (terminal medical condition for superannuation conditions of release purposes) where:

- two registered medical practitioners have certified, jointly or separately, that the member suffers from an illness, or has incurred an injury, that is likely to result in the member's death within 12 months of the date of certification
- at least one of the registered 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.

The amount of the terminal illness benefit we will pay is the amount of the life insurance that applied when you were diagnosed as being terminally ill.

If a terminal illness claim is admitted, we will pay the insured amount to the Trustee. Subject to the Trustee confirming you have satisfied a condition of release, such as a terminal medical condition, the Trustee will make the proceeds available to you.

The life insurance benefit is specified in your schedule.

Note: We reserve the right to request that a certifying registered medical practitioner cannot be a family member, business partner, your employee or employer.

Terminal illness benefit

If you become terminally ill, we will pay you the terminal illness benefit. This is an advance payment of the life insurance benefit.

We will pay a terminal illness benefit if you become terminally ill:

- while this plan is in force
- before this plan ends, and
- before you reach the benefit expiry age for this plan.

You are regarded as terminally ill where:

- a registered medical practitioner has certified that you suffer from an illness, or have incurred an injury, that is likely to result in your death within 12 months, and
- in our opinion you are terminally ill and have less than 12 months to live.

The amount of the terminal illness benefit we will pay is the amount of the life insurance that applied when you were diagnosed as being terminally ill.

We reserve the right to request that a certifying registered medical practitioner cannot be a family member, business partner, your employee or employer.

A terminal illness benefit is only payable if you hold life insurance.

The amount of the terminal illness benefit we will pay is the amount of the life insurance that applied when you were diagnosed as being terminally ill.

Accommodation benefit

If we pay you the full benefit for:

- terminal illness, or
- trauma, or
- TPD – any or own occupation

and a medical practitioner certifies that you must remain confined to bed due to the reason for which we paid you a benefit, and you are:

- more than 100 km from your home, or need to travel to a place that is more than 100 km from your home for medical treatment, and an immediate family member is required to stay with you, or
- an immediate family member is required to stay with you and must travel more than 100 km from their home to do so

we will pay the accommodation costs of your immediate family member.

We will pay up to a maximum of \$150 per day for each day that you remain confined to bed and your immediate family member remains away from their home, for a maximum of 14 days.

This benefit must be claimed within six weeks of the terminal illness/trauma/TPD insurance benefit being paid. We must receive evidence of your confinement to bed and your payment of the accommodation costs which is acceptable to AXA.

We will only pay the accommodation benefit once regardless of the number of plans or options held with us.

The payment of the accommodation benefit will not reduce any other benefit payable under the plan.

Advancement of funeral expenses

This benefit provides the policy owner, the nominated beneficiaries or your estate with an advance payment to meet funeral expenses.

If we pay an advance payment, then the life insurance benefit amount will be reduced by the amount paid for funeral expenses.

The amount payable is the lower of:

- \$20,000, or
- the sum insured.

This benefit is not payable if the death is due to suicide within the first 13 months from the commencement or reinstatement of cover.

An advancement of funeral expenses is payable on the receipt of the death certificate or of other proof of death that is acceptable to AXA.

The advance payment is not an admission of liability to pay the full life insurance benefit.

Financial plan benefit

If we pay 100 per cent of the benefit, and you, (or your nominated beneficiaries or estate), obtain a financial plan from a licensed financial adviser within six months of us paying the benefit, we will pay to the licensed financial adviser the lower of:

- \$2,000, or
- the actual cost incurred in obtaining the financial plan.

The payment of the financial plan benefit will not reduce any other benefit payable under the plan.

We will only pay the financial plan benefit once regardless of the number of plans or options held with us.

Future insurability benefit

This benefit allows you to increase your insurance benefit amount once in any 12 month period. Increases to your insurance benefit amount made under the Future insurability benefit amount are not subject to providing health evidence.

The increase must be applied for in the period commencing on the date a specified personal or business event occurred and ending 30 days following the first policy anniversary after that event.

Your eligibility to apply for an increase under this benefit will expire on your 55th birthday.

Further information can be found in the Glossary of definitions section of this PDS on page 67.

Indexation benefit

To protect your benefit against the effects of inflation, up until age 65 your benefit amount is automatically increased each year by the greater of 5 per cent or the increase in the Consumer Price Index (CPI).

Each year you will be given the opportunity to decline the increase on your plan including any options attached. If you do not decline the increase, your benefit amount will be increased and your premium will increase accordingly.

For all TPD and trauma options, we will not increase the benefit amount of these options to exceed the benefit amount of the plan to which these options are attached.

If the premiums are paid by your employer this benefit will not apply.

The indexation benefit will not be permitted where a loading exceeding 100 per cent is applied.

Interim cover

You are provided with interim cover while we are assessing your application. You do not have to pay any extra premium for this cover.

The interim cover certificate on page 68 specifies the terms of cover.

Premium freeze

Only available for Stepped premiums

Exercising this option allows you to maintain your current premium at the time this option is exercised. Your benefit amount will reduce each year that this option is applied.

If you choose to cancel Premium freeze, your benefit amount current at that time will not reduce anymore and the Indexation benefit will recommence without further health evidence. Premiums will then increase each year according to your age.

You can request to exercise Premium freeze or cancel it at any time, which will take effect from the next renewal date of the policy.

The Indexation benefit will not apply while Premium freeze is exercised.

Upgrade of benefits

If we make future improvements to your plan, and such improvements result in no increase in premium, we will pass these changes on to you without you having to provide us with any medical evidence or evidence regarding your occupation, pastimes or place of residence.

These upgrades provide improvements to your plan including additional benefits and improved definitions. You will still retain your existing terms, conditions and premium rates for this plan.

Any improvements and/or changes to your plan definitions will always be reviewed at claim time to ensure you are assessed using the definitions that benefit you most. This means that if a definition or benefit from your original plan is more beneficial to you, you will still be eligible to claim under your original plan definitions.

If you are suffering a pre-existing condition at the time the improvement is provided, the improvement will not apply when assessing any claim affected by that pre-existing condition.

24 hour worldwide cover

On acceptance of your plan, we will cover you 24 hours a day and if you travel overseas.

Additional information

When the Life Insurance Plan/Life Insurance Superannuation Plan will end

The Life Insurance Plan/Life Insurance Superannuation Plan and options attached will automatically end as soon as one of the following happens:

- we have paid the benefit in full, or
- you die, or
- the plan to which an option is attached ends (if applicable), or
- the plan reaches the expiry date as specified on the schedule.

We can also end the plan if:

- your premium is more than 30 days late. However, we will give you 28 days written notice before we end it for this reason, or
- you make a fraudulent claim.

When we will not pay

The Life Insurance Plan/Life Insurance Superannuation Plan will not pay a benefit if:

- you had a medical condition, injury or sickness (for which a reasonable person would have tried to receive advice, care or treatment from a 'medical practitioner' or 'other health professional') before the plan began and you did not tell us about it, or
- you die as a result of suicide within 13 months of the commencement or reinstatement of the plan. This 13 month exclusion also applies to any increase in benefit (apart from indexation benefit).
- you have a medical condition, injury or sickness that has been excluded based on your health, pastimes or occupation. These additional exclusions will be specified on your schedule.

Replacement plans, conversions and takeover terms from within AXA or another insurer

Where:

- we have agreed to replace or convert an existing life insurance plan either from within AXA or another insurer (via takeover terms, conversions or subject to full underwriting), and
- a suicide exclusion existed on the internal or external plan, and
- you served the suicide exclusion period upon commencement of the plan with AXA either as a new plan or cancellation (coinciding with cancellation of the external policy)

we will waive the 13 month suicide exclusion. Where you have served part of the suicide exclusion period, we will waive the equivalent time.

Further information on how the 13 month suicide exclusion applies can be found in the Glossary of definitions on page 57.

Takeover terms may be offered for plans that have been fully underwritten by another insurer. Timeframes and other conditions apply. You should speak to your financial adviser to determine if you are eligible to apply for Takeover terms.

































For takeover terms from another insurer, the insurance cover being replaced must have been fully underwritten and not have been accepted with modified or limited underwriting requirements or on takeover terms previously. That is, the insurance cover being replaced must have been underwritten under the previous insurer's standard requirements for new applications at the time.

Acceptance is subject to our discretion and satisfaction of the terms of the current insurance cover that the life insured is transferring from.

Optional benefits

The optional benefits described below can only be purchased with specific plans. Please refer to the 'optional benefits' table in each insurance section. The optional benefits may be added to your plan with an additional premium.

Optional benefits – minimum and maximum entry age and minimum and maximum benefit

Benefits		Minimum entry age	Maximum entry age	Expiry age	Minimum sum insured	Maximum benefit amount which may be purchased
Business solutions option – life ³	 	18 next birthday	60 next birthday	65	\$50,000	The lower of: ▪ four times the life insurance benefit amount, and ▪ \$15,000,000 less the total benefit amounts under any life insurance plans held with us or another company under which you are covered.
Business solutions option – TPD ³	  	18 next birthday	60 next birthday	65	\$50,000	The lower of: ▪ four times the TPD insurance benefit amount, and ▪ \$5,000,000 less the total benefit amounts under any TPD insurance plans or options held with us or another company under which you are covered.
Business solutions option – trauma ³	  	18 next birthday	60 next birthday	65	\$50,000	The lower of: ▪ four times the trauma/trauma plus benefit amount, and ▪ \$2,000,000 less the total benefit amounts under any trauma insurance plans or options held with us or another company under which you are covered.
Premium waiver ³	 	16 next birthday	60 next birthday	65 or when the plan ends, whichever is earlier	N/A	N/A
TPD ³ /SuperLink TPD ³	  	16 next birthday	60 next birthday	99 ²	\$50,000	\$5,000,000 ¹
Double TPD ³	 	16 next birthday	60 next birthday	99 ²	\$50,000	\$5,000,000 ¹
Life buy back – TPD ³	  	16 next birthday	60 next birthday	65	\$50,000	\$5,000,000 ¹
ADL TPD ³	 	16 next birthday	Level premiums: 60 next birthday Stepped premiums: 65 next birthday	99 ²	\$50,000	\$2,000,000 ¹
Trauma ³ /SuperLink Trauma ³	 	16 next birthday	Level premiums: 60 next birthday Stepped premiums: 65 next birthday	99	\$50,000	\$2,000,000 ¹
Double trauma ³		16 next birthday	Level premiums: 60 next birthday Stepped premiums: 65 next birthday	99	\$50,000	\$2,000,000 ¹
Trauma Plus ³ /SuperLink Trauma Plus ³	 	16 next birthday	Level premiums: 60 next birthday Stepped premiums: 60 next birthday	99	\$50,000	\$2,000,000 ¹
Double Trauma Plus ³		16 next birthday	Level premiums: 60 next birthday Stepped premiums: 60 next birthday	99	\$50,000	\$2,000,000 ¹
Life buy back – trauma ³	 	16 next birthday	60 next birthday	65	\$50,000	\$2,000,000 ¹
Trauma reinstatement ³	 	16 next birthday	60 next birthday	70	\$50,000	\$2,000,000 ¹
Children's trauma	 	3 next birthday	16 next birthday	21	\$10,000	\$200,000

¹ The maximum benefit amount which may be purchased at commencement but may increase with indexation.

² When attached to the Life Insurance Superannuation Plan, this option expires at age 75.

³ For blended premiums, the minimum entry age is 25 next birthday and the maximum entry age is 50 next birthday.

Business solutions option – life, TPD or trauma

The Business solutions option allows you to apply each year for future increases to your insured benefit, in line with:

- the value of your business
- the value of you to the business, or
- the value of the relevant business loan at the time of the increase.

The option is available to be purchased on life insurance, TPD insurance and trauma insurance.

During the initial application you will be fully medically underwritten for the potential sum insured. This option is only available if you are assessed on standard premium rates, terms and conditions. Financial requirements at application stage will be based on the initial sum insured and the reason for cover.

If you choose to exercise this option, we will require financial evidence, and possibly other additional information that supports the increase to your benefit.

If you have received, are receiving or are eligible to receive any benefit under a plan held by us or another company, you will be required to provide medical evidence for your application for an increase.

The Business solutions option will expire:

- when your plan ends
- when your sum insured has increased to the maximum amount permitted under this option
- when you turn 65
- at the start of any period for which you have not paid premiums under the plan
- when you have made, or are entitled to make, a claim under the plan, or
- when you notify us in writing that you wish to cancel the option.

Refer to the Optional benefits table on page 9 for entry requirements and maximum limits on this option.

Premium waiver option

We will waive your premiums while:

- you are totally disabled, or
- involuntarily unemployed.

Premium waiver while totally disabled

If you are totally disabled for at least 90 consecutive days, we will waive your life insurance premiums. We will continue to waive your premiums while you are totally disabled until you reach age 65. The premium we waive will include the plan fee and options attached to life insurance.

For the purpose of this option, you will be assessed as totally disabled if, because of an injury or sickness, you are:

- not capable of doing the *important duties* of your occupation
- not working in any occupation (whether paid or unpaid), and
- under *medical care*.

We will not waive any premium if your total disability is caused directly or indirectly by you or the plan owner performing an act or omission with the intention or likely outcome of causing harm to you.

Premium waiver while involuntarily unemployed

Additionally, if you become involuntarily unemployed and you let us know in writing within three months of the date this took place, we will waive your life insurance premiums for three months from the date you became involuntarily unemployed or until you recommence employment, whichever is shorter. The premium we waive will include the plan fee and options attached to life insurance.

This benefit only applies if:

- your plan has been in force for six months in a row at the time you become involuntarily unemployed, and
- you register with an approved government employment agency within 30 days of becoming involuntarily unemployed.

If you become involuntarily unemployed, we will waive premiums due or paid for a cumulative period of 12 months during the life of the plan.

We have the right to decline a request for premium waiver if the involuntary unemployment is a result of your own actions.

Exercising this option

Once the premium waiver option is exercised, we will not waive premium increases incurred as the result of increases in the benefit, purchasing a new option or increasing the benefit of an option attached to the life benefit.

While we waive premiums under this option, we will not increase the benefit each year by the increase in the CPI.

Once we are no longer waiving premiums under this option, we will recommence increases to the benefit as stated in the indexation benefit on page 7.

Refer to the Optional benefits table on page 9 for entry requirements and maximum limits on this option.

TPD insurance option

If you become totally and permanently disabled we will pay you the TPD insurance benefit amount.

The sum insured of the plan and any attaching trauma insurance that this option is attached to will reduce by the TPD insurance benefit amount paid.

Further information can be found in the 'TPD Insurance' section of this PDS on page 14.

Refer to the Optional benefits table on page 9 for entry requirements and maximum limits on this option.

Double TPD option

This option works the same way as the TPD insurance option except if we pay the TPD insurance benefit amount before age 65, the sum insured of the life insurance plan that this option is attached to will not reduce. The sum insured of any attaching trauma insurance will reduce by the TPD insurance benefit amount paid.

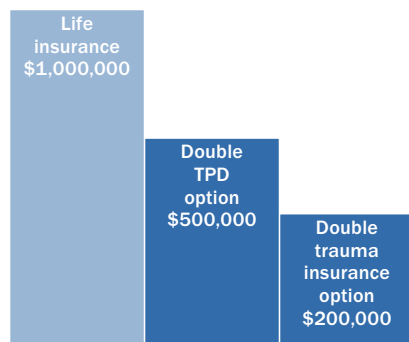
Furthermore, in the event we pay the full TPD insurance benefit payment, we will waive your life insurance premiums until your plan expiry date. In instances where the TPD insurance benefit amount is less than the Life insurance benefit amount, the premium will be waived proportionately. The premium we waive will include the plan fee and options attached to life insurance.

However, if we pay you a TPD insurance benefit after the plan renewal date following age 65, we will reduce your Life insurance benefit amount by the amount paid and no premiums will be waived.

Indexation increases and the Future insurability benefit will not be available on the life insurance plan or any trauma option attached once the Double TPD insurance option has been activated.

Refer to the Optional benefits table on page 9 for entry requirements and maximum limits on this option.

Figure 2.1 Double TPD insurance option



TPD

In the event of a double TPD claim, the amount of \$500,000 is payable. The Double trauma insurance option will be reduced by \$500,000; however, the Life Insurance Plan will not be reduced.

The total amount of cover left after claim is:

- Life Insurance Plan \$1,000,000
- Double TPD option \$0
- Double trauma insurance option \$0

Premium waiver: As the Double TPD benefit amount was 50 per cent of the life insurance benefit amount, we will waive 50 per cent of the future premium for life insurance, even though the life insurance benefit amount remains at \$1,000,000.

Life buy back – TPD option

This option allows you to purchase new life insurance in the event that we pay out the full TPD insurance benefit without the need to provide us with any health or other evidence.

Immediately after we pay the full TPD insurance benefit, this option provides you with 60 days in which to purchase new life insurance. The maximum amount that can be purchased is the TPD insurance benefit amount we paid.

The new plan offered will be the life insurance plan that is on-sale when this option is exercised.

Any special conditions that applied to the original plan when the TPD claim was paid will continue to apply to the new plan.

Any exclusion periods, qualifying periods or duty of disclosure requirements on the new plan will be regarded as having applied from the time of taking out the original plan.

Refer to Figure 2.4 for an example of when the Life buy back – TPD can be purchased.

This Life buy back option can only be exercised once. Indexation increases and the Future insurability benefit will not be offered on the new life insurance plan.

Refer to the Optional benefits table on page 9 for entry requirements and maximum limits on this option.

SuperLink TPD insurance

SuperLink TPD insurance allows you to attach TPD insurance to a life insurance plan. It works similarly to a TPD insurance option except that it enables you to have a different plan owner than the plan it is attached to.

If you purchase SuperLink TPD insurance, you can also purchase Life buy-back – TPD option, Business solutions – TPD option and Children's trauma option.

Further information can be found in the 'TPD Insurance' section commencing on page 14.

Activities of Daily Living (ADL)

TPD insurance option

This option allows you to attach ADL TPD insurance to your life insurance plan. If you meet the definition for ADL TPD we will pay you the ADL TPD insurance benefit amount.

The sum insured of the plan (and any attaching trauma insurance) that this option is attached to will reduce by the ADL TPD insurance benefit amount paid.

Further information can be found in the 'TPD Insurance' section commencing on page 14.

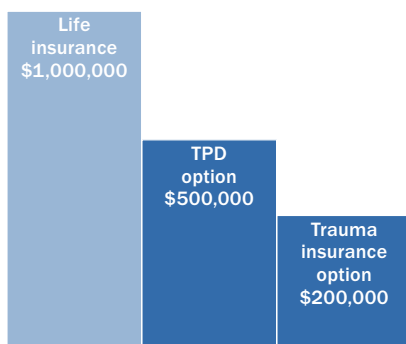
Trauma insurance option NS

If you suffer one of the trauma events listed on page 22 and meet the trauma definition as detailed in the Glossary of definitions we will pay you the Trauma benefit amount.

The sum insured of the plan (and any attaching TPD insurance) that this option is attached to will reduce by the Trauma benefit amount paid.

Further information can be found in the 'Trauma Insurance' commencing on page 20.

Figure 2.2 Single trauma insurance option



Trauma

In the event of a trauma claim, the amount of \$200,000 is payable. The TPD option and Life Insurance Plan will be reduced by \$200,000.

The total amount of cover left after claim is:

- Life Insurance Plan \$800,000
- TPD option \$300,000
- Trauma insurance option \$0.

Life buy back – Trauma option NS

This option allows you to purchase new life insurance, without the need to provide us with any health or other evidence in the event that we pay out the full trauma insurance benefit.

You are eligible to buy the new plan by submitting to us the required form, plus the appropriate premium from the later of:

- 12 months after we receive the trauma insurance claim form, or
- the date the claim is paid.

From the date that you are eligible, you have 60 days to apply for the new life insurance cover. The maximum amount that can be purchased is the amount of the trauma benefit we paid.

The new plan offered will be the life insurance plan that is on-sale when this option is exercised.

Any special conditions that applied to the original plan when the trauma claim was paid will continue to apply to the new plan.

Any exclusion periods, qualifying periods or duty of disclosure requirements on the new plan will be regarded as having applied from the time of taking out the original plan.

Refer to Figure 2.4 for an example of when the Life buy back – Trauma can be purchased

This Life buy back option can only be exercised once. Indexation increases and the Future insurability benefit will not be offered on the new life insurance plan.

Refer to the Optional benefits table on page 9 for entry requirements and maximum limits on this option.

Double trauma option NS

This option works the same way as the Trauma option except if we pay the Trauma benefit amount before age 70, the sum insured of the life insurance plan that this option is attached to will not reduce. The sum insured of any attaching TPD insurance will reduce by the Trauma benefit amount paid.

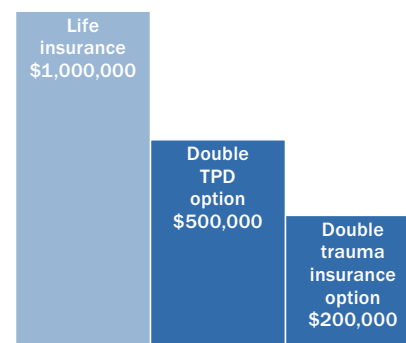
Furthermore, in the event we pay the full Trauma benefit amount, we will waive your life insurance premiums until your plan expiry date. In instances where the Trauma benefit amount is less than the Life insurance benefit amount, the premium will be waived proportionately. The premium we waive will include the plan fee and options attached to life insurance.

However, if we pay you a Trauma benefit after the plan renewal date following age 70, we will reduce your Life insurance benefit amount by the amount paid and no premiums will be waived.

Indexation increases and the Future insurability benefit will not be available on the life insurance plan or any TPD/trauma option attached once the Double trauma option has been activated.

Refer to the Optional benefits table on page 9 for entry requirements and maximum limits on these this option.

Figure 2.3 Double trauma insurance option



Trauma

In the event of a double trauma claim, the amount of \$200,000 is payable. The double TPD benefit amount will be reduced; however, the Life Insurance Plan benefit amount will not be reduced.

The total amount of cover left after claim is:

- Life Insurance Plan \$1,000,000
- Double TPD option \$300,000
- Double trauma insurance option \$0.

Premium waiver: As the trauma benefit amount is 20 per cent of the life insurance benefit amount, we will waive 20 per cent of the premium for the Life Insurance Plan, even though the life insurance benefit amount remains at \$1,000,000. As the amount of double TPD has already been reduced, no premiums will be waived for the Double TPD insurance option but you will only be charged premiums for \$300,000 of cover.

Trauma reinstatement option NS

This option allows you to purchase new trauma insurance, without the need to provide us with any health or other evidence in the event that we pay out the full Trauma benefit amount before age 70.

You are eligible to purchase the new plan by submitting to us the required form, plus the appropriate premium from the later of:

- 12 months after we receive the trauma insurance claim form, or
- the date the claim is paid.

From the date that you are eligible, you have 60 days to apply for the new trauma insurance cover. The maximum amount that can be purchased is the amount of the trauma benefit we paid.

The new plan offered will be the trauma insurance plan that is on-sale when this option is exercised.

We will not pay you a benefit on the new trauma insurance plan for a trauma event that is related to or caused by a medical condition resulting in the original claim under the original plan.

However, we will pay you a partial benefit for cancer or a heart attack which is related to the original claim. In these cases we will pay the lower of:

- \$50,000, or
- 10 per cent of the benefit amount under the new plan.

Any exclusion periods, qualifying periods or duty of disclosure requirements on the new plan will be regarded as having applied from the time of taking out the original plan.

This Trauma reinstatement option can only be exercised once. Indexation increases and the Future insurability benefit will not be offered on the new trauma insurance plan.

