ZURICH

Zurich Wealth Protection

Product Disclosure Statement

Part 1 – Benefit Information

Issued by Zurich Australia Limited:

- Zurich Term Life Insurance Plus
- Zurich Stand Alone Trauma Insurance Plus
- Zurich Income Replacement Insurance Plus
- Zurich Special Risk Income Replacement Insurance Plus
- Zurich Business Expenses Insurance Plus

Issued by Zurich Australian Superannuation Pty Limited:

- Zurich Superannuation Term Life Insurance Plus

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Preparation date: 1 April 2005

The issuer of the products offered in this Product Disclosure Statement (PDS), other than Zurich Superannuation Term Life Insurance Plus, is Zurich Australia Limited ABN 92 000 010 195, Australian Financial Services Licence Number 232510.

The issuer of Zurich Superannuation Term Life Insurance Plus is Zurich Australian Superannuation Pty Limited ABN 78 000 880 553, Australian Financial Services Licence Number 232500, who is the Trustee of the Zurich Master Superannuation Fund (SFN 2540/969/42). The issuer of life insurance under this product is Zurich Australia Limited.

Zurich Australia Limited is also the administrator for all the products described in this PDS.

About this PDS

This Product Disclosure Statement (PDS) is provided in two parts:

Part 1 (This document) – Benefit information
Part 2 – Common Information and Glossary of Terms

If you have not received both parts (Parts 1 and 2), please contact your adviser or the Zurich Client Service Centre on 131 551.

This PDS is an important document. You should read both parts (1 and 2) in full before making a decision to purchase these products.

Important notes

This PDS covers the following products issued by Zurich Australia Limited described in this PDS: Zurich Term Life Insurance Plus, Zurich Stand Alone Trauma Insurance Plus, Zurich Income Replacement Insurance Plus, Zurich Special Risk Income Replacement Insurance Plus, Zurich Business Expenses Insurance Plus; and Zurich Superannuation Term Life Insurance Plus issued by Zurich Australian Superannuation Pty Limited. The PDS is jointly issued by Zurich Australia Limited and Zurich Australian Superannuation Pty Limited, each of whom takes full responsibility for the whole PDS.

Where there is any reference to a third party in this PDS that third party has provided their consent to the reference to their organisation in this PDS.

Applying for Zurich Wealth Protection products

The only way to apply for a product is to complete and submit the Zurich Wealth Protection Application forms accompanying this PDS together with a completed Life Insured's Statement. Your adviser can assist you to fill out both of these forms. Each of the products may be separately purchased.

Cheques must be made payable to Zurich Australia Limited. The cheque should be in Australian dollars and drawn on an Australian bank.

Definitions

In this PDS, 'Zurich', 'us', 'our', and 'we' normally means Zurich Australia Limited ABN 92 000 010 195 AFSL 232510, except in the About Zurich section of this PDS where these terms mean Zurich Financial Services Australia Limited ABN 11 008 423 372. In most circumstances, the owner of the policy and the life that is insured are the same person. In this PDS we have referred to both the Policy Owner and the Life Insured as 'you'. It is possible that the Policy Owner and the Life Insured are different people. In this case:

- the Policy Owner would normally be paying the premiums and would be receiving the insurance benefit
- the premium amount would depend on the Life Insured's circumstances
- the insurance benefit would only be payable on the death, illness or disability of the life insured, as described in the Policy Document.
- only the Policy Owner and not the Life Insured can extend, vary, cancel or otherwise exercise any right applying to a Zurich Wealth Protection product

Up-to-date information

The information, including taxation information, is based on our understanding of legislation as at the date of issue of this PDS and its continuance.

Certain information that is not materially adverse information that appears in this PDS is subject to change from time to time. Where we have indicated in the PDS that we will advise you of changes then you will be advised of such changes in writing. Where other changes that are not materially adverse occur (eg. changes to fax numbers or minor changes to tax rules), up-to-date information can be obtained from our website, www.zurich.com.au. Should such changes occur, a paper copy of the updated information will be made available free of charge upon request by calling our Client Service Centre on 131 551.

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About Zurich

Zurich Financial Services Australia Limited is a member of the Swiss based Zurich Group. We offer an extensive range of investment, life insurance, superannuation and general insurance products and services for individuals, small to medium sized businesses, larger companies and multi-national corporations.

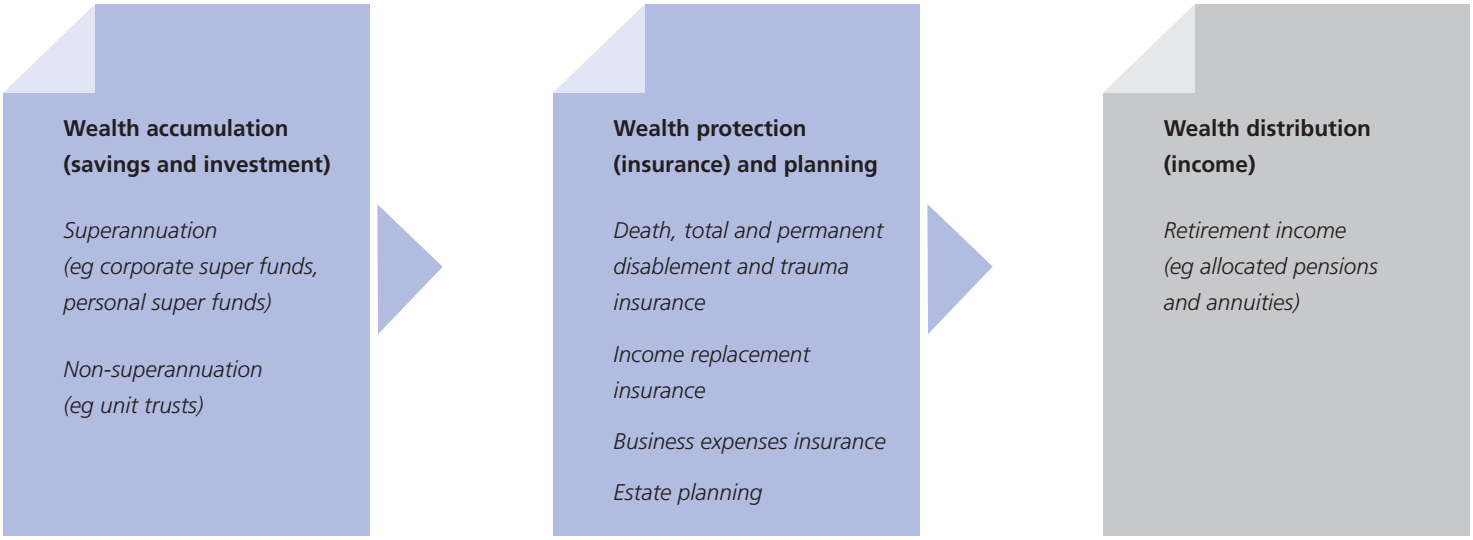
To further enhance our capabilities and resources we seek out and develop major strategic partnerships with other organisations. These partnerships enable us to be flexible and responsive in a changing environment and assist us in striving to ensure that every product and service offered is of a consistently high standard.

Why choose Zurich?

- Quality products and services.
- Client focussed.
- Global strength and local knowledge.

Zurich: insurance and investments to meet your needs

Wealth creation means more than regular saving. It means accumulating wealth (saving and investment), protecting wealth (insurance) and distributing wealth (income). These three activities are not mutually exclusive and many people want to accumulate, protect and distribute wealth simultaneously. Zurich has a range of investment, life insurance, superannuation and general insurance products to suit your needs. If you would like to know more about how we can help you achieve your financial goals, talk to your financial adviser.



Wealth creation needs wealth protection

What is your idea of "wealth creation"?

For some people it's just having superannuation, while many others include managed funds as well as investing directly in the sharemarket.

They're all tools to help create wealth and achieve financial goals, especially for retirement. Luck simply doesn't come into it. But a financial plan is not complete unless it allows for "wealth protection".

The trouble is, no one likes having to talk about insurance. It's easy to think "it'll never happen to me". But the very reason we don't want to think about it is the reason we should. We have to know that whatever happens we'll be able to take care of and protect our families and business partners.

That means planning ahead and leaving nothing to chance. You need to ensure that you have a solution in place to combat any unforeseen events. Unfortunately, accidents and illnesses can happen to anyone. Insurance is a contingency plan. It takes care of the "what ifs" and acts to protect your family and/or business partners when you can't.

Together with your financial adviser, you can create a financial plan that will help you achieve your goals.

Life insurance

Life insurance, also known as term insurance, covers your life and pays a lump sum on your death or diagnosis of terminal illness. It's one of the easiest products to understand and it's usually the first one people think of. It may:

- allow your family to repay debts including mortgage, personal loans, guarantees, credit cards etc
- provide an adequate income for your dependants to pay for living expenses, school fees and child care etc
- protect your business if a key person or principal dies
- create a cash injection to the estate, which may prevent other assets being sold.

Trauma insurance

Trauma insurance is about protecting your lifestyle and providing you with choice. It provides a lump sum on the diagnosis, or occurrence, of one of a list of specific injuries and illnesses such as heart attack, cancer or stroke. It can:

- pay for unexpected medical costs
- provide for lifestyle changes
- provide for the potential need of professional care at home
- repay large debts such as a mortgage
- allow you to make lifestyle changes, such as reducing work hours, by providing additional income.

Total and Permanent Disablement (TPD) insurance

Available as an optional attachment to life insurance policies, TPD pays a lump sum if you become totally and permanently disabled and therefore are unlikely to ever work again. TPD is about ensuring that you retain as much quality of life as possible. It can:

- provide funds to allow a family member to give up work to care for you or, alternatively, to fund other home care
- allow you to repay debts including mortgage, personal loans, guarantees, credit cards etc
- pay for any major renovations required to your home (for example to permit wheelchair access).

Income Replacement insurance

Income Replacement insurance provides a monthly payment of up to 75% of your pre-tax income if you are unable to work due to sickness or injury. It can allow you to:

- provide for yourself and your family
- continue to pay your mortgage, bills, credit cards and other debts and
- keep all your investment strategies in place.

Without Income Replacement, all the wealth you have created may be jeopardised.

Zurich Term Life Insurance Plus at a glance

Product description	Zurich Term Life Insurance Plus pays a lump sum benefit on your death and includes standard and optional benefits. Refer to pages 6 to 15 for detailed information on what is covered.
Eligible ages	■ Death Cover: 10 – 69. ■ Total and Permanent Disablement option (TPD): 19 – 58. ■ Trauma option: 19 – 58. ■ Accidental Death option: 19 – 58. ■ Needlestick Cover option: 19 – 55. *Refer to page 6.*
Expiry ages	■ Death Cover: 99. *Refer to page 7.* ■ TPD: 99 (65 if linked to Extended Trauma). Limited conditions apply from age 65. *Refer to page 9.* ■ Extended Trauma: 99. Limited conditions apply from age 75. *Refer to page 10.* ■ Basic Trauma: 75. *Refer to page 10.* ■ Accidental Death option: 75. *Refer to page 13.* ■ Business Future Cover option: cannot be exercised after age 60. *Refer to page 13* ■ Premium Waiver option: 70. *Refer to page 14.* ■ Needlestick Cover option: 65. *Refer to page 15.*
Minimum premium	$90 per year excluding fees and charges (for additional lives under age 18 the minimum premium is $50 per year excluding fees and charges). *Refer to page 6 and Part 2 page 3 for fees and charges.*
Cover levels available	$50,000 minimum. Maximum cover levels apply depending on the combination of benefits you choose. *Refer to page 6.*
Premium options	You can choose stepped or level premiums. *Refer to Part 2 page 2.*
How premiums are calculated	Premiums are based on your level of cover, options chosen (including whether you select stepped or level premiums), frequency of payments, current age, gender and smoking status. Your circumstances including state of health, occupation and pastimes will also be taken into consideration. *Refer to Part 2 page 2.*
Standard benefits	■ Death cover – a lump sum payment on your death. *Refer to page 7.* ■ Inflation Protection – with a minimum of 5% pa to age 75. *Refer to page 7.* ■ Future Insurability – automatic increases for personal or business events. *Refer to pages 7 and 8.* ■ Terminal illness – up to $2,000,000 advance of your Death benefit if death is likely to occur within 12 months. *Refer to page 8.* ■ Accidental Injury benefit – advancement of the Death benefit if you suffer a listed injury. *Refer to page 8.* ■ Financial Planning Advice benefit – Up to $1,000 toward financial planning advice. *Refer to page 9.* ■ Advancement for Funeral Expenses – up to $15,000. *Refer to page 9.* ■ Built in Buy Back Death (with Trauma) – if you select the Trauma option this allows you to repurchase your Death cover in three instalments after you suffer a Trauma and receive a benefit. *Refer to page 12.*

Optional benefits (for an additional premium)

- Total and Permanent Disablement – 'own occupation', 'any occupation', 'domestic duties', 'loss of independence' and 'cognitive impairment' cover available. *Refer to page 9.*
- Trauma – pays a lump sum on the diagnosis or occurrence of a range of illnesses and injuries. Extended and Basic Trauma available. *Refer to page 10.*
- Accelerated Buy Back – where Trauma option is selected, allows accelerated repurchase of Death cover after Trauma claim. *Refer to page 12.*
- Buy Back TPD – where both TPD and Trauma are selected, allows repurchase of TPD after a Trauma claim. *Refer to page 12.*
- Accidental Death – additional Accidental Death cover. *Refer to page 13.*
- Business Future Cover – future insurability for certain business events. *Refer to page 13.*
- Premium Waiver – pays premiums if you are disabled and cannot work. *See page 14.*
- Needlestick Cover option – a lump sum payable on occupationally acquired HIV, Hepatitis B or Hepatitis C (available to exposure-prone occupations only). *Refer to page 15.*

Exclusions

There are certain circumstances under which benefits will not be paid.
For details see:

- Death cover – page 9.
- TPD option – page 10.
- Trauma option – page 12.
- Accidental Death option – page 13.
- Premium Waiver option – pages 14 – 15.
- Needlestick Cover option – page 15.

There are limitations and restrictions on when some benefits may be payable. Any such limitation or restriction will be detailed in the relevant benefit description on pages 6 to 15.

Other important information

- Fees and charges – a management fee will be applied to your Policy. Stamp duty and other taxes may apply. *Refer to Part 2 page 3.*
- Cooling-off period – a 21 day cooling-off period applies. *Refer to Part 2 page 2.*
- Complaints resolution – we have a complaints handling procedure in place. *Refer to Part 2 page 5.*
- Your privacy – Zurich has privacy provisions in place. *Refer to Part 2 page 17.*
- Information about your Policy – once your application has been accepted, you will receive a Policy Document which details the terms and conditions of the Policy, and a Policy Schedule that sets out the particular details of your Policy (including: levels of cover, options selected, and details of the Policy Owner and life insured). *Refer to Part 2 page 4.*
- Claims requirements – there are notification and information requirements in order to make a claim under this Policy. *Refer to Part 2 page 4.*
- Interim cover – provides accidental death cover while your application is being assessed. *Refer to Part 2 pages 14 to 16.*

About Zurich Term Life Insurance Plus

This PDS will help you to:

- decide whether this product will meet your needs and
- compare this product with others you may be considering.

Important notice

The primary purpose of the Zurich Term Life Insurance Plus policy is to pay a lump sum on your death. It is not a savings plan. If you terminate your Policy at any time other than during the cooling-off period (refer to Part 2 Page 2), you will not get any money back.

The information contained in this PDS is general information only. It does not take into account your individual objectives, financial situation or particular needs. You should consider the appropriateness of this product having regard to your objectives, financial situation and needs. **We recommend you seek professional financial advice before making any decisions regarding this product.**

Defined terms

All terms appearing in *italics* (other than in headings) are defined terms with special meanings. Detailed definitions appear in Part 2 pages 6 to 13. Product features are capitalised for ease of identification.

Product overview

The Zurich Term Life Insurance Plus policy pays a lump sum on your death. This Policy also covers you if you are diagnosed with a terminal illness.

The following benefits are standard with Zurich Term Life Insurance Plus:

- Death Benefit
- Inflation Protection
- Future Insurability benefit
- Terminal Illness benefit
- Accidental Injury benefit
- Financial Planning Advice benefit
- Advancement for Funeral Expenses
- Built in Buy Back Death benefit (with Trauma option).

You may add the following options to your policy by paying extra premiums:

- Total and Permanent Disablement option (TPD)
- Trauma option
- Accelerated Buy Back Death option (with Trauma option)
- Buy Back TPD option (with Trauma and linked TPD)
- Accidental Death option
- Business Future Cover option
- Premium Waiver option
- Needlestick Cover option.

Applying for Zurich Term Life Insurance Plus

Who can apply?

Generally people between the ages of 10 and 69 can apply for this policy. To apply for the Total and Permanent Disablement (TPD), Trauma or Accidental Death options you must be between the ages of 19 and 58. To apply for the Needlestick Cover option you must be between the ages of 19 and 55.

How much cover can I apply for?

The minimum amount of cover you can apply for is $50,000 per benefit per life insured, subject to a minimum annual premium for each life insured of $90 (excluding the management fee and any government charges) or, for additional insured lives who are children under the age of 18, a minimum premium of $50 a year.

The maximum amount of cover you can apply for is subject to the following guidelines in respect of each Policy:

- if you add the Trauma option the Trauma cover cannot exceed the Death cover
- if you add the TPD option the TPD cover cannot exceed the Death cover
- if you do not link the TPD option to the Trauma option, the total of that non-linked TPD cover and any Trauma cover cannot exceed the Death cover (linked TPD is explained on page 10)
- if you link the TPD option to the Trauma option the amount of TPD cover which is linked to Trauma cannot exceed the amount of Trauma cover
- the maximum amount of Accidental Death cover is $1,000,000.
- the maximum amount of Needlestick Cover is $400,000.

Further restrictions also apply to the total amount of cover in respect of a Life Insured for all policies from all sources (including all policies issued by other life insurers). Generally:

- the total Trauma cover with Zurich and other life insurers cannot exceed $2,000,000
- the total TPD cover with Zurich and other life insurers cannot exceed $2,500,000
- the total 'Occupationally Acquired HIV' cover with Zurich and any other life insurer cannot exceed $2,000,000.

Can I increase my cover?

Subject to Zurich's reassessment of your personal circumstances, you may apply to increase your cover any time before your 70th birthday. You may apply to increase the Trauma option, TPD option or Accidental Death benefit at any time prior to your 59th birthday. The minimum amount you can increase your cover by each time is $50,000.

When will my cover expire?

Once your application has been accepted and provided you pay your premiums as due (see Part 2 page 2), we guarantee that we will renew your Policy every year up until the *Policy Anniversary* following your 99th birthday, regardless of any changes to your health or other circumstances. Optional benefits may expire at earlier ages (refer to the relevant optional benefit description in the Optional Benefits section on pages 9 to 15 for details).

Benefits of Zurich Term Life Insurance Plus

Death benefit

We will pay the amount you are covered for as a lump sum if you die during the term of the Policy.

Inflation Protection

Each year we will provide you the opportunity to increase the level of cover (including any cover under the TPD or Trauma options) by the greater of 5% and the *Consumer Price Index (CPI)* to keep up with inflation (Indexation offer). Unless you reject the Indexation offer, your premiums will increase each year by an extra amount to reflect that change. If you take up this Indexation offer you do not have to provide any further health evidence. The opportunity will only apply to the first:

- Death benefit – $5,000,000 of cover
- Non-linked TPD – $1,500,000 of cover
- Trauma and Linked TPD – $1,000,000 of cover.

No further Indexation offers will be made from the *Policy Anniversary* after your 75th birthday.

Future Insurability benefit – Personal Events

This benefit entitles you to increase your Death, Trauma or TPD cover prior to age 55, without Zurich's reassessment of your health, within 30 days of the personal events described below. This benefit does not apply if you are entitled to receive a benefit, or if you are receiving or have received a benefit under your Policy, or if Zurich or any other life insurer has waived, or is waiving, your premium.

Personal events covered:

- if the Life Insured gets married or divorced, or if a child is born to or is adopted by the Life Insured, you can increase your cover by a minimum of $10,000 and a maximum of the lesser of:
  - 25% of your Death, Trauma or TPD cover at commencement or
  - $200,000.
- if the Life Insured takes out for the first time or increases his/her mortgage on his/her principal place of residence, you can increase your cover by the lesser of:
  - the amount of the mortgage or the increase in mortgage or
  - an amount equal to 25% of your Death, Trauma or TPD cover at commencement of the Policy or
  - $200,000.
- if a dependent child of the life insured starts secondary school, you can increase your cover by a minimum of $10,000 and a maximum of the lesser of:
  - 25% of your Death, Trauma or TPD cover at commencement or
  - $200,000.

Restrictions

The accumulative sum of all increases under this benefit cannot exceed the lesser of the cover at commencement of the Policy and $1,000,000. In any 12 month period increases are limited to 50% of your cover at commencement of the Policy.

You cannot increase your Trauma or TPD cover if the increase would cause you to exceed our maximum cover limits (refer to page 6). You cannot increase your Trauma or TPD covers beyond the Death benefit sum insured. If you have linked Trauma and TPD you must increase both by the same amount.

Zurich retains the right to confirm your occupation in relation to any increase in the TPD benefit and eligibility and premiums in relation to the increased amount will be based on your occupation at the time of increase.

For the first **six months** after an increase under this benefit:

- any increased Death cover amount is payable only in the event of your *Accidental Death*
- any increased TPD amount is payable only in the event your *Total and Permanent Disablement* is caused by an *Accidental Injury*
- any increased Trauma amount is payable only in the event of a Trauma suffered as a result of *Accidental Injury*.

Future Insurability benefit – Business Events

This benefit entitles you to increase your Death cover prior to age 55 without Zurich's reassessment of your health on occurrence of the business events described below. This benefit does not apply if you are entitled to receive a benefit, or if you are receiving or have received a benefit under your Policy, or if Zurich or any other life insurer has waived, or is waiving, your premium.

Business events covered:

- where at the commencement of the Policy we accept that the life insured is a Key Person in the Policy Owner's business – if his/her 'value to the business' increases, then within three months of the end of each financial year of the business, your cover can be increased in proportion to the Life Insured's increase in his/her value to the business. The value of a Key Person in any year will be equal to his/her total remuneration package excluding discretionary benefits, plus his/her share of the net profits distributed by the business in that year.
- where the Policy Owner is a business entity, and at the commencement of the Policy we accept that the Life Insured is a shareholder and the person primarily responsible for generating income for the business entity – if the value of the Life Insured's financial interest in the business entity increases, then within three months of the end of each financial year of the business entity, your cover can be increased in proportion to the increase in the value of the Life Insured's financial interest in the entity. The value of the financial interest of the Life Insured in any year will be based on his/her share of the net assets of the entity at the end of that year.

Restrictions

The accumulative sum of all increases under this benefit cannot exceed the lesser of the Death cover at commencement of the policy and $1,000,000. In any 12 month period, the increase is limited to 50% of your Death cover at commencement of the Policy. For the first six months after an increase under this benefit, the increased amount is payable only in the event of your *Accidental Death*.

This benefit does **not** apply if you select the **Business Future Cover option**.

Terminal Illness benefit

If you are diagnosed with a terminal illness where death is likely to occur within 12 months, we will pay you up to 100% of your Death cover (excluding any cover under the Accidental Death option). Refer to Part 2 page 4 for Claims requirements. The maximum we will pay under this benefit in total for all your Zurich policies is $2,000,000. The amount of Death cover, any Trauma cover and any TPD cover, will be reduced by any payments made under this benefit. Your premium will be based on the reduced cover after payment of the Terminal Illness benefit.

Accidental Injury benefit

If an *Accidental Injury* causes the entire and irrevocable loss of:

- the use of one hand or the use of one foot or the sight in one eye, we will pay the lesser of 25% of your Death cover or $500,000 or
- the use of both hands, or the use of both feet, or the sight in both eyes, or any combination of two of the following: the use of one hand, the use of one foot or the sight in one eye, we will pay you the lesser of 100% of your Death cover or $2,000,000.

Your Death cover, any Trauma cover and any TPD cover will be reduced by any payments made under this benefit. Your premiums will be based on the reduced cover after payment of the *Accidental Injury* benefit.

The Accidental Injury benefit will not be payable where the claim is the result of:

- an *Accidental Injury* which occurred prior to the commencement date of cover or reinstatement of the Policy or
- war (whether declared or not) or
- intentional self-inflicted injuries or attempted suicide.

As *Accidental Injury* may also be covered under the Total and Permanent Disablement or Trauma options, this Accidental Injury benefit will not be payable if you are eligible to receive a TPD or Trauma benefit for the same *Accidental Injury*.

Financial Planning Advice benefit

We will reimburse you up to $1,000 towards the cost of approved financial planning advice required as a result of a payment being made under this Policy. We will only pay this benefit if you have obtained our written approval before seeking advice.

Advancement for Funeral Expenses

While a claim is being settled, we may advance part of the Death benefit, up to $15,000, towards payment of funeral expenses to you or your estate. An application for payment of funeral expenses must be made by you or your estate and must include satisfactory evidence of death and the funeral invoice.

Exclusions

We will not pay a benefit if you commit suicide within 13 months of the commencement date of cover (or increase in cover but only in respect of that increase) or reinstatement of the Policy.

We will waive the suicide exclusion if, immediately prior to the commencement of cover, you had Death cover which was in-force for thirteen consecutive months (without lapsing and/or reinstatement) with another insurer, and we agreed to replace this Death cover. The waiver will only apply up to the amount that you had with the other insurer.

Interim cover

We will provide you with interim cover against *Accidental Death* for up to 90 days while we are assessing your application. See pages 14 to 16 of Part 2 for more details.

Optional benefits

Total and Permanent Disablement (TPD) option

This option pays you the TPD amount you are covered for as a lump sum if you become *Totally and Permanently Disabled*. While you continue to pay your premiums, you will be covered for this event until the *Policy Anniversary* following your 99th birthday. However, if your TPD option is linked to the Extended Trauma option your TPD option will cease at age 65 and only the Extended Trauma option will continue. When applying for the TPD option, you can choose to link some or all of your TPD cover to the Trauma option (see page 10 for an explanation of linked TPD).

The following conditions apply when adding TPD to your Term Life Insurance Plus policy:

- the amount of TPD cover cannot exceed the Death cover. However, the amounts of cover do not have to be equal
- the amount of TPD cover which is linked to Trauma cannot exceed the amount of Trauma cover
- the amount of TPD cover which is not linked to Trauma, plus the total amount of any Trauma cover cannot exceed the Death cover
- generally the maximum amount of cover for domestic duties you can apply for is $500,000.

You are deemed to be *Totally and Permanently Disabled* if you:

- suffer a specific loss or
- are "unable to work" (two versions are available – 'any occupation' and 'own occupation') or
- are unable to perform normal domestic duties or
- are unable to perform at least two of the *Activities of Daily Living* or
- suffer cognitive impairment,

within the definition of *Total and Permanent Disablement* on Part 2, page 13.

Other than for specific loss, before a claim can be made you must have been absent from active employment solely as a result of *Sickness* or *Injury* for an uninterrupted period of six consecutive months.

On the *Policy Anniversary* before your 65th birthday, the definition of *Total and Permanent Disablement* will change. From that date, only the inability to perform two of the *Activities of Daily Living*, cognitive impairment and specific loss will apply and the maximum benefit payable is $1,000,000.

Standard and double TPD

You can choose standard or double TPD cover. Under standard TPD cover, your Death cover is reduced by the amount of any TPD benefit paid to you. Under double TPD cover, your level of Death cover is reduced by the amount of any TPD benefit paid to you, but will then be restored to the same level 12 months after the TPD benefit is paid.

Double TPD also contains a waiver of premium feature. This means that once a double TPD has been paid, premiums for Death cover equivalent to the amount of the TPD benefit paid will be waived until the *Policy Anniversary* before your 65th birthday. Premiums will continue to be payable in respect of the difference between the total Death cover and the TPD benefit paid. From the *Policy Anniversary* after your 65th birthday premiums for the full Death cover will resume.

On the *Policy Anniversary* before your 65th birthday, the double TPD cover will automatically convert to standard TPD cover.

Exclusions

The TPD benefit will not be payable if you become *Totally and Permanently Disabled* because of intentional self-inflicted injury or attempted suicide.

Linked and non-linked TPD

If you select both the TPD and Trauma options you can choose to have your TPD option linked to the Trauma option.

If you link your TPD to the Trauma option you will pay a lower premium for your TPD benefit. This is because the TPD cover will be reduced by the amount of any Trauma cover paid.

If you do not link your TPD to the Trauma option you will pay a higher premium for your TPD, however your TPD will be unaffected by any claim under the Trauma option.

You may select any combination of linked and non-linked TPD. However, the sum of the non-linked TPD and Trauma options may not exceed the Death cover.

What happens to my other benefits if I receive a TPD benefit?

- If you receive a benefit under your TPD option, your level of Death cover is reduced by the amount paid. If you have selected double TPD then the Death cover will be restored to the same level 12 months after the TPD benefit is paid.
- If you receive a benefit under your linked TPD option, your Trauma cover will be reduced by the amount paid, likewise your TPD cover will be reduced by any Trauma benefit paid.

Trauma option

This option pays you a lump sum equal to the Trauma amount you are covered for if you suffer a specified Trauma, other than *Minimally Invasive Cardiac Surgery – including Coronary Angioplasty* where restrictions apply (detailed on page 11).

The specified Traumas we pay for depends on whether you choose Basic Trauma or Extended Trauma.

You can continue your Trauma cover until the *Policy Anniversary* following your 99th birthday where you have Extended cover and the *Policy Anniversary* following your 75th birthday where you have Basic cover. For Extended cover, from the *Policy Anniversary* after your 75th birthday, we will only pay a benefit in respect of *Loss of Independence* or *Loss of Limbs or Sight*.

For example:

Linked Benefits

If you had $500,000 Death cover, and $250,000 Trauma cover and $250,000 linked TPD cover and you suffered a *Heart Attack* and received your $250,000 Trauma benefit your TPD benefit would be reduced to $0 and you would be unable to claim a TPD benefit in the future (please see page 12 for details on what will happen to your Death cover as a result of a Trauma claim).

Non-Linked Benefits

If you had $500,000 Death cover, and $250,000 Trauma cover and $250,000 non-linked TPD cover and you suffered a *Heart Attack* and received your $250,000 Trauma benefit your TPD benefit would remain $250,000 and you may be able to claim under this option in future (please see page 12 for details on what will happen to your Death cover as a result of a Trauma claim).

Basic Trauma			
■ *Benign Brain Tumour* ■ *Chronic Kidney Failure* ■ *Coronary Artery Bypass Surgery**	■ *Diplegia* ■ *Heart Attack** ■ *Hemiplegia*	■ *Loss of Speech* ■ *Major Organ Transplant* ■ *Malignant Cancer**	■ *Paraplegia* ■ *Quadriplegia* ■ *Stroke**
Extended Trauma			
■ *Aorta Repair* ■ *Aplastic Anaemia* ■ *Benign Brain Tumour* ■ *Blindness* ■ *Cardiomyopathy* ■ *Chronic Kidney Failure* ■ *Chronic Liver Disease* ■ *Chronic Lung Disease* ■ *Coma* ■ *Coronary Artery Bypass Surgery**	■ *Deafness* ■ *Dementia (including Alzheimer's disease)* ■ *Diplegia* ■ *Encephalitis* ■ *Heart Attack** ■ *Heart Valve Surgery** ■ *Hemiplegia* ■ *Loss of Independence* ■ *Loss of Limbs or Sight* ■ *Loss of Speech*	■ *Major Head Trauma* ■ *Major Organ Transplant* ■ *Malignant Cancer** ■ *Medically Acquired HIV* ■ *Minimally Invasive Cardiac Surgery – Including Coronary Artery Angioplasty**◆ ■ *Motor neurone disease* ■ *Multiple Sclerosis* ■ *Muscular Dystrophy* ■ *Occupationally Acquired HIV* ■ *Out of Hospital Cardiac Arrest*	■ *Paraplegia* ■ *Parkinson's Disease* ■ *Primary Pulmonary Hypertension* ■ *Quadriplegia* ■ *Severe Accident or Illness Requiring Intensive Care* ■ *Severe Burns* ■ *Stroke** ■ *Triple Vessel Coronary Artery Angioplasty**

For definitions of the specified events see Part 2 pages 6 to 9.

Notes applicable to specified Traumas with a * or ◆

* We will not pay a benefit if this Trauma occurs, is first diagnosed, becomes apparent, or the recommendation for surgery, occurs within 90 days of commencement of cover or reinstatement of the Policy or increase in cover (but only in respect of that increase). Furthermore the benefit, or increase in benefit (if applicable), will not be payable in respect of this Trauma for any occurrence of the same specified Trauma for the duration of the Policy.

  We will waive this 90 day elimination period if, immediately prior to the commencement of cover, another insurer covered you for the same specified Traumas and we agreed to replace this cover (and you are not within the other insurer's 90 days elimination period). The waiver will only apply up to the amount of Trauma cover that you had with the other insurer.

◆ *Minimally Invasive Cardiac Surgery – Including Coronary Artery Angioplasty* is only available where the Extended Trauma Benefit amount for that Life Insured (prior to any claim payments made) is $100,000 or more. *Minimally Invasive Cardiac Surgery – Including Coronary Artery Angioplasty* is the only specified condition that may be claimed on more than one occasion. The benefit payable on the first instance will be 10% of the Trauma benefit under this Policy subject to a maximum of $25,000. The benefit payable for any subsequent *Minimally Invasive Cardiac Surgery – Including Coronary Artery Angioplasty* claim will be 10% of the Trauma benefit under this Policy subject to a maximum of $25,000 and a minimum of the amount paid for the first claim. Your sum insured will be reduced by each amount paid under this benefit and premiums will be calculated on the reduced sum insured.

  For example, if your sum insured is $100,000 and we pay you a benefit for *Minimally Invasive Cardiac Surgery – Including Coronary Artery Angioplasty* the amount payable will be $10,000 and your sum insured will reduce to $90,000. If we pay a subsequent benefit for *Minimally Invasive Cardiac Surgery – Including Coronary Artery Angioplasty* then we will pay you $10,000.

  We will not pay a benefit for *Minimally Invasive Cardiac Surgery – Including Coronary Artery Angioplasty* where the procedure occurs within six months after a prior *Minimally Invasive Cardiac Surgery – Including Coronary Artery Angioplasty* procedure for which a benefit was paid.

Exclusions

We will not pay a Trauma benefit where the claim is a result of intentional self-inflicted injury or attempted suicide.

If you have both Trauma cover and linked TPD cover and claim for the same insured event under both covers, we will only pay the Trauma benefit.

Paralysis Booster benefit

If we pay a Trauma benefit for Paralysis (*Diplegia*, *Hemiplegia*, *Quadriplegia* or *Paraplegia*) then we will double the amount of Trauma benefit payable.

Restrictions and Limitations

- The maximum 'boosted' Trauma benefit we will pay is $2,000,000.
- The 'boosted' Trauma payment will be limited so that the total Trauma amount payable does not exceed your Death cover.
- If you are eligible for payment under both this benefit and a non-linked TPD benefit attached to the same policy then the 'boosted' Trauma payment will be limited so that the total combined amount payable does not exceed your Death cover.

Chronic conditions – Advancement on Diagnosis benefit (Extended Trauma)

We will advance 25% of the Extended Trauma benefit once only upon unequivocal diagnosis of *Motor Neurone Disease* or *Multiple Sclerosis* or *Muscular Dystrophy* or *Parkinson's Disease* up to a maximum of $25,000 without you being required to suffer at least a 25% impairment of whole person function that is permanent. Refer to Part 2 page 4 for Claims requirements. The Trauma, Death cover and Linked TPD amounts are then reduced for that Life Insured by the amount paid. Once you qualify for a Trauma benefit in accordance with the Policy conditions the remainder of the benefit will be paid.

What happens to my other benefits if I receive a Trauma benefit?

Once you receive a benefit under your Trauma option, or you receive an advance of your Trauma cover, your linked TPD cover and Death cover will be reduced by the amount paid. When 100% of your Trauma benefit has been paid your Trauma benefit and linked TPD benefit will cease.

Built in Buy Back Death benefit

After a Trauma benefit payment you can repurchase your Death cover without providing any health evidence:

- up to 1/3 of the Trauma benefit (excluding any Paralysis Booster benefit) 12 months after the payment of a Trauma benefit then
- up to a further 1/3 in 24 months and then
- up to a further 1/3 in 36 months.

If each opportunity were fully exercised after three years the Death cover 'bought back' would be equal to the full Trauma benefit amount. You have 30 days in which to exercise the opportunity at each relevant opportunity date. Your right to 'buy back' your Death cover after the payment of a Trauma benefit will cease on the earlier of:

- 37 months after the payment of the Trauma benefit and
- the *Policy Anniversary* following your 74th birthday.

You cannot buy back your Death cover following a Trauma benefit payment for *Minimally Invasive Cardiac Surgery – Including Coronary Artery Angioplasty*. The Future Insurability provisions described on pages 7 and 8 will not apply to any Death cover bought back.

Accelerated Buy Back Death option

If you have added the Trauma option, you can choose this option which will give you the right to repurchase your Death cover up to the full Trauma benefit amount (excluding any Paralysis Booster benefit) 12 months after payment of a Trauma benefit. Under the Accelerated Buy Back Death option, your right to 'buy back' your Death cover after the payment of a Trauma benefit will cease on the earlier of:

- 13 months after the payment of the Trauma benefit and
- the *Policy Anniversary* following your 74th birthday.

You cannot buy back your Death cover following a Trauma benefit payment for *Minimally Invasive Cardiac Surgery – including Coronary Artery Angioplasty*. The Future Insurability provisions described on pages 7 and 8 will not apply to any Death cover bought back.

Buy Back TPD option

If you have the Trauma option with linked TPD cover you can also choose this option, which will give you the right to repurchase your linked TPD cover without providing any health evidence:

- up to 1/3 of the Trauma benefit amount 12 months after the payment of a Trauma benefit provided you have returned to full-time work in your usual occupation for at least six continuous months then

- up to a further 1/3 in 24 months provided you have returned to full-time work in your usual occupation for at least 18 continuous months and then
- up to a further 1/3 in 36 months provided you have returned to full-time work in your usual occupation for at least 30 continuous months.

If each opportunity were fully exercised, after three years the TPD cover will be 'bought back'. You have 30 days in which to exercise the opportunity at each relevant date. You cannot claim a TPD benefit for the same or related cause under which you received the Trauma benefit. Your right to 'buy back' your TPD cover will cease on the earlier of:

- 37 months after the payment of the Trauma benefit and
- the *Policy Anniversary* following your 64th birthday.

The TPD cover bought back plus any existing TPD cover cannot exceed your Death cover. You cannot buy back your TPD cover following a Trauma benefit payment for *Minimally Invasive Cardiac Surgery – including Coronary Artery Angioplasty*. The Future Insurability provisions described on pages 7 and 8 will not apply to any TPD Cover bought back.

Accidental Death option

This option pays you an additional lump sum in the event of your *Accidental Death* while this Policy is in force. While you continue to pay your premiums, you will be covered for this event until the *Policy Anniversary* following your 75th birthday.

Exclusions

The Accidental Death benefit will not be payable where a claim is the result of suicide.

Business Future Cover option

This benefit entitles you to increase your Death or TPD cover (if applicable) prior to age 60 without Zurich's reassessment of the Life Insured's health each year within 30 days of the *Policy Anniversary*. This option cannot be exercised if you are entitled to receive a benefit, or if you are receiving or have received a benefit under your Policy, or if Zurich or any other life insurer has waived, or is waiving, your premium. When you make an increase to your cover under this Option the premium you pay for your Policy will increase to cover the increased benefit.

If our basis of acceptance of this policy was for the purpose of

- Key Person Insurance or
- Loan/Guarantor protection or
- Buy-sell/shareholder or Partnership Protection or
- A combination of the above purposes and/or personal purposes.

and the value of the Life Insured's interest in the business, loan guarantee, or value of the Key Person to the business increases, this option allows you to apply for future increases in your Death cover and, if applicable, any TPD cover (you can apply for this option on either your Death cover only or on both your Death and TPD covers), without the need to provide further medical evidence.

Restrictions and limitations

The maximum Death cover sum insured to which you can increase your cover under this option is the lesser of three times your cover at commencement of the policy, or $10,000,000.

The maximum TPD cover sum insured to which you can increase your cover under this option is the lesser of:

- three times your TPD cover at commencement of the Policy or
- $2,000,000 or
- your Death cover sum insured.

We will not increase your Death cover or TPD cover (if applicable) under this option if the total amount of cover on your life for all policies from all sources (including any policies issued by other insurance companies) exceeds:

- $10,000,000 for Death cover or
- $2,000,000 for TPD cover.

If your TPD cover is linked to a Trauma benefit and the increase would cause the TPD cover amount to exceed the Trauma cover amount then the amount in excess of the Trauma benefit amount will be applied as non-linked TPD. See page 10 for details of linked and non-linked TPD.

We will not increase your Death cover or TPD cover (if applicable) under this option if the total amount of cover on your life for all business purpose policies from all sources (including any policies issued by other insurance companies) exceeds:

- the *Value of the Business* or
- the *Loan Guarantee* or
- the *Value of the Key Person to the Business.*

If the Death or TPD cover (if applicable) was less than 100% of:

- the *Value of the Business* or
- the *Loan Guarantee* or
- the *Value of the Key Person to the Business*

then the relevant benefit can only be increased under this option to an equivalent percentage of the *Value of the Business, Loan Guarantee* or *Value of the Key Person to the Business* at the time of any application to increase your cover.

If the Death or TPD cover (if applicable) under this option was for multiple purposes then any increases under this option must be proportionate to the allocation that formed the basis of this Policy.

Applying for an increase

You must apply for the increase, and give us proof of the event which is satisfactory to us, within 30 days of your *Policy Anniversary*.

To apply for the increase, you need to apply to us in writing and provide a *Valuation of the Business* or *Valuation of the Key Person to the Business* (as provided by an independent qualified accountant or business valuer) or evidence of the *Loan Guarantee*, and any other contractual or financial evidence we may request, to satisfy us that the value of your financial interest or *Valuation of the Key Person to the Business* is at least equal to the requested increased amount of cover.

The valuation method used must be the same method of valuation used when you apply and are accepted for this option.

The independent qualified accountant or business valuer cannot be your, or the life insured's, family member, business partner, employee or employer.

You can choose this option on your Death cover only or on both your Death and TPD covers (if applicable). If you apply to increase your Death cover you do not have to increase your TPD benefit at the same time. However, if you apply to increase your TPD benefit then you must also increase your Death cover by at least the same amount at the same time.

If this option is not used on three consecutive *Policy Anniversary* then you will not be able to make any further increases under this option unless you can demonstrate to our satisfaction that financial evidence relating to the *Business* and the purpose identified by you, in respect of that period, did not support an increase in your cover.

For the first **six months** after an increase under this benefit for the purposes of a *Loan Guarantee*:

- any increased Death cover amount is payable only in the event of your *Accidental Death*
- any increased TPD amount is payable only in the event your *Total and Permanent Disablement* is caused by an *Accidental Injury*.

Any increase must be approved by us.

Premium Waiver option

This option will waive premiums in respect of a Life Insured, for all benefits under the Policy, if the Life Insured is Totally Disabled prior to age 70. We will continue to waive the premiums in respect of that Life Insured while he/she remains Totally Disabled.