Refer to the Optional benefits table on page 9 for entry requirements and maximum limits on this option.

SuperLink trauma insurance

SuperLink trauma insurance allows you to attach trauma insurance to a life insurance plan. It works similarly to a trauma insurance option except that it enables you to have a different plan owner than the plan it is attached to.

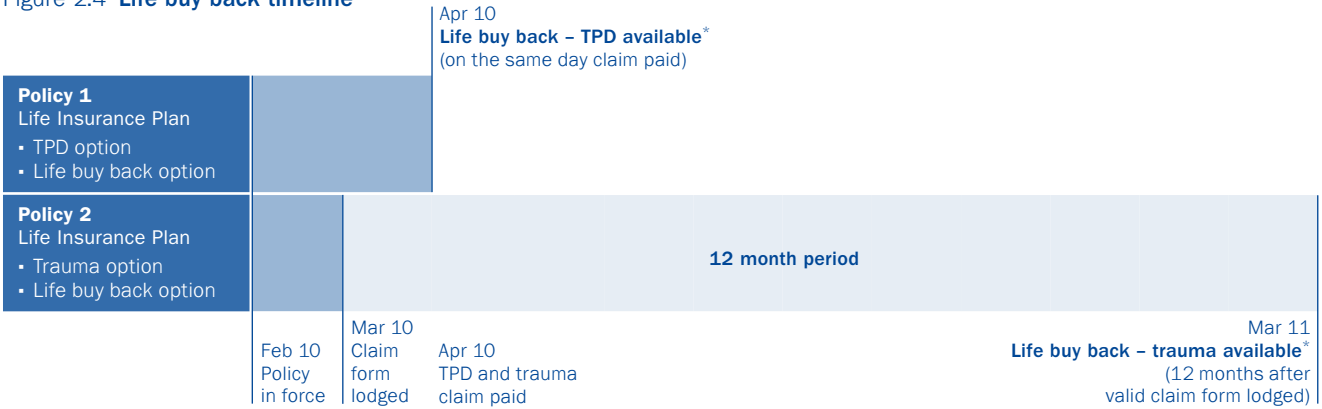
If you purchase SuperLink trauma insurance, you can also purchase Life buy back – Trauma option, Trauma reinstatement option and Business solutions – Trauma option and Children's trauma option.

Further information can be found in the 'Trauma insurance' section on page commencing on page 20.

Children's trauma option NS

This benefit is explained in detail in the 'Trauma insurance' section of this PDS on page 25.

Figure 2.4 Life buy back timeline



* The new plan offered will be the Life Insurance Plan that is on-sale when this option is exercised.

AXA's Elevate TPD insurance Plan, option and SuperLink

If you suffer an illness or injury that causes you to become totally and permanently disabled, the TPD insurance will pay a lump-sum amount. The benefit payable is either the benefit amount specified in your schedule or a portion of the benefit amount if you meet the definition for a partial payment.

TPD insurance

TPD insurance has the following types:

- TPD own occupation
- TPD any occupation
- Activities of Daily Living TPD (ADL TPD)

TPD insurance as a plan

The TPD (own and any occupation) and ADL TPD insurance can be purchased independently of life insurance through the TPD Insurance Plan and the ADL TPD Insurance Plan.

TPD insurance as an option

TPD insurance (own and any occupation) can be purchased as an option attached to life insurance or trauma insurance. ADL TPD insurance can only be purchased as an option on life insurance.

SuperLink TPD

SuperLink TPD (own and any occupation) can be attached to life insurance. SuperLink TPD works in a similar way to a TPD insurance option with regards to how they are priced and how they function. Certain parameters of the SuperLink TPD Insurance Plan must match the life insurance plan it is attached to. For example, where CPI increases are accepted on one plan, CPI must be accepted on the connected plan(s).

S When TPD insurance is purchased as an option on the Life Insurance Superannuation Plan

TPD (own and any occupation) and ADL TPD insurance can be purchased as an option on the Life Insurance Superannuation Plan. If you are totally and permanently disabled, the insurer pays the benefit to the Trustee and the Trustee then determines whether or not you satisfy the permanent incapacity condition of release under superannuation law before making the proceeds available to you.

In the event of a claim being admitted under the own occupation version of the option, the Insurer will pay the benefit amount to the Trustee. The Trustee will have to consider whether you meet the permanent incapacity test (an any occupation test) under superannuation law. If you do not satisfy this test, the benefit amount will be held in the Fund on your behalf, until such time as entitlement to the benefit is triggered as permitted by superannuation law, for example, on your permanent retirement.

For further information refer to the 'Holding your policy in superannuation' section on page 44.

Eligibility to apply

	TPD Plan/ option NS	TPD SuperLink SL	TPD option S	ADL TPD Plan/ option NS	ADL TPD option S
Initial sum insured	Minimum: \$50,000 Maximum: \$5,000,000 ⁵			Minimum: \$50,000 Maximum: \$2,000,000 ⁶	
Entry ages	Stepped premiums: 16 – 60 next birthday Level premiums: 16 – 60 next birthday Blended premiums: 25 – 50 next birthday			Stepped premiums: 16 – 65 next birthday Level premiums: 16 – 60 next birthday Blended premiums: 25 – 50 next birthday	
Expiry ages	Age 99 Or earlier if selected ^{1,2,4}		Age 75 Or earlier if selected ^{1,2,4}	Age 99 Or earlier if selected ^{1,2}	Age 75 Or earlier if selected ^{1,2}
Minimum annual premium	\$250 across linked plans ³			\$250 across linked plans ³	

1 Level premiums will alter to stepped premiums from the first renewal date after age 70 or after an earlier age requested by you.

2 Blended premiums will alter to stepped premiums from the first renewal date after age 60.

3 The minimum premium applies to the sum of premiums for:

- an individual's linked policies (please refer to Plan fee waiver on additional plans on page 50 for more information), and
- policies linked by way of family relationship and or a business partner relationship.

4 On the first renewal date after age 65 only the specific loss, future care and significant cognitive impairment definitions apply.

5 The maximum cover amount for TPD is \$5,000,000 for income-earning applicants (from all sources, personal and business combined) and includes any ADL TPD.

6 The maximum cover for ADL TPD is \$2,000,000 for income-earning applicants and may be used to increase the total TPD cover to \$5,000,000.

Benefits overview

Included benefits

The following table outlines the benefits that are included for each plan at no additional cost. Further information on these benefits can be found at the page indicated below.

Included benefits	Page	Total and Permanent Disability			ADL TPD	
		Plan/Option NS	SuperLink 🔗	Option \$	Plan and option NS	Option \$
ADL TPD	11				✓	✓
TPD (Any and Own Occupation)	10	✓	✓	✓		
Day one TPD	18	✓	✓	✓		
Future insurability benefit	7	✓	✓	✓	✓	✓
Indexation benefit	7	✓	✓	✓	✓	✓
Interim cover	7	✓	✓	✓		
Premium freeze ¹	7	✓	✓	✓	✓	✓
Upgrade of benefits	7	✓	✓	✓	✓	✓
24 hour worldwide cover	7	✓	✓	✓	✓	✓
Accommodation benefit	6	✓	✓			
Financial plan benefit	7	✓	✓		✓	
Partial TPD	17	✓	✓			

1 Not available for blended premiums.

Optional benefits available

The following table outlines the optional benefits that can be added to the plan at an additional cost. Further information on these benefits can be found at the page indicated below.

There are no optional benefits available for ADL TPD.

Optional benefits	Page	Total and Permanent Disability			
		Plan NS	Option NS	SuperLink 🔗	Option \$
Business solutions option – TPD	10	✓	✓	✓	✓
Children's trauma	25	✓	1	✓	
Life buy back – TPD	11		✓ ²	✓	✓
Double TPD	11		✓ ²		✓

1 Children's trauma may be purchased as an option on a life insurance plan or a trauma insurance plan to which the TPD insurance option is attached.

2 This option is not available where TPD insurance is purchased as an option on a trauma insurance plan.

Included benefits

Total and Permanent Disability

(Own and Any Occupation)

You are totally and permanently disabled if you:

- A are unlikely to work, or
- B suffer a specific loss, or
- C require future care, or
- D are unlikely to perform domestic work, or
- E suffer significant cognitive impairment.
- You are covered under Definitions A and D until the first renewal date after your 65th birthday.
- You are covered under Definitions B and C until your 99th birthday.
- You are covered under Definition E from the first renewal date after your 65th birthday until your 99th birthday.

Definition A above is different for Own and Any occupation. Full definitions can be found in the Glossary of definitions on page 57.

Partial TPD

If you suffer the total and permanent loss of the use of:

- one hand, or
- one foot, or
- the entire sight in one eye

we will pay you a Partial TPD benefit of the lower of:

- 25 per cent of the TPD insurance benefit, or
- \$500,000.

We will only pay this benefit once. The benefit will reduce any other benefits payable under your plan.

Activities of Daily Living TPD

You are totally and permanently disabled if you:

- C require future care, or
- E suffer significant cognitive impairment
- You are covered under Definition C until your 99th birthday.
- You are covered under Definition E from the first renewal date after your 65th birthday until your 99th birthday.

Total and Permanent Disability

You are totally and permanently disabled if you:

- A are unlikely to work, or
- B suffer a specific loss, or
- C require future care, or
- E suffer significant cognitive impairment.

- You are covered under Definition A until the first renewal date after your 65th birthday.
- You are covered under Definitions B and C until your 75th birthday.
- You are covered under Definition E from the first renewal date after your 65th birthday until your 75th birthday.

Definition A above is different between Own and Any occupation. Full definitions can be found in the Glossary of definitions on page 57.

Partial TPD is not available if TPD is purchased as an option on the Life Insurance Superannuation Plan.

Activities of Daily Living TPD

You are totally and permanently disabled if you:

- C require future care, or
- E suffer significant cognitive impairment
- You are covered under Definition C until your 75th birthday.
- You are covered under Definition E from the first renewal date after your 65th birthday until your 75th birthday.

It is important that you read the definitions for each of these plans and understand how they apply to the plan you have chosen. Full definitions can be found in the Glossary of definitions on pages 57 to 58.

Day one TPD

If you meet the definition of total and permanent disability as a result of one of the following medical conditions, we will waive the qualifying period when assessing a claim made under Definition A or D.

The medical conditions are:

- Alzheimer's disease and other dementias
- Cardiomyopathy
- Diplegia
- Hemiplegia
- Lung disease
- Major head injury
- Motor neurone disease
- Multiple sclerosis
- Muscular dystrophy
- Paraplegia
- Parkinson's disease
- Permanent blindness
- Permanent deafness
- Permanent loss of speech
- Primary pulmonary hypertension
- Quadriplegia (also defined as tetraplegia)
- Severe rheumatoid arthritis

Other included benefits

The 'Included benefits' table on page 16 outlines where details of each of the included benefits can be found.

Additional information

When TPD insurance is payable

Survival period

If you purchase:

- a TPD option attached to a life insurance plan, or
- a SuperLink TPD plan,

there is no survival period requirement. We will pay the TPD benefit as soon as you meet the definition of total and permanent disability.

If you purchase:

- a TPD plan, or
- a Double TPD option, or
- a TPD option attached to a trauma insurance plan,

an eight day survival period applies. We will only pay the TPD benefit upon your survival of eight days from the occurrence of the illness or injury that directly or indirectly caused the TPD.

Qualifying period

If you are totally and permanently disabled under Definitions B, C or E, no qualifying period applies.

If you are totally and permanently disabled under Definitions A or D, a three month qualifying period applies. However, if you are totally and permanently disabled under Definitions A or D as a result of a Day one TPD medical condition we will waive the qualifying period.

When we will not pay

We will not pay you a TPD insurance benefit (TPD own occupation, TPD any occupation or ADL TPD) if your total and permanent disability is caused directly or indirectly by you or the plan owner on purpose.

Where TPD insurance is purchased as a plan, or purchased as a double TPD insurance option, or a TPD insurance option is attached to a trauma plan, we will not pay a TPD insurance benefit, if your TPD results in your death within eight days from the date you suffered the injury or illness that directly or indirectly caused the total and permanent disability.

We will not pay a benefit if you have a medical condition, injury or sickness that has been excluded based on your health, pastimes or occupation. These additional exclusions will be specified on your schedule.

When the TPD insurance benefit is reduced

TPD insurance purchased as a plan

Where TPD insurance is purchased as a plan, the TPD insurance benefit amount will be reduced by the amount of any TPD insurance paid under a partial payment.

TPD insurance purchased as an option or as SuperLink

Where TPD insurance is purchased as an option or as a SuperLink plan attached to life insurance, the TPD insurance benefit amount will be reduced by:

- the amount of any TPD insurance partial payment, or
- the amount of any trauma insurance payment (including the amount of any partial payment), if trauma insurance is also attached as an option on life insurance or as a SuperLink trauma plan.

Where TPD insurance is purchased as an option attached to trauma insurance, the TPD insurance benefit amount will be reduced by the amount of any trauma insurance payment (including the amount of any partial payment).

S TPD purchased as an option of the Life Insurance Superannuation Plan

When TPD insurance is payable

Survival period

If you purchase a TPD insurance option attached to the Life Insurance Superannuation Plan and you are classified as totally and permanently disabled, we will pay the Trustee the TPD insurance benefit.

If you purchase a double TPD insurance option and you are classified as totally and permanently disabled, upon survival of eight days from the occurrence of you suffering the illness or injury that directly or indirectly caused the total and permanent disability, we will pay the Trustee the TPD insurance benefit.

Qualifying period

If you are totally and permanently disabled under Definitions B, C or E, no qualifying period applies.

If you are totally and permanently disabled under Definition A, a three month qualifying period applies. However, if you are totally and permanently disabled under Definition A as a result of a specified medical condition (day one TPD) we will waive the qualifying period.

When we will not pay

We will not pay the Trustee a TPD insurance benefit (TPD own occupation, TPD any occupation or ADL TPD) if your total and permanent disability:

- is caused directly or indirectly by you on purpose, or
- results in your death within eight days from the date you suffered the injury or illness that directly or indirectly caused the total and permanent disability.

We will not pay a benefit if you have a medical condition, injury or sickness that has been excluded based on your health, pastimes or occupation. These additional exclusions will be specified on your schedule.

When the life insurance benefit is reduced **S** **NS**

TPD insurance purchased as a plan

Where TPD insurance is purchased as a plan with life insurance or trauma insurance held on a separate plan, any payment made under the TPD Insurance Plan will not affect the life insurance benefit or trauma insurance benefit.

TPD purchased as an option

Where TPD insurance is purchased as an option attached to a life insurance plan, the life insurance benefit will be reduced by the amount of any TPD insurance payment. However, if double TPD is purchased then any payment under the TPD insurance will not reduce the life insurance benefit.

TPD insurance purchased as SuperLink **S**

Where TPD insurance is purchased as SuperLink TPD attached to a life insurance plan, the TPD insurance will operate as an option attached to that plan. Therefore the life insurance benefit will be reduced by the amount of any TPD insurance payment.

When TPD insurance will end **S** **NS** **S**

TPD insurance and any options attached will automatically end as soon as:

- we have paid the benefit in full, or
- you die, or
- the plan to which an TPD insurance option is attached ends (if applicable), or
- the plan/option reaches the expiry date as specified on the schedule.

We can also end the plan/option if:

- your premium is more than 30 days late. However, we will give you 28 days written notice before we end it for this reason, or
- you make a fraudulent claim.

Optional benefits

The 'Optional benefits' table on page 16 outlines where details of each of the optional benefits can be found.

AXA's Elevate Trauma insurance

Plan, option and SuperLink

If you suffer one of the trauma events listed in the trauma events table on page 22 and meet the definition as detailed in the Glossary of definitions, we will pay you a lump-sum amount. The benefit payable is either the benefit amount specified in your schedule or a portion of the benefit amount if you meet the definition for a partial or early payment.

Trauma insurance

Trauma insurance has the following types:

- Trauma Insurance
- Trauma Insurance Plus

Trauma insurance as a plan

Trauma insurance can be purchased independently of life insurance through the Trauma Insurance Plan and Trauma Insurance Plus Plan.



Trauma insurance as an option

Trauma insurance can be purchased as an option attached to life insurance through the Trauma Insurance option or the Trauma Insurance Plus option.

SuperLink trauma

SuperLink Trauma Insurance and SuperLink Trauma Insurance Plus can be attached to life insurance. SuperLink trauma works in a similar way to a trauma option with regards to how they are priced and how they function. Certain parameters of the SuperLink trauma plan must match the life insurance plan it is attached to. For example, where CPI increases are accepted on one plan, CPI must be accepted on the connected plan(s).

Eligibility to apply

	Trauma Insurance and Trauma Insurance Plus Plan/option 	Trauma Insurance and Trauma Insurance Plus SuperLink 
Initial sum insured	Minimum: \$50,000 Maximum: \$2,000,000 ⁵	
Entry ages	Stepped premiums: Trauma Insurance 16 – 65 next birthday Trauma Insurance Plus 16 – 60 next birthday Level premiums: 16 – 60 next birthday Blended premiums: 25 – 50 next birthday	
Expiry ages	Age 99 ^{1,2,4}	
Minimum annual premium	\$250 across linked plans ³	

1 Level premiums will alter to stepped premiums from the first renewal date after age 70 or after an earlier age requested by you.

2 Blended premiums will alter to stepped premiums from the first renewal date after age 60.

3 The minimum premium applies to the sum of premiums for:

- an individual's linked policies (please refer to Plan fee waiver on additional plans on page 50 for more information), and
- policies linked by way of family relationship and or a business partner relationship.

4 On the first renewal date after age 70 only the Loss of capacity for independent living trauma event applies.

5 The standard maximum cover amount is \$2 million (from all sources) for income-earning applicants.

Benefits overview

Included benefits

The following table outlines the benefits that are included at no additional cost. Further information on these benefits can be found on the page indicated below.

Included benefits	Page	Trauma Insurance and Trauma Insurance Plus		
		Plan NS	Option NS	SuperLink 🔗
Trauma events	22	✓	✓	✓
Accommodation benefit	6	✓	✓	✓
Financial plan benefit	7	✓	✓	✓
Future insurability benefit	7	✓	✓	✓
Indexation benefit	7	✓	✓	✓
Interim cover	7	✓	✓	✓
Premium freeze ¹	7	✓	✓	✓
Upgrade of benefits	7	✓	✓	✓
24 hour worldwide cover	7	✓	✓	✓

1. Not available for blended premiums.

Optional benefits available

The following table outlines the optional benefits that can be added to the plan at an additional cost. Further information on these benefits can be found at the page indicated below.

Optional benefits	Page	Trauma Insurance and Trauma Insurance Plus		
		Plan NS	Option NS	SuperLink 🔗
Business solutions option – trauma	10	✓	✓	✓
Children's trauma	25	✓	1	✓
Trauma reinstatement	13	✓	✓	✓
Total and permanent disability (TPD) option	10	✓		
Business solutions option – TPD	10	✓		
Life buy back – trauma	12		✓	✓
Double trauma	12		✓	

1. Children's trauma may be purchased as an option on a life insurance plan to which the trauma option is attached.

Included benefits

Trauma events

Trauma Insurance

Trauma Insurance covers the following trauma events:

Type of payment	Benefit Provides a benefit if you suffer from one of the following trauma events:		
Full payment	<ul style="list-style-type: none"> Advanced diabetes Alzheimers' disease and other dementias Aplastic anaemia Benign brain tumour Blindness Cancer¹ Cardiac arrest Cardiomyopathy Chronic kidney failure Chronic liver disease Coma Coronary artery bypass surgery¹ Deafness Diplegia 	<ul style="list-style-type: none"> Encephalitis Heart attack¹ Heart valve surgery Hemiplegia Loss of capacity for independent living Loss of limbs Loss of limbs and sight Loss of speech Lung disease Major head injury Major organ transplant Medically acquired HIV Motor neurone disease Multiple sclerosis 	<ul style="list-style-type: none"> Muscular dystrophy Occupationally acquired HIV infection Paraplegia Parkinson's disease Pneumonectomy Primary pulmonary hypertension Quadriplegia (also defined as tetraplegia) Severe burns Severe rheumatoid arthritis Stroke¹ Surgery of the aorta Triple vessel angioplasty
Partial payment	<ul style="list-style-type: none"> Adult insulin dependent diabetes¹ Angioplasty 	<ul style="list-style-type: none"> Blindness Heart attack (other)¹ 	<ul style="list-style-type: none"> Medical condition requiring life support

1 Subject to a 90 day qualifying period.

Trauma Insurance Plus

Trauma Insurance Plus covers the following trauma events in addition to the events covered by Trauma Insurance:

Type of payment	Benefit Provides a benefit if you suffer from one of the following trauma events:
Partial payment	<ul style="list-style-type: none"> Loss of a limb
Cancer early payment (subject to a 90 day qualifying period)	<ul style="list-style-type: none"> Melanomas Prostate tumours Carcinoma in situ of the penis Carcinoma in situ of one or both testes Carcinoma in situ of the perineum Carcinoma in situ of the breast Carcinoma in situ of the vulva, vagina or fallopian tube Carcinoma in situ of the cervix Carcinoma in situ of the ovary Carcinoma in situ of the uterus

Trauma definitions can be found in the Glossary of definitions on pages 58 to 64.

In the event that a payment is made under any of the partial payment trauma events, your plan will not end. However, the trauma benefit amount will be reduced by the amount we paid you.

On the first renewal date after age 70 only the Loss of capacity for independent living trauma event will apply.

Included benefits

The 'Included benefits' table on page 21 outlines where details of each of the included benefits can be found.

Additional information

When trauma insurance starts

For most of the trauma events covered, trauma insurance starts upon commencement of your policy. However, some of the trauma events are subject to a qualifying period.

For events that are not subject to a qualifying period

Trauma insurance starts on:

- the commencement date of the plan or option specified on your schedule
- the date the plan or option is reinstated
- the effective date of any increase in your trauma benefit (except Business solutions option and indexation benefit).

For events that are subject to a qualifying period

Trauma insurance starts 90 days after:

- the commencement date of the plan or option specified on your schedule
- the date the plan or option is reinstated
- the effective date of any increase in your trauma benefit (except Business solutions option and indexation benefit).

Further to the above, we will not pay you a trauma insurance benefit if you develop evidence of, or see a medical practitioner for, that condition within 90 days of either of the following:

- the commencement date of the plan or option specified on your schedule
- the date the plan or option is reinstated
- the effective date of any increase in your trauma benefit (except Business solutions option and Indexation benefit).

The trauma events table lists all of the trauma events and specifies which events are subject to a qualifying period.

When trauma insurance is payable

If you purchase a trauma insurance option attached to a life insurance plan, or a SuperLink trauma insurance plan, and you suffer a trauma event (outlined in the trauma events table) and meet the definition, we will pay you the trauma insurance benefit.

If you purchase:

- a trauma insurance plan, or
- a double trauma insurance option, and

you suffer a trauma event (outlined in the trauma events table) and meet the definition, upon survival of 14 days from the occurrence of you suffering the trauma event, we will pay you the trauma insurance benefit.

When we will not pay

If you purchase a trauma insurance plan/option or SuperLink trauma insurance plan, we will not pay a trauma insurance benefit if your trauma is caused directly or indirectly by you or the plan owner on purpose.

Where trauma insurance is purchased as a plan, or purchased as a double trauma insurance option, we will not pay a trauma insurance benefit if your trauma results in your death within 14 days from the date you suffered the medical condition, injury or diagnosis of that illness.

If you purchase a Children's trauma option, we will not pay a benefit under this option if the trauma is caused directly or indirectly by you or the nominated child on purpose.

We will not pay a benefit if you have a medical condition, injury or sickness that has been excluded based on your health, pastimes or occupation. These additional exclusions will be specified on your schedule.

When the trauma benefit is reduced

Trauma insurance purchased as a plan

Where trauma insurance is purchased as a plan, the trauma insurance benefit will be reduced by:

- the amount of any trauma insurance paid under a partial payment, including a cancer early payment
- the amount of any TPD insurance payment (including the amount of any partial payment), if TPD insurance is also attached as an option on the trauma insurance plan.

Trauma insurance purchased as an option or as SuperLink

Where trauma insurance is purchased as an option or as a SuperLink trauma insurance plan attached to life insurance, the trauma insurance benefit will be reduced by:

- the amount of any trauma insurance paid under a partial payment, including a cancer early payment
- the amount of any TPD insurance payment (including the amount of any partial payment), if TPD insurance is also attached as an option on life insurance or as a SuperLink TPD insurance plan.

When the life insurance benefit is reduced

Trauma insurance purchased as a plan

Where trauma insurance is purchased as a plan and life insurance is held on a separate plan, any payment made under the trauma insurance plan will not affect the life insurance benefit.

Trauma insurance purchased as an option

Where trauma insurance is purchased as an option attached to a life insurance plan, the life insurance benefit will be reduced by the amount of any trauma insurance benefit payment. However, if double trauma insurance is purchased then any payment under the trauma insurance will not reduce the life insurance benefit.

Trauma insurance purchased as SuperLink

Where trauma insurance is purchased as SuperLink trauma attached to a life insurance plan, the trauma insurance will operate as an option attached to that plan. Therefore the life insurance benefit will be reduced by the amount of any trauma insurance payment.

When trauma insurance will end

Trauma insurance and any options attached will automatically end as soon as:

- we have paid the benefit in full, or
- you die, or
- the plan to which a trauma insurance option is attached ends (if applicable), or
- the plan/option reaches the expiry date as specified on the schedule.

We can also end the plan/option if:

- your premium is more than 30 days late. However, we will give you 28 days written notice before we end it for this reason, or
- you make a fraudulent claim.

Replacement plans, conversions and takeover terms from another insurer

Where we have agreed to replace/convert an existing trauma plan or option from within AXA or another insurer (via takeover terms, conversions or subject to full underwriting), we may waive the 90 day qualifying period. As outlined in the trauma events table, some of the trauma events covered under AXA's trauma plans and options are subject to a 90 day qualifying period. If these trauma events were covered under the internal/external policy, and a previous AXA plan or an external policy was in force for 90 days or greater, on commencement of the plan with AXA (coinciding with cancellation of the internal/external policy), we will waive the 90 day qualifying period on trauma events. Where you have served part of the exclusion period, we will waive the equivalent time.

How the 90 day qualifying period applies:

- Any trauma events on this plan, not covered under the trauma plan or option being replaced, will be subject to a 90 day qualifying period.
- If the 90 day qualifying period of the trauma plan or option being replaced has not expired, any remaining days of the qualifying period will apply to this plan, to a maximum of 90 days.
- If the trauma plan or option being replaced has been reinstated or increased within 90 days of the replacement, and the 90 day qualifying period of the trauma plan or option being replaced has not expired, any remaining days of the qualifying period will apply to this plan, to a maximum of 90 days.
- Where the trauma benefit amount under this plan exceeds the trauma benefit amount being replaced, the 90 day qualifying period for trauma events applies to the excess amount.
- Where the trauma plan or option being replaced is not subject to a qualifying period, the 90 day qualifying period will apply to this plan.

For takeover terms from another insurer, the insurance cover being replaced must have been fully underwritten and not have been accepted with modified or limited underwriting requirements or on takeover terms previously. That is, the insurance cover being replaced must have been underwritten under the previous insurer's standard requirements for new applications at the time.

Acceptance is subject to our discretion and satisfaction of the terms of the current insurance cover that the life insured is transferring from.

Optional benefits

Children's trauma option

The Children's trauma option is available to be purchased for up to five children of age 3 next birthday to 16 next birthday and will continue until age 21.

This option allows you to cover up to five of your children for death, terminal illness and the following listed trauma events for any amount between \$10,000 and \$200,000. Indexation increases do not apply to the benefit amount of this option.

The maximum we will pay under this option for each nominated child is 100 per cent of the Children's trauma benefit as it appears in the schedule.

Payment of this benefit will not reduce the sum insured on any plan that this option is attached to.

When children's trauma insurance starts

For most of the trauma events covered under the Children's trauma option, trauma insurance starts upon commencement of the option. However, some of the trauma events are subject to a qualifying period.

When this option ends

In addition to the circumstances detailed in 'When we will end your plan' under the general terms and conditions, this option will end when the cover is continued for the nominated child under a new plan.

Continuing this cover under a new plan

You can continue your nominated child's trauma cover up to a maximum of 100 per cent of the benefit held under the Children's trauma option if he or she is between the ages of 16 and 21 by purchasing any of the following plans without the need to provide us with any health evidence:

- Trauma Insurance Plan
- Life Insurance Plan or Life Insurance Superannuation Plan
- Life Insurance Plan with Trauma Insurance Option, or
- Life Insurance Plan or Life Insurance Superannuation Plan with SuperLink Trauma Insurance Plan.

Type of payment	Benefit Provides a benefit if your child suffers from one of the following trauma events:		
Full payment	<ul style="list-style-type: none"> ▪ Alzheimer's disease and other dementias ▪ Aplastic anaemia¹ ▪ Benign brain tumour ▪ Blindness ▪ Cancer¹ ▪ Cardiac arrest ▪ Cardiomyopathy ▪ Chronic kidney failure ▪ Chronic liver disease ▪ Coma ▪ Coronary artery bypass surgery¹ ▪ Deafness ▪ Diplegia 	<ul style="list-style-type: none"> ▪ Encephalitis ▪ Heart attack¹ ▪ Heart valve surgery ▪ Hemiplegia ▪ Loss of limbs ▪ Loss of limbs and sight ▪ Loss of speech ▪ Lung disease ▪ Major head injury ▪ Major organ transplant¹ ▪ Medically acquired HIV ▪ Motor neurone disease ▪ Multiple sclerosis ▪ Muscular dystrophy 	<ul style="list-style-type: none"> ▪ Occupationally acquired HIV infection ▪ Paraplegia ▪ Parkinson's disease ▪ Pneumonectomy ▪ Primary pulmonary hypertension ▪ Quadriplegia (also defined as tetraplegia) ▪ Severe burns ▪ Severe rheumatoid arthritis ▪ Stroke¹ ▪ Subacute sclerosing panencephalitis¹ ▪ Surgery of the aorta ▪ Triple vessel angioplasty ▪ Viral encephalitis¹

¹ Subject to a 90 day qualifying period.

The nominated child under this option is not eligible for any other options.

Trauma definitions can be found in the Glossary of definitions on pages 58 to 64.

Additional optional benefits

The 'Optional benefits' table on page 21 outlines where details of each of the additional optional benefits can be found.

AXA's Elevate Income insurance Plan

Income insurance

Income insurance can provide you with a replacement income stream if you are unable to work due to sickness or injury.

You are able to insure up to 75 per cent of your income at the time of purchase.

Business expenses insurance

Business expenses insurance can provide your business with a payment if, as a result of injury or sickness, you are prevented from earning your business an income.

Six income insurance plans are available

Non-superannuation:

- Income Insurance Premier Plan
- Income Insurance Plus Plan
- Income Insurance Plan
- Income Insurance Senior Plan
(only available as a conversion from eligible plans)
- Business Expenses Insurance Plan.

Superannuation:

- Income Insurance Superannuation Plan.

S Income Insurance Superannuation Plan

You should be aware that should you choose to purchase an insurance product under superannuation, any benefit payments will be made to NM Super, who will then release the benefit to you, subject to you satisfying the appropriate condition of release under superannuation law. If you do not meet the condition of release, the benefit must remain in the Fund until a condition of release has been met.

Please refer to the section 'Holding your policy in Superannuation' on page 44 for details on:

- Plan membership
- Taxation Information
- Eligibility to make contributions
- Cancelling your plan
- Nomination of dependant.

Eligibility to apply

	Income Insurance Premier Plan ^{NS}	Income Insurance Plus Plan ^{NS}	Income Insurance Plan ^{NS}	Income Insurance Super Plan ^S	Income Insurance Senior Plan ^{NS}	Business Expenses Insurance Plan ^{NS}
Entry ages	18 – 55 next birthday (where an age 60 benefit period is selected) 18 – 60 next birthday (where an age 65, age 70, 2 year or 5 year benefit period is selected)				Only available as a conversion from eligible plans	18 – 60 next birthday
Expiry ages	Age 70 ^{1,2} , Age 65 or Age 60 (depending on the benefit period selected)				Age 70	Age 65
Minimum annual premium	\$250 across linked plans ³					

1 Occupation categories MP, AA and A only

2 For the Income Insurance Superannuation Plan, your plan may expire earlier if you cease to be eligible to contribute to superannuation over age 65 due to superannuation age restrictions, and there are insufficient funds in your superannuation account to pay your premiums. For further information on eligibility to make contributions please refer to the 'Holding your policy in superannuation' section of this PDS on page 44.

3 The minimum premium applies to the sum of premiums for:

- an individual's linked policies (please refer to Plan fee waiver on additional plans on page 50 for more information), and
- policies linked by way of family relationship and/or a business partner relationship.

Occupation descriptions

The following table shows the occupation category that applies to each occupation 'type'.

Occupation category	Description
MP	Selected medical professionals
AA	Professionals whose working environment presents minimal accident/health risk. Includes selected medical specialists and dentists. This also includes individuals who are in an office-based management role only and are earning in excess of \$130,000 and are: <ul style="list-style-type: none"> • degree qualified, or • individuals who are not degree qualified but have been in their current role for at least two years.
A	White collar workers whose duties are primarily of a sedentary nature with minimal accident/health risk.
B	Blue or white collar workers whose duties involve a moderate level of manual work with slight accident/health risk.
BY	Blue or white collar workers whose duties involve a moderate level of manual work with an extra risk to B occupations.
C	Skilled occupations of a predominantly manual nature and semi-skilled occupations involving a moderate level of manual work, with some accident/health risk.
CY	Skilled occupations of a predominantly manual nature and semi-skilled occupations involving a moderate level of manual work, with an extra risk to C occupations.
D	Predominantly manual labour, physically strenuous work with significant accident/health risks.
DY	Predominantly manual labour, physically strenuous work with an extra risk to D occupations.
F	Farmers who own and work full-time farming on their own properties or full-time share farmers. They must have been well established in this manner for at least three years.

Maximum benefit amount on entry

Occupation category	Income Insurance Premier Plan ^{NS}	Income Insurance Plus Plan ^{NS}	Income Insurance Plan ^{NS}	Income Insurance Super Plan ^S	Income Insurance Senior Plan ^{NS}	Business Expenses Insurance Plan ^{NS}
MP, AA, A	\$60,000 ¹ per month	\$60,000 ¹ per month	\$60,000 ¹ per month	\$60,000 ¹ per month	\$30,000 ² per month	\$40,000 per month
B, C	<ul style="list-style-type: none"> \$30,000 per month 'C' Mining \$10,000 per month 	<ul style="list-style-type: none"> \$30,000 per month 'C' Mining \$10,000 per month 	<ul style="list-style-type: none"> \$30,000 per month 'C' Mining \$10,000 per month 	<ul style="list-style-type: none"> \$30,000 per month 'C' Mining \$10,000 per month 	N/A	
D	N/A				N/A	
F	N/A	N/A	\$3,500 per month	\$3,500 per month	N/A	N/A
BY, CY, DY	N/A	N/A	<ul style="list-style-type: none"> \$30,000 per month 'DY' Mining \$6,500 per month 	<ul style="list-style-type: none"> \$30,000 per month 'DY' Mining \$6,500 per month 	N/A	N/A

1 Amounts in excess of \$30,000 per month will only have a two year benefit period.

2 \$6,000 per month for AXA plans (IP Premier plans issued after September 1996) with the right to convert to SeniorGuard.

Waiting periods (days)

Occupation category	Income Insurance Premier Plan ^{NS}	Income Insurance Plus Plan ^{NS}	Income Insurance Plan ^{NS}	Income Insurance Super Plan ^S	Income Insurance Senior Plan ^{NS}	Business Expenses Insurance Plan ^{NS}
MP, AA, A	30, 60, 90, 180, 365 and 730	30, 60, 90, 180, 365 and 730	30, 60, 90, 180, 365 and 730	30, 60, 90, 180, 365 and 730	30, 60	30, 60 and 90
B, C		14, 30, 60, 90, 180, 365 and 730	14, 30, 60, 90, 180, 365 and 730	14, 30, 60, 90, 180, 365 and 730	N/A	14, 30, 60 and 90
D	N/A	30, 60, 90, 180 and 730	30, 60, 90, 180 and 730	30, 60, 90, 180 and 730	N/A	30, 60 and 90
F	N/A	N/A	14, 30, 60, 90, 180 and 730	14, 30, 60, 90, 180 and 730	N/A	N/A
BY, CY, DY	N/A	N/A	14, 30, 'DY' 30 only	14, 30, 'DY' 30 only	N/A	N/A

Benefit periods

Occupation category	Income Insurance Premier Plan ^{NS}	Income Insurance Plus Plan ^{NS}	Income Insurance Plan ^{NS}	Income Insurance Super Plan ^S	Income Insurance Senior Plan ^{NS}	Business Expenses Insurance Plan ^{NS}
MP, AA, A	2 years, 5 years, to age 60, to age 65, to age 70	2 years, 5 years, to age 60, to age 65, to age 70	2 years, 5 years, to age 60, to age 65, to age 70	2 years, 5 years, to age 60, to age 65, to age 70	1 year	1 year
B, C	<ul style="list-style-type: none"> 2 years, 5 years, to age 60, to age 65 'C' Mining 2 years, 5 years 	<ul style="list-style-type: none"> 2 years, 5 years, to age 60, to age 65 'C' Mining 2 years, 5 years 	<ul style="list-style-type: none"> 2 years, 5 years, to age 60, to age 65 'C' Mining 2 years, 5 years 	<ul style="list-style-type: none"> 2 years, 5 years, to age 60, to age 65 'C' Mining 2 years, 5 years 	N/A	
D	N/A	2 years, 5 years	2 years, 5 years	2 years, 5 years	N/A	
F	N/A	N/A	2 years, 5 years, to age 60, to age 65	2 years, 5 years, to age 60, to age 65	N/A	N/A
BY, CY, DY	N/A	N/A	1 year, 2 years	1 year, 2 years	N/A	N/A

The above waiting periods and benefit periods are available; however, there may be instances when not all combinations are available.

Some factors to consider that will impact your premium

	AXA's Elevate Income Insurance and Business Expenses ^{NS}	AXA's Elevate Income Insurance Superannuation Plan ^S
Agreed value or indemnity	Whether income insurance is purchased as an agreed value plan or with an indemnity option determines the way the Total disability benefit and the Partial disability benefit are calculated.	
	Agreed value If you purchase an agreed value plan, in the event of a claim we will pay you an amount based on the benefit amount we agreed to insure you for, at the commencement of the policy. Agreed value is not available for occupation categories BY, CY, DY, F, the Income Insurance Senior Plan and the Business Expenses Insurance Plan. Indemnity will automatically be offered for these categories/plans.	Agreed value If you purchase an agreed value plan, in the event of a claim we will pay the Trustee an amount based on the benefit amount we agreed to insure you for at the commencement of the policy. It is a requirement under superannuation law that you cannot receive more than 100 per cent of your <i>pre-disability income</i> from all sources.
	Indemnity If you purchase an indemnity option in the event of claim we will calculate your benefit by taking into account your <i>pre-disability income</i> . If the indemnity option is attached it will result in a reduction of premium. The Income Insurance Senior Plan is an indemnity plan. The Business Expenses Insurance Plan is an indemnity plan. Therefore, in the event of a claim we will calculate your benefit by taking into account your actual business expenses incurred.	
Waiting period	The waiting period determines how long you must have been disabled before we start paying you a benefit. Depending on the plan you choose and your occupation classification, you can choose from a waiting period of 14 to 730 days.	The waiting period determines how long you must have been disabled before we start paying the Trustee a benefit. Depending on the plan you choose and your occupation classification, you can choose from a waiting period of 14 to 730 days.
Benefit period	The benefit period determines how long the claim can be paid for as long as you are totally or partially disabled. Depending on the plan you choose and your occupation category, you could choose from a benefit period of 1 year up to age 70.	
Occupation category	Your occupation category will impact the type of plan you can apply for, the premiums you will pay, the benefit period/ waiting period and the amount of cover you can apply for. In considering which plan is most suitable for you, it is important to note that not all plans are available for all occupations. You will be advised of our occupation classification which will be determined during the application process. The key features of the plan that will alter based on your occupation category are: <ul style="list-style-type: none"> ▪ the total and partial disability definition ▪ your eligibility for a partial disability benefit ▪ how the Partial disability benefit is calculated ▪ offsets ▪ when your benefit is reduced ▪ unemployment and leave without pay provisions. Where the operation of this plan differs depending on the occupation category, the difference will be specified.	
Premium structure	AXA's income insurance products may be purchased with a stepped premium structure or a level premium structure, with the exception of the Income Insurance Senior Plan which is only available with a stepped premium structure. Stepped premiums Premiums are adjusted each year at the renewal date according to your age. In general, as you get older your premiums will increase. Level premiums Premiums remain the same for a given level of cover throughout the term of the plan. For further information on premium structures refer to the 'General terms and conditions' section on page 48.	

Benefits overview

Included benefits

The following table outlines the benefits that are included at no additional cost. Further information on these benefits can be found on the page indicated below.

Included benefits	Page	Income Insurance Premier Plan ^{NS}	Income Insurance Plus Plan ^{NS}	Income Insurance Plan ^{NS}	Income Insurance Super Plan ^S	Income Insurance Senior Plan ^{NS}	Business Expenses Insurance Plan ^{NS}
Total disability – hours, income and duties based	31	✓					
Total disability – duties based	31		✓	✓	✓	✓	✓ page 42
Partial disability – hours based	32	✓					
Partial disability – duties based	32		✓	✓	✓		✓ page 42
Indexation	33	✓	✓	✓	✓		✓
Interim cover	33	✓	✓	✓	✓	✓	✓
Leave without pay continuation ³	36	✓	✓	✓	✓		
Premium freeze	33	✓	✓	✓	✓	✓	✓
Recurring disability	33	✓	✓	✓	✓		✓
Right to convert 730 day waiting period to 90 day waiting period	34	✓	✓	✓	✓		
Right to take out an Income Insurance Senior Plan ¹	34	✓	✓	✓	✓		
Upgrade of benefits	36	✓	✓	✓	✓	✓	✓
Waiver of premium	36	✓	✓	✓	✓	✓	✓
24 hour worldwide cover	36	✓	✓	✓	✓	✓	✓
Elective or cosmetic surgery ²	32	✓	✓	✓			✓
Rehabilitation expenses	33	✓	✓	✓			
Specific injuries and sickness	34	✓	✓	✓			
Unemployment continuation benefit ³	36	✓	✓	✓			
Death	32	✓	✓				✓
Family carer's income	32	✓	✓				
Family member's accommodation	32	✓	✓				
Home coming costs	32	✓	✓				
Nursing care	33	✓	✓				
Rehabilitation programme	33	✓	✓				
Special care	34	✓	✓				
Unemployment premium waiver	36	✓	✓				
Full benefit where no appropriate work is available	32	✓					

1 Occupation categories MP, AA and A only.

2 Not available for occupation categories BY, CY and DY.

3 Not available for occupation category F.

Optional benefits available

The following table outlines the optional benefits that can be added to the plan at an additional cost. Further information on these benefits can be found on the page indicated below.

Optional benefits	Page	Income Insurance Premier Plan ^{NS}	Income Insurance Plus Plan ^{NS}	Income Insurance Plan ^{NS}	Income Insurance Super Plan ^S	Income Insurance Senior Plan ^{NS}	Business Expenses Insurance Plan ^{NS}
Accelerated accident	40	✓	✓	✓	✓		
Cover boost ¹	41	✓	✓	✓	✓		
Increasing claim	41	✓	✓	✓	✓		
Indemnity	41	✓	✓	✓ ³	✓ ³	Is an indemnity only plan	Is an indemnity only plan
100 per cent superannuation guarantee contributions	41	✓	✓	✓	✓		
Accident lump sum	40	✓	✓	✓			
Occupationally acquired HIV Hepatitis B and C ²	41	✓	✓				

1 Occupation categories MP, AA and A only.

2 Only available to medical occupation categories MP or AA.

3 Mandatory for occupation categories F, BY, CY and DY.

Included benefits

The included benefits described below are only included with specific plans. Please refer to the table on page 30 to see which plans each included benefit applies to.

Total disability benefit

If you meet the definition of total disability we will pay you/ NM Super the Total disability benefit.

Total disability – Hours, income and duties based definition ^{NS}

The Income Insurance Premier Plan has a three tiered definition:

You are totally disabled if, because of injury or sickness, you are:

- not working in any occupation (whether paid or unpaid), and
- under *medical care*, and
 - unable to do one or more duties that are important and essential in producing income of your occupation, or
 - unable to do the duties that are important and essential in producing income of your occupation for more than 10 hours per week, or
 - unable to generate more than 20 per cent of your *pre-disability income*.

Total disability – duties based definition ^{S NS}

The Income Insurance Plus Plan, Income Insurance Plan, Income Insurance Superannuation Plan and the Income Insurance Senior Plan have a duties based definition only:

Occupation categories MP, AA, A, B, C, BY, CY and DY

You are totally disabled if, because of injury or sickness, you are:

- not capable of doing one or more duties that are important and essential in producing income of your occupation
- not working in any occupation (whether paid or unpaid), and
- under *medical care*.

Occupation categories D and F

These definitions can be found in the Glossary of definitions on page 66.

How the Total disability benefit amount is calculated

This can be found in the Glossary of definitions on page 66.

^S Rehabilitation expenses

If you are totally disabled for at least the waiting period, we may require you to undergo at AXA's expense (up to a maximum amount of six times the Total disability benefit amount) rehabilitation that is designed to assist you in returning to full-time work, provided that a medical practitioner states in writing that you have capacity to participate in the rehabilitation.

Partial disability benefit

If you meet the definition of partial disability we will pay you/ NM Super the Partial disability benefit.

The definition of partial disability varies by plan and occupation category.

Hours based definition ^{NS}

The Income Insurance Premier Plan has an hours based definition:

You are partially disabled if, immediately after being totally or partially disabled for the entire duration of the waiting period, you have returned to work and, solely because of sickness or injury, you are:

- able to do one or more duties that are important and essential in producing income of your occupation for more than 10 hours per week
- earning less than your *pre-disability income* (Agreed value) / than 75 per cent of your *pre-disability income* (Indemnity), and
- under *medical care*.

Duties based definition ^{S NS}

The Income Insurance Plus Plan, Income Insurance Plan and the Income Insurance Superannuation Plan:

Occupation categories MP, AA and A

You are partially disabled if immediately after being totally disabled for at least 7 out of a consecutive 12 days, you have returned to work, or are capable of returning to work as determined by us based on medical evidence, and because of the disability, you are:

- not capable of doing one or more duties that are important and essential in producing income of your occupation
- earning less than your *pre-disability income* (Agreed value) / than 75 per cent of your *pre-disability income* (Indemnity), and
- under *medical care*.