The Life Insured is deemed to be Totally Disabled if :

1) prior to the *Policy anniversary* before his/her 65th birthday he/she:
   - has been unable to perform his/her *Usual Occupation* for a period of six consecutive months; and
   - has been throughout the six month period, and continues to be, under the regular care and treatment of, or following the advice of, a *Registered Medical Practitioner*; and
   - is not engaged in any occupation for wage or profit during the six month period.
2) he/she is unable to perform at least two of the *Activities of Daily Living* and has been so unable for a period of six consecutive months.

In addition, if a Life Insured is involuntarily unemployed other than as a direct result of *Sickness* or *Injury*, the Policy has been in force for the previous 12 months at the time we receive his/her claim and he/she is registered with an employment agency approved by Zurich, we will waive your premium in respect of that Life Insured for up to three months. A total of three months premium may be waived because of involuntary unemployment during the life of the Policy.

Exclusions

Premiums will not be waived for *Sickness* or *Injury* occurring as a direct or indirect result of:

- an intentional self-inflicted act or

- attempted suicide or
- uncomplicated pregnancy or childbirth (including participation in an IVF or similar program, normal discomforts such as morning sickness, backache, varicose veins, ankle swelling or bladder problems, giving birth, miscarrying or having an abortion) or
- an act of war (whether declared or not).

Needlestick Cover option

This option is only available to exposure-prone occupations such as doctor, nurse, pathologist or dentist. Your adviser can help you to determine your eligibility.

We will pay a lump sum equal to the amount you are covered for under this option if you become infected with HIV (Human Immunodeficiency Virus), Hepatitis B or Hepatitis C as a result of an accident occurring during the course of your normal occupation prior to age 65. We will only pay an amount under this option once.

Any accident giving rise to a potential claim must be reported to Zurich within seven days of the accident and supported by a negative blood test taken within 48 hours of the accident.

In the event of a claim you must additionally provide us with:

- proof of the occupational accident that gave rise to the infection including the incident report and the names of witnesses to the accident (if any) and
- proof that the accident involved a definite source of the relevant infection and
- proof that a new infection with either HIV, Hepatitis B or Hepatitis C has occurred within six months of the documented accident and
- access to test independently all the blood samples used.

Exclusions

A benefit will not be payable if:

- HIV, Hepatitis B and Hepatitis C is contracted by any other means
- a medical cure is found for Acquired Immune Deficiency Syndrome (AIDS), or the effects of the HIV virus, Hepatitis C or Hepatitis B, or in the event of a treatment being developed and approved which makes these viruses inactive and non-infectious.

Important Note: The maximum combined amount we will pay for this option together with other Needlestick Cover options and/or *Occupationally Acquired HIV* under all Policies issued by Zurich is $2,000,000. Cover for *Occupationally Acquired HIV* is provided by Zurich Stand Alone Trauma Insurance Plus – Extended Cover and the Extended Trauma option available with Zurich Term Life Insurance Plus.

Taxation

In most cases, you cannot claim a tax deduction for the premiums you pay for the Policy. One exception to this is if you take out the Policy as 'Key Person' insurance in a business. In this case, part or all of the premiums should generally be tax deductible, however, there may be other tax implications (such as fringe benefits tax). We recommend you consult your tax adviser on this issue.

If a tax deduction is not claimable for the premiums, the benefit paid is normally not assessable for taxation purposes*. If a tax deduction is claimable, the benefit paid may be assessable for taxation purposes.

This information is a guide only, and is based on the continuance of present laws and their interpretation. For information about your individual circumstances, contact your tax adviser.

* This assumes (1) related Death cover proceeds are either received by the original beneficial owner or by an owner who acquired the Policy for no consideration, or (2) other cover proceeds are received by the Life Insured or a relative of the Life Insured (eg. spouse, brother, sister, etc but not for example, a cousin). If your situation varies from either of these assumptions, different taxation results may ensue.

Zurich Stand Alone Trauma Insurance Plus at a glance

Product description	Zurich Stand Alone Trauma Insurance Plus pays you a lump sum if you suffer a specified Trauma and survive 14 days without being on a life support system and includes other standard and optional benefits. Refer to pages 18 to 21 for detailed information on what is covered.
Eligible ages	■ Trauma: 19 – 58. ■ TPD: 19 – 58. ■ Accidental Death: 19 – 58. *Refer to page 18.*
Expiry ages	■ Trauma: 75 *Refer to page 18.* ■ TPD: 75 (with Basic cover) *Refer to page 21.* or 65 (with Extended cover) *Refer to page 21.* ■ Accidental Death: 75 *Refer to page 21.*
Minimum premium	$90 per year excluding fees and charges. *Refer to page 18 and Part 2 page 3 for fees and charges.*
Cover levels available	Trauma and TPD: $50,000 minimum. $1,500,000 maximum Accidental Death: $250,000. *Refer to page 18.*
Premium options	You can choose stepped or level premiums. *Refer to Part 2 page 2.*
How premiums are calculated	Premiums are based on your level of cover, options chosen (including whether you select stepped or level premiums), frequency of payments, current age, gender and smoking status. Your circumstances including state of health, occupation and pastimes will also be taken into consideration. *Refer to Part 2 page 2.*
Standard benefits	■ Trauma – pays a lump sum on the diagnosis or occurrence of a range of illnesses and injuries. Extended and Basic Trauma available. *Refer to page 19.* ■ Death benefit – a lump sum payment of $5,000 on your death. *Refer to page 20.* ■ Inflation Protection – with a minimum of 5%p.a. *Refer to page 19.* ■ Financial Planning Advice benefit – up to $1,000 toward financial planning advice. *Refer to page 20.* ■ Paralysis Booster benefit – double your benefit up to $1,500,000 in the event of a benefit payment for paralysis. *Refer to page 20.* ■ Chronic Conditions – Advancement on Diagnosis benefit – Advancement 25% of the Extended Trauma benefit on diagnosis of certain chronic conditions. *Refer to page 20.* ■ Future Insurability benefit – automatic increases for personal events. *Refer to page 20.*
Conditions covered – Basic Trauma Refer to Part 2 – pages 6 to 9 for medical definitions. Special conditions apply to some specified traumas. For details refer to page 19.	■ Benign Brain Tumour ■ Chronic Kidney Failure ■ Coronary Artery Bypass Surgery ■ Diplegia ■ Heart Attack ■ Hemiplegia ■ Loss of Speech ■ Major Organ Transplant ■ Malignant Cancer ■ Paraplegia ■ Quadriplegia ■ Stroke

Conditions covered – Extended Trauma

Refer to Part 2 – pages 6 to 9 for medical definitions. Special conditions apply to some specified traumas. For details refer to page 19.

- Aorta Repair
- Aplastic Anaemia
- Benign Brain Tumour
- Blindness
- Cardiomyopathy
- Chronic Kidney Failure
- Chronic Liver Disease
- Chronic Lung Disease
- Coma
- Coronary Artery Bypass Surgery
- Deafness
- Dementia (including Alzheimer's Disease)
- Diplegia
- Encephalitis
- Heart Attack
- Heart Valve Surgery
- Hemiplegia
- Loss of Independence
- Loss of Limbs or Sight
- Loss of Speech
- Major Head Trauma
- Major Organ Transplant
- Malignant Cancer
- Medically Acquired HIV
- Minimally Invasive Cardiac Surgery – including Coronary Artery Angioplasty
- Motor Neurone Disease
- Multiple Sclerosis
- Muscular Dystrophy
- Occupationally Acquired HIV
- Out of Hospital Cardiac Arrest
- Paraplegia
- Parkinson's Disease
- Primary Pulmonary Hypertension
- Quadriplegia
- Severe Accident or Illness (Requiring Intensive Care)
- Severe Burns
- Stroke
- Triple Vessel Coronary Artery Angioplasty

Optional benefits (for an additional premium)

- Total and Permanent Disablement – 'own occupation', 'any occupation', 'domestic duties', 'loss of independence' and 'cognitive impairment' cover available. *Refer to page 21.*
- Accidental Death – additional accidental death cover. *Refer to page 21.*

Exclusions

There are certain circumstances under which benefits will not be paid.
For details see:

- Trauma cover – pages 19 – 20.
- Death benefit – page 19.
- TPD option – page 21.
- Accidental Death option – page 21.

There are limitations and restrictions on when some benefits may be payable. Any such limitation or restriction will be detailed in the relevant benefit description on pages 18 to 21.

Other important information

- Fees and charges – a management fee will be applied to your Policy. Stamp duty and other taxes may apply. *Refer to Part 2 page 3.*
- Cooling-off period – a 21 day cooling-off period applies. *Refer to Part 2 page 2.*
- Complaints resolution – we have a complaints handling procedure in place. *Refer to Part 2 page 5.*
- Your privacy – Zurich has privacy provisions in place. *Refer to Part 2 Page 17.*
- Information about your Policy – once your application has been accepted, you will receive a Policy Document which details the terms and conditions of the Policy, and a Policy Schedule that sets out the particular details of your Policy (including: levels of cover, options selected, details of the Policy Owner and Life Insured). *Refer to Part 2 page 4.*
- Claims requirements – there are notification and information requirements in order to make a claim under this Policy. *Refer to Part 2 page 4.*
- Interim cover – provides cover while your application is being assessed. *Refer to Part 2 pages 14 to 16.*

About Zurich Stand Alone Trauma Insurance Plus

This PDS will help you to:

- decide whether this product will meet your needs and
- compare this product with others you may be considering.

Important Notice

The primary purpose of the Zurich Stand Alone Trauma Insurance Plus policy is to provide a benefit if you suffer a specified Trauma. It is not a savings plan. If you terminate your Policy at any time other than during the cooling-off period (refer to Part 2 Page 2), you will not get any money back.

The information contained in this PDS is general information only. It does not take into account your individual objectives, financial situation or particular needs. You should consider the appropriateness of this product having regard to your objectives, financial situation and needs. **We recommend you seek professional financial advice before making any decisions regarding this product.**

Defined terms

All terms appearing in *italics* (other than in headings) are defined terms with special meanings. Detailed definitions appear in Part 2 pages 6 to 13. Product features are capitalised for ease of identification.

Product overview

The Zurich Stand Alone Trauma Insurance Plus policy pays you a lump sum if you suffer a specified Trauma and survive 14 days without being on a life support system.

The following benefits are standard with Zurich Stand Alone Trauma Insurance Plus:

- Trauma benefit (you can select "Basic" or "Extended" benefits)
- Death benefit
- Inflation Protection
- Financial Planning Advice benefit
- Paralysis Booster benefit
- Chronic Conditions – Advancement on Diagnosis benefit (Extended Trauma only)
- Future Insurability benefit.

You may add the following options to your policy by paying extra premiums:

- Total and Permanent Disablement (TPD) cover
- Accidental Death option.

Applying for Zurich Stand Alone Trauma Insurance Plus

Who can apply?

People between the ages of 19 and 58 can apply for this Policy. You may apply to add TPD and Accidental Death cover under your Trauma insurance policy if you are between the ages of 19 and 58.

How much cover can I apply for?

The minimum amount you can apply for is $50,000 (subject to a minimum annual premium of $90 for each Life Insured excluding the management fee and any Government charges). Generally the total Trauma cover with Zurich and other life insurers cannot exceed $2,000,000. If you apply for the TPD option the sum insured must be the same as the Trauma benefit. The maximum Accidental Death benefit is $1,000,000.

Can I increase my cover?

Subject to Zurich's reassessment of your personal circumstances, you may apply to increase your cover any time prior to your 59th birthday. The minimum amount you can increase your cover by each time is $50,000.

When will my cover expire?

Once your application has been accepted, and provided you pay your premiums as due (see Part 2 page 2), we guarantee that we will renew your Policy every year up until the *Policy Anniversary* following your 75th birthday regardless of any changes to your health or other circumstances. Optional benefits may expire at earlier ages, refer to the relevant optional benefit description on pages 18 to 21 for details.

Benefits of Zurich Stand Alone Trauma Insurance Plus

We will pay a lump sum equal to the amount you are covered for if you suffer a specified Trauma during the term of the Policy, other than for *Minimally Invasive Cardiac Surgery – including Coronary Angioplasty*, where restrictions apply (detailed on page 19). However, to be paid this benefit you must survive the occurrence of the specified Trauma for 14 days without being on a life support system. Once you have been paid 100% of the Trauma benefit from this Policy, cover (including any optional benefits) will cease.

The specified Traumas we cover depends on whether you choose Basic Trauma or Extended Trauma.

Basic Trauma			
■ *Benign Brain Tumour* ■ *Chronic Kidney Failure* ■ *Coronary Artery By-Pass Surgery**	■ *Diplegia* ■ *Heart Attack** ■ *Hemiplegia*	■ *Loss of Speech* ■ *Major Organ Transplant* ■ *Malignant Cancer**	■ *Paraplegia* ■ *Quadriplegia* ■ *Stroke**
Extended Trauma			
■ *Aorta Repair* ■ *Aplastic Anaemia* ■ *Benign Brain Tumour* ■ *Blindness* ■ *Cardiomyopathy* ■ *Chronic Kidney Failure* ■ *Chronic Liver Disease* ■ *Chronic Lung Disease* ■ *Coma* ■ *Coronary Artery Bypass Surgery**	■ *Deafness* ■ *Dementia (including Alzheimer's disease)* ■ *Diplegia* ■ *Encephalitis* ■ *Heart Attack** ■ *Heart Valve Surgery** ■ *Hemiplegia* ■ *Loss of Independence* ■ *Loss of Limbs or Sight* ■ *Loss of Speech*	■ *Major Head Trauma* ■ *Major Organ Transplant* ■ *Malignant Cancer** ■ *Medically Acquired HIV* ■ *Minimally Invasive Cardiac Surgery – Including Coronary Artery Angioplasty**◆ ■ *Motor Neurone Disease* ■ *Multiple Sclerosis* ■ *Muscular Dystrophy* ■ *Occupationally Acquired HIV* ■ *Out of Hospital Cardiac Arrest*	■ *Paraplegia* ■ *Parkinson's Disease* ■ *Primary Pulmonary Hypertension* ■ *Quadriplegia* ■ *Severe Accident or Illness Requiring Intensive Care* ■ *Severe Burns* ■ *Stroke** ■ *Triple Vessel Coronary Artery Angioplasty**

For the definitions of the specified Traumas see Part 2 pages 6 to 9.

Notes applicable to specified Traumas with a * or ◆

* We will not pay a benefit if this Trauma occurs, is first diagnosed, becomes apparent, or the recommendation for surgery, occurs within 90 days of commencement of cover or reinstatement of the Policy or increase in cover (but only in respect of that increase). Furthermore the benefit, or increase in benefit as the case may be, will not be payable in respect of this Trauma for any occurrence of the same specified Trauma for the duration of the Policy.

  We will waive this 90 day elimination period if, immediately prior to the commencement of cover, another insurer covered you for the same specified Traumas and we agreed to replace this cover (and you are not within the other insurer's 90 days elimination period). The waiver will only apply up to the amount of Trauma cover that you had with the other insurer.

◆ *Minimally Invasive Cardiac Surgery – Including Coronary Artery Angioplasty* is only available where the Extended Trauma Benefit amount for that Life Insured (prior to any claim payments made) is $100,000 or more. *Minimally Invasive Cardiac Surgery – Including Coronary Artery Angioplasty* is the only specified condition that may be claimed on more than one occasion. The benefit payable on the first instance will be 10% of the Trauma benefit under this Policy subject to a maximum of $25,000. The benefit payable for any subsequent *Minimally Invasive Cardiac Surgery – Including Coronary Artery Angioplasty* claim will be 10% of the Trauma benefit under this Policy subject to a maximum of $25,000 and a minimum of the amount paid for the first claim. Your sum insured will be reduced by each amount paid under this benefit and premiums will be calculated on the reduced sum insured.

  For example, if your sum insured is $100,000 and we pay you a benefit for *Minimally Invasive Cardiac Surgery – Including Coronary Artery Angioplasty* the amount payable will be $10,000 and your sum insured will reduce to $90,000. If we pay a subsequent benefit for *Minimally Invasive Cardiac Surgery – Including Coronary Artery Angioplasty* then we will pay you $10,000.

  We will not pay a benefit for Minimally Invasive Cardiac Surgery – Including Coronary Artery Angioplasty where the procedure occurs within six months after a prior *Minimally Invasive Cardiac Surgery – Including Coronary Artery Angioplasty* procedure for which a benefit was paid.

Exclusions

We will not pay a Trauma benefit where the claim is a result of intentional self-inflicted injury or attempted suicide.

Death benefit

We will pay a Death benefit of $5,000 if you die during the term of the Policy and you are not entitled to be paid a Trauma benefit for one of the specified Traumas.

Exclusions

We will not pay the Death benefit if:

- you have received a Trauma benefit other than for *Minimally Invasive Cardiac Surgery – Including Coronary Artery Angioplasty* or
- death is the result of suicide within 13 months of the commencement of cover or reinstatement of the Policy.

Inflation Protection

Each year we will provide you the opportunity to increase the level of cover (including any cover under the TPD Option) by the greater of 5% and the *Consumer Price Index (CPI)*, to keep up with inflation (Indexation offer). Unless you reject the Indexation offer, your premiums will increase each year by an extra amount to reflect that change. If you take up this Indexation offer you do not have to provide any further health evidence. The opportunity will only apply to the first $1,000,000 of cover.

Financial Planning Advice benefit

We will reimburse you up to $1,000 towards the cost of approved financial planning advice required as a result of a payment being made under this Policy. We will only pay this benefit if you have obtained our written approval before seeking advice.

Paralysis Booster benefit

If we pay a Trauma benefit for Paralysis (*Diplegia, Hemiplegia, Quadriplegia* or *Paraplegia*) then we will double the amount of benefit payable up to a maximum total payment of $2,000,000.

Chronic conditions – Advancement on Diagnosis benefit (Extended Trauma)

We will advance 25% of the Extended Trauma benefit once only upon unequivocal diagnosis of *Motor Neurone Disease*, or *Multiple Sclerosis*, or *Muscular Dystrophy*, or *Parkinson's Disease* up to a maximum of $25,000 without you being required to suffer at least a 25% impairment of whole person function that is permanent. The Trauma benefit amount is then reduced for that Life Insured by the amount paid. Once you qualify for a Trauma benefit in accordance with the Policy conditions the remainder of the benefit will be paid.

Future Insurability benefit

This benefit entitles you to increase your Trauma cover (and any attaching optional TPD cover) prior to age 55 without Zurich's reassessment of your health within 30 days of the personal events described below. This benefit does not apply if you are entitled to a benefit, or if you are receiving, or have received, a benefit under your policy, or if Zurich or any other life insurer has waived, or is waiving, your premium.

Personal events covered:

- If the Life Insured gets married or divorced, or if a child is born to or is adopted by the Life Insured, you can increase your cover by a minimum of $10,000 and a maximum of the lesser of:
  - 25% of your Trauma cover at commencement or
  - $200,000.
- If the Life Insured takes out for the first time or increases his/her mortgage on his/her principal place of residence, you can increase your cover by the lesser of:
  - the amount of the mortgage or the increase in mortgage or
  - an amount equal to 25% of your Trauma cover at commencement of the Policy or
  - $200,000.
- If a dependent child of the life insured starts secondary school, you can increase your cover by a minimum of $10,000 and a maximum of the lesser of:
  - 25% of your Trauma cover at commencement or
  - $200,000.

Restrictions

The accumulative sum of all increases under this benefit cannot exceed the lower of the cover at commencement of the Policy and $1,000,000. In any 12 month period increases are limited to 50% of your cover at commencement of the Policy. You cannot increase your cover beyond $1,500,000. If you have the TPD option you must increase both your Trauma and TPD by the same amount.

Zurich retains the right to confirm your occupation in relation to any increase in the TPD benefit and eligibility and premiums in relation to the increased amount will be based on your occupation at the time of increase.

For the first **six months** after an increase under this benefit:

- any increased Trauma amount is only payable in the event of a Trauma suffered as a result of *Accidental Injury*
- any increased TPD amount is only payable in the event your *Total and Permanent Disablement* is caused by an *Accidental Injury.*

Interim cover

We will provide you with interim cover against *Accidental Death* for up to 90 days while we are assessing your application. See Part 2 pages 14 to 16 for more details.

Optional Benefits

Total and Permanent Disablement (TPD) option

This option pays you a lump sum equal to the TPD amount you are covered for if you become *Totally and Permanently Disabled*. Your TPD sum insured must be the same as your Trauma sum insured.

You are deemed to be *Totally and Permanently Disabled* if you:

- suffer a specific loss or
- are "unable to work" (two versions are available – 'any occupation' and 'own occupation') or
- are unable to perform normal domestic duties (generally the maximum amount of cover for domestic duties you can apply for is $500,000) or
- are unable to perform at least two of the *Activities of Daily Living* or
- suffer cognitive impairment,

within the definition of *Total and Permanent Disablement* on Part 2, page 13.

Other than for specific loss, before a claim can be made you must have been absent from active employment solely as a result of *Sickness* or *Injury* for an uninterrupted period of six consecutive months.

If you have Basic cover, on the *Policy Anniversary* before your 65th birthday, the definition of *Totally and Permanently Disabled* will change. From that date, only the inability to perform two of the *Activities of Daily Living*, cognitive impairment, and specific loss, will apply and the maximum benefit payable is $1,000,000.

If you have Extended cover, on the *Policy Anniversary* before your 65th birthday your TPD cover will cease. However you will continue to be covered for *Loss of Limbs or Sight* and *Loss of Independence* under your Extended Trauma Cover.

What happens to my other benefits if I receive a TPD benefit?

If you receive a TPD benefit, your Trauma cover will be reduced by the amount paid.

Exclusions

The TPD benefit will not be payable if you become *Totally and Permanently Disabled* because of intentional self-inflicted injury or attempted suicide.

Accidental Death option

This option pays you an additional lump sum in the event of your Accidental Death while this Policy is in force. While you continue to pay your premiums, you will be covered for this event until the *Policy Anniversary* following your 75th birthday or the earlier expiry of the Policy.