Occupation categories B and C

You are partially disabled if immediately after being totally disabled for at least 14 days you have returned to work, or are capable of returning to work as determined by us based on medical evidence, and because of the disability, you are:

- not capable of doing one or more duties that are important and essential in producing income of your occupation
- earning an *income* less than your *pre-disability income* (Agreed value) / than 75 per cent of your *pre-disability income* (Indemnity), and
- under *medical care*.

Occupation categories D, F, BY, CY and DY

These definitions can be found in the Glossary of definitions on page 65.

How the Partial disability benefit amount is calculated

This can be found in the Glossary of definitions on page 65.

Death benefit ^{NS}

In the event of death the plan will pay a lump sum to your estate. The lump sum payable is six times the Total disability benefit amount, with a maximum amount payable of \$60,000.

Elective or cosmetic surgery benefit ^{NS}

The Total disability benefit is payable if you are totally disabled due to elective or cosmetic surgery, including where you have surgery to transplant part of your body to someone else.

A six month qualification period applies to this benefit from the commencement date of the plan and for any increases in cover.

Family carer's income benefit ^{NS}

The Family carer's income benefit is payable if you are totally disabled and an immediate family member ceases employment to care for you while you are totally disabled.

For each month the family carer does not work (up to a maximum of six months), we will pay the lesser of:

- the Total disability benefit amount
- the amount the family carer would have earned if you had not been totally disabled, or
- \$2,000 a month.

Any payment of the Family carer's income benefit is paid in addition to the Total disability benefit.

We will commence payments under this benefit after you have been receiving Total disability benefit payments for 30 days.

Family member's accommodation benefit ^{NS}

The Family member's accommodation benefit is payable if you are totally disabled, and an immediate family member travels more than 100 kilometres away from home to be with you, or you are totally disabled and more than 100 kilometres from home.

We will reimburse the immediate family member for accommodation expenses up to \$300 per day to a maximum of \$10,000.

The benefit will be paid as soon as reasonably possible after the expenses are incurred.

Full benefit where no appropriate work is available ^{NS}

If you have been totally or partially disabled for the entire duration of the waiting period, and do not return to work but medical evidence demonstrates a capacity to work, and no appropriate work is available, we will not reduce the benefit amount payable.

Home coming costs benefit ^{NS}

The Home coming costs benefit is payable if you become totally disabled away from home, you are totally disabled for more than 30 days and return home while still totally disabled.

We will pay for your actual transportation costs home reduced by any other amounts that anyone else will reimburse if you wish to return home to your place of residence.

We will pay the lesser of:

- a single standard economy airfare to the nearest airport in Australia where you reside or, if necessary, a medical facility in Australia by the most direct route, or
- three times the Total disability benefit amount.

Indexation benefit

To protect your benefit against the effects of inflation, up until age 65, your benefit is automatically increased each year by the greater of 3 per cent or the increase in the Consumer Price Index (CPI).

Each year you will be given the opportunity to decline the increase. If you do not decline the increase, your benefit will be increased, and your premium will increase accordingly.

While we are paying you a Total disability benefit for injury or sickness, we will pay you the benefit amount that applied at the start of the claim for the duration of the claim.

While you are on claim, the monthly benefit on your schedule will continue to be adjusted by 3 per cent or the increase in the CPI, whichever is greater. At the end of your claim period, the monthly benefit on your schedule will increase by the amount of the increases that were applied during the claim period.

The increased monthly benefit on your schedule will only apply for any later and separate claims. The increased benefit will be reflected in your premiums.

The indexation benefit will not be permitted where a loading exceeding 100 per cent is applied.

Interim cover

You are provided with interim cover while we are assessing your application. You do not have to pay any extra premium for this cover.

The interim cover certificate on page 68 specifies the terms of cover.

Nursing care benefit

The Nursing care benefit is payable if you are totally disabled and certified by a doctor to require the full-time and continuous care of a registered nurse during the waiting period.

The nurse cannot be you, a family member, business partner, employee or employer of you or the person insured.

We will pay 1/30th of the Total disability benefit amount during the waiting period for each day of such care to a maximum of 90 days.

This benefit is not payable if we have paid a Specific injuries or sicknesses benefit.

Premium freeze

Only available for Stepped premiums

Exercising this option allows you to maintain your current premium at the time this option is exercised. Your benefit amount will reduce each year that this option is applied.

If you choose to cancel Premium freeze, your benefit amount current at that time will not reduce anymore and the Indexation benefit will recommence without further health evidence. Premiums will then increase each year according to your age.

You can request to exercise Premium freeze or cancel it at any time, which will take effect from the next renewal date of the policy.

The Indexation benefit will not apply while Premium freeze is exercised.

Recurring disability benefit

If you returned to full-time work for less than 12 months* since we last paid you a benefit, and subsequently you experience a recurrence of disability from the same cause or a related cause, then we will treat it as a continuation of the same claim provided the plan is still inforce.

No waiting period applies and the benefit period does not start again if we are paying you because of a recurrence of the disability.

Rehabilitation expenses benefit

If we are paying you a Total disability benefit, you can ask us to pay for the expenses of rehabilitation.

These expenses include rehabilitation program fees or buying goods, for example, equipment designed to assist you to re-enter the workforce and enrolling in a rehabilitation program.

We will only pay an amount for rehabilitation expenses that:

- we have approved in writing before you incur them
- we have received receipts for
- a medical practitioner states in writing you need to spend as part of your rehabilitation, and
- cannot be reimbursed from any other source.

The maximum payment is six times the Total disability benefit amount.

Rehabilitation programme benefit

The rehabilitation programme benefit is payable if you are totally disabled, and we are paying you a Total disability benefit and you take part in a rehabilitation programme. We will pay you an amount towards the cost of the rehabilitation programme.

We will pay you up to an additional 50 per cent of the Total disability benefit amount for up to 12 months after the waiting period.

We will only do this if all the following conditions are satisfied:

- We must approve the rehabilitation programme in writing before you enter into the programme.
- You must undertake the rehabilitation programme to rehabilitate yourself for the disability you are claiming, and not for any other reason, and
- A medical practitioner must state, in writing, that you need to undertake the programme as part of your rehabilitation.

* Where the benefit period is 1 year, 2 years or 5 years, the disability must recur within six months since we last paid you.

Right to convert 730 day waiting period to 90 day waiting period

If you are a member of a group income protection plan with a two year benefit period, we will allow the waiting period of this plan to be reduced from 730 days to 90 days upon the cancellation of your group insurance cover.

The reduction in the waiting period will not require medical evidence on the person insured, subject to the following conditions:

- the group insurance cover must have ceased due to the person insured ceasing employment and consequently ceasing to meet the criteria for cover under group income protection plan
- the person insured must not be claiming a benefit, or eligible to claim a benefit, under this plan or the group income protection plan
- the person insured must not have ceased work due any sickness or injury
- the person insured must not exercise, or have exercised, a continuation option, transfer or conversion from the group income protection plan
- the person insured must apply for the reduction in the waiting period within 60 days of ceasing cover under the group income protection plan
- the person insured must be gainfully employed for more than 30 hours per week at the time they apply for the reduction of the waiting period
- the person insured must not have had their benefit period on this plan previously limited, and
- any exclusions, loadings or restrictions on this plan that were conditional on a 90 day waiting period will apply from the date the waiting period is reduced to 90 days.

Right to take out an Income Insurance Senior Plan

Occupation categories MP, AA and A only

If we end this plan because you have reached the expiry age of your income insurance plan, you have the right to apply for an Income Insurance Senior Plan.

Under the Income Insurance Senior Plan, you can be covered for income insurance until your 70th birthday.

When applying for cover under the Income Insurance Senior Plan you do not have to give us any medical evidence (smoking details are required) or evidence about your pursuits, pastimes, travel details or place of residence.

The following conditions apply:

- The level of cover available under the Income Insurance Senior Plan may not be more than the level of cover you had under this plan or any other plan you currently hold where Income Insurance Senior Plan is offered at the time you apply.
- You must be gainfully employed for more than 30 hours per week at the time you apply for the Income Insurance Senior Plan.

- You must have had no claims under this plan in the 12 months before the expiry of your income insurance plan or had any loadings, restrictions, exclusions, limited terms apply on the existing cover, and
- You must apply within 60 days before the date the current plan ends.

Special care benefit

The Special care benefit is payable if you are totally disabled and we are paying you a Total disability benefit and, you are confined to bed under the full-time care of a registered nurse or personal care attendant. We will pay you an amount towards the costs of the nurse or personal care attendant.

We will pay a special care benefit during the benefit period where:

- you are totally disabled, and
- our Chief Medical Officer agrees that, because of your total disability, you are totally dependent on the full-time care of a nurse or personal care attendant.

The nurse or personal care attendant cannot be a family member, business partner, employee or employer of you or the person insured.

For each complete month you are entitled to be paid, we will pay the lesser of the following for up to six months:

- the Total disability benefit amount, and
- \$4,500.

We will not pay you this benefit during a claim period if we are paying you, or have paid you the Family member's accommodation benefit or the Family carer's income benefit.

Specific injuries and sicknesses benefit

The Specific injuries and sicknesses benefit is payable if you suffer a specific injury or sickness set out in the following table.

We will pay the Total disability benefit amount for the period set out in the table, or for the benefit period, whichever is the lesser.

There is no waiting period for this benefit. We will pay even if you are not totally disabled. We will continue to pay for the period of time shown in the table even if you have returned to work. We will stop paying you if you die.

If, after the period set out in the table ends, you are totally or partially disabled because of the same specific injury or sickness, we will pay you the Total or Partial disability benefit, whichever applies. In this case, there will be considered to have been no waiting period, and the benefit period started at the date a medical practitioner diagnosed the injury or sickness.

We will not pay you any other benefit under the plan while we are paying you the Specific injuries or sicknesses benefit.

If you suffer from more than one of the specific injuries or sicknesses at the same time, we will only pay you for one injury or one sickness at a time.

We will pay you the benefit for the injury or sickness with the longest remaining payment period.

Specific injuries and sicknesses

Total and permanent loss of use of:

Both arms and both legs due to spinal cord injury or disease – quadriplegia (also defined as tetraplegia)	60 months
Both legs due to spinal cord injury or disease – paraplegia	60 months
Both sides of the body due to injury or sickness – diplegia	60 months
One side of the body due to injury or sickness – hemiplegia	60 months
Both hands or both feet	24 months
Entire sight in both eyes	24 months
One hand and one foot	24 months
One hand and the entire sight in one eye	24 months
One foot and entire sight in one eye	24 months
One arm or one leg	18 months
One hand, one foot or entire sight in one eye	12 months
Thumb and index finger from same hand	6 months

Fracture (requiring a pin, traction, a plaster cast or other immobilising structure) of your:

Thigh shaft	3 months
Pelvis, except coccyx	3 months
Skull, except bones of face or nose	2 months
Upper arm, including elbow or shoulder	2 months
Shoulder blade	2 months
Lower leg, including ankle, but excluding knee cap and foot	2 months
Knee cap	2 months
Collar bone	1.5 months
Lower arm, including wrist but excluding elbow and hand	1.5 months
Hand, except fingers	1.5 months
Foot, except toes	1.5 months

Trauma events

Cancer ¹	6 months
Chronic kidney failure ¹	6 months
Coronary artery bypass surgery ¹	6 months
Heart attack ¹	6 months
Heart valve surgery ¹	6 months
Major organ transplant ¹	6 months
Severe burns ¹	6 months
Stroke ¹	6 months
Advanced diabetes ²	3 months
Alzheimer's disease and other dementias ²	3 months
Aplastic anaemia ²	3 months
Benign brain tumour ²	3 months
Blindness ²	3 months
Cardiac arrest ²	3 months
Cardiomyopathy ²	3 months
Chronic liver disease ²	3 months
Coma ²	3 months
Deafness ²	3 months
Encephalitis ²	3 months
Loss of capacity for independent living ²	3 months
Loss of speech ²	3 months
Lung disease ²	3 months
Major head injury ²	3 months
Medically acquired HIV infection ²	3 months
Motor neurone disease ²	3 months
Multiple sclerosis ²	3 months
Muscular dystrophy ²	3 months
Parkinson's disease ²	3 months
Pneumonectomy ²	3 months
Primary pulmonary hypertension ²	3 months
Severe rheumatoid arthritis ²	3 months
Surgery of the aorta ²	3 months
Triple vessel angioplasty ²	3 months

¹ Six months is payable if the waiting period is 90 days or less. If the waiting period is more than 90 days, no benefit is payable for these injuries or sicknesses.

² Three months is payable if the waiting period is 30 days or less. If the waiting period is more than 30 days, no benefit is payable for these injuries or sicknesses.

The definitions for the Trauma events listed above can be found in the trauma insurance section of the Glossary of definitions on pages 58 to 64.

Unemployment continuation benefit and Leave without pay continuation benefit

Unemployment continuation benefit

Not available for occupation category F

You can continue your income insurance while unemployed.

To continue the plan and be eligible to submit a claim, you must keep paying your premium, and be able to provide evidence that you are actively seeking employment. If your occupation has been classified as BY, CY or DY you will not be eligible to submit a claim while unemployed.

While you are unemployed, the definition of total disability and partial disability will change. The definition after the change can be found in the Glossary of definitions on page 66.

Leave without pay continuation benefit

Not available for occupation category F

You can continue your income insurance while on leave without pay. To continue the plan and be eligible to submit a claim, you must keep paying the premium. If your occupation has been classified as BY, CY or DY you will not be eligible to submit a claim while on leave without pay.

While you are on leave without pay, the definition of total disability and partial disability will change. The definition after the change can be found in the Glossary of definitions on page 66.

Unemployment premium waiver benefit

If you become involuntarily unemployed, you do not have to pay the premium for this plan, for three months from the date you became involuntarily unemployed or until you recommence employment, whichever occurs first.

To exercise this benefit, you must let us know in writing within three months of the date you became involuntarily unemployed.

Eligibility for this benefit is subject to:

- the plan being in force for six months in a row at the time you become involuntarily unemployed, and
- you registering with an approved government employment agency within 30 days of becoming involuntarily unemployed.

Upgrade of benefits

If we make future improvements to your plan, and such improvements result in no increase in premium rates, we will pass these changes on to you without you having to provide us with any medical evidence, or evidence regarding your occupation, pastimes or place of residence.

You will not be detrimentally affected by any upgrade.

If you are suffering a pre-existing condition at the time the improvement is provided, the improvement will not apply when assessing any claim affected by that pre-existing condition.

If you are on claim at the time of the upgrade, it will not apply until six months after the claim has ended.

Waiver of premium

If we are paying you a benefit under this plan (except Nursing care benefit) you do not have to pay the premium for this or any other plans shown on your schedule.

We will not waive your premium where the plan(s) commenced or was restored after you were entitled to be paid a benefit under the plan.

You must start paying the premium again as soon as we stop paying you that benefit.

24 hour worldwide cover

On acceptance of your plan, we will cover you 24 hours a day and if you travel overseas.

S Income Insurance Superannuation Plan

Cessation of employment

You will not be eligible to submit a total disability or partial disability claim during any period of unemployment.

However, you will be required to continue to pay your premiums during any period of unemployment in order to maintain the plan.

If you stop paying premiums, your plan will cease, and should you subsequently re-apply for income insurance, we may not offer you a new plan, or only offer you a new plan with special conditions, depending on your circumstances at the time.

By paying your premiums, you will ensure that, once you recommence employment, you will be able to continue your cover on your current plan conditions.

If you are concerned with the ineligibility to submit a total disability or partial disability claim during any period of unemployment, please talk to your financial adviser. They will be able to help you decide whether to:

- continue with this Income Insurance Superannuation Plan, or
- transfer to an income insurance plan outside of superannuation (subject to certain terms and conditions), or
- cancel this Income Insurance Superannuation Plan.

Where your occupation category is specified as F you will be unemployed while not engaged in *farming*.

Additional information

Attempted return to work during the waiting period **S** **NS**

Returning to work in a partial capacity

Income Insurance Premier Plan only

If you are totally or partially disabled for the entire duration of the *waiting period* and are totally disabled at the end of the *waiting period*, the *waiting period* will not be extended by the number of days you return to work in a partial capacity.

Returning to work in a full-time capacity

All income insurance plans except the Income Insurance Senior Plan

Where 14 or 30 day waiting periods apply

If you return to work during the *waiting period* in a full-time capacity for five consecutive days or less, we will extend the *waiting period* by the number of days you return to work in a full-time capacity. If you return to work during the *waiting period* in a full-time capacity for more than five consecutive days, the *waiting period* starts again.

Where 60, 90, 180, 365 or 730 day waiting periods apply

If you return to work during the *waiting period* in a full-time capacity for 10 consecutive days or less, we will extend the *waiting period* by the number of days you return to work in a full-time capacity. If you return to work during the *waiting period* in a full-time capacity for more than 10 consecutive days, the *waiting period* starts again.

When your benefit is reduced **NS**

Occupation categories MP, AA and A

Not available for the Income Insurance Senior Plan.

In the event of a total disability or partial disability claim, only one offset will apply to your benefit.

We will only offset your benefit by any disability income, sickness or accident plan with another company which you held or had applied for, when you applied for income insurance with us, but did not disclose to us in your application.

Occupation categories B, C, D, F, BY, CY and DY, or you have purchased the Income Insurance Senior Plan

In the event of a total disability or partial disability claim, we will offset your benefit by:

- undisclosed disability income, sickness or accident plans, as explained in detail above, and
- any amount paid for disability under law.

Agreed value

Your benefit can only be reduced to the extent that the benefit payable when added to all other income received no longer exceeds 100 per cent of your *pre-disability income*.

Indemnity

Your benefit can only be reduced to the extent that the benefit payable when added to all other income received no longer exceeds 75 per cent of the your *pre-disability income*.

S Income Insurance Superannuation Plan

When your benefit is reduced

In the event of a total disability or partial disability claim, we will offset the benefit we pay by the following:

- Any amount which is paid or payable for disability:
 - under law, or
 - by way of any other disability income, sickness or accident plan, or
 - under common law, or
 - from any employer paid leave (including sick leave, annual leave and long service leave).
- Any amount which is paid or payable as income.

Where your *pre-disability income* is less than the Total disability benefit amount, we will reduce the Total disability benefit payable so that any payments received, when combined with amounts received from this plan, do not exceed:

- 100 per cent of your *pre-disability income* for agreed value plans.
- 75 per cent of your *pre-disability income* for Indemnity plans (all occupations except for occupation F).
- 30 per cent of your *pre-disability income* for Indemnity plans (where the occupation category is F).

It is a requirement under superannuation law that you cannot receive more than 100 per cent of your *pre-disability income* from all sources. Therefore we may reduce the benefit we pay you accordingly.

When income insurance benefits are payable

When you purchase an income insurance plan, you will need to select one of a variety of waiting periods (refer to the 'Waiting periods' table on page 28 for available combinations).

The waiting period starts when a medical practitioner first examines you and certifies that you are totally disabled or partially disabled. The income insurance benefits are payable from the end of the waiting period.

Once we commence paying income insurance benefits, as long as you continue to meet the definition of total disability or partial disability, we will continue to pay the benefit, until the expiry of your *benefit period*.

Benefit period to age 70

Occupation categories MP, AA and A only

Regardless of your age when you become totally or partially disabled, when you are over the age of 65 the Total disability benefit amount changes to a percentage of the monthly benefit set out in the schedule. The following table sets out the percentages.

Age last birthday	% of monthly benefit
65	100
66	80
67	60
68	40
69	20

When we will not pay

We will not pay a benefit in the following circumstances:

- Where your injury occurred or sickness commenced before the plan began, or was reinstated, unless you told us about it in your application and we agreed to cover it, or
- Where the disability was caused by:
 - you or the plan owner on purpose
 - your commission of, or involvement in, an intentional criminal act
 - uncomplicated pregnancy, miscarriage or childbirth, or
 - war or war-like activities.

Complications arising from pregnancy which result in disablement are covered under the plan.

When the plan will end S NS

The plan automatically ends as soon as one of the following happens:

- you permanently retire, or
- you die, or
- the plan reaches the expiry date as specified on the schedule.

We can also end the plan if:

- your premium is more than 30 days late. However, we will give you 28 days written notice before we end it for this reason, or
- you make a fraudulent claim.

Income Insurance Senior Plan

The plan will also automatically end if you are not employed in full-time paid work. However, we will not end the plan if you are not working while you are receiving the benefit.

Where the schedule specifies the occupation category as BY, CY or DY, and following a claim for sickness or injury

We may, from three years after the plan commencement date shown in your schedule, cancel your plan as set out on page 39 under 'Continuing your plan'.

Occupation category F

The plan will also automatically end as soon as you cease *farming* for more than three months in a row. However, we will not end the plan if you are not working while you are receiving the benefit.

Replacement plan S NS

Occupation category F only

If within three months of you ceasing *farming* you commence other full-time work we will issue a replacement income insurance plan without further health evidence.

We will do this provided we receive your written request for a new plan within three months from the date you stopped *farming*. We will forward you a new plan document and will notify you when cover begins.

Financial evidence will be required to determine the level of cover under the new plan.

Continuing your plan S NS

Where the schedule specifies the occupation category as MP, AA, A, B, C, D or F

As long as you pay the premiums on time and comply with the terms of your plan we will:

- pay you benefits when you are entitled to them
- continue your plan until the plan ends, and
- not place any further conditions such as exclusions or loadings on your plan.

We will do so no matter how many claims you make, what happens to your health, whether your occupation changes, and what pastimes you have.

However, if you apply to vary, extend or reinstate your plan, you have a duty of disclosure (as detailed in the Applying for cover section on page 53) to inform us of any changes to your health, occupation or pastimes.

Where the schedule specifies the occupation category as BY, CY or DY and following a claim for sickness or injury

We may, from three years after the plan commencement date shown in your schedule:

- continue your plan on the same terms that applied before the sickness or injury claim, or
- offer to continue your plan by applying exclusions, premium loadings and/or special conditions to your plan subject to your agreement, or
- cancel your plan.

If we wish to apply exclusions, premium loadings and/or special conditions

If we wish to apply exclusions, premium loadings and/or special conditions following the end of a claim period, we will send you a written notice prior to the next policy anniversary date. You will have 30 days from the date of the notice to confirm your agreement, after which time your plan will end and cover under this policy will automatically cease.

If we cancel your plan

If we cancel your plan, we will send you a written notice. Your plan will end 30 days after you have received the notice from us.

Working in Australia on a temporary visa NS

Occupation Categories MP, AA and A only

The Income Insurance Plus Plan and Income Insurance Plan are available to be purchased while working under a temporary visa.









However, due to immigration laws and restrictions placed on working visas, limitations apply to these contracts.

Please consult your financial adviser.

Optional benefits

The optional benefits described below can only be purchased with specific plans. Please refer to the table on page 31 for details for which plans each optional benefit can be purchased. The optional benefits may be added to your plan at an additional premium.

Optional benefits – minimum and maximum entry age and minimum and maximum benefit

Option		Minimum entry age	Maximum entry age	Expiry age	Minimum sum insured	Maximum sum insured
Accelerated accident option	 	18 next birthday	60 next birthday ¹	The expiry age of the plan	N/A	N/A
Accident lump sum option		18 next birthday	60 next birthday ¹	The expiry age of the plan	\$1,000	\$250,000
Cover boost option ²	 	18 next birthday	52 next birthday	The earlier of: Age 55 and having utilised the maximum number of increase dates	N/A	N/A
Increasing claim option	 	18 next birthday	60 next birthday ¹	The expiry age of the plan	N/A	N/A
Occupationally acquired HIV, Hepatitis B and C option ³		18 next birthday	60 next birthday ¹	The expiry age of the plan	\$50,000	The lower of: 60 times the monthly benefit and \$500,000

1 Where the benefit period selected is age 60, the maximum entry age is 55 next birthday.

2 Occupation categories MP, AA and A only.

3 Only available to medical occupation categories MP or AA.

Accelerated accident option

This option is only available with 14 or 30 day waiting periods.

Benefits

If an injury causes you to be totally disabled for more than three days in a row, we will pay you a daily amount during the waiting period.

We start paying when a medical practitioner first examines you and certifies that you are totally disabled.

Payment

For each day you are totally disabled, we will pay you 1/30th of the Total disability benefit.

We will not pay you if you are receiving the Specific injuries and sickness benefit or the Nursing care benefit.

Accident lump sum option

Benefits

If you are involved in an accident which causes death or one of the injuries set out in the table below to happen within one year from the date of the accident, we will pay you the lump sum amount selected for this benefit.

We will do this even if you are receiving the Total or Partial disability benefit.

Accident lump sum conditions

	Percentage of lump sum amount
Accidental death	100%
Total and permanent loss of use of:	
Both hands or both feet	100%
Entire sight in both eyes	100%
One hand and one foot	100%
One hand and the entire sight in one eye	100%
One foot and entire sight in one eye	100%
One arm or one leg	75%
One hand, one foot or entire sight in one eye	50%
Thumb and index finger from same hand	25%
Thumb or index finger	15%
Two or more fingers	15%
One finger	5%

Payment

The amount that we pay you will be the percentage set out in the table above of the lump-sum amount on your schedule.

If you have more than one of the injuries at the same time, we will only pay for the one with the highest percentage.

If we pay you an amount under this option, then the lump-sum amount is reduced by that amount paid. We will not pay more than 100 per cent of the lump-sum amount in total for all claims.

We will not pay under this option if the injury was caused or contributed by either alcohol/non-prescribed drugs or any flying activities, other than as a fare-paying passenger in an aircraft.

Cover boost option

Benefits

You can increase the Total disability benefit amount by up to 20 per cent at specified increase dates without having to provide medical evidence or evidence about your occupations, pursuits, pastimes or place of residence.

The increase dates are every third renewal date up until your 55th birthday. However, you can bring forward an increase date up to four times by letting us know in writing.

The increase to your Total disability benefit amount takes effect from the increase date.

However, the increased benefit amount will not apply where:

- an injury or sickness occurred before the increase date
- you are on claim at the time of the increase
- the new Total disability benefit amount is more than 75 per cent of your *pre-disability income* at the increase date
- you have exceeded the maximum number of increases allowable under this option, or
- after the increase, the Total disability benefit amount will be more than our limit for new plans at that date.

The maximum number of increase dates is calculated as follows:

$$\frac{55 - A}{3}$$

A = your age when this option began.

Increasing claim option

This option is not available to occupations BY, CY or DY

If we are paying you for a claim, we will increase your benefit by the increase in the CPI (indexation benefit) on each renewal date while you are on claim.

If we are paying you for a claim because you are:

- totally disabled, we will increase the Total disability benefit amount by the increase in the CPI (indexation benefit).
- partially disabled, we will increase the Total disability benefit amount and *pre-disability income* by the increase in the CPI (indexation benefit).

Indemnity option

If you purchase an indemnity option, in the event of a claim we will calculate your benefit by taking into account your *pre-disability income*.

Occupationally acquired HIV, Hepatitis B and Hepatitis C option

This option is available to medical occupations classified as MP or AA only

Benefits

If you become infected with HIV, Hepatitis B or Hepatitis C as a result of an occupational incident, we will pay you the lump-sum amount on your schedule.

We will pay you the lump-sum amount if all of the following conditions are satisfied:

- you provide us with proof of the occupational incident that gave rise to the infection. This proof must include the incident report and the names of the witnesses to the occupational incident
- you provide us with proof that the occupational incident involved a definite source of the relevant infection, and
- you provide us with proof that a new infection with HIV, Hepatitis B or Hepatitis C has occurred within 180 days of the documented occupational incident. This proof must include proof of sero-conversion from:
 - HIV antibody negative to HIV antibody positive, or
 - Hepatitis C antibody negative to Hepatitis C antibody positive, or
 - Hepatitis B surface antigen negative to Hepatitis B surface antigen positive.

All testing must be conducted by Australian Government-approved specialist pathology laboratories. If required by us, we must be given access to all blood and body fluid samples tested and we must be allowed to independently test them. We may require that blood and body fluid collection and diagnostic testing be repeated.

Payment

We will only pay you once under this benefit. The benefit we pay is the lump-sum amount specified in your schedule.

We will not pay if:

- you become positive to Hepatitis B surface antigen within 180 days from the start of the plan or option, or the date the plan or option is reinstated
- a cure is available for the infection you are claiming for. 'Cure' means any treatment that renders the HIV inactive or non-infectious, or
- you are first diagnosed to be infected with HIV, Hepatitis B or Hepatitis C after you die.

This benefit can be paid in addition to the Total disability benefit, and other benefits available under this plan and your Total disability benefit amount will not reduce as a result of a payment under this option.

100 per cent superannuation guarantee contributions

Superannuation guarantee contributions may be included in your income for the purpose of determining your Total disability benefit amount.

You can insure 100 per cent of your superannuation guarantee contribution.

In the event of a claim we will pay a percentage of the monthly benefit amount to a complying superannuation fund. The percentage of the monthly benefit amount will be the same as the original percentage when the plan commenced.

Business Expenses Insurance Plan NS

The benefit insured

You can insure up to 100 per cent of average insurable expenses that the business will continue to incur if you become totally disabled.

Insurable expenses are those that are:

- regular in nature, and
- existed at the time the claim commenced.

Typical expenses include:

- rent
- electricity
- water
- gas
- salaries of employees who do not contribute directly to your earnings or the earnings of your business
- regular business loan repayments.

In addition to the examples listed above, if you are a medical practitioner or dentist, the net cost of a medical locum is an allowable business expense. (The net cost of a medical locum is where the fees incurred for the locum exceed the income generated by the locum).

Some examples of expenses that are not insurable are:

- capital purchases
- stock
- maintenance and repairs
- new loans or contracts taken out after the claim commenced.

Insurable expenses do not include salaries or wages of employees who contribute directly to your earnings or the earnings of your business (unless it is for the net cost of a locum).

Joint business

If you are a co-owner of the business, at our discretion we will calculate the share of the business expenses in the same proportion as the profits and losses are allocated between you and the other co-owners.

Total disability benefit

If you meet the definition of total disability we will pay you up to the Total disability benefit amount.

We will only pay the Total disability benefit if you own a business. Ownership of the business must have been in place immediately before and during your total disability. And you must have been actively managing that business immediately before your total disability.

We will pay the actual costs of the allowable expense up to the Total disability benefit amount.

The maximum we will pay is 12 times the Total disability benefit amount. Whenever payment in any particular month during the benefit period is less than the Total disability benefit amount, we will extend the benefit period at the end of the 12 month period until we have paid a total amount equal to 12 times the Total disability benefit amount.

Total disability definition

You are totally disabled if, because of injury or sickness, you are:

- not capable of doing one or more duties that are important and essential in producing income of your occupation
- not working in any occupation (whether paid or unpaid), and
- under *medical care*.

How the Total disability benefit amount is calculated

The amount we pay you is the lesser of:

- the monthly benefit specified on your schedule, and
- your share of the business expenses actually incurred while on claim in the operation of your business.

Partial disability benefit

If you are partially disabled, we may pay you a reduced benefit.

Partial disability definition

Occupation categories MP, AA and A

You are partially disabled if immediately after being totally disabled for at least 7 out of a consecutive 12 days you have returned to work, or are capable of returning to work as determined by us based on medical evidence, and solely because of the sickness or injury, you are:

- not capable of doing one or more duties that are important and essential in producing income of your occupation, and
- under *medical care*.

Occupation categories B, C and D

You are partially disabled if immediately after being totally disabled for at least 14 days you have returned to work, or are capable of returning to work as determined by us based on medical evidence, and solely because of the sickness or injury, you are:

- not capable of doing one or more duties that are important and essential in producing income of your occupation, and
- under *medical care*.

How the Partial disability benefit amount is calculated

The amount we pay for each month that you are partially disabled is the lesser of:

- the monthly benefit specified on your schedule, and
- your share of the business expenses actually incurred that relate to the period of partial disability less:
 - any amounts that are reimbursed from elsewhere, and
 - your share of the business turnover for that period.

Business turnover for a period will be the gross income of the business for the period of partial disability.

Your share of business expenses actually incurred, or of business turnover, will be determined in line with the usual manner of apportioning profits and/or losses of the business between you and any co-owners of the business. When you are partially disabled and not working but are capable of returning to work, business turnover will be determined by us based on your capacity to return to work based on medical evidence.

When your benefit is reduced

Occupation categories MP, AA and A

In the event of a total disability or partial disability claim, only one offset will apply to your benefit.

We will only offset your benefit by any business expenses policies with another company that you held or had applied for, when you applied for your Business Expenses Insurance Plan with us, but did not disclose to us in your application.

Occupation categories B, C and D

In the event of a total disability or partial disability claim, we will offset your benefit by:

- undisclosed business expenses policies, as explained in detail above, and
- any amount paid for disability under law.

If you have a claim under the plan, your benefit may be reduced to nil because of these offset amounts. In this case, we will be deemed to be paying you a benefit, even though you receive no money from us.

Earnings received while on claim

If you are earning money from the business or if you are a co-owner and your share of the business earns money while you are on claim, the amount you earn in any month (less costs incurred to generate those earnings) may be deducted from the business expenses benefit amount that we pay.

When benefits are payable

When you purchase a Business Expenses Insurance Plan, you will need to select one of a variety of waiting periods.

The waiting period starts when a medical practitioner first examines you and certifies that you are totally disabled. The benefits under the Business Expenses Insurance Plan are payable from the end of the waiting period.

Once we commence paying such benefits, as long as you continue to meet the definition of total disability or partial disability, we will continue to pay the benefit, until the expiry of your *benefit period*.

Attempted return to work during the waiting period

Where 14 or 30 day waiting periods apply

If you return to work during the waiting period in a full-time capacity for five consecutive days or less, we will extend the waiting period by the number of days you returned to work in a full-time capacity. If you return to work during the waiting period in a full-time capacity for more than five consecutive days, the waiting period starts again.

Where 60 or 90 day waiting periods apply

If you return to work during the waiting period in a full-time capacity for 10 consecutive days or less, we will extend the waiting period by the number of days you returned to work in a full-time capacity. If you return to work during the waiting period in a full-time capacity for more than 10 consecutive days, the waiting period starts again.

When the plan will end

The plan automatically ends as soon as one of the following happens:

- you cease paid work for more than three months other than by reason of death or total disability. However, we will not end the plan if you are not working while you are receiving a benefit under the Business Expenses Insurance Plan, or
- you permanently retire, or
- you die, or
- the plan reaches the expiry date as specified on the schedule.

We can also end the plan if:

- your premium is more than 30 days late. However, we will give you 28 days written notice before we end it for this reason, or
- you make a fraudulent claim.

When we will not pay

The Business Expenses Insurance Plan will not pay a benefit in the following circumstances:

- Where your injury occurred or sickness commenced before the plan began, or was reinstated, unless you told us about it in your application and we agreed to cover it, or
- Where the disability was caused by:
 - you or the plan owner on purpose
 - your commission of, or involvement in, an intentional criminal act
 - uncomplicated pregnancy, miscarriage or childbirth, or
 - war or war-like activities.

Complications arising from pregnancy that result in disablement are covered under the plan.

Holding your policy in superannuation

Plan membership

The plan

The Life Insurance Superannuation Plan and Income insurance Superannuation Plan are issued by N.M. Superannuation Proprietary Limited (the Trustee). These plans provide insurance for members within the Super Directions Fund and the Wealth Personal Superannuation and Pension Fund (the Fund(s)).

These plans are only available where the Trustee is N.M. Superannuation Proprietary Limited and relates to membership in the Super Directions Fund or the Wealth Personal Superannuation and Pension Fund.

If the plan owner is to be a Trustee other than N.M. Superannuation Proprietary Limited (for example, a trustee of a self-managed superannuation fund), the Life Insurance Superannuation Plan/Income Insurance Superannuation Plan is not available. Only a non-superannuation life/income insurance plan is available in that instance.

Ownership of the plan

The Life Insurance Superannuation Plan and Income insurance Superannuation Plan are held by N.M. Superannuation Proprietary Limited as Trustee of the Super Directions Fund ABN 78 421 957 449 and of the Wealth Personal Superannuation and Pension Fund ABN 92 381 911 598.

Upon acceptance of your application N.M. Superannuation Proprietary Limited will purchase a Life Insurance Superannuation Plan/Income Insurance Superannuation Plan from NMLA to provide the benefits you have requested, subject to acceptance of the application for insurance by the Insurer. The Trustee owns the Life Insurance Superannuation Plan/Income Insurance Superannuation Plan and holds it on your behalf, as a member of the Fund. The Trustee is a 'licensed trustee' under the Superannuation Industry (Supervision) Act 1993 (SIS) and has an appropriate level of indemnity insurance.

Membership of the Fund

To be an insured person under the plan you must be a member of the Fund. The Funds are registered as superannuation entities under SIS. Your membership will be governed by the terms and conditions of the Trust Deeds of the Funds (as amended from time to time).

The premium you pay for the Life Insurance Superannuation Plan and the Income Insurance Superannuation Plan, the stamp duty and the plan fee are the only cost to you; you pay no other fee or charge for having insurance in the Fund.

The benefits to which you are entitled are limited to those specified under the Life Insurance Superannuation Plan/Income Insurance Superannuation Plan.

Insurance cover will cease when

- you are no longer a member of the Fund or
- there are insufficient funds in your superannuation account to pay your premiums or

- you cease to be eligible to contribute to superannuation over age 65 due to superannuation age restrictions and there are insufficient funds in your superannuation account to pay your premiums.

Payment of any benefit to you by the Trustee is subject to acceptance of a claim by AXA. Payment of premiums beyond age 65 is subject to you remaining eligible to contribute to superannuation.

Taxation information

The tax information contained in this PDS is based on the Trustee's understanding of the current law and of current Australian Taxation Office (ATO) practice at 1 July 2011. Our comments are a general guide only. The tax treatment may vary according to your individual circumstances. You should seek professional advice concerning your own taxation position.

Contributions tax

All employer contributions paid to the Fund (including voluntary salary sacrifice contributions) and any contributions for which you claim a tax deduction are called concessional contributions and are currently taxed at a maximum rate of 15 per cent. The Fund will withhold this tax when the contributions are received by the Fund.

This 15 per cent contributions tax may be reduced by deductions (available to the Fund) for items such as insurance premiums.

Concessional contributions cap

An annual contribution limit (also known as a contributions 'cap') of \$25,000 per person per year applies to concessional contributions from 1 July 2009. A transitional cap of \$50,000 per person per year applies for people who are aged 50 and over on the last day of a financial year until 1 July 2012.

Contributions in excess of the annual cap (referred to as 'excess concessional contributions') incur tax of 31.5 per cent in addition to the contributions tax (15 per cent). The excess concessional contributions tax is imposed on the individual. Furthermore, excess concessional contributions are included in the non-concessional contributions cap (see below).

Non-concessional contributions cap

Non-concessional contributions are:

- personal contributions for which you do not claim a tax deduction, and
- spouse contributions.

A cap of \$150,000 per person per year applies to non-concessional contributions from 1 July 2007. Members under age 65 on 1 July of the relevant financial year can make non-concessional contributions up to \$450,000 averaged over three years. Members aged 65 or over on 1 July can only make

non-concessional contributions of up to \$150,000 in that year and each subsequent year to age 75, subject to being gainfully employed on at least a part-time basis. For more information refer to the 'Eligibility to make contributions' section on page 45 of the PDS. Non-concessional contributions in excess of this cap will be taxed at 46.5 per cent.

The Trustee is prevented by law from accepting a non-concessional contribution that is greater than \$450,000 in one transaction for individuals who are under age 65 and \$150,000 in one transaction for individuals age 65 and over on 1 July of the relevant financial year. The Trustee is required by law to refund the excess contribution and is entitled to deduct an administration fee and any transaction costs and premiums that have been paid in relation to cover for a specific period.

If you are a member of the Super Directions Fund, any insurance premiums you pay are considered to be superannuation contributions and will count towards your contributions cap.

Your Super Directions membership cannot accept spouse contributions, co-contribution amounts from the ATO or rollovers from other superannuation funds to pay for insurance premiums. However, the Wealth Personal Superannuation and Pension Fund can accept payment from these sources where you are a member of the Fund and hold insurance through North, Summit, Generations or iAccess.

There are some exceptions to the contribution rules. For more information please contact your financial adviser.

Deductions and offsets

Depending on your circumstances, tax deductions or offsets for contributions used to fund the premiums may be available. Tax deductions (subject to certain restrictions) may be available for premiums paid by employers, employees who receive no employer support and the self-employed or substantially self-employed. For more information please contact your financial adviser/tax adviser.

Life Insurance Superannuation Plan

Lump-sum life insurance benefits paid directly to a person who is not a dependant (as defined under the Tax Act) are treated as a lump-sum superannuation death benefit and taxed accordingly.

Income Insurance Superannuation Plan

Benefits under the plan will need to be included in your assessable income and will be paid to you net of tax.

At the end of each financial year we will issue you with a PAYG summary showing your benefits paid and tax deducted. This will need to be included in your tax return. Please speak to your accountant for further information.

Providing a tax file number (TFN)

Your tax file number is confidential. Before you provide your tax file number we are required to tell you the following:

Under the Superannuation Industry (Supervision) Act 1993, your superannuation fund is authorised to collect your TFN, which will only be used for lawful purposes.

These purposes may change in the future as a result of legislative change. The Trustee may disclose your TFN to another superannuation provider, unless you request the Trustee in writing that your TFN not be disclosed to any other superannuation provider.

It is not an offence not to quote your TFN. However, giving your TFN to the Trustee will have the following advantages:

- Your superannuation fund will be able to accept all types of contributions to your account(s).
- The tax on contributions to your superannuation account(s) will not increase.
- Other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your superannuation benefits.
- It will be easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

If you do not provide your tax file number the Trustee will not be able to accept any payment for premiums and your application for insurance will not be accepted.

Eligibility to make contributions

Anyone under the age of 65 can contribute to superannuation at any time on their own behalf or for someone else who is under 65.

If aged between 65 and 74

Between the ages of 65 and 74, eligibility to contribute is subject to satisfying the work test. To satisfy this test a member must have worked at least 40 hours in a period of not more than 30 consecutive days in the financial year in which the contribution is made.

Employer/member supported plans

Life insurance and income insurance superannuation plans can be:

- Employer supported – the employer pays the premium on behalf of the employee, and
- Member supported – the member pays the premiums.

Cancelling your plan

If you are a member of the Super Directions Fund and you cancel your insurance, you will automatically cancel your membership of the Fund.

If you are a member of the Wealth Personal Superannuation and Pension Fund and you cancel your insurance, you will remain a member of the Fund with no insurance cover.

You must be a member of either Fund to hold insurance under superannuation.

If you cancel your insurance, any premiums paid must be subject to preservation rules, governed by superannuation rules applicable at the time.

Nomination of dependant

If applying for a Life Insurance Superannuation Plan held through Super Directions, you should complete the non-binding or binding nomination form in the Application form attached to this PDS.

If applying for a Life Insurance Superannuation Plan via membership through North, Summit, Generations or iAccess, your nomination of dependants for distribution of your death benefits (which includes your accumulation amount and your insurance proceeds) requires the completion of the applicable death benefit nomination form. You cannot make a separate binding nomination for your insurance benefits only.

Completion of the superannuation nomination of dependants form accompanying this application will be void if your policy is under North, Summit, Generations or iAccess.

The recipient of death benefits from a superannuation fund in the event of the death of a member is generally determined by the Trustee, at its discretion. For some members that means little certainty. That's why the Trustee offers binding nominations for people who hold the Life Insurance Superannuation Plan offered through the Super Directions Fund and the Wealth Personal Superannuation and Pension Fund.

Binding nominations give you greater control over who receives your life insurance benefit under your Life Insurance Superannuation Plan.

Alternatively, you may still make a non-binding nomination; however, this nomination gives the trustee of the Fund discretion on how to pay your benefit.

Non-binding nomination or no nomination made

With a non-binding nomination the Trustee will consider the nomination provided by you. However, regardless of whether you make a non-binding nomination or no nomination, the Trustee has the discretion to pay your benefit to one or more of your dependants and/or your legal personal representative in any proportions it determines.

To make a non-binding death benefit nomination please complete the preferred dependant section of the Application form.

You should be aware that any directions that you may have included in your last will for the payment of your life insurance benefit under the Fund cannot legally bind the Trustee.

However, the Trustee will take your expressed wishes into account. It is therefore advisable to update your will and your non-binding nomination whenever your circumstances change.

You may provide the Trustee with a written indication of your preference for the disbursement of the benefit from the Fund in the event of death.

It is essential that you keep the Trustee fully informed of your current preferences for the payment of your benefits in the event of your death.

Binding nominations

A binding death benefit nomination gives you certainty about who will receive your superannuation benefit in the event of your death. When you have nominated a beneficiary and the nomination is valid under superannuation law, the trustee will act in accordance with that nomination. However, the Federal Government has imposed strict conditions on how a beneficiary must be nominated.

A beneficiary must be a spouse (including de facto spouse or same sex partner), a child (including an adopted child, step child or ex-nuptial child) or the child of the insured's spouse or any person who is, or was at the relevant time, in the opinion of the Trustee, in an interdependency relationship with the insured, (generally a close personal relationship between two people who live together, where one or both provides the other with financial support, domestic support and personal care), a legal personal representative or any person who in the opinion of the Trustee is or was at the relevant time, dependent in whole or part upon the insured. If any beneficiary nominated is not a dependant according to superannuation law at the date of your death, this notice will be invalid.

With binding nominations, you may nominate specific individuals and the portion of the death benefit they will receive under the plan.

If you choose this option as a member of the Super Directions Fund, you are able to nominate the specific individuals and the percentage of the death benefit they will receive under the plan. You will only be able to nominate individuals who are eligible under superannuation law.

If you are purchasing insurance through North, Summit, Generations or iAccess as a member of the Wealth Personal Superannuation and Pension Fund, you may have completed a Binding nomination form at the time of becoming a member. In such instances the binding nomination also applies to your life insurance.

If a binding nomination was not completed when applying for membership of the Wealth Personal Superannuation and Pension Fund, and you would like a binding nomination to apply to your superannuation benefits and your insurance, a form may be obtained from your financial adviser.

How a binding nomination works

To make a binding nomination you will need to provide the personal details of your dependants to whom your death benefit is to be paid. You will need to provide their full name, address details, date of birth, sex, and their relationship to you.

If you choose to make a binding nomination, the Trustee will pay your benefit to the person(s) you have nominated as long as your nomination:

- is valid
- has been made in the prescribed manner
- is received by the Trustee before your death
- has not expired, and the nominated person(s) is a dependant (as defined in the governing rules of the Fund and by superannuation law) or your legal personal representative.

To be valid, a nomination must:

- nominate one or more dependants and/or your legal personal representative and provide the percentage of the death benefit for each nominee to receive in the event of your death. The proportional entitlements must total 100 per cent
- be fully completed by you and signed in the presence of your witnesses
- be witnessed by two people who are aged 18 years or over and neither of whom is nominated on the form. Each witness must also sign and date the Witness Declaration section, and
- date the form as at the date of completion.