Exclusions

The Accidental Death benefit will not be payable where a claim is the result of suicide.

Taxation

In most cases, you cannot claim a tax deduction for the premiums you pay for the Policy. One exception to this is if you take out the policy as 'Key Person' insurance in a business. In this case, part or all of the premiums should generally be tax deductible, however there may be other tax implications (such as fringe benefits tax). We recommend you consult your tax adviser on this issue.

If a tax deduction is not claimable for the premiums, the benefit paid is normally not assessable for taxation purposes*. If a tax deduction is claimable, the benefit paid may be assessable for taxation purposes.

This information is a guide only, and is based on the continuance of present laws and their interpretation. For information about your individual circumstances, contact your tax adviser.

* This assumes (1) related death cover proceeds are either received by the original beneficial owner or by an owner who acquired the Policy for no consideration, or (2) other cover proceeds are received by the Life Insured or a relative of the life insured (eg. spouse, brother, sister, etc but not for example, a cousin). If your situation varies from either of these assumptions, different taxation results may ensue.

Zurich Income Replacement Insurance Plus at a glance

Product description	Zurich Income Replacement Insurance Plus provides an Income Benefit if you suffer a loss of income due to sickness or injury and includes standard and optional benefits. *Refer to page 25.*
Eligible ages	■ 19 – 48 for benefits payable to age 55. ■ 19 – 53 for benefits payable to age 60. ■ 19 – 58 for all other Benefit Periods. (You must be working full time). *Refer to page 25.*
Expiry ages	■ 55 for benefits payable to age 55. ■ 60 for benefits payable to age 60. ■ 65 for all other Benefit Periods. *Refer to page 25.*
Waiting periods available	■ 14, 30, 60, 90 or 180 days. ■ 1 or 2 years. ■ any number of days you nominate between 14 and 90 days. *Refer to page 25.*
Benefit Periods available	■ 1, 2 or 5 years. ■ to age 55, 60 or 65. *Refer to page 25.*
Minimum premium	$200 per year excluding fees and charges. *Refer to page 25 and Part 2 page 3 for fees and charges.*
Cover levels available	$1,500 – $20,000 per month (subject to your income). *Refer to page 25.*
Premium options	You can choose stepped or level premiums. *Refer to Part 2 page 2.*
How premiums are calculated	Premiums are based on your level of cover, options chosen (including whether you select stepped or level premiums), frequency of payments, current age, gender and smoking status. Your circumstances including state of health, occupation and pastimes will also be included as will any state or federal taxes including stamp duty. *Refer to Part 2 page 2 for details.*
Standard benefits	■ Income Benefit – an income if you are disabled due to sickness or injury and suffer a loss of income as a direct result. Agreed Value or Indemnity Cover is available. *Refer to page 25.* ■ Waiver of Premium – premiums will be waived if you are receiving an Income Benefit. *Refer to page 27.* ■ No Claim Discount – a no-claim discount of 15% will apply when no claims are made. *Refer to page 27.* ■ Inflation Protection – annual increase of the Insured Monthly Benefit by CPI. *Refer to page 27.* ■ Rehabilitation benefits – additional rehabilitation benefits payable to help you get back to work sooner. *Refer to page 27.* ■ Funeral benefit – three times the monthly benefit if you die while the Policy is in force. *Refer to page 27.* ■ Confined to Bed benefit – benefits payable during the Waiting Period if you are confined to a bed due to sickness or injury. *Refer to page 28.*

- Elective Surgery benefit – benefits payable if you are disabled due to elective surgery. *Refer to page 28.*
- Specified Injury benefit – fixed benefits if you suffer from a range of specified injuries. *Refer to page 28.*
- Unemployment Waiver benefit – premiums waived for up to three months if you suffer involuntary unemployment. *Refer to page 29.*

Optional benefits (for an additional premium)

- Increasing Claims Payment option – Income Benefit increases by CPI while on claim. *Refer to page 29.*
- Superannuation Contributions option – allows you to insure your regular superannuation contributions. *Refer to page 29.*
- Lump Sum Accident option – lump sum payable if you suffer specified injury. *Refer to page 30.*
- Family Care option – benefits continue to be paid after your death. *Refer to page 30.*
- Spouse Cover option – cover for your non-working spouse. *Refer to page 30.*
- Special Care option – family assistance, personal attendant, accommodation and relocation benefits. *Refer to page 31.*
- Severe Disability option – additional income if you are severely disabled. *Refer to page 31.*
- Day 4 Accident option – benefits during the Waiting Period if you are disabled due to an accident. *Refer to page 31.*
- Booster option – additional benefits during first 30 days of claim. *Refer to page 32.*
- Future Insurability option – increase your cover without underwriting. *Refer page 32.*
- Trauma option – additional benefits if you suffer a specified Trauma. *Refer to page 32.*
- Premium Saver option – save premium by excluding cover for mental conditions. *Refer to page 32.*
- Needlestick Cover option – a lump sum payable on occupationally acquired HIV, Hepatitis B or Hepatitis C (available to exposure-prone occupations only). *Refer to page 32.*

Exclusions

There are certain circumstances under which benefits will not be paid. *Refer to pages 27, 30 and 32.*

There are limitations and restrictions on when some benefits may be payable. Any such limitation or restriction will be detailed in the relevant benefit description on pages 24 to 33.

Other important information

- Fees and charges – a management fee will be applied to your Policy. Stamp duty and other taxes may apply. *Refer to Part 2 page 3.*
- Cooling-off period – a 21 day cooling-off period applies. *Refer to Part 2 page 2.*
- Complaints resolution – we have a complaints handling procedure in place. *Refer to Part 2 page 5.*
- Your privacy – Zurich has privacy provisions in place. *Refer to Part 2 page 17.*
- Information about your Policy – once your Application has been accepted, you will receive a Policy Document which details the terms and conditions of the Policy, and a Policy Schedule that sets out the particular details of your Policy (including: levels of cover, options selected, details of the Policy Owner and Life Insured). *Refer to Part 2 page 4.*
- Claims requirements – there are notification and information requirements in order to make a claim under this Policy. *Refer to Part 2 page 4.*
- Interim cover – *Refer to page 33.*

About Zurich Income Replacement Insurance Plus

This Product Disclosure Statement will help you to:

- decide whether this product will meet your needs and
- compare this product with others you may be considering.

Important notice

The primary purpose of the Zurich Income Replacement Insurance Plus policy is to provide an Income Benefit if you suffer a loss of income because you experience a disability. It is not a savings plan. If you terminate your Policy at any time other than during the cooling-off period (refer Part 2 Page 2), you will not get any money back.

The information contained in this PDS is general information only. It does not take into account your individual objectives, financial situation or particular needs. You should consider the appropriateness of this product having regard to your objectives, financial situation and needs. **We recommend you seek professional financial advice before making any decisions regarding this product.**

Defined terms

All terms appearing in *italics* (other than in headings) are defined terms with special meanings. Detailed definitions appear in Part 2 pages 6 to 13. Product features are capitalised for ease of identification.

Product overview

Zurich Income Replacement Insurance Plus policy pays you, after the expiry of the nominated *Waiting Period*, an income while you are disabled and suffer a loss of income because of that disability. The maximum period we will pay benefits for is the *Benefit Period*. We pay a proportion of the *Income Benefit* twice monthly with the first payment due 15 days after the expiry of the *Waiting Period*.

The following benefits are standard with Income Replacement Insurance Plus:

- Income Benefits
- Waiver of Premium
- No Claim Discount
- Inflation Protection
- Rehabilitation benefits
- Funeral benefit
- Confined to Bed benefit
- Elective Surgery benefit
- Specified Injury benefit
- Unemployment Waiver benefit.

You may also select from a full range of optional benefits:

- Increasing Claims Payment option
- Superannuation Contributions option
- Lump Sum Accident option
- Family Care option
- Spouse Cover option
- Special Care option
- Severe Disability option
- Day 4 Accident option
- Booster option
- Future Insurability option
- Trauma option
- Premium Saver option
- Needlestick Cover option#.

Applying for Zurich Income Replacement Insurance Plus

Who can apply?

Income Replacement Insurance Plus is generally available to people between the ages of 19 and 58 who are working full time. However, certain age restrictions apply to certain *Benefit Periods*: for benefits payable to age 55 the maximum entry age is 48, for benefits payable to age 60 the maximum entry age is 53.

The availability of cover also depends on the insured's occupation and state of health. Some optional benefits are restricted to certain occupations – your adviser can help you to determine your eligibility.

The Needlestick Cover option is only available to exposure prone occupations (eg Doctor, Nurse, Pathologist or Dentist). Your adviser can help you to determine your eligibility based on the actual duties you perform in your occupation.

Policy ownership

In most circumstances, the Policy Owner and the Life Insured must be the same person. However, there are exceptions. These include:

- companies – which may purchase this insurance for an owner or major shareholder who is personally responsible for generating income and
- trustees of family trusts or partners in an unincorporated partnership running a family business – which may purchase the insurance for people responsible for generating income.

How much cover can I apply for?

The minimum *Insured Monthly Benefit* you can apply for is $1,500 per month subject to a minimum annual premium payable of $200 (excluding the management fee and any government charges).

The maximum benefit you can apply for will depend on your income. Generally, you can insure up to 75% of your *Average Monthly Pre-Tax Income* subject to a maximum benefit of $20,000 per month (in determining your total benefit we will add together your *Insured Monthly Benefit* and the Superannuation Contributions Option Monthly benefit amount if applicable).

The minimum Lump Sum Accident option amount you may apply for is $50,000 and the maximum is $250,000.

The minimum Needlestick Cover option amount you may apply for is $50,000 and the maximum is $400,000.

Your adviser can help you to determine the appropriate level of cover.

Can I increase my cover?

Subject to Zurich's reassessment of your personal circumstances, you may apply to increase your cover until the expiry of your Policy (see below for details).

When will my cover expire?

Once your application has been accepted, while you are working, and provided you pay your premiums as due (see Part 2 page 2), we guarantee that we will renew your Policy every year up until the *Policy Anniversary* preceding your 55th birthday where you have selected benefits payable to age 55, 60 where you have selected benefits payable to age 60 and 65 for all other *Benefit Periods*, regardless of any changes in your health or other circumstances. Please see page 33 for details of what will happen if you become unemployed. Unless otherwise stated in the relevant Optional benefits description on pages 29 to 32, Optional benefits will expire at the same time as the Policy to which they are attached.

What are the Waiting Periods from which I can choose?

You can select from the following *Waiting Periods*:

- 14, 30, 60, 90 or 180 days
- 1 or 2 years
- any number of days you nominate between 14 and 90 days.

You may choose to split your *Waiting Period* which means you would have different *Waiting Periods* for different proportions of your *Income Benefit*.

What are the Benefit Periods from which I can choose?

The following *Benefit Periods* are available with Income Replacement Insurance Plus:

- 1 year or
- 2 years or
- 5 years or
- to the *Policy Anniversary* following your: 55th birthday or 60th birthday or 65th birthday.

Benefits of Zurich Income Replacement Insurance Plus

Income Benefit

You can select from two types of *Income Benefits* – "Agreed Value" and "Indemnity" (described below). If you choose "Indemnity" you will receive a premium discount. Your adviser can help you to determine which cover best suits your individual circumstances.

Qualifying for an Income Benefit

We will pay you an *Income Benefit* after the expiry of the *Waiting Period* if, solely as a result of a *Sickness* or *Injury,* you are:

- until the expiry of the *Waiting Period* unable to generate at least 80% of your *Pre-Disability Income* from personal exertion in your *Usual Occupation* and
- required to be under the regular care of, and following the advice of, a *Medical Practitioner*.

If, at the expiry of the *Waiting Period,* you have no *Post-Disability Income* then:

- if you have selected Agreed Value cover, we will pay you the *Insured Monthly Benefit*
- if you have selected Indemnity cover we will pay you the lesser of the *Insured Monthly Benefit* and 75% of your *Pre-Disability Income.*

Otherwise, the *Income Benefit* we will pay after the expiry of the *Waiting Period* will be proportionate to your loss and calculated on a monthly basis using the following formula:

$$\frac{\textit{Pre-Disability Income} - \textit{Post-Disability Income}}{\textit{Pre-Disability Income}} \times \textit{Insured Monthly Benefit}$$

If you select Indemnity cover your benefit will be capped so that the amount we pay you does not exceed 75% of your *Pre-Disability Income*.

The *Insured Monthly Benefit* at commencement is shown in your Policy Schedule.

We will continue to pay you the *Income Benefit* until any one of the following events occurs:

- the *Sickness* or *Injury* giving rise to the claim does not prevent you from earning your *Pre-Disability Income* from personal exertion from your *Usual Occupation*
- the *Benefit Period* ends
- your Policy ends
- your death
- you are no longer required to be under the regular care of a *Medical Practitioner* with regard to treatment for the *Sickness* or *Injury*
- you are not following the treatment recommended by a *Medical Practitioner* at such intervals and frequency as will lead to a cure, alleviation or minimisation of the condition causing your disability.

Example Income Benefit Calculations

Agreed Value (no *Post-Disability Income*): You have an *Insured Monthly Benefit* of $3000.00, and due to a *Sickness* that prevents you from earning any income are eligible for a claim under the terms of the Policy. You have no *Post-Disability Income*. Your *Income Benefit* would be the *Insured Monthly Benefit* of $3000.00.

Agreed Value (*Post-Disability Income*): You have an *Insured Monthly Benefit* of $3000.00, and due to a *Sickness* you are only able to generate 50% of your usual income and are eligible for a claim under the terms of the Policy. Prior to your *Sickness* you were earning $4000.00. Your *Income Benefit* would be:

$$\frac{\$4000.00 - \$2000.00}{\$4000.00} \times \$3000.00 = \$1500.00 \text{ (50\% of the } \textit{Insured Monthly Benefit}\text{)}.$$

Indemnity (no Post-Disability Income): You have an *Insured Monthly Benefit* of $4000.00, and due to a *Sickness* that prevents you from earning any income are eligible for a claim under the terms of the Policy. You have no *Post-Disability Income*. Prior to your *Sickness* you were earning $4000.00. Using the *Income Benefit* formula your *Income Benefit* would be the *Insured Monthly Benefit*. However with Indemnity policies where you have no *Post-Disability Income* we pay the lesser of the *Insured Monthly Benefit* and 75% of your *Pre-Disability Income*. Therefore your benefit would be $3000.00.

Indemnity (Post-Disability Income): You have an *Insured Monthly Benefit* of $3000.00, and due to a *Sickness* you are only able to generate 50% of your usual income and are eligible for a claim under the terms of the Policy. Prior to your *Sickness* you were earning $4000. Your *Income Benefit* would be:

$$\frac{\$4000.00 - \$2000.00}{\$4000.00} \times \$3000.00 = \$1500.00 \text{ (50\% of the } \textit{Insured Monthly Benefit}\text{)}.$$

Exclusions

We will not pay for *Sickness* or *Injury* occurring as a direct or indirect result of:

- an intentional self-inflicted act or
- attempted suicide or
- uncomplicated pregnancy or childbirth (including participation in an IVF or similar program, normal discomforts such as morning sickness, backache, varicose veins, ankle swelling or bladder problems, giving birth, miscarrying or having an abortion) or
- an act of war (whether declared or not).

If you select the "Premium Saver Option" (see page 32) no benefit will be paid for a claim resulting from a *Mental Disorder*.

Waiver of Premium

During any periods when *Income Benefits* or Specified Injury benefits are payable, all premiums, except those for the Spouse Cover option, will be waived or refunded. Further, premiums paid in respect of the *Waiting Period* will be refunded if your completed claim form is received within 30 days from the start of your disability and we pay you *Income Benefits*.

No Claim Discount

You will receive a No Claim Discount of 15% of the premium (excluding the management fee) provided no claims for benefits were made in the previous year. At the commencement of the Policy you are eligible for the No Claim Discount if you have not been away from your normal occupation for more than two consecutive weeks because of ill health in the 12 months before the Policy Commencement Date. When you recommence premium payments after making a claim, the No Claim Discount will not apply. If you make no further claims, the No Claim Discount of 15% will apply for the period commencing from the second *Policy Anniversary* immediately following the recommencement of premium payments. The No Claim Discount is fixed at 15%.

Inflation Protection

Each year, until the expiry of your Policy, we will provide you the opportunity to increase your *Insured Monthly Benefit* by the increase in the *Consumer Price Index (CPI)* to ensure your benefits keep up with inflation (Indexation offer). Unless you reject the Indexation offer, your premiums will increase each year by an extra amount to cover the increased benefit. To accept our Indexation offer you do not have to provide any further health evidence. If you are disabled and entitled to make a claim or receiving a benefit at your *Policy Anniversary* or in the six months before your *Policy Anniversary*, we will not provide the opportunity to increase your cover. However, we will resume our Indexation offers from the *Policy Anniversary* following the expiration of six months after you cease to be disabled.

If you select Indemnity cover *Income Benefits* will be limited to 75% of your *Pre-Disability Income*. Therefore to avoid paying unnecessary premium you may reject any of the increase to your *Insured Monthly Benefit* that would take you beyond 75% of your *Average Monthly Pre-Tax Income*.

Recurrent Disability

If your disability recurs from the same or related cause within 12 months of you returning to work, the claim will be considered to be a continuation of the same claim and a further *Waiting Period* will not apply. We will start paying you again immediately for the balance, if any, of the *Benefit Period*.

If your disability recurs from the same or related cause later than 12 months after you return to work, the claim will be considered to be a continuation of the same claim, but further *Income Benefits* will only be payable after expiry of a further *Waiting Period* and for no longer than the balance, if any, of the *Benefit Period*.

Concurrent Disability

If more than one separate and distinct *Sickness* or *Injury* resulted in your disability, payments will be based on the Policy condition that provides the highest benefit.

Rehabilitation benefits

This benefit is payable when you have qualified for an *Income Benefit* or Specified Injury Benefit or within the *Waiting Period* if you would otherwise qualify for an *Income Benefit*.

- **Workplace modification** – if your workplace needs modification for you to return to gainful employment, we will reimburse up to three times your *Income Benefit* for expenses incurred in carrying out the modification.
- **Rehabilitation program** – if you take part in a *Rehabilitation Program*, we will pay you an additional 50% of your *Income Benefit* each month for a maximum of 12 months.
- **Rehabilitation costs** – we will pay up to twelve times your *Income Benefit* to cover the expenses of rehabilitating yourself.

In order to claim a benefit, you must have our written approval before you incur the expenses of these Rehabilitation benefits.

Funeral benefit

If you die while the Policy is in force we will pay a lump sum of three times your *Insured Monthly Benefit*.

Confined to Bed benefit

If you are confined to bed because of *Sickness* or *Injury* for more than two days in a row and during that period, you are totally dependent on the full-time care of a *Registered Nurse* or a *Personal Care Attendant* and unable to earn any income from personal exertion because of the *Sickness* or *Injury*, we will pay the Confined to Bed benefit from the third day onwards. The amount we will pay is:

- if you select Agreed Value cover, the *Insured Monthly Benefit* or
- if you select Indemnity cover, the lesser of the *Insured Monthly Benefit* and 75% of your *Pre-Disability Income*.

We will pay the Confined to Bed benefit for each complete month, or 1/30th of the Confined to Bed benefit for each day that you are eligible for this benefit. This benefit is payable only during the *Waiting Period* to a maximum of 180 days.

Elective Surgery benefit

If your Policy has been continuously in force for six months and you are disabled due to elective or donor transplant surgery and experience a loss of income because of your disability, we will deem your disability to be due to *Sickness*. The benefit we will pay you after the expiry of the *Waiting Period* will be the *Income Benefit*. Any increase in the *Insured Monthly Benefit* will only be paid if the date of increase is at least six months prior to the date of surgery.

Specified Injury benefit

We will pay you the Specified Injury Benefit if you suffer any one of the Specified Injuries set out in the table below. The *Waiting Period* is waived and this benefit is paid immediately for the duration of the Specified Injury Benefit Period, even if you are still earning an income, but ceases on your death. However, we will not pay you for longer than your *Benefit Period* and we will not pay you for more than one Specified Injury per claim.

The amount we will pay you will be:

- if you select Agreed Value cover, the *Insured Monthly Benefit* or
- if you select Indemnity cover, the lesser of the *Insured Monthly Benefit* and 75% of your *Pre-Disability Income*.

Specified Injury	Benefit Period (months)	Specified Injury	Benefit Period (months)
Quadriplegia	60	*Fracture of:*	
Paraplegia	60	■ thigh or pelvis	3
Total and permanent loss of use of:		■ leg between the knee and foot	2
■ both feet, both hands, or the sight in both eyes	24	■ kneecap	2
■ one hand and one foot	24	■ skull (excluding bones of the face or nose)	2
■ one hand and sight in one eye	24	■ arm between elbow and shoulder (shaft) or shoulder blade	2
■ one foot and sight in one eye	24	■ forearm (including wrist but excluding elbow or hand)	1.5
■ one arm or one leg	18	■ collar bone	1.5
■ one foot, one hand or sight in one eye	12		
■ thumb and index finger of the same hand	6		

An *Income Benefit* is not payable if you are receiving a Specified Injury benefit. However, if you remain disabled and not earning your *Pre-Disability* Income after the end of the Specified Injury Benefit Period and the *Benefit Period* is longer, you may be eligible to continue to receive an *Income Benefit*.

Unemployment Waiver benefit

If you are involuntarily unemployed other than as a direct result of a *Sickness* or *Injury*, the Policy has been in force for the previous 12 months and you are registered with an employment agency approved by Zurich, we will waive your premium for up to three months. A total of three months premium may be waived because of unemployment during the life of the Policy.

Optional benefits

You can select from the following optional benefits to design a Policy that best meets your needs. You will be charged a premium for each optional benefit you select.

Increasing Claims payment option

While you are on claim, the *Income Benefit* will be increased after each three continuous months of *Income Benefit* payments by the percentage increase in the CPI for the previous quarter, up to a maximum annual increase of 7%.

Superannuation Contributions option

The Superannuation Contributions option allows you to also insure your regular superannuation contributions so that your superannuation will continue to accumulate while you are unable to work due to *Sickness* or *Injury*.

You can insure 100% of the average monthly superannuation contributions made by you or your employer in the 12 months preceding your application. This amount is called the Superannuation Contributions Option Monthly Benefit. If you select this option then your superannuation contributions cannot be included in your *Average Monthly Pre-Tax Income* when determining your *Insured Monthly Benefit*.

For example: if your are earning an annual salary package of $50,000 which includes $4,500 in superannuation payments you can apply for an *Insured Monthly Benefit* of up to $3,125.00 [($50,000 ÷ 12) x 75%] with no Superannuation Contributions option, or you can apply for an *Insured Monthly Benefit* of up to $2,844.00 [(45,500 ÷ 12) x 75%] and a Superannuation Contributions Option Monthly Benefit of up to $375 per month [4,500 ÷ 12] (a combined benefit of $3,219.00 [$2,844 + $375]).

Please note that as this benefit results in a tax liability to you we only pay the estimated after-tax benefit to the fund you nominate and pay an amount in respect of the estimated tax to you (or at your direction).

At any time you are receiving an *Income Benefit*, Specified Injury benefit, Confined to Bed benefit, or Day 4 Accident benefit, then the Superannuation Contributions Monthly benefit, or a proportion thereof, will be payable.

The amount which is payable (Superannuation Contributions) will be:

- If you select Agreed Value Cover – the Superannuation Contributions Monthly Benefit multiplied by the proportion of the *Insured Monthly Benefit* you are receiving as an *Income Benefit*, Specified Injury benefit, Confined to Bed benefit, or Day 4 Accident benefit.

For example, if you are receiving an *Income Benefit* equal to 50% of your *Insured Monthly Benefit* then we will pay 50% of the Superannuation Contributions Monthly Benefit while you continue to receive an *Income Benefit*.

- If you select Indemnity Cover – the Superannuation Contributions Monthly Benefit multiplied by the proportion of the *Insured Monthly Benefit* you are receiving as an *Income Benefit*, Specified Injury benefit, Confined to Bed benefit, or Day 4 Accident benefit subject to a maximum of the actual average monthly superannuation contributions you or your employer made in the 12 months preceding your claim.

For example, if you are receiving an Income Benefit equal to 100% of your Insured Monthly Benefit then we will pay you the lesser of 100% of the Superannuation Contributions Monthly Benefit and the actual average monthly superannuation contributions you or your employer made in the 12 months preceding your claim, while you continue to receive an *Income Benefit*.

Inflation Protection and the Increasing Claims option apply to the Superannuation Contributions option.

Please note in order to make a claim under the Superannuation Contributions Option you are deemed by the Policy to have directed us to pay the Superannuation Contributions (less an amount to cover income tax payable which will be paid directly to you) to a fund you nominate. Please refer to page 33 for details of the taxation treatment of such payment.

Lump Sum Accident option

We will pay you a lump sum if you suffer one of the injuries set out in the following table as the result of an accident which occurs while you are covered for this option and the *Injury* occurs within 180 days of the accident.

The lump sum will be the percentage set out in the table of the Lump Sum Accident amount you have selected (which will be shown on your Policy Schedule). We will only pay an amount under this option once.

Result of Accident	% of Lump Sum Accident amount
Death	100%
Total and permanent loss of use of:	
■ both hands or both feet or entire sight in both eyes	100%
■ a hand and a foot	100%
■ a foot and the sight in one eye	100%
■ a hand and the sight in one eye	100%
■ one arm or one leg	75%
■ one hand, one foot or the sight in one eye	50%
■ thumb and index finger from the same hand	25%
■ thumb or index finger	15%
■ two or more fingers	15%
■ one finger	5%

Family Care option

Under this option, if you die while you are receiving an *Income Benefit* we will continue to pay your *Spouse* the *Income Benefit* for up to five years after your death. We will not pay after the benefit expiry date, or for longer than the balance of the *Benefit Period*, and if your *Spouse* dies during the time, we will stop paying the benefit.

Your *Spouse* will receive the same *Income Benefit* that you would have otherwise received if still living for a further five years. For example, if you chose the Increasing Claims option, your *Spouse's* benefit will continue to be increased.

Spouse Cover option

Spouse cover recognises the important contributions made to family lifestyle by *Spouses* who are not in paid work. This option is available for *Spouses* who work part-time (up to 28 hours a week) or carry out domestic duties full time. You can select a Spouse Cover *Waiting Period* of 60 or 90 days. If for longer than the Spouse Cover *Waiting Period*, your *Spouse* is unable to perform their daily domestic duties and a *Registered Medical Practitioner* confirms the need for domestic help for your *Spouse*, we will pay you after the end of the Spouse Cover *Waiting Period*:

- up to $700 a month towards reimbursement of fees paid for domestic duties such as cooking, cleaning and home nursing care and
- up to $1,300 a month towards reimbursement of child care costs for children under 12 years.

We will not pay after the *Policy Anniversary* following his/her 60th birthday or the benefit expiry date, which ever occurs first.

Exclusions

We will not pay a benefit if your *Spouse* is disabled due to:

- intentional self-inflicted injury
- attempted suicide
- Uncomplicated pregnancy or childbirth (including participation in an IVF or similar program, normal discomforts such as morning sickness, backache, varicose veins, ankle swelling or bladder problems, giving birth, miscarrying or having an abortion)
- an act of war (whether declared or not)
- a *Mental Disorder*.

Rehabilitation benefits

The Rehabilitation benefits also apply to this cover based on the maximum monthly benefit for Spouse Cover. If you are eligible to receive a Spouse Cover benefit we will pay the following rehabilitation benefits:

- **Home modification** – if your *Spouse's* home needs modification for your *Spouse* to return to carrying out the domestic duties, we will reimburse up to $6,000 for expenses incurred in carrying out the modification.

- **Rehabilitation program** – if your *Spouse* takes part in a *Rehabilitation Program* for up to 12 months following the *Waiting Period*, we will reimburse you up to $1,000 each month towards the expenses of the rehabilitation program.
- **Rehabilitation costs** – we will pay up to $12,000 to cover the expenses of rehabilitating your *Spouse*.

This benefit is payable when your *Spouse* has qualified for a Spouse Cover benefit, or within the Waiting Period if he/she would otherwise qualify for a Spouse Cover benefit.

You must have our written approval before you incur the expenses for these rehabilitation costs.

Special Care option

This option includes four benefits which are payable while we are paying you an *Income Benefit,* a Specified Injury Benefit, a Day 4 Accident Benefit or a Confined to Bed Benefit:

Family Assistance Benefits

If a *Direct Family Member* has to stop full-time work to care for you at home because of your *Sickness* or *Injury*, we will pay an additional benefit for up to six months after the end of the *Waiting Period* while you are unable to earn any income from personal exertion. The additional benefit is the lesser of:

- your *Income Benefit* or
- $2,500 per month.

You must be at home, confined to bed or to the house and dependent on home assistance. We will not pay if your *Direct Family Member* had been working for you or for your employer before your disability.

Personal Attendant Benefits

If you need the care of a *Registered Nurse* or a *Personal Care Attendant* because of your *Sickness* or *Injury*, we will pay an additional benefit of $150 per day for up to six months after the end of the *Waiting Period* while you are unable to earn any income from personal exertion. You must be at home, confined to bed or to the house and dependent on home assistance or nursing care.

Accommodation Benefits

We will reimburse the accommodation and travel costs if your *Sickness* or *Injury* means that you are more than 100 kilometres away from home and need to stay there beyond your scheduled return on your doctor's advice. We will also reimburse the accommodation and travel costs of a *Direct Family Member* who has to stay with you. We will pay up to $250 per day reimbursement for up to 30 days in any 12-month period for accommodation and up to $500 reimbursement for travel costs (other than by emergency transport, such as ambulance, which is covered by health insurance).

Relocation Benefits

If you suffer the *Sickness* or *Injury* overseas and choose to return to Australia when an *Income Benefit* is payable, we will pay the cost of a single standard economy airfare to enable you to return, less any reimbursement from another source. We will also pay the costs of transport for any *Direct Family Member* travelling companion you had while disabled overseas. The maximum we will pay is:

- if you select Agreed Value cover – three times the *Insured Monthly Benefit*
- if you select Indemnity cover – three times the lesser of the *Insured Monthly Benefit* and 75% of your *Pre-Disability Income*.

In respect of the first three benefits, you can only claim one at any point in time.

Severe Disability option

If while we are paying you an *Income Benefit* or Specified Injury Benefit you have been unable to perform continuously at least two of the *Activities of Daily Living* for more than three months of your disability, we will then increase your benefit, by one third while this condition continues. This benefit is payable until the end of your *Benefit Period*.

Day 4 Accident option

This option is only available for policies with *Waiting Periods* of 30 days or less.

If you are disabled for more than three consecutive days during the *Waiting Period*, as an immediate consequence of an *Accidental Injury* and you are unable to generate at least 80% of your *Pre-Disability Income* through personal exertion, and are not working in any occupation due to that *Accidental Injury* we will pay you 1/30th of the *Income Benefit* for each day of the *Waiting Period* from day four onwards while you continue to meet those criteria due to your *Accidental Injury*. This benefit is not payable if you are eligible for the Confined to Bed benefit or the Specified Injury benefit.

Booster option

Under this option, if you are disabled and we are paying you the maximum benefit available under your Policy, we will increase your *Income Benefit* by one third for the first 30 days.

Future Insurability option

You can increase your *Insured Monthly Benefit* by up to 20% on every third *Policy Anniversary* after this option began, without us reassessing your personal circumstances. You must tell us in writing that you want to make the increase within 30 days after the relevant *Policy Anniversary*. The increase cannot be made if:

- you are over age 55
- you have received a benefit in the last six months or
- after the increase, your *Income Benefit* will be more than 75% of your *Average Monthly Pre-Tax Income* at that date.

Trauma option

This option contains two benefits:

Death benefit

If you die after the expiry of the *Waiting Period* and prior to the benefit expiry date while you are receiving a benefit under this Policy, a lump sum equal to three times the *Insured Monthly Benefit* will be paid.

Additional Income Benefits

We will double the *Income Benefit* we pay you for up to six months prior to the benefit expiry date if you suffer any of the following Traumas (as defined in Part 2 pages 6 to 9):

- Coronary Artery Bypass surgery*
- Diplegia
- Heart Attack*
- Hemiplegia
- Kidney Failure
- Malignant Cancer*
- Paraplegia
- Quadriplegia
- Stroke*

We will not pay a Trauma benefit in respect of any of the conditions marked with a * if it first occurs, or becomes apparent, within 90 days of commencement of cover or any reinstatement of your Policy.

More than one benefit at a time

We will not pay the following combinations of benefits at the same time:

- the Confined to Bed benefit and the Specified Injury benefit
- the *Income Benefit* and the Specified Injury benefit
- the Day 4 Accident option and the Confined to Bed benefit
- the Day 4 Accident option and the Specified Injury benefit
- the Severe Disability option and the Booster option.

Premium Saver option

The Premium Saver option allows you to reduce your premiums by electing not to receive any benefits if you were to suffer a *Mental Disorder*. Once you have selected this option it cannot be removed for the life of the Policy.

Needlestick Cover option

This option is only available to exposure-prone occupations such as doctor, nurse, pathologist or dentist. Your adviser can help you to determine your eligibility.

We will pay a lump sum equal to the amount you are insured for under this option (which will be shown on your Policy Schedule) if you become infected with HIV (Human Immunodeficiency Virus), Hepatitis B or Hepatitis C as a result of an accident occurring during the course of your normal occupation. We will only pay an amount under this option once.

Any accident giving rise to a potential claim must be reported to Zurich within seven days of the accident and supported by a negative blood test taken within 48 hours of the accident.

In the event of a claim you must additionally provide us with:

- proof of the occupational accident that gave rise to the infection including the incident report and the names of witnesses to the accident and
- proof that the accident involved a definite source of the relevant infection and
- proof that a new infection with either HIV, Hepatitis B or Hepatitis C has occurred within six months of the documented accident and
- access to test independently all the blood samples used.

Exclusions

A benefit will not be payable if:

- HIV, Hepatitis B and Hepatitis C is contracted by any other means

- a medical cure is found for Acquired Immune Deficiency Syndrome (AIDS), or the effects of the HIV virus, Hepatitis C or Hepatitis B, or in the event of a treatment being developed and approved which makes these viruses inactive and non-infectious.

Important Note: The maximum combined amount we will pay for this option together with other Needlestick Cover options and/or *Occupationally Acquired HIV* under all Policies issued by Zurich is $2,000,000. Cover for *Occupationally Acquired HIV* is provided by the Needlestick Cover option attaching to this and other policies and by Zurich Stand Alone Trauma Insurance Plus – Extended Cover and the Extended Trauma option available with Zurich Term Life Insurance Plus.

Interim cover

While we are assessing your application, we will provide you with interim cover for up to 90 days against *Accidental Injury* that results in you being unable to work and earn any income. This interim cover is not available where you choose a *Waiting Period* of more than 90 days. See Part 2 pages 14 to 16 for details.

Taxation

The premiums you pay for your Policy, except for the premiums for the Lump Sum Accident option, the Spouse Cover option, the Family Care option and the Needlestick Cover option, if applicable, can generally be claimed as a tax deduction by both employees and self-employed people. Every year Zurich will tell you the amount of premium you have paid during that financial year.

The *Income Benefits* and Superannuation Contributions option benefits you receive from the Policy must be included in your tax return and will be taxed at your marginal income tax rate. However, lump sum amounts under the Lump Sum Accident option and Needlestick option are not generally taxable.*

If you have opted to insure your monthly superannuation contribution by selecting the Superannuation Contributions option then these benefits, less an amount to cover your potential income tax liability (based on the top withholding tax rate, currently 48.5%) will be applied towards meeting superannuation contributions. Benefits are applied on your behalf pursuant to a 'direction to pay' which you give us by making an application for this benefit. The amount withheld to fund your potential tax liability will be paid directly to you.

If you are self-employed you may be entitled to a deduction on some or all of the superannuation contributions made on your behalf and we recommend you seek professional tax advice to assess your individual situation.

This information is a guide only, and is based on the continuance of present laws and their interpretation. For information about your individual circumstances, contact your tax adviser.

Unemployment and employment breaks

The Income Replacement Plus Policy is designed for people who are working. However, cover can continue during periods of unemployment. Please note that the definition of "Usual Occupation" will change if you have been unemployed, or on long service, maternity or paternity leave for more than 12 consecutive months immediately prior to the *Sickness or Injury* causing disability – rather than your 'Usual Occupation' being the occupation you predominantly performed in the 12 months prior to the *Sickness or Injury* it will be any occupation you are capable of performing.

* This taxation information assumes (1) related death cover proceeds are either received by the original beneficial owner or by an owner who acquired the policy for no consideration, or (2) other cover proceeds are received by the life insured or a relative of the life insured (eg. spouse, brother, sister, etc but not for example, a cousin). If your situation varies from either of these assumptions, different taxation results may ensue.

Zurich Special Risk Income Replacement Insurance Plus at a glance

Product description	Zurich Special Risk Income Replacement Insurance Plus provides an Income Benefit if you suffer a loss of income because you experience a disability and includes standard and optional benefits. *Refer to page 37.*
Eligible ages	19 – 53 (you must be working full time). *Refer to page 36.*
Expiry age	Policy Anniversary preceding your 60th birthday. *Refer to page 37.*
Waiting periods available	30, 60 or 90 days. *Refer to page 37.*
Benefit Periods available	1, 2 or 5 years. *Refer to page 37.*
Minimum premium	$200 per year excluding fees and charges. *Refer to page 36 and Part 2 page 3 for fees and charges.*
Cover levels available	$1,500 – $10,000 per month (subject to your income). *Refer to page 36.*
Premium options	You can choose stepped or level premiums. *Refer to Part 2 page 2.*
How premiums are calculated	Premiums are based on your level of cover, options chosen (including whether you select stepped or level premiums), frequency of payments, current age, gender and smoking status. Your circumstances including state of health, occupation and pastimes will also be included as will any state or federal taxes including stamp duty. *Refer to Part 2 page 2.*
Standard benefits	■ Income Benefit – an income if you are disabled due to sickness or injury and suffer a loss of income as a direct result. Agreed Value or Indemnity cover available. *Refer to page 37.* ■ Waiver of Premium – premiums will be waived if you are receiving an Income Benefit. *Refer to page 38.* ■ No Claim Discount – a no-claim discount of 15% will apply when no claims are made. *Refer to page 38.* ■ Inflation Protection – annual increase of the Insured Monthly Benefit by CPI. *Refer to page 38.* ■ Rehabilitation benefits – additional rehabilitation benefits payable to help you get back to work sooner. *Refer to page 39.* ■ Funeral benefit – three times the monthly benefit if you die while the policy is in force. *Refer to page 39.* ■ Specified Injury benefit – fixed benefits if you suffer from a range of specified injuries. *Refer to page 39.*

Optional benefits (for an additional premium)

- Increasing Claims Payment option – Income Benefit increases by CPI while on claim. *Refer to page 40.*
- Lump Sum Accident option – lump sum payable if you suffer specified injury. *Refer to page 40.*
- Family Care option – benefits continue to be paid after your death. *Refer to page 40.*
- Spouse Cover option – cover for your non-working spouse. *Refer to page 40.*
- Premium Saver Option – save premium by excluding cover for mental conditions. *Refer to page 41.*

Exclusions

There are certain circumstances under which benefits will not be paid. *Refer to pages 38 to 41.*

There are limitations and restrictions on when some benefits may be payable. Any such limitation or restriction will be detailed in the relevant benefit description on pages 36 to 41.

Other important information

- Fees and charges – a management fee will be applied to your Policy. Stamp duty and other taxes may apply. *Refer to Part 2 page 3.*
- Cooling-off period – a 21 day cooling-off period applies. *Refer to Part 2 page 2.*
- Complaints resolution – we have a complaints handling procedure in place. *Refer to Part 2 page 5.*
- Your privacy – Zurich has privacy provisions in place. *Refer to Part 2 page 17.*
- Information about your Policy – once your application has been accepted, you will receive a Policy Document which details the terms and conditions of the Policy, and a Policy Schedule that sets out the particular details of your Policy (including: levels of cover, options selected, details of the Policy Owner and Life Insured). *Refer to Part 2 page 4.*
- Claims requirements – there are notification and information requirements in order to make a claim under this Policy. *Refer to Part 2 page 4.*
- Interim cover. *Refer to page 41.*

About Zurich Special Risk Income Replacement Insurance Plus

This PDS will help you to:

- decide whether this product will meet your needs and
- compare this product with others you may be considering.

Important notice

The primary purpose of the Zurich Special Risk Income Replacement Insurance Plus policy is to provide an Income Benefit if you suffer a loss of income because you experience a disability. It is not a savings plan. If you terminate your Policy at any time other than during the cooling-off period (refer Part 2 Page 2), you will not get any money back.

The information contained in this PDS is general information only. It does not take into account your individual objectives, financial situation or particular needs. You should consider the appropriateness of this product having regard to your objectives, financial situation and needs. **We recommend you seek professional financial advice before making any decisions regarding this product.**

Defined terms

All terms appearing in *italics* (other than in headings) are defined terms with special meanings. Detailed definitions appear in Part 2 pages 6 to 13. Product features are capitalised for ease of identification.

Product overview

Zurich Special Risk Income Replacement Insurance Plus policy pays you, after the expiry of the nominated *Waiting Period*, an income while you are disabled and suffer a loss of income because of that disability. The maximum period benefits will be paid for is the *Benefit Period*. We pay a proportion of the *Income Benefit* twice monthly with the first payment due 15 days after the expiry of the *Waiting Period*.

The following benefits are standard with Special Risk Income Replacement Insurance Plus:

- Income Benefits
- Waiver of Premium
- No Claim Discount
- Inflation Protection
- Rehabilitation benefits
- Funeral benefit
- Specified Injury benefit

You may also select from a range of optional benefits:

- Increasing Claims Payment option
- Lump Sum Accident option
- Family Care option
- Spouse Cover option
- Premium Saver option.

Applying for Zurich Special Risk Income Replacement Insurance Plus

Who can apply?

Special Risk Income Replacement Insurance Plus is generally available to people between the ages of 19 and 53 who are working full time in an occupation we class as being in our "Special Risk Division." (This includes unskilled manual workers, unqualified tradespeople, and those in some occupations with increased hazards. In most cases at least two years experience will be required in such occupation to be eligible for cover.) The availability of cover also depends on the insured's occupation and state of health. Your adviser can help you to determine your eligibility.

Policy ownership

In most circumstances, the Policy Owner and the Life Insured must be the same person. However, there are exceptions. These include:

- companies – which may purchase this insurance for an owner or major shareholder who is personally responsible for generating income and
- trustees of family trusts or partners in an unincorporated partnership running a family business – which may purchase the insurance for people responsible for generating income.

How much cover can I apply for?

The minimum *Insured Monthly Benefit* you can apply for is $1,500 per month subject to a minimum annual premium of $200 (excluding the management fee and any government charges). The maximum benefit you can apply for will depend on your income. Generally, you can insure up to 75% of your *Average Monthly Pre-Tax Income* subject to a maximum benefit of $10,000 per month. Your adviser can help you to determine the appropriate level of cover.

The minimum lump sum accident amount you may apply for is $50,000 and the maximum is $250,000.

Can I increase my cover?

Subject to Zurich's reassessment of your personal circumstances, you may apply to increase your cover until the expiry of your Policy (see below for details).

When will my cover expire?

Once your application has been accepted, while you are working, and provided you pay your premiums as due (see Part 2 page 2), we guarantee that we will renew your Policy every year up until the *Policy Anniversary* preceding your 60th birthday. Unless otherwise stated in the relevant Optional benefit description on pages 40 to 41 Optional benefits will expire at the same time as the Policy to which they are attached. See page 41 for details of what will happen if you become unemployed.