Your nomination expires after three years. We strongly recommend that you review your nomination regularly and update your nomination as your personal circumstances change, eg divorce, birth of children, death of a partner or nominee. It is your responsibility to keep your nomination up to date and review it every three years. You may update your nomination by completing a new Death benefit beneficiary nomination form at any time.

If you wish to revoke a binding death benefit nomination, you must complete, sign and date the revocation in the presence of two witnesses who are aged 18 years or over and neither of whom were nominated on the form. Each witness must also sign and date the witness declaration section.

If you nominate your legal personal representative as your beneficiary, please make sure that you have a valid and up-to-date will. If you die without a will, the Trustee may have to pay the benefit to a court-appointed administrator who will pay the benefit in accordance with a statutory formula that varies from state to state.

Payment to a legal personal representative may also take longer to effect as it is necessary for a Grant of Probate or Letters of Administration to be issued before the benefit can be paid.

You should note that by directing payment to your legal personal representative you may be exposing the benefit to claims by creditors of your estate.

Your financial adviser can assist you in assessing your estate planning.

In the event that your nomination is not valid or has expired, your death benefit will be paid at the discretion of the Trustee to one or more of your dependants and/or legal personal representative.

Who qualifies as my dependant?

The Trustee must ensure that the benefits are paid to your legal personal representative or 'dependants' as defined in the Trust Deed and applicable law. A dependant is defined as:

- the spouse
- each child (including an adopted child, step-child or an ex-nuptial child) of a member, or the child of a member's spouse,
- any person who is, or was at the relevant time, in the opinion of the Trustee in an interdependency relationship with the member (generally a close personal relationship between two people who live together, where one or both provides the other with financial support, domestic support and personal care),
- any person who in the opinion of the Trustee is, or was at the relevant time, dependent in whole or in part upon the member, and
- any other person treated for the purposes of superannuation law as a dependant.

The beneficiary of your death benefit can ask to receive the payment as a lump sum.

Who is a spouse?

A spouse is a person who is legally married to the member, or a person who, although not legally married to the member lives (or lived at the time of the member's death) with the member on a genuine domestic basis in a relationship as a couple and includes a same-sex partner.

Where a Life Insurance Superannuation Plan is held through membership of the Wealth Personal Superannuation and Pension Fund, any insurance benefit payable under the Life Insurance Superannuation Plan will be credited to your super account. In the event of your death, any insurance benefit will form part of the death benefit available within the Fund, and will be distributed by the Trustee in accordance with any death benefit nomination you have provided in respect of your account and/or the Trustee's discretion if there is no valid binding death benefit nomination. You cannot make a separate death benefit nomination in respect of your Life Insurance Superannuation Plan.

General terms and conditions

How your premium is determined

Your premium depends on the benefits, the benefit amounts you have chosen and a range of factors including your age, sex, smoking status, medical history, occupation, general health, etc. For the Income Insurance Plan and Business Expenses Insurance Plan, your premium also depends on the waiting period and benefit period you choose.

Your individual occupation may be classified into another occupation category based on the number of claims we have experienced. If we do this, it will apply to all persons insured of the same individual occupation. A change to your occupation category may result in a different premium being applied. Premiums may also change in other circumstances due to premium rates based on age, sex, occupation or smoking status.

Copies of our standard premium rate tables are available on request by contacting your financial adviser or our Customer Service Centre on 132 987.

All of the charges that apply to our plans are fully described in this section. We undertake not to apply any new charges, other than government taxes and charges, without your specific consent.

Premium structure

Depending on the plan you purchase, there are up to three premium structures available to you:

Stepped premiums

Premiums are adjusted each year at the renewal date according to your age.

Level premiums

Premiums remain the same for a given level of cover throughout the term of the plan, or until they switch to stepped rates.

The level premium period is specifically defined at commencement and may be less than the expiry age.

For our life, trauma and TPD plans level premiums will only change if:

- you request a change in your benefit amount (including by exercising an option)
- you choose to have your benefit amount increased to keep pace with increases in the CPI, or
- we review the premium rates for all plans of this type.

For our income insurance and business expenses plans, level premiums will only change if:

- you request a change in your Total disability benefit
- you choose to have your Total disability benefit increased to keep pace with increases in the CPI
- we review the premium rates for all plans of this type, or
- we review your occupation category.

Altering level premium cease age

If you purchase a level premium structure, you will be able to nominate both when the premiums switch from level to stepped and the cover cease age. Your premiums will switch automatically from level premiums to stepped at the switch age you have chosen.

The policy will remain in force without you needing to complete a new application for the change to occur.

Your schedule will also show the age you have requested the change in the premium structure as well as the overall policy cease age.

Blended premiums

For each layer of cover*, premiums are adjusted each year for the first 10 years according to your age. After that, your premium will remain constant and will be the premium you were paying in the 10th year. After you turn 60, the premiums for all layers of cover will then switch to stepped premiums, regardless of when the layer of cover commenced.

Blended premiums are only available on our life, trauma and TPD insurance plans and most of their attached options.

During the period that the premium remains constant, blended premiums will only change if:

- you request a change in your benefit amount (including by exercising an option)
- you choose to have your benefit amount increased to keep pace with increases in the CPI, or
- we review the premium rates for all plans of this type.

Premium freeze is not available on blended premiums.

Split premiums

If you select a life insurance plan you are able to nominate a different premium style for the plan and certain options attached. These options include Trauma, Trauma Plus, Double trauma, Double Trauma Plus, TPD, Double TPD, ADL TPD, SuperLink trauma, SuperLink Trauma Plus and SuperLink TPD.

Only stepped and level premium styles can be selected.

Paying your premiums

Minimum premium

The minimum annual premium is \$250. This includes the plan fee and other charges.

Payment of premiums

You must pay your premiums, including any charges, when they are due for the plan to remain current.

If your premium is more than 30 days late we may end your plan. However, we will give you a further 28 days written notice before we end it for this reason.

* The initial sum insured, any endorsed increases or any CPI increases make up separate layers of cover.

You can pay yearly, half-yearly, quarterly, monthly or fortnightly deductions.

Plans owned by individuals, companies, SMSFs or under the Super Directions Fund

Your premium will be deducted from your bank account[†] or credit card[‡]. You can also pay yearly by cash, BPAY, cheque (made payable to AXA) or credit card (Visa and MasterCard only).

Plans owned under North

Your premium, including the applicable plan fee and instalment loading, will be deducted from your North account.

Plans owned under Summit, Generations or iAccess

Your premium, including the applicable plan fee and instalment loading, will be deducted from your cash account.

How to pay via BPAY

For telephone and internet payment via BPAY, call your bank, credit union or building society to make this payment from your cheque or savings account.

For further information visit www.bpay.com.au.

Visa and MasterCard payments over the phone

Payment can be made by calling the number on the payment notice issued and following the prompts. We accept Visa and MasterCard.

Direct debit request service agreement

This charter outlines our and your responsibilities to ensure the smooth and secure operation of our direct debit agreement.

Our responsibilities

- We will only deduct premiums from your chosen account. Your plan schedule shows the premium amount and how often we have agreed to deduct it.
- We assure you that we will not disclose your bank details to anyone else, unless you have agreed in writing that we can, or unless the law requires or allows us to do this.
- If the payment date is a weekend or public holiday, we will debit your account on the next business day following the weekend or public holiday.
- We will give you at least 14 days notice when changes to the initial terms of this arrangement are made.

Your responsibilities

- Before sending us your account details, please check with your bank or financial institution that direct debit deductions are allowed on the account you have chosen.
- Please make sure that you have enough money in your account to cover payment of your premiums when due.

- Your bank or financial institution may charge a fee if the payment cannot be met.
- The bank or financial institution may charge a fee for the direct debit arrangement. This will be reflected in your account statement.

Can we help?

Contact your financial adviser or our Customer Service Centre on 132 987 if:

- you need to change your payment details, cancel or alter direct debit deductions at any time, or
- you have any queries about your direct debit agreement.

We respond to queries concerning disputed transactions within five working days of notification.

Fees, charges and discounts

Plan fee

The plan fee pays for the establishment and administration of your plan. The current plan fee for each particular payment method and frequency is outlined below:

Plan fee payments

Payment frequency	Plan fee per payment
Fortnightly	\$2.50
Monthly	\$5.00
Quarterly	\$15.00
Half yearly	\$30.00
Yearly	\$57.00

Instalment loading

An instalment loading applies if you pay more frequently than yearly; this is in addition to the plan fee payments described above. The loading is 3.5 per cent of the annual premium for half-yearly payments and 7 per cent for all other premium frequencies.

Government stamp duty

A government stamp duty is imposed on most of the plans and options outlined in this document, based on the state in which the person insured lives. The stamp duty rates and how they are charged vary from state to state and depend on the type of insurance cover that has been purchased.

The stamp duty will be included in, or in addition to, the insurance premium. If the stamp duty is charged in addition to the insurance premium, it will be shown as a separate item on the plan schedule.

State governments may change the rate of stamp duty from time to time, and any change may affect the amount you pay.

[†] Please refer to the direct debit service request information for full details of the Direct Debit Request Service Agreement.

[‡] The bank, financial institution or credit card provider may in its absolute discretion charge a fee for this service. In that event, we will pass the fee on to you.

Workplace Rewards and Family programme

Plans that are set up under this programme are allowed a discount. This discount is only available where an existing programme has been established and you are eligible to belong to that programme. To see whether you qualify for the discount please contact your financial adviser.

Business Rewards discount

This discount is available where two or more clients are in a business relationship and submit new business to AXA. A five per cent discount is available on life, TPD and trauma plans/options and the plan fee. To see whether you qualify for the discount please contact your financial adviser.

Trauma overlap discount

Where TPD (including ADL TPD) is purchased as an option on a plan that includes Trauma cover, a 7.5 per cent discount is applied to the premium of the TPD insurance option.

Plan fee waiver on additional plans

Subject to an agreement with us, if you have other plan(s) from this PDS or from the insurance product series we may waive the plan fee on the second and subsequent plan(s). We may also waive the plan fee in instances where your spouse or other family member, or your business partner has a plan with us.

If you do not nominate a plan, we will determine which plan the plan fee waiver will apply to.

The plan fee waiver provides you with only one plan fee and reduced minimum premiums for linked plans. The plan fee waiver is available for a maximum of 19 plans.

Variations

We reserve the right to vary charges as described below:

- The plan fee may be increased to account for the effects of inflation.
- We can revise the premium rates for cover; however, any such changes to premium rates will be part of a general review that will apply to all plans of that type and will only apply to you from your next policy anniversary.
- The premium rates for cover may increase with age, depending on the type of plan selected.

In the event of a material change to fees and charges, we will provide notification to you before the change occurs as required by law at the time. All other changes, including those resulting from indexation or market variations, will be advised in writing following the change.

We can change the standard premium tables, fees or charges at any time to take account of any change to taxation or revenue laws.

Taxation

Please refer to the 'Holding your policy in superannuation' section on page 44 for information on taxation for the Life Insurance Superannuation Plan and the Income Insurance Superannuation Plan.

The taxation information outlined in this document is based on the continuation of present laws and their interpretation and is a general statement only.

Individual circumstances may vary. You should consult your professional tax adviser for advice regarding your personal situation.

Life, trauma and TPD insurance plans

Premiums are generally not tax deductible. Lump-sum payments made in the event of your death, disability or major trauma are generally free of income tax in the hands of the plan owner.

If you are in business and take out this cover for revenue purposes (for example, replacing business income if a key person dies), the premiums will generally be tax deductible and any benefits received will generally be assessed as income.

If you are in business and take out this cover for a capital purpose (for example, repaying a debt if a keyperson dies), then the premium is not tax deductible and the proceeds will not be subject to income tax. However, CGT may apply depending on who receives the proceeds.

In the case of TPD and trauma proceeds, as long as the life insured or a defined relative of the life insured receives the insurance proceeds, there will not be any CGT implications. For more information please consult your accountant.

CGT will not apply to life insurance proceeds received upon your death unless the recipient of the proceeds is not the original beneficial owner and that person acquired the right to the plan for money or other consideration.

Income insurance and business expenses plans

Generally, your premium is tax deductible and any amounts we pay to you are assessable income.

However, premiums paid for the accident lump sum option or the occupationally acquired HIV, Hepatitis B and Hepatitis C option are not tax deductible and benefits received are not assessable for income tax.

Please consult your accountant regarding your personal situation. They will be able to provide you with more detailed information.

Goods and services tax (GST)

You do not have to pay GST on your premiums or any benefits you receive.

Financial adviser remuneration

If you purchase an individual insurance policy from AXA through a financial adviser, we will pay your financial adviser remuneration. The payment is already incorporated in your policy premium. Your financial adviser has the option to reduce their commission, which in turn will decrease your premium. You should consult your professional tax adviser for advice regarding your personal situation.

From time to time, we may decide to provide financial advisers with non-monetary benefits (such as training or entertainment). This is in addition to the commission your financial adviser may receive.

AXA maintains a register of the non-monetary benefits that we pay to financial advisers from time to time also known as 'AXA's gifts and entertainment register'. A copy of the register may be requested by calling 1800 780 085.

Your financial adviser is required to provide details of the remuneration they receive in the Statement of Advice they must provide to you.

Enquiries and privacy

Enquiries

For all plans, if you have an enquiry please contact your financial adviser or our Customer Service Centre on 132 987 from anywhere in Australia for the cost of a local call.

Complaint resolution

Non-superannuation plans

If you have a complaint please advise our Customer Service Centre in writing, stating the precise nature of your complaint and the name and number of the plan.

The Service Centre address is:

AXA Australia
Customer Service Centre
PO Box 14330
MELBOURNE VIC 8001

If you are not satisfied with our handling of your complaint, the Financial Ombudsman Service is available to you. The Financial Ombudsman Service is governed by an independent council that reports directly to the Federal Minister for Consumer Affairs.

The Complaints Service can be contacted on 1300 780 808. Alternatively, you can write to:

Financial Ombudsman Service
GPO Box 3
MELBOURNE VIC 3001

Superannuation plans

If you have a complaint please advise the Trustee in writing, stating the precise nature of your complaint and the name and number of the plan.

The address is:

AXA Australia
Customer Service Centre
PO Box 14330
MELBOURNE VIC 8001

The Trustee has formal procedures in place to deal with any enquiries and complaints. If you are not satisfied with the Trustee's resolution or handling of your complaint, you may then contact the Superannuation Complaints Tribunal (SCT) from anywhere in Australia on 1300 884 114 for the cost of a local call. The SCT is an independent body set up by the Federal Government to help members or dependants to resolve superannuation complaints.

The SCT may be able to help you to resolve your complaint, but only after you have made use of the Fund's own complaint handling process. Once the SCT accepts your complaint it will attempt to resolve the matter through conciliation, which involves helping the parties come to a mutual agreement. If conciliation is unsuccessful, the complaint is formally referred to the SCT for a determination. The SCT's address is:

Superannuation Complaints Tribunal
Locked Bag 3060
MELBOURNE VIC 3001

Telephone 1300 884 114

Privacy – use and disclosure of personal information

The privacy of your personal information is important to you and also to AXA. We will only collect information about you and your immediate family background that is necessary for the purposes of assessing your application for insurance or for the purposes of assessing any claim you may make under the policy. This includes information about health, financial situation, occupation and lifestyle.

If you are applying for the Life Insurance Superannuation Plan or the Income Insurance Superannuation Plan we will also use this information to assess your application for, and manage your membership of, the Super Directions Fund or the Wealth Personal Superannuation and Pension Fund. We will only use information about your dependants in the event of your death.

If the information you give us is not complete or accurate we may not be able to provide you with the products and services you have applied for. In assessing your application for insurance and any subsequent claim AXA may need to disclose your personal information to other parties, such as reinsurers, service providers, medical and financial professionals, judicial or dispute resolution bodies, and AMP group of companies.

In the future, we may contact you about new products or special offers. If, at any time, you do not want to receive this information, you can opt out by telephoning our Customer Service Centre on 132 987 and quoting your plan number.

You are entitled to request reasonable access to information we have about you. Our policy on privacy is available from axa.com.au or by calling our Customer Service Centre on 132 987.

If you have any complaints or questions about the privacy of your personal information, please contact our Privacy Officer by writing to:

Group Privacy Officer
AXA Australia
PO Box 14330
MELBOURNE VIC 8001

If your complaint is not resolved by us to your satisfaction, you may write to the Privacy Commissioner at:

Office of the Australian Information Commission
GPO Box 5218
SYDNEY NSW 2001

Adding a benefit from this PDS to an existing policy

If you wish to add a benefit from the latest PDS to your existing AXA individual insurance plan, you may be required to convert your existing plan to the corresponding plan identified in the latest PDS.

Statutory Fund

Life insurance plans and all income insurance plans are written in a sub-fund of our No. 1 Statutory Fund.

The Life Insurance Superannuation Plan is written in a sub-fund of our No. 4 Statutory Fund.

Continuing your plan

Where the schedule specifies your occupation category as MP, AA, A, B, C, D or F

If you purchase any life insurance, TPD insurance, trauma insurance or any income insurance products, as long as you pay the premiums on time and comply with the terms of your plan we will:

- pay you benefits in Australian dollars when you are entitled to them
- continue your plan until the plan ends, and
- not place any further conditions such as exclusions or loadings on your plan.

We will do so no matter how many claims you make, what happens to your health, whether your occupation changes, and what pastimes you have.

However, if you apply to vary, extend or reinstate your plan, you have a duty of disclosure (as detailed in the Applying for cover section) to inform us of any changes to your health, occupation or pastimes.

Where the schedule specifies the occupation category as BY, CY or DY

If you purchase an income insurance plan and following a claim for sickness or injury we may, from three years after the plan commencement date shown in your schedule:

- continue your plan on the same terms that applied before the sickness or injury claim, or
- offer to continue your plan by applying exclusions, premium loadings and/or special conditions to your plan subject to your agreement, or
- cancel your plan.

If we wish to apply exclusions, premium loadings and/or special conditions following the end of a claim period, we will send you a written notice prior to the next policy anniversary date. You will have 30 days from the date of the notice to confirm your agreement, after which time your plan will end and cover under this policy will automatically cease.

If we cancel your plan, we will send you a written notice. Your plan will end 30 days after you have received the notice from us.

When you can end your plan

You can end the plan at any time. The plan ends on the date we receive your notice requesting plan termination.

When the plan ends, you can no longer make a claim under the plan and we do not have to pay you or any Trustee any benefit.

Applying for cover

To apply for any of the products contained in this PDS you will need to complete an application form.

To assess your application we need to obtain medical and financial information relevant to the type of cover you have selected. This helps us determine

- that you are eligible for cover,
- that the premium is appropriate to your application
- whether any special conditions or exclusions should apply.

Our use and disclosure of the personal information you provide to us is outlined in the Enquiries and privacy section on page 51.

When we assess your application we will take into account such things as your health, occupation, income, residence and travel details, as well as factors such as sporting and recreational pastimes.

In some instances it may not be possible to provide you with the cover you originally applied for, but it may be possible for us to offer you revised terms. In this situation we will send you a letter advising the terms we are able to offer you. You may be required to pay an additional premium or we may apply an exclusion to your plan.

Application forms that are incomplete or have missing or inaccurate information may result in you not being eligible to claim for benefits, or for your plan to be altered, made void or cancelled. It is important that you read and understand your duty of disclosure and the implications of non-disclosure or misrepresentation when completing your application.

Completing an application

To ensure your application is processed efficiently, please ensure that all information and details have been completed where requested. Your financial adviser will be able to help you with this process.

The following checklist will also help us quickly process your application:

- All relevant application form questions have been answered on the Personal Statement and (where applicable) the Supplementary Personal Statement.
- The Medical and Financial authority forms have been completed.
- Any alterations have been initialled.
- The application has been signed and dated by you and the plan owner, (unless submitted online).
- A deposit premium is required and can be paid by cheque* or credit card for quarterly, half-yearly or yearly payments or via a deduction authority.
- A deposit premium may be deducted for quarterly, half yearly or yearly credit card deductions provided the authority submitted with this application authorises this deduction.

* If a deposit premium is not received for monthly or fortnightly payment, a one month's deposit premium will be deducted from your bank account or credit card.

If a paper-based application form is completed, please send the completed Application form to:

AXA Australia
Customer Service Centre
PO Box 14330
MELBOURNE VIC 8001

As part of the application process it is necessary to collect personal medical and financial information.

Requests for additional information

To finalise your application we may need obtain further medical or financial information from you.

We may telephone you directly to clarify information or obtain additional information to support your application. If you prefer not to be contacted by telephone we will forward any requests for additional information in writing.

If there is insufficient space when completing any section(s) of the application form, you can attach a page(s) containing further information to the application. Please sign and date any attached forms.

Existing injuries or sicknesses

We will not pay a claim for any injury or sickness that occurred or began before the commencement date of your plan, unless you informed us in writing about the injury or sickness when you applied for your insurance and we agreed to provide cover for that injury or sickness.

Information about your plan

Once your application and first premium have been processed you will receive:

- a plan document, setting out the terms and conditions, and
- a plan schedule, outlining the premiums and the cover selected.

You should read these documents carefully and contact your financial adviser or us if you have any concerns.

Your duty of disclosure

Before you enter into a contract of life insurance with an insurer, you have a duty under the Insurance Contracts Act 1984 to disclose to the insurer every matter that you know, or could be reasonably expected to know, that is relevant to the insurer's decision whether to accept the risk of insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary, or reinstate a contract of life insurance.

Your duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer
- that is of common knowledge
- that your insurer knows or, in the ordinary course of business, ought to know, or
- as to which compliance with your duty is waived by the insurer.

Non-disclosure

If you fail to comply with your duty of disclosure (or make a misrepresentation to us) and we would not have entered into the contract on any terms if you had complied with your duty of disclosure (or made no misrepresentation to us), we may avoid the contract within three years of the commencement date. If your non-disclosure (or misrepresentation) is fraudulent, we may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within three years of the commencement date, elect not to avoid it but to reduce the sum that you have been insured for, in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

If we allow you to replace an existing contract of insurance* held with AXA Australia with the same type of cover for the same or lower amount of insurance, and you were previously underwritten by us, then you will not be required to disclose any further information relating to any matter that occurred after the commencement of the existing contract. In entering into the replacement contract of insurance, we will rely on the information that you previously provided in relation to the existing contract of insurance. For that reason, the insurer's rights in relation to a breach of your duty of disclosure (or misrepresentation made) in relation to the existing policy will be applied to the replacement contract.

Declarations and consent

By proceeding with your application you are deemed to have acknowledged and agreed with the following:

Product Disclosure Statement Your financial adviser has provided you with, and you have read, the current insurance PDS. Your insurance needs have been discussed with your financial adviser, and you will retain this PDS for future reference.

Duty of disclosure You have read the PDS, and your financial adviser has drawn to your attention the Duty of Disclosure Statement set out in the Important information for applicants section. You are required to fulfil your obligations in accordance with your duties as explained in this PDS. (Warning: you have a duty to disclose on your application form all information relevant to the insurer's decision to accept your application.)

Truth and accuracy You are required to check the truth, accuracy and completeness of the information contained in your application – whether this is a paper-based application or one submitted online by your financial adviser.

If your financial adviser submits your application online and you have not signed a printed copy, your financial adviser is required to send you a copy within five working days of submission. You are required to check your application for truth, accuracy and completeness and contact AXA on 132 987 to notify us of any amendments. If you do not receive a printed copy of your online application within five working days you are required to contact your financial adviser and ask for a copy to be provided immediately.

Online application Your financial adviser may submit your insurance application to AXA online.