What are the Waiting Periods from which I can choose?

You can select a *Waiting Period* of 30, 60 or 90 days.

What are the Benefit Periods from which I can choose?

You can select a *Benefit Period* of 1, 2 or 5 years.

Benefits of Zurich Special Risk Income Replacement Insurance Plus

Income Benefit

You can select from two types of *Income Benefits* – "Agreed Value" and "Indemnity" (described below). If you choose "Indemnity" you will receive a premium discount. Your adviser can help you to determine which cover best suits your individual circumstances.

Qualifying for an Income Benefit

We will pay you an *Income Benefit* after the expiry of the *Waiting Period* if, solely as a result of a *Sickness* or *Injury*:

- you are unable to generate at least 80% of your *Pre-Disability Income* from personal exertion in your *Usual Occupation* and not working in any occupation for a period of at least 14 days
- until the expiry of your nominated *Waiting Period* you are not able to earn your *Pre-Disability Income* from personal exertion in your usual occupation and
- you are required to be under the regular care of, and following the advice of, a *Medical Practitioner*.

If at the expiry of the *Waiting Period* you have no *Post-Disability Income* then:

- if you have selected Agreed Value cover, we will pay you the *Insured Monthly Benefit*
- if you have selected Indemnity cover we will pay you the lesser of the *Insured Monthly Benefit* and 75% of your *Pre-Disability Income*.

Otherwise, the *Income Benefit* we will pay after the expiry of the *Waiting Period* will be proportionate to your loss and calculated on a monthly basis using the following formula:

$$\frac{\textit{Pre-Disability Income} - \textit{Post-Disability Income}}{\textit{Pre-Disability Income}} \times \textit{Insured Monthly Benefit}$$

If you select Indemnity cover your benefit will be capped so that the amount we pay you does not exceed 75% of your *Pre-Disability Income*.

The *Insured Monthly Benefit* at commencement is shown in your Policy Schedule.

We will continue to pay you the Income Benefit until any one of the following events occurs:

- the *Sickness* or *Injury* giving rise to the claim does not prevent you from earning your *Pre-Disability Income* from personal exertion from your *Usual Occupation*
- the Benefit Period ends
- your Policy ends
- your death
- you are no longer required to be under the regular care of a *Medical Practitioner* with regard to treatment for the *Sickness* or *Injury*
- you are not following the treatment recommended by a *Medical Practitioner* at such intervals and frequency as will lead to a cure, alleviation or minimisation of the condition causing your disability.

Example Benefit Calculations

Agreed Value (no *Post-Disability Income*): You have an *Insured Monthly Benefit* of $3000.00, and due to a *Sickness* that prevents you from earning any income are eligible for a claim under the terms of the Policy. You have no *Post-Disability Income*. Your *Income Benefit* would be the *Insured Monthly Benefit* of $3000.00.

Agreed Value (*Post-Disability Income*): You have an *Insured Monthly Benefit* of $3000.00, and due to a *Sickness* you are only able to generate 50% of your usual income and are eligible for a claim under the terms of the Policy. Prior to your *Sickness* you were earning $4000.00. Your *Income Benefit* would be:

$$\frac{(\$4000.00 - \$2000.00)}{\$4000.00} \times \$3000.00 = \$1500.00 \text{ (50\% of the } \textit{Insured Monthly Benefit}\text{)}.$$

Indemnity (no Post-Disability Income): You have an *Insured Monthly Benefit* of $4000.00, and due to a *Sickness* that prevents you from earning any income are eligible for a claim under the terms of the Policy. You have no *Post-Disability Income*. Prior to your *Sickness* you were earning $4000.00. Using the *Income Benefit* formula your *Income Benefit* would be the *Insured Monthly Benefit*. However with Indemnity policies where you have no *Post-Disability Income* we pay the lesser of the *Insured Monthly Benefit* and 75% of your *Pre-Disability Income* therefore your benefit would be $3000.00.

Indemnity (Post-Disability Income): You have an *Insured Monthly Benefit* of $3000.00, and due to a *Sickness* you are only able to generate 50% of your usual income and are eligible for a claim under the terms of the Policy. Prior to your *Sickness* you were earning $4000. Your *Income Benefit* would be:

$$\frac{(\$4000.00 - \$2000.00)}{\$4000.00} \times \$3000.00 = \$1500.00 \text{ (50\% of the } \textit{Insured Monthly Benefit}\text{)}.$$

Exclusions

We will not pay for *Sickness* or *Injury* occurring as a direct or indirect result of:

- an intentional self-inflicted act or
- attempted suicide or
- Uncomplicated pregnancy or childbirth (including participation in an IVF or similar program, normal discomforts such as morning sickness, backache, varicose veins, ankle swelling or bladder problems, giving birth, miscarrying or having an abortion) or
- an act of war (whether declared or not).

If you select the "Premium Saver Option" (see page 41) no benefit will be paid for a claim resulting from a *Mental Disorder*.

Waiver of Premium

During any periods when *Income Benefits* or Specified Injury benefits are payable, all premiums, except those for the Spouse Cover option, will be waived or refunded. Further, premiums paid in respect of the *Waiting Period* will be refunded if your completed claim form is received within 30 days from the start of your disability and we pay you *Income Benefits*.

No Claim Discount

You will receive a No Claim Discount of 15% of the premium (excluding the management fee) provided no claims for benefits were made in the previous year. At the commencement of the Policy you may be eligible for the No Claim Discount if you have not been away from your normal occupation for more than two consecutive weeks because of ill health in the 12 months before the Policy Commencement Date. When you recommence premium payments after making a claim, the No Claim Discount will not apply. If you make no further claims, the No Claim Discount of 15% will re-apply for the period commencing from the second *Policy Anniversary* immediately following the recommencement of premium payments. The No Claim Discount is fixed at 15%.

Inflation Protection

Each year, until the expiry of your Policy, we will provide you the opportunity to increase your *Insured Monthly Benefit* by the increase in the *Consumer Price Index (CPI)* to ensure your benefits keep up with inflation (Indexation offer). Unless you reject the Indexation offer, your premiums will increase each year by an extra amount to cover the increased benefit. To accept our Indexation offer you do not have to provide any further

health evidence. If you are disabled and entitled to make a claim or receiving a benefit at your *Policy Anniversary* or in the six months before your *Policy Anniversary*, we will not provide the opportunity to increase your cover. However, we will resume our Indexation offers from the *Policy Anniversary* following the expiration of six months after you cease to be disabled.

If you select Indemnity cover Income Benefits will be limited to 75% of your *Pre-Disability Income*. Therefore to avoid paying unnecessary premium you should not accept any of the increase to your Insured Income Benefit that would take you beyond 75% of your *Average Monthly Pre-Tax Income*.

Recurrent disability

If your disability recurs from the same or related cause within six months of you returning to work, the claim will be considered to be a continuation of the same claim and a further *Waiting Period* will not apply. We will start paying you again immediately for the balance, if any, of the *Benefit Period*.

If your disability recurs from the same or related cause later than six months after you return to work, the claim will be considered to be a continuation of the same claim, but further *Income Benefits* will only be payable after expiry of a further *Waiting Period* and for no longer than the balance, if any, of the *Benefit Period*.

Concurrent disability

If more than one separate and distinct *Sickness* or *Injury* resulted in your disability, payments will be based on the Policy condition that provides the highest benefit.

Rehabilitation benefits

If you are receiving an *Income Benefit*, or Specified Injury benefit after expiry of the *Waiting Period*, we will pay the following rehabilitation benefits:

- **Workplace modification** – if your workplace needs modification for you to return to gainful employment, we will reimburse up to three times your *Income Benefit* for expenses incurred in carrying out the modification.
- **Rehabilitation program** – if you take part in a *Rehabilitation Program*, we will pay you an additional 50% of your *Income Benefit* each month for a maximum of 12 months.
- **Rehabilitation costs** – we will pay up to twelve times your *Income Benefit* to cover the expenses of rehabilitating yourself.

This benefit is payable when you have qualified for an *Income Benefit*, or Specified Injury Benefit or during the *Waiting Period* if you would otherwise qualify for an *Income Benefit*.

In order to claim a benefit, you must have our written approval before you incur the expenses of these Rehabilitation benefits.

Funeral benefit

If you die while the Policy is in force we will pay a lump sum of three times your *Insured Monthly Benefit*.

Specified Injury benefit

We will pay you the Specified Injury Benefit if you suffer any one of the Specified Injuries set out in the table below (and continued on the following page) happens to you. The *Waiting Period* is waived and this benefit is paid immediately for the duration of the Specified Injury Benefit Period even if you are still earning an income, but ceases on your death. However, we will not pay you for longer than your Benefit Period and we will not pay you for more than one Specified Injury per claim.

The amount we will pay you will be:

- if you select Agreed Value cover the *Insured Monthly Benefit* or
- if you select Indemnity cover the lesser of the *Insured Monthly Benefit* and 75% of your *Pre-Disability Income*.

Specified Injury	Benefit Period (months)
Quadriplegia	60
Paraplegia	60
Total and permanent loss of use of:	
■ both feet, both hands, or the sight in both eyes	24
■ one hand and one foot	24
■ one hand and sight in one eye	24
■ one foot and sight in one eye	24
■ one arm or one leg	18
■ one foot, one hand or sight in one eye	12
■ thumb and index finger of the same hand	6

Specified Injury	Benefit Period (months)
Fracture of:	
■ thigh or pelvis	3
■ leg between the knee and foot	2
■ kneecap	2
■ skull (excluding bones of the face or nose)	2
■ arm between elbow and shoulder (shaft) or shoulder blade	2
■ forearm (including wrist but excluding elbow or hand)	1.5
■ collar bone	1.5

An *Income Benefit* is not payable if you are receiving a Specified Injury Benefit. However, if you remain disabled and not earning your *Pre-Disability Income* after the end of the Specified Injury Benefit Period, you may be eligible to continue to receive an *Income Benefit*.

Result of Accident	% of Lump Sum Accident Amount
Death	100%
Total and permanent loss of use of:	
■ both hands or both feet or entire sight in both eyes	100%
■ a hand and a foot	100%
■ a foot and the sight in one eye	100%
■ a hand and the sight in one eye	100%
■ one arm or one leg	75%
■ one hand, one foot or the sight in one eye	50%
■ thumb and index finger from the same hand	25%
■ thumb or index finger	15%
■ two or more fingers	15%
■ one finger	5%

Optional benefits

You can select from the following optional benefits to design a policy that best meets your needs. You will be charged a premium for each optional benefit you select.

Increasing Claims Payment option

While you are on claim, the *Income Benefit* will be increased after each three continuous months of Income Benefit payments by the percentage increase in the CPI for the previous quarter, up to a maximum annual increase of 7%.

Lump Sum Accident option

We will pay you a lump sum if you suffer one of the injuries set out across as the result of an accident which occurs while you are covered for this option and the *Injury* occurs within 180 days of the accident.

The lump sum will be the percentage set out below of the Lump Sum Accident amount you have selected (which will be shown on your Policy Schedule). We will only pay an amount under this option once.

Family Care option

Under this option, if you die while you are receiving an *Income Benefit* we will continue to pay your *Spouse* the *Income Benefit* for up to five years after your death. We will not pay after the benefit expiry date, or for longer than the balance of the *Benefit Period*, and if your *Spouse* dies during the time we will stop paying the benefit.

Your *Spouse* will receive the same *Income Benefit* that you would have otherwise received if still living for a further five years. For example, if you chose the Increasing Claims option, your *Spouse's* benefit will continue to be increased.

Spouse Cover option

Spouse Cover recognises the important contributions made to family lifestyle by *Spouses* who are not in paid work. This option is available for *Spouses* who work part-time (up to 28 hours a week) or carry out domestic duties full time. You can select a Spouse Cover *Waiting Period* of 60 or 90 days. If for longer than the Spouse Cover *Waiting Period*, your *Spouse* is unable to perform their daily domestic duties and a *Registered Medical Practitioner* confirms the need for domestic help for your *Spouse*, we will pay you after the end of the Spouse Cover *Waiting Period*:

- up to $700 a month towards reimbursement of fees paid for domestic duties such as cooking, cleaning and home nursing care and

- up to $1,300 a month towards reimbursement of child care costs for children under 12 years.

We will not pay after the *Policy Anniversary* following his/her 60th birthday or the benefit expiry date, whichever occurs first.

Exclusions

We will not pay a benefit if your *Spouse* is disabled due to:

- intentional self-inflicted injury or
- attempted suicide or
- uncomplicated pregnancy or childbirth (including participation in an IVF or similar program, normal discomforts such as morning sickness, backache, varicose veins, ankle swelling or bladder problems, giving birth, miscarrying or having an abortion) or
- an act of war (whether declared or not) or
- a *Mental Disorder.*

Rehabilitation benefits

The Rehabilitation benefits also apply to this cover based on the maximum monthly benefit for Spouse Cover. If you are eligible to receive a Spouse Cover benefit we will pay the following rehabilitation benefits:

- **Home modification** – if your *Spouse's* home needs modification for your *Spouse* to return to carrying out the domestic duties, we will reimburse up to $6,000 for expenses incurred in carrying out the modification.
- **Rehabilitation program** – if your *Spouse* takes part in a *Rehabilitation Program* for up to 12 months following the *Waiting Period*, we will reimburse you up to $1,000 each month towards the expenses of the rehabilitation program.
- **Rehabilitation costs** – we will pay up to $12,000 to cover the expenses of rehabilitating your *Spouse*.

This benefit is payable when your *Spouse* has qualified for a Spouse Cover benefit, or within the waiting period if he/she would otherwise qualify for a Spouse Cover benefit.

You must have our written approval before you incur the expenses for these rehabilitation costs.

Premium Saver option

The Premium Saver option allows you to reduce your premiums by electing not to receive any benefits if you were to suffer a *Mental Disorder*. Once you have selected this option it cannot be removed for the life of the Policy.

Interim cover

While we are assessing your application, we will provide you with interim cover for up to 90 days against *Accidental Injury* that results in you being unable to work and earn any income. This interim cover is not available where you choose a *Waiting Period* of more than 90 days. See Part 2 pages 14 to 16 for details.

Taxation

The premiums you pay for your Policy, except for the premiums for the Lump Sum Accident option, the Spouse Cover option and Family Care option, if applicable, can be claimed as a tax deduction by both employees and self-employed people. Every year Zurich will tell you the amount of premium you have paid during that financial year.

The *Income Benefits* you receive from the Policy must be included in your tax return and will be taxed at your marginal income tax rate. However, the lump sum amount under the Lump Sum Accident option is not generally taxable.*

This information is a guide only, and is based on the continuance of present laws and their interpretation. For information about your individual circumstances, contact your tax adviser.

Unemployment and Employment breaks

Usually, the Special Risk Income Replacement Insurance Plus policy is only available to you while you are working. The Policy terminates at the end of any 12 month period during which you have not been engaged in full-time paid employment other than as a direct result of disability or where Zurich has given prior written approval. While you are on unpaid leave (eg. maternity leave or sabbatical leave) you can, with Zurich's prior written approval, continue your Special Risk Income Replacement Insurance Plus policy beyond these provisions.

* This taxation information assumes (1) related Death cover proceeds are either received by the original beneficial owner or by an owner who acquired the Policy for no consideration, or (2) other cover proceeds are received by the Life Insured or a relative of the Life Insured (eg. spouse, brother, sister, etc but not for example, a cousin). If your situation varies from either of these assumptions, different taxation results may ensue.

Zurich Business Expenses Insurance Plus at a glance

Product description	Zurich Business Expenses Insurance Plus covers your fixed business expenses if you are disabled and suffer a loss of income as a result. *Refer to page 44*.
Eligible ages	20 – 59 (you must be running a business). *Refer to page 44*.
Expiry age	Policy Anniversary preceding your 65th birthday. *Refer to page 44*.
Waiting periods available	14, 30, 60 or 90 days. *Refer to page 45*.
Minimum premium	$200 per year excluding fees and charges. *Refer to page 44 and Part 2 page 3 for fees and charges*.
Cover levels available	Up to 100% of the fixed cost of your monthly Eligible Business Expenses. Minimum cover available is $1,500 per month. *Refer to page 44*.
Premium options	You can choose stepped or level premiums. *Refer to Part 2 page 2*.
How premiums are calculated	Premiums are based on your level of cover, options chosen (including whether you select stepped or level premiums), frequency of payments, current age, gender and smoking status. Your circumstances including state of health, occupation and pastimes will also be included as will any state or federal taxes including stamp duty. *Refer to Part 2 page 2*.
Standard benefits	■ Business Expenses Benefit – pays up to 100% of the fixed cost of running your business if you are disabled and suffer a loss of income. *Refer to page 45*. ■ Waiver of Premium – premiums will be waived if you are receiving income benefits. *Refer to page 45*. ■ No Claim Discount – a no-claim discount of 15% will apply when no claims are made. *Refer to page 45*. ■ Inflation Protection – annual increase of the Insured Monthly Benefit by CPI. *Refer to page 45*. ■ Provision for fluctuating expenses – pays Business Expenses Benefit beyond the benefit period under certain circumstances. *Refer to page 46*.
Exclusions	There are certain circumstances under which benefits will not be paid. *Refer to page 45*.
Other important information	■ Fees and charges – a management fee will be applied to your Policy. Stamp duty and other taxes may apply. *Refer to Part 2 page 3*. ■ Cooling-off period – a 21 day cooling-off period applies. *Refer to Part 2 page 2*. ■ Complaints resolution – we have a complaints handling procedure in place. *Refer to Part 2 page 5*. ■ Your privacy – Zurich has privacy provisions in place. *Refer to Part 2 page 17*. ■ Information about your Policy – once your Application has been accepted, you will receive a Policy Document which details the terms and conditions of the Policy, and a Policy Schedule that sets out the particular details of your Policy (including: levels of cover, options selected, details of the Policy owner and Life Insured). *Refer to Part 2 page 4*. ■ Claims requirements – there are notification and information requirements in order to make a claim under this Policy. *Refer to Part 2 page 4*. ■ Interim Cover. *Refer to page 46*.

About Zurich Business Expenses Insurance Plus

This PDS will help you to:

- decide whether this product will meet your needs and
- compare this product with others you may be considering.

Important notice

The primary purpose of the Zurich Business Expenses Insurance Plus policy is to cover your fixed business expenses if you suffer a loss of income because you experience a disability. It is not a savings plan. If you terminate your Policy at any time other than during the cooling-off period (refer Part 2 Page 2), you will not get any money back.

The information contained in this PDS is general information only. It does not take into account your individual objectives, financial situation or particular needs. You should consider the appropriateness of this product having regard to your objectives, financial situation and needs. **We recommend you seek professional financial advice before making any decisions regarding this product.**

Defined terms

All terms appearing in *italics* (other than in headings) are defined terms with special meanings. Detailed definitions appear in Part 2 pages 6 to 13. Product features are capitalised for ease of identification.

Product overview

Zurich Business Expenses Insurance Plus policy pays you, after expiry of the nominated *Waiting Period*, up to 100% of your *Eligible Business Expenses*, while you are disabled and suffer a loss of *Business Earnings* due to disability. We pay a proportion of the Business Expenses benefit twice monthly with the first payment due 15 days after the expiry of the *Waiting Period*.

The following benefits are standard with Business Expenses Insurance Plus:

- Business Expenses benefits
- Waiver of Premium
- No Claim Discount
- Inflation Protection
- Provision for Fluctuating Expenses.

Applying for Zurich Business Expenses Insurance Plus

Who can apply?

This Policy is open to application for working people between the ages of 20 and 59 next birthday who run a business which will be directly and seriously affected by their disability.

The availability of cover also depends on the insured's occupation and state of health.

Your adviser can help you to determine your eligibility based on your individual circumstances.

Policy ownership

In most circumstances, the Policy Owner and the Life Insured must be the same person. However, there are exceptions. These include:

- companies – which may purchase this insurance for an owner or major shareholder who is personally responsible for generating income and
- trustees of family trusts or partners in an unincorporated partnership running a family business – which may purchase the insurance for people responsible for generating income.

How much cover can I apply for?

The minimum Business Expenses benefit you can apply for is $1,500 per month subject to a minimum annual premium of $200 (excluding the management fee and any government charges). You are generally able to insure up to 100% of your monthly *Eligible Business Expenses* averaged over the previous 12 months.

Your adviser can help you to determine the appropriate level of cover.

Can I increase my cover?

Subject to Zurich's reassessment of your personal circumstances, you may apply to increase your cover until the expiry of your Policy (see below for details).

When will my cover expire?

Once your application has been accepted, while you are working, and provided you pay your premiums as due (see Part 2 page 2), we guarantee that we will renew your Policy every year up until the *Policy Anniversary* preceding your 65th birthday, regardless of any changes in your health or other circumstances. See page 46 for details of what will happen if you become unemployed.

What are the Waiting Periods from which I can choose?

You can select a *Waiting Period* of 14, 30, 60 or 90 days.

What are the Benefit Periods from which I can choose?

The *Benefit Period* for Business Expenses is always one year, subject to the Provisions for Fluctuating Expenses outlined on page 46.

Benefits of Zurich Business Expenses Insurance Plus

Business Expenses benefit

We will pay you a Business Expenses benefit after the expiry of the Waiting Period if, solely as a result of a *Sickness* or *Injury* you are:

- until the expiry of the *Waiting Period* unable to generate at least 80% of your *Pre-Disability Business Earnings* from personal exertion in your usual occupation and
- required to be under the regular care and following the advice of a *Medical Practitioner*.

The Business Expenses benefit we will pay monthly after expiry of the *Waiting Period* will be the lesser of:

- the monthly Business Expenses benefit and
- your actual *Eligible Business Expenses* incurred in that month less *Business Earnings* received during that month and any other income, net of expenses, produced from any source as a result of the provision of your personal services.

'Income' for this purpose includes salaries, fees, bonuses and commissions and the like, but excludes income from any deferred compensation plans, disability income policies or retirement policies.