Changes in material circumstances Any change in material circumstances between the time you provide personal information to your financial adviser and the issue of your plan documents must be disclosed to the insurer. Failure to do so may result in the insurer avoiding the contract of insurance.

Policy conversions and revised terms If you are converting an existing AXA insurance policy, any loadings and/or exclusions that applied to that existing policy will continue to apply to this policy that you are applying for.

Medical and financial information You are authorising any medical practitioner, doctor, health professional, hospital, clinic, and other insurers or other professional, such as a financial adviser or accountant, to disclose any information they may possess about you, whether held in hard copy, or in any other format, that is related to:

- an application for insurance
- any claim under a policy of insurance

to the insurer The National Mutual Life Association of Australasia Ltd (also trading as NMLA, AXA and/or AXA Australia), or to its representatives who are appointed to collect the details of your health, medical history and any other information on its behalf.

Privacy use and disclosure of personal information By proceeding with your application you are authorising AXA to disclose any information related to your application for insurance to any person/ authorised third parties. We will only share sensitive information such as medical or financial details where it is necessary to do so to properly assess your application. You are deemed to have agreed that limited personal information may be disclosed to third parties, where that disclosure is for the purpose of assisting AXA in making a decision in relation to your application for insurance or in relation to a claim made under the policy of insurance. You give the insurer permission to advise your usual doctor of the reason(s) behind any adverse assessment of your application if it was based on health evidence obtained during the assessment of your application.

Privacy You are required to read and understand the Privacy Statement contained in this PDS. You consent to your personal information being collected and used in accordance with the Privacy Statement. You can opt out from the use of that information for the purpose of direct marketing by telephoning 131 737.

Acceptance of your application is subject to the insurer searching its records for any other business with the person to be insured. The insurer may vary the terms of the policy of insurance to be issued on the basis of any information contained in its records.

* All Life Insurance (including Life Insurance Superannuation), Trauma Insurance and TPD Insurance Plans.

Your application NS

Application By proceeding with your application you are asking the insurer to provide insurance on the usual conditions set out in this PDS – including any modifications to the plan that the insurer considers appropriate given the information submitted for your application.

Nomination of beneficiary The payment of benefits from the Life Insurance Plan will be made on the basis of the latest nomination received in writing to AXA.

S For the Life Insurance Superannuation Plan or Income Insurance Superannuation Plan

Prospective members of the Super Directions Fund

Application By submitting your application you are applying to N.M. Superannuation Proprietary Limited for membership of the Super Directions Fund. You are asking the Trustee to propose to the insurer to provide insurance on the usual conditions set out in this PDS – including any modifications to the plan that the insurer considers appropriate given the information submitted for your application. You are confirming you are eligible to contribute to superannuation, and agree to notify the Trustee of the Fund in writing immediately if you cease to be gainfully employed or if you cease to be eligible to contribute to the Fund. You should review your binding nomination every three years, or as your circumstances change.

Fund Membership You are submitting your application for the Life Insurance Superannuation Plan and/or the Income Insurance Superannuation Plan as a prospective member of the Super Directions Fund.

Prospective members of the Wealth Personal Superannuation and Pension Fund

Application By submitting your application you are confirming you are already a member, or have applied to become a member, of the Wealth Personal Superannuation and Pension Fund.

Fund Membership In applying for the Life Insurance Superannuation Plan and/or Income Insurance Superannuation Plan you are doing so as a plan holder or prospective plan holder of North, Summit, Generations or iAccess as part of the Wealth Personal Superannuation and Pension Fund.

Nomination of beneficiary The payment of benefits from the Superannuation plans will be determined by the Trustee of the Fund.

Commencement of your plan

When your plan commences we will send you a document known as a schedule that is a part of the plan document. It contains specific and basic details about your plan eg commencement date, benefits covered, exclusions etc. AXA sends out premium notifications for those plans that are not paid by direct debit. These notices are produced and sent in line with the commencement date otherwise known as billing date or renewal date. In most instances the renewal date and the anniversary of the commencement date are the same.

Each year at the renewal date AXA issues updated schedules confirming your premium and plan details.

Cooling-off period

After you receive your plan document, you have 28 days to check that your plan meets your needs. This is known as the 'cooling-off' period.

Within this period you may cancel the plan and we will refund you any premiums paid. Your request must be in writing.

Making a claim

How to apply for benefits under your plan

To apply for benefits you can contact your financial adviser, or our Customer Service Centre.

When contacting us, you will be asked to provide the:

- plan number(s)
- full name of plan owner
- full name of person insured
- nature of claim, and
- name and address for correspondence.

Your plan document outlines important information regarding when you will be required to notify us. Once we have been notified we will send you information about our claims process and a claim form.

Completing a claim form

Before we can assess your eligibility for benefits we will need you to complete a claim form. A claim form provides us with key information regarding the nature of your application.

To avoid delays, it is important that you complete and return the relevant forms as soon as possible.

Please ensure that all details requested on the claim form are complete and accurate. You will also be required to provide proof of identity and, where requested, any supporting documentation relevant to your application for benefits. Submission of an incomplete form will result in delays in your application being assessed.

To apply for a benefit or for assistance completing a claim form please contact your financial adviser or our Customer Service Centre on 132 987.

Assessing your claim for benefits

When assessing an application for benefits, we will review the circumstances surrounding your claim, in conjunction with the terms and conditions of your plan document.

Information regarding the benefits, definitions and exclusions that apply to your plan are contained in the plan document you received at the time your cover commenced.

Depending on the type of plan you have selected, and the information you provided at the time you applied for cover, it may be necessary for us to obtain further information to assess your claim. This information may include details about your health, financial and business affairs, other insurance claims or any other matter that we consider relevant to your claim.

Depending on the circumstances, we may review previous medical history and financial information about the type of cover you have. It is important that you complete the Application form and Personal Statement accurately as this may impact your eligibility for benefits.

In accordance with the conditions of the type of cover you have selected, it will be your responsibility to provide financial information or satisfactory documentation when requested.

We will notify you of any outstanding requirements to avoid delays in your application being processed. Additionally, we may access our network of qualified medical and financial specialists and consultants to help you through the claims process. This may include arranging for one of our trained staff to visit you by appointment or for you to attend a specialist facility relevant to your application for benefits.

Benefit payments

Once we have established that your application for benefits has met the terms and conditions of your plan we will arrange for your benefits to be paid. We will notify you once your application for benefits has been approved.

For ongoing disability claims we will help you where possible to facilitate your claim, recovery to good health and return to work.

For policies owned by NM Super, where a death claim has been admitted, the Insurer will pay the sum insured to the Trustee, who will then provide the proceeds of the plan to one or more of your dependants or to your legal personal representative.

Where a claim has been admitted for terminal illness, total and permanent disability or for temporary disability, the Trustee will need to be satisfied that a condition of release, eg permanent or temporary incapacity or a terminal illness medical condition, as defined under SIS, has been met before making any payment from the Fund.

If you do not meet a condition of release, the claim amount must remain in the Fund until a condition of release has been met.

Where an insurance plan is owned by a self-managed superannuation fund, any proceeds are paid to the trustee of the self-managed superannuation fund. Therefore nomination of preferred dependants is unavailable in the event of the death of the life insured.

Glossary of definitions

Life insurance

13 month suicide exclusion	<p>How the 13 month suicide exclusion applies</p> <ul style="list-style-type: none"> ▪ If the 13 month suicide exclusion of the life insurance plan being replaced has not expired, any remaining days of the exclusion will apply to this plan. ▪ If the life insurance plan being replaced has been reinstated or increased within 13 months of the replacement, and the 13 month suicide exclusion period of the life insurance plan being replaced has not expired, any remaining time will apply to this plan, to a maximum of 13 months. ▪ Where the life benefit under this plan exceeds the life benefit being replaced, the 13 month suicide exclusion applies to the excess amount. ▪ Where the life insurance plan being replaced is not subject to a suicide exclusion, the 13 month suicide exclusion will apply to this plan.
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Total and permanent disability insurance

Activities of daily living	<p>Activities of daily living are the following:</p> <ul style="list-style-type: none"> ▪ bathing /showering ▪ dressing /undressing ▪ eating /drinking ▪ using the toilet to maintain personal hygiene ▪ getting in and out of bed, chair or wheelchair, or moving from place to place by walking, or a wheelchair or with a walking aid.
Total and permanent disablement	<p>A unlikely to work</p> <p>The definition of unlikely to work depends on which version of the plan you hold:</p> <p>i) if you hold the own occupation version, the following applies:</p> <p>You are unable to follow your own occupation for a continuous period of three months (the qualifying period) because of an injury or sickness and in our opinion, based on medical or other evidence, because of that injury or sickness, you are unlikely ever to be able to follow your own occupation.</p> <p>ii) if you hold the any occupation version, the following applies:</p> <p>You have been unable to follow your own occupation for a continuous period of three months (the qualifying period) solely because of an injury or sickness, and in our opinion, based on medical or other evidence, solely as a result of that injury or sickness, you are unlikely ever to be able to follow your occupation or other occupation for which you are reasonably suited by education, training or experience, which would pay remuneration at a rate greater than 25 per cent of your <i>income</i> during your last 12 months of work.</p> <p>or</p> <p>B specific loss refers to the total and permanent loss of the use of:</p> <ul style="list-style-type: none"> ▪ both hands ▪ both feet ▪ one hand and one foot ▪ the entire sight in both eyes ▪ one hand and the entire sight in one eye, or ▪ one foot and the entire sight in one eye. <p>or</p> <p>C requires future care:</p> <ul style="list-style-type: none"> ▪ because of an injury or sickness, you are totally and permanently unable to perform at least two of the five activities of daily living listed below, without assistance: <ul style="list-style-type: none"> – bathing /showering – dressing /undressing – eating /drinking – using the toilet to maintain personal hygiene – getting in and out of bed, a chair, a wheelchair or moving from place to place by walking, a wheelchair or with a walking aid. <p>or</p>

Total and permanent disablement continued	<p>D is unlikely to perform domestic work (only applicable where TPD is purchased outside superannuation):</p> <ul style="list-style-type: none"> ▪ you are totally unable to perform your usual unpaid domestic work for a continuous period of three months (the qualifying period) because of an injury or sickness and in our opinion, based on medical or other evidence, because of that injury or sickness, you are: <ul style="list-style-type: none"> – unlikely ever to be able to perform all of your usual unpaid domestic work – diagnosed by a registered medical practitioner as having a permanent disability – unlikely to leave home unaided – unlikely ever to be able to engage in any occupation, and – receiving regular medical attention from a registered medical practitioner. <p>or</p> <p>E Suffer significant cognitive impairment</p> <p>Significant cognitive impairment means a permanent deterioration of cognitive functioning as observed clinically and confirmed by standardised testing, that requires you to be under continuous supervision and care by another person.</p>
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Trauma insurance

25 per cent impairment	<p>Where the trauma event definition refers to a 25 per cent impairment of whole body function, we will rely on the latest published edition of American Medical Association (AMA) Guides to the Evaluation of Permanent Impairment at the time of claim. Assessment must be carried out by a medical practitioner accredited in the evaluation of permanent impairment.</p>
Adult insulin dependent diabetes <ul style="list-style-type: none"> – Partial payment only – Subject to a 90 day qualifying period – Not available for Children's trauma option 	<p>Adult insulin dependent diabetes means the diagnosis of type 1 insulin dependent diabetes mellitus (IDDM) by an appropriate consultant specialist after the age of 30.</p> <p>We will pay you the lowest of:</p> <ul style="list-style-type: none"> ▪ 10 per cent of the trauma benefit, or ▪ \$25,000.
Advanced diabetes <ul style="list-style-type: none"> – Not available for Children's trauma option 	<p>Advanced diabetes means severe diabetes mellitus, either insulin or non-insulin dependent, as certified by a consultant endocrinologist and resulting in at least two of the following:</p> <ul style="list-style-type: none"> ▪ severe diabetic retinopathy resulting in visual acuity uncorrected 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 below the laboratory's measured normal range).
Alzheimer's disease and other dementias	<p>Alzheimer's disease and other dementias means an unequivocal clinical diagnosis of dementia (including Alzheimer's disease) resulting in significant cognitive impairment.</p> <p>Significant cognitive impairment means a deterioration in the Life Insured's Mini-Mental State Examination scores to 24 or less.</p>
Angioplasty <ul style="list-style-type: none"> – Partial payment only – Not available for Children's trauma option 	<p>The treatment of a coronary artery obstruction by balloon angioplasty, other catheter-based techniques, or endoscopic surgery, where at least one of the following criteria have been met:</p> <ul style="list-style-type: none"> ▪ the obstruction is giving rise to impairment of ventricular function ▪ the obstruction is giving rise to disabling symptoms, or ▪ the obstruction is associated with unstable angina pectoris or myocardial infarction. <p>In the case of angioplasty, we will only pay 25 per cent of the lump sum you are insured for, up to a maximum of \$100,000.</p> <p>We will pay you a benefit for angioplasty on more than one occasion provided that the procedures occur at least six months apart.</p>
Aplastic anaemia <ul style="list-style-type: none"> – Subject to a 90 day qualifying period for Children's trauma option 	<p>Aplastic anaemia means permanent bone marrow failure which results in anaemia, neutropaenia and thrombocytopaenia requiring treatment, with at least one of the following:</p> <ul style="list-style-type: none"> ▪ blood product transfusions ▪ marrow stimulating agents ▪ bone marrow transplantation, or ▪ immunosuppressive agents.

Benign brain tumour	<p>A non-cancerous tumour in the brain that gives rise to characteristic symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment. The tumour must result in neurological deficit, where:</p> <ul style="list-style-type: none"> • there is at least 25 per cent permanent impairment of whole body function, or • cranial surgery is required for its treatment. <p>The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI. The following are excluded:</p> <ul style="list-style-type: none"> • cysts • granulomas • malformations in or of the arteries or veins of the brain • haematomas, and • tumours in the pituitary gland or spine.
Blindness – Partial payment not available for Children's trauma option	<p>Full payment</p> <p>Blindness means the permanent loss of sight in both eyes as a result of disease, illness or injury to the extent that visual acuity is 6/60 or less in both eyes, or to the extent that visual field is reduced to 20 degrees or less of arc irrespective of corrected visual acuity.</p> <p>Partial payment</p> <p>We will make a partial payment, once only, if sight is permanently lost in one eye as a result of disease, illness or injury to the extent that visual acuity is 6/60 or less in one eye, or to the extent that visual field is reduced to 20 degrees or less of arc irrespective of corrected visual acuity.</p> <p>In the case of the blindness early payment, we will pay you the lowest of:</p> <ul style="list-style-type: none"> • 10 per cent of the benefit, or • \$25,000.
Cancer – Subject to a 90 day qualifying period	<p>Cancer as defined in this policy means an abnormal growth of cells that is confirmed on pathology tests to include the uncontrolled spread of malignant cells and the invasion and destruction of normal tissue. The term cancer includes leukaemia, lymphomas such as Hodgkin's disease, malignant tumours of the body and melanomas greater than or equal to Clark Level 3 or greater than or equal to 1.5 mm depth of invasion or where the melanoma is showing signs of ulceration, unless excluded below:</p> <ul style="list-style-type: none"> • carcinoma in situ of the breast where the tumour is classified as TNM stage Tis unless requiring surgery that results in the removal of the entire breast • all other tumours classified as carcinoma in situ • melanomas that are both less than Clark Level 3 and less than 1.5 mm in thickness (unless there is histological evidence of ulceration) • other skin cancers unless there has been evidence of spread (that is, metastasis) to other parts of the body • prostate tumours classified as T1 (all categories) under the TNM (or equivalent) classification system unless prostatectomy is performed • lymphocytic leukaemia less than Rai stage I • tumours that occur within the 90 day qualifying period, and • tumours that recur outside the 90 day qualifying period unless the recurrence can be shown to be unrelated

<p>Cancer early payment</p> <ul style="list-style-type: none"> - Subject to a 90 day qualifying period - For Trauma Insurance Plus only - Not available for Children's trauma option 	<p>Cancer as defined in this policy means an abnormal growth of cells that is confirmed on pathology tests to include the uncontrolled spread of malignant cells and the invasion and destruction of normal tissue.</p> <p>Carcinoma in situ means new growth of malignant cells in a specific location that have not yet invaded normal tissues and have been diagnosed by biopsy.</p> <p>The conditions defined below are not eligible for a full benefit payment but we will make an early payment of the greater of 20 per cent of the benefit or \$10,000, up to a maximum of \$100,000.</p> <ul style="list-style-type: none"> ▪ Melanomas that are both less than Clark Level 3 and less than 1.5 mm in thickness ▪ Prostate tumours classified as T1a or T1b under the TNM (or equivalent) classification system with either a Gleason score less than 6, or where major interventionist therapy is not required ▪ Carcinoma in situ of the penis classified as TNM stage Tis where the cancer cells do not penetrate the basement membrane nor invade the surrounding tissues and the tumour requires surgical excision ▪ Carcinoma in situ of one or both testes where the cancer cells do not penetrate the basement membrane nor invade the surrounding tissue and the tumour is classified as TNM stage Tis ▪ Carcinoma in situ of the perineum where the tumour is classified as stage Tis under the TNM (or equivalent) classification system ▪ Carcinoma in situ of the breast where the tumour is classified as TNM stage Tis ▪ Carcinoma in situ of the vulva, vagina or fallopian tube where the tumour is classified as stage Tis under the TNM (or equivalent) classification system ▪ Carcinoma in situ of the cervix that is classified as TNM stage Tis or CIN 3 grading ▪ Carcinoma in situ of the ovary where the tumour is classified as stage Tis under the TNM (or equivalent) classification system ▪ Carcinoma in situ of the uterus where the tumour is classified as stage Tis under the TNM (or equivalent) classification system. <p>We will make a payment of 100 per cent of the benefit in the following circumstances:</p> <ul style="list-style-type: none"> ▪ If a prostate tumour is classified under the TNM (or equivalent) classification system as: <ul style="list-style-type: none"> - T1c or above, or - T1a or T1b with a Gleason Score of 6 or above, or - T1a or T1b and is considered untreatable or if the person insured is required to undertake major interventionist therapy including radiotherapy, brachytherapy, chemotherapy, biological response modifiers or any other major treatment. ▪ Carcinoma in situ of the testicle, where one or both testes are removed by radical orchidectomy. <p>Where a partial payment is made for a cancer early payment condition, the trauma benefit is reduced by the amount paid. We will pay a partial benefit once only for each cancer early payment condition.</p> <p>We will, however, make subsequent partial payments for cancer early payment conditions, as long as we have not already made a payment for the same condition.</p> <p>The total of all claim payments must not exceed the trauma benefit insured.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> ▪ tumours that occur within the 90 day qualifying period, and ▪ tumours that recur outside the 90 day qualifying period unless the recurrence can be shown to be unrelated
<p>Cardiac arrest</p>	<p>Cardiac arrest that is the sudden breakdown of the heart's pumping function where it:</p> <ul style="list-style-type: none"> ▪ is due to asystole or ventricular fibrillation, and ▪ is not associated with any clinical procedure, and ▪ is documented by electrocardiographic (ECG) changes, and ▪ occurs outside a hospital or other medical facility.
<p>Cardiomyopathy</p>	<p>Cardiomyopathy means impairment of the ventricular function of variable aetiology resulting in significant and irreversible physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.</p>

Chronic kidney failure	Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.
Chronic liver disease	Chronic liver disease means end stage liver failure resulting in: <ul style="list-style-type: none"> ▪ permanent jaundice, and ▪ ascites or encephalopathy.
Coma	Coma means the failure of cerebral function as shown by total unresponsiveness to all external stimuli persisting continuously with the use of a life support system for a period of at least three days.
Coronary artery bypass surgery – Subject to a 90 day qualifying period	Coronary artery bypass surgery means coronary artery bypass grafting surgery, which is considered medically necessary to treat coronary artery disease but does not include: <ul style="list-style-type: none"> ▪ angioplasty ▪ intra-arterial procedures ▪ laser techniques, or ▪ other non-surgical techniques.
Deafness	The total, irreversible and irreparable loss of hearing, both natural and assisted, in both ears as a result of disease, illness or injury.
Diplegia	The total and permanent loss of the use of both sides of the body due to injury or sickness.
Encephalitis	Encephalitis means the severe inflammation of brain substance that results in significant and permanent neurological sequelae: <ul style="list-style-type: none"> ▪ with at least 25 per cent impairment of whole body function, or ▪ the person insured being totally and permanently unable to perform at least one of the activities of daily living. Encephalitis as a result of HIV infection is excluded.
Heart attack – Subject to a 90 day qualifying period	Heart attack means the death of an area of heart muscle due to lack of adequate blood supply where: <ul style="list-style-type: none"> ▪ there are diagnostic changes in relevant cardiac enzymes or biomarkers in the days following the heart attack, and ▪ there are typical new ischaemic changes in the electrocardiograph (ECG): new ST-T changes or new left bundle branch block (LBBB). <p>If the above criteria are not met, we will pay a claim based on satisfactory evidence that the person insured has unequivocally been diagnosed as having suffered a heart attack resulting in:</p> <ul style="list-style-type: none"> ▪ a permanent reduction in the left ventricular ejection fraction to less than 50 per cent measured in the three months or more after the event, or ▪ new pathological Q waves. <p>Other acute coronary syndromes including, but not limited to, angina pectoris are excluded.</p>
Heart attack (Other) – Partial payment only – Subject to a 90 day qualifying period – Not available for Children's trauma option	Heart attack (Other) means the death of an area of heart muscle due to a lack of adequate blood supply where, together with symptoms of ischaemia there are diagnostic changes in relevant cardiac enzymes or biomarkers in the days following the heart attack. <p>The heart attack (Other) must be confirmed by diagnostic changes in relevant cardiac enzymes or biomarkers and there will be no need for typical new ischaemic changes (new ST-T) or new left bundle branch block (LBBB) in the electrocardiograph (ECG).</p> <p>Excluded:</p> <ul style="list-style-type: none"> ▪ non-heart attack related causes of elevated cardiac enzymes or biomarkers, and ▪ other acute coronary syndromes including, but not limited to, angina pectoris. <p>In the case of a Heart attack (Other), we will pay you the lowest of:</p> <ul style="list-style-type: none"> ▪ 20 per cent of the benefit, or ▪ \$100,000.
Heart valve surgery	The undergoing of heart surgery to replace or repair a heart valve as a consequence of a heart valve defect. Angioplasty, intra-arterial procedures and other non-surgical techniques are excluded.
Hemiplegia	The total and permanent loss of the use of one side of the body due to injury or sickness.
Loss of capacity for independent living – Not available for Children's trauma option	Loss of capacity for independent living means that as a result of an injury or sickness, you are permanently unable to perform at least two of the activities of daily living without assistance. Please refer to the activities of daily living definition.

Glossary of definitions

Loss of a limb – Partial payment only – For Trauma Insurance Plus only – Not available for Children's trauma option	In the case of the total and permanent loss of the use of one hand or one foot we will pay the lowest of: <ul style="list-style-type: none"> ▪ 25 per cent of the benefit, or ▪ \$100,000.
Loss of limbs	The total and permanent loss of: <ul style="list-style-type: none"> ▪ the use of both hands ▪ the use of both feet, or ▪ the use of one hand and one foot.
Loss of limbs and sight	The total and permanent loss of: <ul style="list-style-type: none"> ▪ the use of one hand and the sight of one eye, or ▪ the use of one foot and the sight of one eye.
Loss of speech	Total and permanent loss of the ability to produce intelligible speech as a result of permanent damage to the larynx or its nerve supply from the speech centres of the brain, whether caused by injury, tumour or sickness.
Lung disease	Chronic lung disease requiring permanent supplementary oxygen. For the purposes of this definition, the criteria for requiring supplementary oxygen will be an arterial blood oxygen partial pressure of 55 mmol/L or less, while breathing room air.
Major head injury	Major head injury means cerebral injury caused by external trauma which results in permanent neurological deficit and causes at least 25 per cent impairment of whole body function.
Major organ transplant – Subject to a 90 day qualifying period for Children's trauma option	Major organ transplant means: <ul style="list-style-type: none"> ▪ the receipt of a transplant of human bone marrow or whole human organs, or ▪ upon specialist medical advice and proof of being placed on an official Australian acute care hospital waiting list, approved by us, to undergo necessary organ transplant, or ▪ undergoing permanent mechanical replacement for one or more of the following human organs: heart, lung, liver, kidney, pancreas or small bowel.
Medical care	Medical care means that you must be receiving and following treatment or advice recommended by a medical practitioner who has personally assessed you and been provided with full clinical details of your case, and you will continue to be reviewed in these circumstances on at least a monthly basis unless the medical practitioner specifies otherwise.
Medical condition requiring life support – Partial payment only – Not available for Children's trauma option	The occurrence of a medical condition that causes the need for continuous mechanical ventilation via tracheal intubation 24 hours per day for 10 consecutive days in an authorised intensive care unit of an acute care hospital. Any medical conditions resulting from alcohol or drug intake, or other self-inflicted means, are excluded. In the case of a medical condition requiring life support, we will only pay 10 per cent of the lump sum you are insured for, up to a maximum of \$25,000.
Medically acquired HIV	Medically acquired HIV is the accidental infection with the Human Immunodeficiency Virus (HIV) after the start of this plan, which in our opinion arose from one of the following medically necessary events which must have occurred to you while in Australia by a recognised and registered health professional: <ul style="list-style-type: none"> ▪ a blood transfusion ▪ transfusion with blood products ▪ organ transplant to you ▪ assisted reproductive techniques, or ▪ a medical procedure or operation performed by a doctor. Notification and proof of the incident will be required via a statement from the appropriate statutory health authority that the infection is medically acquired. HIV infection transmitted by any other means including sexual activity or recreational intravenous drug use is specifically excluded. This benefit will not apply in the event that any medical cure is found for AIDS or the effects of the HIV virus or a medical treatment is developed that results in the prevention of the occurrence of AIDS. Cure means any treatment that renders the HIV inactive or non infectious. All testing must be conducted by Australian Government approved specialist pathology laboratories. If required by us, we must be given access to all blood and body fluid samples tested and we must be allowed to independently test them. We may require that blood and body fluid collection and diagnostic testing be repeated. All evidence provided must be acceptable to us.

Motor neurone disease	Motor neurone disease means unequivocal diagnosis of motor neurone disease by a consultant neurologist and confirmed by neurological investigations.
Multiple sclerosis	Multiple sclerosis means the unequivocal diagnosis of multiple sclerosis confirmed by a consultant neurologist where there has been more than one episode of well defined neurological deficit with persisting neurological abnormalities. The neurological deficit must involve motor and sensory function.
Muscular dystrophy	Muscular dystrophy means the unequivocal diagnosis of muscular dystrophy, confirmed by a consultant neurologist.
Occupationally acquired HIV infection	<p>Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring while you were carrying out the normal duties of your usual occupation. No payment will be made unless all the following are proven to our satisfaction:</p> <ul style="list-style-type: none"> ▪ proof of the accident giving rise to the infection ▪ proof that the accident involved a definite source of the HIV infection, and ▪ proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident. <p>All testing must be conducted by Australian Government approved specialist pathology laboratories. If required by us, we must be given access to all blood and body fluid samples tested and we must be allowed to independently test them. We may require that blood and body fluid collection and diagnostic testing be repeated. All evidence provided must be acceptable to us.</p> <p>HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.</p> <p>This benefit will not apply in the event that any medical cure is found for AIDS or the effects of the HIV virus or a medical treatment is developed that results in the prevention of the occurrence of AIDS. Cure means any treatment that renders the HIV inactive or non-infectious.</p>
Paraplegia	The total and permanent loss of use of the lower limbs due to spinal cord injury or disease.
Parkinson's disease	<p>Parkinson's disease means an unequivocal diagnosis of degenerative idiopathic Parkinson's disease confirmed by a consultant neurologist, as characterised by the clinical manifestation of one or more of the following:</p> <ul style="list-style-type: none"> ▪ rigidity ▪ tremor, and ▪ akinesia <p>resulting in the degeneration of the nigrostriatal system.</p> <p>All other types of Parkinsonism are excluded (for example, secondary to medication).</p>
Pneumonectomy	The excision of an entire lung when deemed medically necessary by an appropriate specialist and supported by our medical advisers.
Primary pulmonary hypertension	Primary pulmonary hypertension means primary pulmonary hypertension with right ventricular enlargement established by investigations including cardiac catheterisation.
Quadriplegia (also defined as tetraplegia)	The total and permanent loss of use of the upper and lower limbs due to spinal cord injury or disease.
Severe burns	<p>Severe burns means third degree burns to:</p> <ul style="list-style-type: none"> ▪ 20 per cent or more of the body surface as measured by the Lund and Browder Body Surface chart (or equivalent classification), or ▪ 50 per cent or more of the face requiring surgical debridement and/or grafting, or ▪ 50 per cent of both hands or both feet requiring surgical debridement and/or grafting.
Severe rheumatoid arthritis	<p>Severe rheumatoid arthritis means the unequivocal diagnosis of severe rheumatoid arthritis confirmed by a rheumatologist. The diagnosis must be supported by, and evidence, all of the following criteria:</p> <ul style="list-style-type: none"> ▪ at least a six week history of severe rheumatoid arthritis which involves three or more of the following joint areas: <ul style="list-style-type: none"> – proximal interphalangeal joints in the hands – metacarpophalangeal joints in the hands – metatarsophalangeal joints in the foot, wrist, elbow, knee, or ankle ▪ simultaneous bilateral and symmetrical joint soft tissue swelling or fluid (not bony overgrowth alone) ▪ typical rheumatoid joint deformity, and ▪ at least two of the following criteria: <ul style="list-style-type: none"> – morning stiffness – rheumatoid nodules – erosions seen on x-ray imaging – the presence of either a positive rheumatoid factor or the serological markers consistent with the diagnosis of severe rheumatoid arthritis. <p>Degenerative osteoarthritis and all other arthritides are excluded.</p>

Glossary of definitions

Stroke – Subject to a 90 day qualifying period	Stroke means the damage of brain tissue as a result of a cerebrovascular incident caused by haemorrhage, embolism, or thrombosis, associated with the sudden onset of objective neurological deficit. The incident must be demonstrated by Magnetic Resonance Imaging (MRI), Computerised Tomography (CT), or other reliable imaging techniques approved by us. Excluded: <ul style="list-style-type: none">▪ transient ischaemic attack▪ cerebral symptoms associated with reversible neurological deficit▪ cerebrovascular disorder of the eye or optic nerve▪ symptoms due to migraine or headache, and▪ brain tissue damage caused by head injury.
Subacute sclerosing panencephalitis – Subject to a 90 day qualifying period – For Children's trauma option only	The certain diagnosis of subacute sclerosing panencephalitis.
Surgery of the aorta	Surgery of the aorta means surgery performed to correct any narrowing, dissection, or aneurysm of the thoracic or abdominal aorta but does not include angioplasty, intra-arterial procedures or other non-surgical techniques.
Triple vessel angioplasty	Triple vessel angioplasty means the actual undergoing for the first time of coronary artery angioplasty to correct a narrowing or blockage of three or more coronary arteries within the same procedure. Angiographic evidence, indicating obstruction of three or more coronary arteries, is required to confirm the need for this procedure.
Viral encephalitis – Subject to a 90 day qualifying period – For Children's trauma option only	Viral encephalitis means the severe inflammation of brain substance that results in significant and permanent neurological sequelae, with at least 25 per cent impairment of whole body function. Viral encephalitis as a result of HIV infection is excluded.

Income insurance

Benefit period	Benefit period means the maximum period of time that we will pay a benefit for any one injury or sickness for which we assess you as totally or partially disabled. Unless otherwise specified, the benefit period commences at the end of the waiting period. The schedule specifies the benefit period that has been selected.
Farming	Farming means being actively engaged in raising crops or animals for commercial purposes.
Important duties	Important duties means one or more duties that are important and essential in producing income.
Income	Occupation category MP, AA, A, B, C, D, BY, CY and DY Income means: <ul style="list-style-type: none">▪ if you own part or all of a business or practice, income is money generated by the business or practice due to your own activity, after all expenses in earning that income have been deducted, or▪ if you are employed, your income is the total package, including commissions, regular bonuses, superannuation and fringe benefits. Income does not include investment or interest income. Occupation category F Income means the gross farm income attributable to you. Income does not include investment or interest income.
Pre-disability income	Agreed value Pre-disability income means your highest average monthly income in any consecutive 12 month period between the date two years before the commencement date of the plan and the start of the waiting period. Indemnity option or the Income Insurance Senior Plan Pre-disability income means your highest average monthly income for any consecutive 12 months over the 3 years before your disability. If you are on maternity, paternity or sabbatical leave and you become disabled, the 3 year period will be up to immediately before the leave commenced. Pre-disability income is indexed while on claim.

Partial disability

For:

Income Insurance Plus Plan

Income Insurance Plan

Income Insurance Superannuation Plan

Occupation category D

For the first two years of a claim, you are partially disabled if immediately after being totally disabled for at least 14 days you have returned to work, or are capable of returning to work as determined by us based on medical evidence, and because of the disability, you are:

- not capable of doing one or more duties that are important and essential in producing income of your occupation,
- earning an *income* less than your *pre-disability income* (Agreed value) / than 75 per cent of your *pre-disability income* (Indemnity), and
- under *medical care*.

After the first two years of a claim you are partially disabled if, because of the disability you are:

- not capable of doing one or more duties that are important and essential in producing income of any occupation (whether paid or unpaid) for which you are reasonably suited by education, training or experience,
- earning an *income* less than your *pre-disability income* (Agreed value) / than 75 per cent of your *pre-disability income* (Indemnity), and
- under *medical care*.

Occupation category F

You are partially disabled if immediately after being totally disabled for at least the waiting period, you have returned to work and solely because of the disability you are:

- unable to perform at least 25 per cent of your normal *farming* duties, or
- working in an occupation other than *farming* and earning an *income* less than 75 per cent of your *pre-disability income*
- You must be under *medical care*.

Occupation categories BY, CY and DY

You are partially disabled if:

Immediately after being totally disabled for at least 14 days you have returned to work, or are capable of returning to work as determined by us based on medical evidence, and because of the disability, you are:

- not capable of doing one or more duties that are important and essential in producing income of your occupation
- earning less than 75 per cent of your *pre-disability income*, and
- under *medical care*.

How the Partial disability benefit is calculated**Agreed value**

The amount we pay is worked out by applying the formula:

$$\frac{A - B}{A} \times C$$

Where:

A equals your *pre-disability income*.

B equals your average monthly *income* during the period for which you are partially disabled. B will equal zero if income is a loss.

C is the monthly benefit specified on your schedule.

Indemnity

Occupation categories MP, AA, A, B, C, D, BY, CY and DY

The amount we pay for each month that you are partially disabled is the lesser of:

A – B, and C – B. Where:

A equals 75 per cent of your *pre-disability income*.

B equals your average monthly *income* during the period for which you are partially disabled. B will equal zero if your income is a loss.

C is the monthly benefit specified on your schedule.

For the purpose of B (both Agreed value and Indemnity)

- **Income Insurance Premier Plan:** If you are unable to work more than 10 hours per week and earning less than your pre-disability income, we will pay you the full Total disability benefit.
- **Income Insurance Premier Plan:** If you have not returned to work but medical evidence shows you are capable of returning to work, and no appropriate work is available, B will continue to equal zero.
- **Income Insurance Plus Plan, Income Insurance Plan and Income Insurance Superannuation Plan:** If you have not returned to work but medical evidence shows you are capable of returning to work, income is the amount you would be capable of earning.

For the purpose of C (both Agreed value and Indemnity)

- **Income Insurance Superannuation Plan:** Where C is more than your *pre-disability income*, we will use your *pre-disability income*.

Occupation category F

The amount we pay for each month you are partially disabled is 25 per cent of the Total disability benefit.

<p>Total disability</p> <p>For:</p> <p>Income Insurance Plus Plan</p> <p>Income Insurance Plan</p> <p>Income Insurance Superannuation Plan</p> <p>Income insurance Senior Plan</p>	<p>Occupation category D</p> <p>For the first two years of a claim you are totally disabled if, because of injury or sickness, you are:</p> <ul style="list-style-type: none"> ▪ not capable of doing one or more duties that are important and essential in producing income of your occupation ▪ not working in any occupation (whether paid or unpaid), and ▪ under <i>medical care</i>. <p>After the first two years of a claim you are totally disabled if, because of injury or sickness, you are:</p> <ul style="list-style-type: none"> ▪ not capable of performing any occupation (whether paid or unpaid) for which you are reasonably suited by education, training or experience ▪ not working in any occupation (whether paid or unpaid), and ▪ under <i>medical care</i>. <p>Occupation category F</p> <p>For the first two years of a claim you are totally disabled if, because of injury or sickness, you are:</p> <ul style="list-style-type: none"> ▪ not capable of doing normal <i>farming</i> duties ▪ not working in any occupation (whether paid or unpaid), and ▪ under <i>medical care</i>. <p>After the first two years of a claim, you are totally disabled if, because of an injury or sickness, you are:</p> <ul style="list-style-type: none"> ▪ not capable of performing any occupation (whether paid or unpaid) for which you are reasonably suited by education, training or experience ▪ not working in any occupation (whether paid or unpaid), and ▪ under <i>medical care</i>. <p>How the Total disability benefit is calculated</p> <p>Agreed value</p> <p>The Total disability benefit is the monthly benefit specified on your schedule.</p> <p>As long as the details given to us about your income when applying for cover were full and accurate, we will not reduce the total disability benefit.</p> <p>Income Insurance Superannuation Plan: Regardless of the monthly benefit specified on your schedule and the accuracy of the information provided at application, we will not pay more than 100 per cent of your <i>pre-disability income</i>. This is a requirement under superannuation law.</p> <p>Indemnity</p> <p>Occupation categories MP, AA, A, B, C, D, BY, CY and DY</p> <p>The Total disability benefit is the lesser of the monthly benefit specified on your schedule and 75 per cent of your <i>pre-disability income</i>.</p> <p>Occupation category F</p> <p>The Total disability benefit is the lesser of the monthly benefit specified on your schedule and 30 per cent of your <i>pre-disability income</i>.</p> <p>Income Insurance Senior Plan</p> <p>The Total disability benefit is the lesser of the monthly benefit specified on your schedule or 75 per cent of your <i>pre-disability income</i>.</p>
<p>Total and partial disability definition while unemployed or on leave without pay</p> <p>For:</p> <p>Income Insurance Premier Plan</p> <p>Income Insurance Plus Plan</p> <p>Income Insurance Plan</p> <p>Income Insurance Superannuation Plan</p>	<p>If immediately preceding a claim you have been unemployed for 15 months or more (not available for income insurance through superannuation) or on leave without pay for 12 months or more, you are totally disabled if, because of an injury or sickness, you are:</p> <ul style="list-style-type: none"> ▪ not capable of performing any occupation (whether paid or unpaid) for which you are reasonably suited by education, training or experience ▪ not working in any occupation (whether paid or unpaid), and ▪ under <i>medical care</i>. <p>If immediately preceding a claim you have been unemployed for 15 months or more (not available for income insurance through superannuation) or on leave without pay for 12 months or more, you are partially disabled if at the end of the waiting period you have satisfied the partial disability eligibility requirements of your Plan and occupation category, and you have returned to work, or are capable of returning to work as determined by us based on medical evidence, and solely because of sickness or injury you are:</p> <ul style="list-style-type: none"> ▪ not capable of doing one or more duties that are important and essential in producing income of any occupation (whether paid or unpaid) for which you are reasonably suited by education, training or experience ▪ earning less than your <i>pre-disability income</i>, and ▪ under <i>medical care</i>. <p>If you purchase an Income Insurance Premier Plan, capability to return to work is not applicable.</p>

General

Future insurability benefit

Events covered under specified personal events are:

- marriage or registering a *de facto relationship*
- on the first anniversary of a *de facto relationship* where that anniversary occurs on or after the date the person insured was covered by this policy
- divorce or registering a *separation* from a marriage or registered *de facto relationship*
- on the first anniversary of *separating* from a marriage or *de facto relationship* where that anniversary occurs on or after the date the person insured was covered by this policy
- effecting a mortgage for the first time or increasing a mortgage
- birth or adoption of a child
- becoming a carer for the first time
- promotion or commencement of a new employment arrangement (where your base salary [not taking into account salary packaging arrangements] increases by at least \$10,000 and 10 per cent).

You cannot apply for more than one increase if you marry or enter into a *de facto relationship*, or divorce or separate from a marriage or a *de facto relationship*, with the same person more than once.

You will be required to provide evidence that is acceptable to us and supports the increase to your benefit.

Marriage is evidenced by a certified copy of the marriage certificate.

The first anniversary of the commencement of a *de facto relationship* is evidenced by:

- a certified copy of the registration certificate of a *de facto relationship*, or
- a signed Statutory Declaration confirming you are in a *de facto relationship* where the first anniversary occurs on or after the commencement date shown in your schedule.

Divorce is evidenced by a certified copy of the divorce order.

The first anniversary of the permanent *separation* from a marriage or a *de facto relationship* is evidenced by:

- a certified copy of the separation certificate of a marriage or a *de facto relationship*, or
- a signed Statutory Declaration confirming the first anniversary of the separation from the marriage or the *de facto relationship* occurred on or after the commencement date shown in your schedule.

Events covered under specified business events

- business succession planning – increase in the value of the business or in the insured's shareholding
- key person insurance – increase in the value of the key person to the business
- loan guarantee – increase in business loans.

You will be required to provide financial evidence that is acceptable to us and supports the increase to your benefit.

How much additional cover you can purchase

The maximum amount of increase for any one event will be limited to the lowest of:

- 25 per cent of the sum insured
- \$200,000
- where the increase relates to a mortgage, the amount of the mortgage or the increase to the mortgage, or
- where the increase relates to a promotion or commencement of a new employment arrangement, 10 times the salary increase.

The maximum amount of additional insurance for each cover type you can purchase in total for all increases is the lower of:

- the original sum insured, and
- \$1,000,000.

The Future insurability benefit cannot be exercised if at the time of your application:

- the insured has previously been accepted by us with a medical loading greater than 50 per cent under a policy held with us, or
- the insured is currently entitled to make, or has made, a claim for a terminal illness, TPD or trauma benefit under a policy held with us.

For the first six months from the date of the increase, we will only pay the amount of the increased benefit in the event of:

- accidental death
- accidental total and permanent disability (caused by violent, accidental, external and visible means), or
- the life insured suffering an accidental trauma event.

This benefit will expire on your 55th birthday. The specified event for which you are applying for an increase must occur before your 55th birthday.

De facto relationship

De facto relationship means:

- a relationship between two persons (whether of the same sex or different sexes) that is registered under a law of a State or Territory of Australia, or
- a relationship between two persons (whether of the same sex or different sexes) who, although not legally married to each other, live with each other on a genuine domestic basis in a relationship as a couple.

Separation/ Separating

Separation or separating means:

- in the case of marriage, not living as a married couple for a period of 12 months, whether or not an application for divorce has been made, or
- in the case of a *de facto relationship*, ceasing to be in that *de facto relationship* for a period of 12 months.

Interim cover certificate

This certificate applies to all the plans listed below. It does not apply where an existing contract of insurance held with AXA is being replaced.

Details (please print)

Insured/Proposer

Person to be insured

AXA provides you with interim cover at no extra cost while your application for cover is being assessed. We rely on your duty of disclosure as stated in the 'Applying for cover' section of the PDS. If you do not follow those instructions, you may not be entitled to any cover under this certificate.

Life insurance

If you have applied for a life insurance plan, you are covered for interim death cover. The interim death cover will be payable if you die within 90 days as a result of a sickness or injury that occurs during the term of the interim cover.

Trauma

If you have applied for a trauma insurance plan or option, you are covered for interim accident trauma cover. The interim accident trauma cover will be payable if you suffer one of the following trauma events solely as a result of accidental body injury:

- Blindness
- Coma
- Diplegia
- Hemiplegia
- Loss of capacity for independent living
- Major head injury
- Paraplegia
- Quadriplegia (also defined as tetraplegia)
- Severe burns

Please refer to the Glossary of definitions.

Total and permanent disability insurance (TPD)

If you have applied for a TPD insurance plan or option (other than ADL TPD), you are covered for interim accident TPD cover. The interim accident TPD cover will be payable if you suffer TPD (based on the any occupation definition) as a result of an accidental body injury.

Please refer to the Glossary of definitions.

When we won't pay for interim accident cover under life insurance, trauma insurance and TPD insurance

We will not pay if death, trauma or TPD was a result of or associated with or was caused by or contributed to by:

- suicide, whether sane or insane
- intentional self injury, including intentionally contracted infection by bacteria or virus, or any attempt thereat
- making or attempting to make a flight in an aircraft other than as a passenger for whom a fare or fee has been paid, or as a passenger in an aircraft under charter
- taking intoxicating liquor or drugs, or
- an event which occurred before the application was submitted
- any condition that was apparent before the application was submitted
- the insurance plan applied for is to replace existing insurance cover or another application on your life
- you or the proposed owner have failed to comply with the Duty of Disclosure as set out in the application form, or
- the application is one we would not normally accept under our standard underwriting rules.

Income insurance and business expenses insurance

If you have applied for an income insurance or business expenses insurance plan, you are covered for interim income insurance or business expenses insurance cover.

We will pay the amount of cover if the total disability of the person to be insured lasts for at least the length of the waiting period that is applied for. The total disability must be caused by an injury which occurs after this cover starts, or by a sickness which is contracted and commences more than 30 days after this cover starts.

The benefit period under this cover will be the shorter of:

- the benefit period for injury or sickness applied for, or
- two years.

When we won't pay for interim cover under income insurance or business expenses insurance

No benefit is payable under this cover if total disability is caused or contributed to by:

- an injury or sickness which you had before this cover began that was not disclosed to AXA
- the person insured or the plan owner on purpose
- uncomplicated pregnancy, miscarriage or childbirth
- war or war-like activities
- football injuries (all codes), or
- AIDS, AIDS related conditions or HIV infection.

When does interim cover commence?

Cover commences on the date your application form and first premium payment or an effective deduction authority for that amount is received by AXA's Customer Service Centre.

Duration of interim cover

The cover provided is valid until the earliest of the following:

- the time when insurance cover commences under another contract of insurance, being insurance cover that is intended to replace the insurance cover provided by the interim contract of insurance
- the time when the interim contract of insurance is cancelled
- the date of withdrawal, if you withdraw your application
- 90 days after this cover starts.

Benefit payable for interim cover

Benefit	Amount
Life insurance	Lesser of amount applied for or \$1,000,000
Trauma	Lesser of amount applied for or \$600,000
Total and permanent disability	Lesser of amount applied for or \$1,000,000
Income insurance and business expenses	The lower of: <ul style="list-style-type: none">The Total disability benefit applied for excluding additional options, andThe Total disability benefit we would allow under our usual underwriting rules. The maximum benefit we will pay under this cover is \$200,000.

X

Signature of financial adviser

/ /

Date

axa.com.au

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