The monthly Business Expenses benefit at commencement is shown in your Policy Schedule.

We will continue to pay the Business Expenses benefit until any one of the following events occurs:

- the *Sickness* or *Injury* giving rise to the claim does not prevent you from generating your *Pre-Disability Business Earnings*
- the *Benefit Period* ends
- your Policy ends
- your death
- you are no longer required to be under the regular care of a *Medical Practitioner* with regard to treatment for the *Sickness* or *Injury*
- you are not following the treatment recommended by a *Medical Practitioner* at such intervals and frequency as will lead to a cure, alleviation or minimisation of the condition causing your disability.

Exclusions

We will not pay for *Sickness* or *Injury* occurring as a direct or indirect result of:

- intentional self-inflicted injury or
- attempted suicide or
- Uncomplicated pregnancy or childbirth (including participation in an IVF or similar program, normal discomforts such as morning sickness, backache, varicose veins, ankle swelling or bladder problems, giving birth, miscarrying or having an abortion) or
- an act of war (whether declared or not).

Waiver of Premium

During any periods when Business Expenses benefits are payable, all premiums will be waived or refunded. Further, premiums paid in respect of the *Waiting Period* will be refunded if your completed claim form is received within 30 days from the start of your disability and we pay you Business Expenses benefits.

No Claim Discount

You will receive a No Claim Discount of 15% of the premium (excluding the management fee) provided no claims for benefits were made in the previous year. At the commencement of the Policy you may be eligible for the No Claim Discount if you have not been away from your normal occupation for more than two consecutive weeks because of ill health in the 12 months before the Policy Commencement Date. When you recommence premium payments after making a claim, the No Claim Discount will not apply. If you make no further claims, the No Claim Discount of 15% will re-apply for the period commencing from the second *Policy Anniversary* immediately following the recommencement of premium payments. The No Claim Discount is fixed at 15%.

Inflation Protection

Each year, until the expiry of your Policy, we will provide you the opportunity to increase your level of cover by the increase in the *Consumer Price Index (CPI)* to ensure your benefits keep up with inflation (Indexation offer). Unless you reject the Indexation offer, your premiums will increase each year by an extra amount to reflect that change. If you take up our Indexation offer you do not have to provide any further health

evidence. You can accept the opportunity to increase your monthly Business Expenses Benefit up to 100% of your *Eligible Business Expenses* averaged over the previous 12 months). The following condition applies to our offer:

If you are disabled and entitled to make a claim or receiving a benefit at your *Policy Anniversary* or in the six months before your *Policy Anniversary*, we will not offer to increase your cover. However, we will resume our Indexation offers from the *Policy Anniversary* following the expiration of six months after you cease to be disabled.

Recurrent Disability

If your disability recurs from the same or related cause within 12 months you returning to work, the claim will be considered to be a continuation of the same claim and a further *Waiting Period* will not apply. We will start paying you again immediately for the balance, if any of the *Benefit Period*.

If your disability recurs from the same or related cause later than 12 months after you return to work, the claim will be considered to be a continuation of the same claim, but further Business Expenses Benefits will only be payable after expiry of a further *Waiting Period* and for no longer than the balance, if any, of the *Benefit Period*.

Provision for Fluctuating Expenses

If you have insured your business for more than the actual level of expenses incurred during a claim, the *Benefit Period* will be extended for up to 12 months according to the following guidelines. If you are still unable to generate your *Pre-Disability Business Earnings* because of your *Sickness* or *Injury* after 12 continuous months and the total benefits we have paid you do not equal 12 times the monthly Business Expenses benefit, we will extend your benefit payment period.

We will continue to pay you a Business Expenses benefit for:

- the next 12 months if you continue to be unable to generate your *Pre-Disability Business Earnings* because of your *Sickness* or *Injury* or
- until the total amount we have paid you equals 12 times the monthly Business Expenses benefit

whichever occurs first.

Interim cover

While we are assessing your application, we will provide you with interim cover for up to 90 days against *Accidental Injury* which results in you being unable to work and generate any business earnings. This interim cover is not available where you choose a *Waiting Period* of more than 60 days. See Part 2 pages 14 to 16 for details.

Taxation

The premiums you pay for your Policy can generally be claimed as a tax deduction. Every year Zurich will tell you the amount of premium you have paid during that financial year.

The Business Expenses benefits you receive from the Policy must be included in your business earnings.

This information is a guide only, and is based on the continuance of present laws and their interpretation. For information about your individual circumstances, contact your tax adviser.

Unemployment and Employment breaks

Usually, Business Expenses Insurance Plus policy is only available to you while you are working. The Policy terminates at the end of any six month period during which you were not actively engaged, through the provision of personal services, in producing revenue for your business or professional practice other than where this is a direct result of a claimable event under your Policy or where Zurich has given prior written approval. While you are on unpaid leave (eg maternity leave or sabbatical leave) you can, with Zurich's prior written approval, continue your Business Expenses Insurance Plus policy beyond these provisions.

Zurich Superannuation Term Life Insurance Plus at a glance

Product description	Zurich Superannuation Term Life Insurance Plus pays a lump sum benefit on your death and includes standard and optional benefits. *Refer to pages 50 to 56 for detailed information on what is covered.*
Eligible ages	■ Death cover: 15 – 64. *Refer to page 51.* ■ Total and Permanent Disablement option (TPD): 19 – 58. *Refer to page 52.* ■ Accidental Death option: 19 – 58. *Refer to page 53.*
Expiry age	■ Death cover: 75 or earlier cessation of membership of the Fund. *Refer to page 51.* ■ Total and Permanent Disablement option: 75 or earlier cessation of membership of the Fund (Limited conditions apply from age 65). *Refer to page 53.* ■ Premium Waiver option: Age 70.
Minimum premium	$90 per year excluding fees and charges. *Refer to page 50 and Part 2 page 3 for fees and charges.*
Cover levels available	$50,000 minimum. Maximum cover levels apply depending on the combination of benefits you choose. *Refer to page 51.*
Premium options	You can choose stepped or level premiums. *Refer to Part 2 page 2.*
How premiums are calculated	Premiums are based on your level of cover, options chosen, frequency of payments, current age, gender and smoking status. Your circumstances including state of health, occupation and pastimes will also be included. *Refer to Part 2 page 2.* There may be restrictions under superannuation law on when premiums can be paid. *Refer to Important Information on page 54.*
Standard benefits (There may be restrictions on benefits being paid under superannuation law. This product does not contain any investment component. Please refer to pages 51 to 52 for details).	■ Death cover – a lump sum payment on your death. *Refer to page 51.* ■ Inflation Protection – with a guaranteed 5% minimum. *Refer to page 51.* ■ Future Insurability – automatic increases for personal events. *Refer to page 51.* ■ Terminal Illness – up to $2,000,000 advance of your Death benefit if death is likely to occur within 12 months. *Refer to page 52.* ■ Advancement for funeral expenses – advancement of up to $15,000 to cover funeral expenses. *Refer to page 52.*
Optional benefits (for an additional premium) (There may be restrictions on benefits being paid under superannuation law. This product does not contain any investment component. Please refer to pages 52 to 53 for details).	■ Total and Permanent Disablement – 'own occupation', 'any occupation', 'domestic duties', 'loss of independence' and 'cognitive impairment' cover available. *Refer to page 52.* ■ Accidental Death – additional Accidental Death cover. *Refer to page 53.* ■ Premium Waiver – Pays premiums if you are disabled and cannot work. *See page 53*

Exclusions

There are certain circumstances under which benefits will not be paid.
For details see:

- Death cover – page 52.
- TPD option – page 53.
- Accidental Death option – page 53.
- Premium Waiver option – page 54.

There are limitations and restrictions on when some benefits may be payable. Any such limitation or restriction will be detailed in the relevant benefit description on pages 50 through 56.

Other important information

- Fees and charges – a management fee will be applied to your Policy. Stamp duty and other taxes may apply. *Refer to Part 2 page 3 and Part 1 page 54.*
- Cooling-off period – a 21 day cooling-off period applies. *Refer to Part 2 page 2.*
- Complaints resolution – we have a complaints handling procedure in place. *Refer to Part 2 page 5.*
- Your privacy – Zurich has privacy provisions in place. *Refer to Part 2 page 17.*
- Information about your Policy – once your application has been accepted, you will receive a document which details the terms and conditions of the cover, and a schedule that sets out the particular details of your cover (including: levels of cover, options selected, details of the Policy Owner and Life Insured). *Refer Part 2 page 4.*
- Claims requirements – there are notification and information requirements in order to make a claim under this Policy. *Refer to Part 2 page 4.*
- Interim cover – provides Accidental Death cover while your Application is being assessed. *Refer to Part 2 pages 14 to 16.*

About Zurich Superannuation Term Life Insurance Plus

This PDS will help you to:

- decide whether this product will meet your needs and
- compare this product with others you may be considering.

Important notice

The primary purpose of the Zurich Superannuation Term Life Insurance Plus policy is to pay a lump sum on your death. It is not a savings plan. If you terminate your cover at any time other than during the cooling-off period (refer Part 2 Page 2), you will not get any money back.

The information contained in this PDS is general information only. It does not take into account your individual objectives, financial situation or particular needs. You should consider the appropriateness of this product having regard to your objectives, financial situation and needs. **We recommend you seek professional financial and taxation advice before making any decisions regarding this product.**

Defined terms

All terms appearing in *italics* (other than in headings) are defined terms with special meanings. Detailed definitions appear in the Superannuation Term Life Insurance Plus PDS Part 2 pages 6 to 13. Product features are capitalised for ease of identification.

Product overview

Zurich Superannuation Term Life Insurance Plus pays a lump sum on your death. It also covers you if you are diagnosed with a Terminal Illness.

The following benefits are standard with Zurich Superannuation Term Life Insurance Plus:

- Death Benefit
- Inflation Protection
- Future Insurability benefit
- Terminal Illness benefit
- Advancement for Funeral Expenses.

You may add the following options to your policy by paying extra premiums:

- Total and Permanent Disablement (TPD) cover
- Accidental Death option
- Premium Waiver option.

Zurich Superannuation Term Life Insurance Plus is issued under Zurich Master Superannuation Fund (Fund) which is governed by the Fund trust deed. The Fund is a complying superannuation fund as defined in superannuation law.

When you take out cover under Zurich Superannuation Term Life Insurance Plus you become a member of the Fund and the Policy will be issued by Zurich Australia Limited to the Trustee of the Fund, Zurich Australian Superannuation Pty Limited, a member of the Zurich Group. Zurich Australia Limited is the administrator and issuer of life insurance for the Fund. The owner of the Policy will be the Trustee of the Fund and you, as a member of that Fund, will be the person insured under the Fund's insurance policy. All benefits under this Policy are payable to the Trustee of the Fund who will pay you in accordance with superannuation legislation and the governing rules of the Fund. (Refer to page 54 for more details.)

The Trustee has the benefit of indemnity insurance. The benefits provided under this Policy end on the earlier of your ceasing to be a member of the Fund or the *Policy Anniversary* following your 75th birthday other than the Premium Waiver option which ceases at age 70.

Applying for Zurich Superannuation Term Life Insurance Plus

Who can apply?

People between the ages of 15 and 64 who are eligible to become a member of a complying superannuation fund can apply for this product. The rules for eligibility to contribute to a superannuation fund are set out on page 54. To add the Total and Permanent Disablement or Accidental Death Options you must be between the ages of 19 and 58.

How much cover can I apply for?

The minimum amount of cover you can apply for is $50,000 per benefit per life insured subject to a minimum annual premium for each life insured of $90 (excluding the management fee and any government charges) or, for additional insured lives who are children under the age of 18, a minimum premium of $50 a year.

The maximum amount of cover you can apply for is subject to the following guidelines:

- if you add the TPD option the TPD cover cannot exceed the Death cover and
- the maximum amount of Accidental Death cover is $1,000,000.

Further restrictions also apply to the total amount of cover in respect of a life insured for all policies from all sources (including policies issued by other life insurers):

- generally the total TPD cover with Zurich and other life insurers cannot exceed $2,500,000.

Can I increase my cover?

Subject to Zurich's reassessment of your personal circumstances, you may apply to increase your cover any time before your 65th birthday. You may apply to increase your TPD option cover at any time prior to your 59th birthday. You may apply to increase the Accidental Death benefit any time prior to your 59th birthday. The minimum amount you can increase your cover by each time is $50,000.

When will my cover expire?

Once your application has been accepted, while you remain a member of the Fund, and provided your premiums are paid as due (see Part 2 page 2), we guarantee that we will renew your cover every year up until the cover anniversary following your 74th birthday regardless of any changes to your health or other circumstances. Please note, the Trustee is not responsible for the payment of premiums or for monitoring your payment of premiums. Optional benefits may expire at earlier ages – refer to the relevant optional benefit description on pages 52 to 53 for details.

Benefits of Zurich Superannuation Term Life Insurance Plus

Death benefit

We will pay the Trustee of the Fund the amount you are covered for as a lump sum if you die during the term of the cover.

Inflation Protection

Each year we will provide you the opportunity to increase the level of cover (including any cover under the TPD option) by the greater of 5% and the *Consumer Price Index (CPI)*, to keep up with inflation (Indexation offer). Unless you reject the Indexation offer, your premiums will increase each year by an extra amount to reflect that change. If you take up this opportunity you do not have to provide any further health evidence.

The Indexation offer will only apply to the first:

- Death benefit – $5,000,000 of cover
- TPD option – $1,500,000 of cover.

Future Insurability benefit

This benefit entitles you to increase your Death or TPD cover prior to age 55 without Zurich's reassessment of your health within 30 days of the personal events described below. This benefit does not apply if you are entitled to receive a benefit, or if you are receiving or have received a benefit under your Policy, or if we or any other company have waived, or are waiving, your premium.

Events included:

- if you get married or divorced, or if a child is born to or is adopted by you, you can increase your cover by a minimum of $10,000 and a maximum of the lesser of:
  - 25% of your Death or TPD cover at commencement or
  - $200,000.
- if you take out for the first time or increase your mortgage on your principal place of residence, you can increase your cover by the lesser of:
  - the amount of the mortgage or the increase in mortgage or
  - an amount equal to 25% of your Death or TPD cover at commencement of the Policy or
  - $200,000.
- if a dependent child of yours starts secondary school, you can increase your cover by a minimum of $10,000 and a maximum of the lesser of:
  - 25% of your Death or TPD cover at commencement or
  - $200,000.

Restrictions

The accumulative sum of all increases under this benefit cannot exceed the lower of the cover at commencement of the Policy and $1,000,000. In any 12 month period increases are limited to 50% of your cover at commencement of the Policy.

You cannot increase your TPD cover if the increase would cause you to exceed our maximum cover limits (refer page 51). You cannot increase your TPD cover beyond the Death benefit sum insured.

Zurich retains the right to confirm your occupation in relation to any increase in the TPD benefit and eligibility and premiums in relation to the increased amount will be based on your occupation at the time of increase.

For the first **six months** after an increase under this benefit:

- any increased Death cover amount is payable only in the event of your *Accidental Death*
- any increased TPD amount is payable only in the event your *Total and Permanent Disability* is caused by an *Accidental Injury.*

Terminal Illness benefit

If you are diagnosed with a terminal illness and death is likely to occur within 12 months, we will pay the Trustee up to 100% of your Death cover. Refer to Part 2 page 3 for Claim requirements. The maximum we will pay under this benefit in total for all your Zurich policies is $2,000,000. In order for the trustee to pay you this benefit under the relevant superannuation legislation:

- you must have ceased to be gainfully employed and
- the Trustee must be reasonably satisfied that because of ill health you are unlikely ever again to engage in gainful employment for which you are reasonably qualified by education, training or experience.

The amount of Death cover and any TPD cover will be reduced by any payments made under this benefit. Your premium will be based on the reduced cover after payment of the Terminal Illness benefit.

Advancement for Funeral Expenses

While a claim is being settled, we may advance part of the Death benefit to the Trustee towards payment of funeral expenses up to $15,000. An application for payment of funeral expenses must include reasonable evidence of death and the funeral invoice.

Exclusions

We will not pay a benefit if you commit suicide within 13 months of the commencement date of cover (or increase in cover but only in respect of that increase) or reinstatement of the cover.

Interim cover

We will provide you with interim cover against Accidental Death for up to 90 days while we are assessing your initial application. See pages 14 to 16 of Part 2 for more details.

Conversion of cover to a non-superannuation policy

Subject to Zurich's approval, your cover may be converted to a non-superannuation policy.

You may apply to effect this conversion:

- at any time while you are a member of the Fund or
- within 30 days of ceasing to be a member of the Fund.

Optional benefits

Total and Permanent Disablement (TPD) option

This option pays the Trustee of the Fund a lump sum equal to the TPD amount you are covered for if you become *Totally and Permanently Disabled*. While you continue to pay your premiums, you will be covered for this event while the cover is in force.

The following conditions apply when adding TPD to Zurich Superannuation Term Life Insurance Plus:

- the amount of TPD cover cannot exceed the Death cover. However, the amounts of cover do not have to be equal
- generally the maximum amount of cover for domestic duties you can apply for is $500,000.

In order for the Trustee to pay you a TPD benefit such payment must be permitted under the relevant superannuation legislation including:

- you must have ceased to be gainfully employed and
- the Trustee must be reasonably satisfied that because of ill health you are unlikely ever again to engage in gainful employment for which you are reasonably qualified by education training and experience.

You are deemed to be *Totally and Permanently Disabled* if you:

- suffer a specific loss
- are "unable to work" (two versions are available – 'any occupation' and 'own occupation')

- are unable to perform normal domestic duties
- are unable to perform at least two of the *Activities of Daily Living*
- have suffered cognitive impairment,

within the definition of *Total* and *Permanent Disablement* on Part 2, page 13.

Other than for specific loss, before a claim can be made you must have been absent from active employment solely as a result of *Sickness* or *Injury* for an uninterrupted period of six consecutive months.

On the anniversary of cover commencement before your 65th birthday, the definition of *Total and Permanent Disablement* will change. From that date, only the inability to perform two of the *Activities of Daily Living* and cognitive impairment and specific loss will apply and the maximum benefit payable is $1,000,000.

Standard and double TPD

You can choose standard or double TPD cover. Under standard TPD cover, your Death cover is reduced by the amount of any TPD benefit paid to you. Under double TPD cover, your level of Death cover is reduced by the amount of any TPD benefit paid to you, but will then be restored to the same level 12 months after the TPD benefit is paid.

Double TPD also contains a waiver of premium feature. This means that once a double TPD has been paid, premiums for Death cover equivalent to the amount of the TPD benefit paid will be waived until the *Policy Anniversary* before your 65th birthday. Premiums will continue to be payable in respect of the difference between the total Death cover and the TPD benefit paid. From the *Policy Anniversary* after your 65th birthday premiums for the full Death cover will resume.

On the *Policy Anniversary* before your 65th birthday, the double TPD cover will automatically convert to standard TPD cover.

Exclusions

The TPD benefit will not be payable if you become Totally and Permanently Disabled because of:

- war (whether declared or not) or
- intentional self-inflicted injury or attempted suicide.

What happens to my other benefits if I receive a TPD benefit?

If you receive a benefit under your TPD option, your level of Death cover is reduced by the amount of any TPD benefit paid to you. If you have selected double TPD then the Death cover will be restored to the same level 12 months after the TPD benefit is paid.

Accidental Death option

This option pays an additional lump sum in the event of your *Accidental Death* while this cover is in force. While you continue to pay your premiums, you will be covered for this event until the anniversary of cover commencement following your 75th birthday.

Exclusions

The Accidental Death benefit will not be payable where a claim is the result of suicide.

Premium Waiver option

This option will waive your premiums for all benefits issued under the Policy, if you are Totally Disabled prior to age 70. We will continue to waive your premium while you remain Totally Disabled.

You are deemed to be Totally Disabled if :

1) prior to the *Policy Anniversary* before your 65th birthday you:
   - have been unable to perform your *Usual Occupation* for a period of six consecutive months; and
   - have been throughout the six month period, and continues to be, under the regular care and treatment of, or following the advice of, a *Registered Medical Practitioner*; and
   - are not engaged in any occupation for wage or profit during that six month period.
2) you are unable to perform at least two of the *Activities* of *Daily Living* and have been so unable for a period of six consecutive months.

In addition, if you are involuntarily unemployed other than as a direct result of a *Sickness* or *Injury*, your cover has been in force for the previous 12 months at the time we receive your claim and you are registered with an employment agency approved by us, we will waive your premium for up to three months. A total of three months premium may be waived because of involuntary unemployment during the life of the Policy.

Exclusions

Premiums will not be waived for *Sickness* or *Injury* occurring as a direct or indirect result of:

- an intentional self-inflicted act or
- attempted suicide or
- uncomplicated pregnancy or childbirth (including participation in an IVF or similar program, normal discomforts such as morning sickness, backache, varicose veins, ankle swelling or bladder problems, giving birth, miscarrying or having an abortion) or

- an act of war (whether declared or not).

Important information about contributing to superannuation funds

When you are required to pay premiums to pay for applicable cover or you wish to obtain additional cover and wish to pay further contributions, you will need to satisfy relevant contribution requirements under superannuation laws.

In addition to compulsory employer contributions, the Fund may accept contributions that are made:

- in respect of a member who is under the age of 65.
- in respect of a member who is over the age of 65 and under the age of 70 and is gainfully employed on at least a part-time basis during the financial year in which the contributions are made or
- by a member in respect of the member who is over the age of 70 and under the age of 75 and is gainfully employed on at least a part-time basis during the financial year in which the contributions are made.

A member is gainfully employed on a part-time basis during a financial year if he/she has worked at least 40 hours in a period of not more than 30 consecutive days in that financial year.

WARNING: If you become ineligible to contribute to the superannuation fund, your cover will in normal circumstances cease due to the Trustee not being able to fund the risk premiums.

Important information about payments of benefits under superannuation

In some situations a benefit under Zurich Superannuation Term Life Insurance Plus may be paid to the Trustee of the Fund holding the Policy where the Trustee is not permitted, either by superannuation law or the terms of the governing rules of the Fund, to pay the benefit to the relevant Life Insured. An example of this is where a Terminal Illness benefit is paid but the person has not, as yet, ceased employment. In this case, the benefit will be held by the Trustee of the Fund until the benefit can be paid under superannuation law and the governing rules of the Fund.

Also, situations can occur where there is no entitlement to a benefit under Zurich Superannuation Term Life Insurance Plus (eg. because there is no TPD cover under the Policy or, if there is, because the incapacity suffered by the Life Insured does not meet the definition of 'Total and Permanent Disablement' required under the Policy) but the incapacity suffered is such that the Life Insured would be entitled, under superannuation law and the governing rules of the Fund to receive his/her superannuation account balance. It should be noted that in such cases where the Life Insured is covered for TPD but does not satisfy the TPD definitions, no insurance benefit will be payable under the Zurich policy and accordingly the Fund.

Where a benefit under Zurich Superannuation Term Life Insurance Plus is paid to the Trustee of the Fund, but the Trustee is required to preserve the benefit in the Fund, the Trustee will contact you for instructions to transfer your benefit to another complying superannuation fund. If you do not provide us with instructions for payment within 90 days of our request for rollover details, we may transfer your benefit to the Australian Eligible Rollover Fund (AERF). If this occurs, your entitlements in the Fund including any residual insurance cover, will cease and you must apply to the Trustee of the AERF for the payment of your benefit.

The AERF is administered by Jacques Martin Hewitt International. The Trustee of the AERF is the Perpetual Trustee Company Limited, GPO Box 4172, Sydney NSW 2001. The administrator can be contacted on telephone number 1800 677 424.

An eligible rollover fund is a public offer superannuation fund that receives transferring members and benefits from other superannuation funds and is designed to protect member benefits from erosion by administrative charges.

Taxation

- Contributions (which contributions are in turn applied by the trustee as a premium towards the Policy) made by an employer to a superannuation fund to secure cover for the benefit of employees, or to provide benefits for dependants of employees, may be tax deductible.
- Contributions (which contributions are in turn applied by the trustee as a premium towards the Policy) made by an individual to a superannuation fund to secure personal cover may in certain circumstances be tax deductible if the person is self-employed, 'substantially self-employed' (ie where employment income, including reportable fringe benefits, received during the financial year in respect of which employer-financed superannuation was provided, accounts for less than 10% of their assessable income and reportable fringe benefits) or an employee who does not receive 'employer superannuation support'. If the person is an employee who receives employer superannuation support, then his/her personal contributions would not ordinarily be tax deductible.
- If a benefit becomes payable, any tax must be deducted before a benefit is paid. Generally, Death benefits receive concessional tax treatment. Where a Death benefit is paid to

a tax dependant (and this includes any person with whom you are considered to have a interdependency relationship[#]) and where the Death benefit is within the deceased's available pension Reasonable Benefit Limit ("RBL"), the benefits may be paid free of tax. If this benefit exceeds the deceased's RBL, the benefit, if paid in a lump sum form, will be taxed at up to the top marginal rate, plus the Medicare Levy. An RBL is the maximum amount of concessionally taxed superannuation and related retirement benefits you can receive in your lifetime. You should be aware that in determining whether benefits are within a person's RBL, regard should be had to benefits previously received and benefits in other funds. The amount of a benefit counted towards your RBL depends on the type of benefit received; some benefits do not count towards your RBL. RBLs are complex and you should discuss them with your financial adviser.

- The taxation of disablement benefits can vary depending upon circumstances. To the extent the benefit qualifies as, what is known as a 'post June 94 invalidity component' (and this requires, amongst other things, two medical practitioners certifying your unfitness to ever be employed in a capacity for which you are reasonably qualified because of education, training or experience), it will be free of tax. Otherwise, the benefit will be taxed at a maximum rate of 15% plus Medicare Levy if you are over 55 or 20% plus Medicare Levy if you are under 55 (these rates assume the benefit does not exceed the applicable RBL).
- A lump sum Death benefit paid to a person who is not a tax dependant will generally be taxed at a rate of up to 15% plus the Medicare Levy. If the benefit contains an insured amount then a tax of 30% plus the Medicare Levy can apply to the future service component (these rates assume the benefit does not exceed the applicable RBL).
- If a Total and Permanent Disablement option claim is paid to the trustee of the superannuation fund, but superannuation legislation does not allow the trustee to pass this to you, it must be preserved in the Fund. Any investment earnings of that preserved amount may be subject to tax at the prevailing rate applicable to superannuation funds (currently 15%) although the ultimate tax liability of investment earnings will depend on the nature of the investments. The accumulated amount will then be paid from the superannuation fund as a Death, Disablement or Retirement benefit and will be taxed accordingly.

Superannuation surcharge

The Superannuation Contributions Tax (Assessment and Collections) Act 1997 imposes a surcharge, up to a maximum of 12.5% for the 04/05 financial year*, on certain types of superannuation contributions made in respect of:

- high income earners (annual income of more that $99,710 for the 04/05 financial year, then indexed annually) and
- some other persons who do not provide their tax file numbers to the relevant superannuation fund.

If the Trustee pays the surcharge in respect of you, the Trustee may bill you for the amount of the surcharge. You must pay this amount to the Trustee within the time specified by the Trustee.

Nominating a dependant to receive benefits

On your death, any benefit, will generally be paid as a lump sum to the person you nominate as a beneficiary on the Superannuation Fund Form which forms part of the Zurich Wealth Protection Application forms accompanying this document. The amount your beneficiary will receive will be your sum insured less any tax that may apply. If you do not nominate a beneficiary or your nominated beneficiary dies before you, the money will generally be paid to your estate as a lump sum. This type of nomination is generally not binding on the Trustee. The Trustee may decide that payments should continue to your spouse or dependants, or may pay the money as a lump sum to your spouse, dependants or estate.

At any time you can elect a new nominated beneficiary in writing to us. A new election is only effective once the Trustee receives your written request and revokes all previous elections.

The beneficiary you nominate must be your legal personal representative (generally your estate) or a dependant as defined by the Trust Deed. A dependant is defined to include your spouse (including de facto spouse), your children (including adopted and stepchildren) a person with whom you have an interdependency relationship[#] (as defined on the next page) and any other person who in the opinion of the Trustee, was dependent on you at the relevant time. You must notify the Trustee if your nominated beneficiary ceases to be a dependant (as defined above).

* This reduces to 10% for 05/06 and subsequent years.

Binding nominations

As mentioned above, generally your nomination is only a guide for the Trustee and it is obliged to pay your Death benefit in accordance with the Trust Deed and superannuation laws. In order to make your nomination binding, the Trust Deed and superannuation laws require special conditions to be met. The Trustee has developed a flexible approach to binding nominations which gives you the opportunity to choose various methods when setting up your nominations. Binding nominations can be made by category or by a flat percentage split to facilitate estate planning. You have also the option of naming specific individuals within a category. For example, you could select 'minor children' which would cover all your minor children, or you could elect to nominate specific minor children.

One restriction on binding nominations is that they are only valid for three years from the date the nomination is correctly completed. This is to ensure that your nominations stay up-to-date with your current circumstances. You can confirm this nomination and extend it by an appropriate notice to us.

For further information on binding nominations, including the nomination form, please ask your adviser to provide you with a copy of the Zurich Super Estate Management Binding Nomination brochure. Alternatively a copy of the brochure can also be obtained by contacting the Zurich Client Service Centre on 131 551.

You should consult your adviser for information regarding the nomination of a beneficiary.

Two people have an interdependency relationship if:

- they have a close personal relationship; and
- they live together; and
- one or each of them provides the other with financial support; and
- one or each of them provides the other with domestic support and personal care.

Two people also have an interdependency relationship if they have a close personal relationship but due to either or both of them suffering from a physical, intellectual or psychiatric disability, they do not meet the other three requirements of interdependency.

Directory

Head office:

Zurich Australia Limited

Zurich Australian Superannuation Pty Limited

Zurich House
5 Blue Street
North Sydney NSW 2060

For all enquiries relating to Zurich Wealth Protection, please contact a Client Service officer:

by phone on: 131 551

by fax on: 02 9995 3797

or by post at: Locked Bag 994
North Sydney NSW 2059

website: www.zurich.com.au

Zurich Australia Limited ABN 92 000 010 195
5 Blue Street North Sydney NSW 2060
Client Enquiries Telephone: 131 551
Facsimile: 02 9995 3797

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ZURICH

Zurich Wealth Protection

Product Disclosure Statement

Part 2 – Common Information and Glossary of Terms

Issued by Zurich Australia Limited:
Zurich Term Life Insurance Plus
Zurich Stand Alone Trauma Insurance Plus
Zurich Income Replacement Insurance Plus
Zurich Special Risk Income Replacement Insurance Plus
Zurich Business Expenses Insurance Plus

Issued by Zurich Australian Superannuation Pty Limited:
Zurich Superannuation Term Life Insurance Plus

The issuer of the products offered in this Product Disclosure Statement (PDS), other than Zurich Superannuation Term Life Insurance Plus, is Zurich Australia Limited ABN 92 000 010 195, Australian Financial Services Licence Number 232510.

The issuer of Zurich Superannuation Term Life Insurance Plus is Zurich Australian Superannuation Pty Limited ABN 78 000 880 553, Australian Financial Services Licence Number 232500, who is the Trustee of the Zurich Master Superannuation Fund (SFN 2540/969/42). The issuer of Life Insurance under this product is Zurich Australia Limited.

Zurich Australia Limited is also the administrator for all the products described in this PDS.

5 Blue Street North Sydney NSW 2060
Telephone: 131 551
Facsimile: 02 9995 3797
Preparation date: 1 April 2005

This Product Disclosure Statement (PDS) is provided in two parts:

Part 1 – Benefit information

Part 2 (this document) – Common Information and Glossary of Terms

If you have not received both parts (Parts 1 and 2), please contact your adviser or the Zurich Client Service Centre on 131 551.

This PDS is an important document. You should read both parts (parts 1 and 2) in full before making a decision to purchase these products.

Important information

As you may have noticed from publicity during mid-2004, the Australian Prudential Regulation Authority and the Australian Securities & Investments Commission are currently conducting investigations into Zurich Australian Insurance Limited ("ZAIL"), which operates a general insurance business, and its holding company, Zurich Financial Services Australia Limited ("ZFSA"). ZFSA and ZAIL are cooperating fully in those investigations.

The investigations relate to certain historical reinsurance arrangements entered into by ZAIL and matters incidental to these arrangements, including their accounting treatment and the role of certain officers. None of the officers who were involved with the establishment of the arrangements in 2000 is still with the Zurich group in Australia.

The Boards of ZAIL and ZSFA determined in late November 2004 that an historical reinsurance arrangement entered into by ZAIL did not involve any aggregate transfer of risk from ZAIL in all the circumstances. This determination was based on information made available to the boards of ZAIL and ZFSA during the course of the investigations. As a result of that determination, there are errors in the financial statements of ZAIL and ZFSA for the years 2000 to 2003 inclusive.

Any action arising from the errors in the financial statements of ZAIL and ZFSA is not expected to affect the current financial position, or the 2004 financial statements, of either ZAIL or ZFSA in any material way. Similarly, we expect that any action will not result in any material adverse impact on ZAIL or ZFSA's balance sheet at 31 December 2003.

We understand that Zurich Australia Limited, Zurich Australian Superannuation Pty Limited, the Zurich Wealth Protection products or the superannuation, life insurance or managed investment businesses operated by other companies in the ZFSA group, and the respective products they issue, are not the subject of the investigations.

We will keep you advised on our website (www.zurich.com.au) of any developments. You can also contact your adviser if you have any questions or contact Zurich on 131 551.

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Additional Information about Zurich Wealth Protection products

This information applies to the products described in the Zurich Wealth Protection Product Disclosure Statement Part 1. Note: With respect to Zurich Superannuation Term Life Insurance Plus references to the Policy should be interpreted as references to your participation in the Fund.

Defined terms

All terms appearing in *italics* (other than in headings) are defined terms with special meanings. Detailed definitions appear on pages 6 to 13.

Cooling-off period

After you apply for a Zurich Wealth Protection product and you have received the Policy Document from Zurich, you have 21 days to check that the Policy meets your needs. Within this time you may cancel the Policy and receive a full refund of any premiums paid, provided you have not made a claim under the Policy (with Zurich Superannuation Term Life Insurance Plus this may be subject to preservation requirements as for benefit payments. Refer to Part 1 page 54.). Your request will need to be in writing and forwarded to Zurich at the address shown on the back cover of this brochure.

If you apply to make any changes or exercise any rights in relation to your policy before the 21 day period has elapsed your option to cancel the Policy and receive a refund will be forfeited.

Premiums

How is my premium calculated?

Your premium will depend on the level of cover you require, any options you choose (including whether you select stepped or level premiums), the frequency of your premium payments (paying half-yearly, quarterly or monthly will attract an increased premium), your current age, gender and whether or not you are a smoker. It will also depend on your personal circumstances including health, pastimes and occupation. Your premium will also include any stamp duty charged by your State government as well as any other taxes that may be levied by State or Federal governments. Your adviser will provide you with a premium illustration for the particular product/s you are applying for taking into account all of these factors. This illustration will show the cost of each coverage and option you select as well as the details of any fees and/or stamp duties or tax that may apply. If you request your adviser can also provide you with a table of premium rates giving all rates and factors for all of the products described in this PDS. Further information on how premiums are calculated can be obtained by calling our Customer Service Centre on 131 551.

Choice of premium structures

You can choose between "stepped" and "level" premiums.

- Stepped premium – your premiums will increase each year based on the rates applicable for your age at that time. Alternatively, with Zurich Term Life Insurance Plus, Zurich Stand Alone Trauma Insurance Plus and Zurich Superannuation Term Life Insurance Plus, you can choose to freeze your premium. In that case, the amount you pay will stay the same but the amount you are covered for will generally decrease each year.
- Level premium – your premiums, excluding the management fee, will be based on the age that you commenced the cover. If you increase your cover in the future, we will base the premiums for the increased amount on your age at that time. For Zurich Term Life Insurance Plus, Zurich Stand Alone Trauma Insurance Plus and Zurich Superannuation Term Life Insurance Plus, on the *Policy Anniversary* preceding your 65th birthday premiums revert to stepped premium rates.

What if I don't pay my premium?

If premiums are not paid when due, your Policy will lapse after 30 days and you will not be covered. You may be able to reinstate your Policy after it lapses, but you must submit an application to Zurich, which is subject to Zurich's reassessment of your personal circumstances at the time of application.

What are the payment options?

You can choose to pay your premiums monthly, quarterly, half-yearly or yearly by direct debit from your bank, building society or credit union account or credit card. Or, you can pay premiums directly by cheque or B-Pay to Zurich half-yearly or yearly.

How can I pay my premiums?

	First premium	Monthly	Quarterly	Half-yearly	Yearly
Cheque	✔	✘	✘	✔	✔
Direct debit	✔	✔	✔	✔	✔
Credit card	✔	✔ (direct debit)	✔ (direct debit)	✔	✔
B-Pay	✘	✘	✘	✔	✔

Are premium rates guaranteed?

Premium rates are not guaranteed and can change from time to time. Any change, however, will affect all policies in the same category, not just an individual policy. We will notify you of any changes to premium rates at least 30 days prior to the change taking effect.

Commission

We may pay commission and other benefits to financial advisers and other representatives. Your adviser will provide details of the benefits he or she will receive if we issue you a Policy in the Financial Services Guide and, if applicable, the Statement of Advice that he or she will give to you. We pay these amounts out of your premium payments – they are not additional amounts you have to pay.

What are the charges?

The current charges are set out below. If Zurich introduces any new charges, or there is an increase to current charges (other than by way of the fee indexation described below) you will be notified at least three months prior to such charge taking effect.

In addition to your premium, you are required to pay a management fee which contributes to the cost of administering your policy. The fee payable depends on the frequency of your premium payments.

Premium frequency	Management fee payable	Annual equivalent
Monthly	$6.86 per month	$82.32
Quarterly	$20.57 per quarter	$82.28
Half-yearly	$34.27 per half-year	$68.54
Yearly	$68.54 per year	$68.54

These management fees apply until 31 March 2006, and will be increased each year on 1 April in line with the *Consumer Price Index* (*CPI*). The increased management fee will apply from your *Policy Anniversary* Date following 31 March each year.

If you apply for more than one Policy at the same time, for the same Life Insured, you will be charged only one management fee for that Life Insured (for example if you apply for Zurich Term Life Insurance Plus and Zurich Income Replacement Insurance Plus). Also, if you apply for cover for more than one life on a single policy, you will be charged only one management fee.

State governments impose stamp duty on some policies. Duties may vary from State to State. If applicable, the stamp duty will be included in or added to your premium. Should changes in the law result in additional taxes or imposts in relation to your Policy, these amounts may be added to your Policy. Direct Debits from your financial institution may incur an additional fee.

Guaranteed upgrade of benefits

Zurich may improve the terms of the benefits described in this Product Disclosure Statement in relation to a particular product. If we do so, without any change in the standard premium rates, we will provide the improvement to you. Any condition for which a claim is made, existing at the time the improvement is offered will be excluded from being eligible for payment under the improved terms.

Guaranteed renewable

Provided you have paid your premiums as required, the Policy is guaranteed to be renewable up until the expiry age of the benefit(s) you have chosen regardless of any changes in your health or pastimes. The Policy will only cease in accordance with the terms of the Policy.

Claims

You must advise Zurich of an insured event occurring as soon as reasonably possible after the event. You can do this by contacting the Zurich Client Service Centre and a claim form will be forwarded to you to complete and sign.

Before a claim is payable under any Zurich Wealth Protection product described in the Product Disclosure Statement, we must receive proof to our satisfaction of the insured event.

Proof of the occurrence of any insured event must be supported by:

- one or more appropriate specialist medical practitioners registered in Australia or New Zealand (or in another country approved by us)
- confirmatory investigations including, but not limited to, clinical, radiological, histological and laboratory evidence, and
- if it is a result of a surgical procedure, we will require evidence that the procedure was medically necessary.

Our medical advisers must support the occurrence of the insured events. We reserve the right to require the life insured to undergo an examination or other reasonable tests to confirm the occurrence of the insured event.

In assessing your claim we will also rely on any information you have disclosed to us as part of your application. Where information (eg your income) has not been verified at the time of application we reserve the right to verify it at the time of claim.

You must, on our request, provide us (or our agent) with information (or access to information) that we require to verify your income and other relevant matters in respect of your claim and any benefits to which you may be entitled. For example: tax returns for all entities including assessment notices issued by the ATO, profit and loss and financial statements.

Further details about the claims process are set out in the Policy Document. You should read this information carefully when you receive the Policy Document.

Statutory fund

The premiums paid for the Term Life Insurance Plus, Stand Alone Trauma Insurance Plus, Superannuation Term Life Insurance Plus, Income Replacement Insurance Plus, Special Risk Income Replacement Insurance Plus and Business Expenses Insurance Plus policies (referred to as the Zurich Wealth Protection Products) form part of the Zurich No. 2 Statutory Fund. Any benefits you receive under a product described in this PDS will be paid from that fund.

24 hour world-wide cover

You are covered under any Zurich Wealth Protection product 24 hours a day world-wide. If you are claiming while overseas for Zurich Income Replacement Insurance Plus, Zurich Special Risk Income Replacement Insurance Plus or Zurich Business Expenses Insurance Plus, we will require you to have a medical examination in Australia, or in another country by a doctor nominated or approved by us, every 12 months for the benefits to continue.

Information about your Policy

When you take out your Policy, you will receive a Policy Document (or in the case of Zurich Superannuation Term Life Insurance Plus a copy of the Policy Document). This sets out the terms and conditions of your cover. You will also receive a Policy Schedule (or in the case of Zurich Superannuation Term Life Insurance Plus a copy of the Policy Schedule) which outlines the specific details of your particular cover – such as which options you have selected. These are important documents and should be read carefully. Please keep them in a safe place because you will need them to make a claim. Should there be any changes to the benefits included in your Policy, you will be notified by mail.

Each year Zurich will send you a renewal advice indicating your new premium amount and, where available, an offer to increase your level of cover in line with inflation.

You may request further information about these products, including a copy of the trust deed for the Fund, by contacting us at the address shown on the back cover of this brochure or by telephoning us on 131 551. If so requested, we will give you further information which has previously been generally made available to the public and might reasonably influence your decision whether to acquire these products. The provision of further information may be subject to a charge.

We are committed to providing our customers with high levels of service. If you have any enquiries or complaints about your Policy, you should contact your adviser or the Zurich Client Service Centre on 131 551. If we cannot resolve the issue to your satisfaction you have access to an independent complaints resolution body. See below.

If you have a complaint about your Policy

If you have a complaint about a product issued by Zurich Australia Limited (Zurich Term Life Insurance Plus, Zurich Stand Alone Trauma Insurance Plus, Zurich Income Replacement Insurance Plus, Zurich Special Risk Income Replacement Insurance Plus, Zurich Business Expenses Insurance Plus), you should contact the Zurich Client Service Centre on 131 551. We will aim to acknowledge any complaint within 5 days and to resolve your complaint within 45 days (or up to 90 days if you agree). If you are not satisfied with the response you receive from us, or we fail to resolve the complaint within 45 days (or any extended period you approve) you can raise the matter with the Financial Industry Complaints Service, PO Box 579, Collins Street West, Melbourne, VIC 8007. The toll free telephone number is 1300 780 808.

If you have a complaint about your superannuation fund

If you have chosen Zurich Superannuation Term Life Insurance Plus, this product is provided through Zurich Master Superannuation Fund by the Trustee of that fund, Zurich Australian Superannuation Pty Limited. A complaint about the Trustee can be made by contacting the Zurich Client Service Centre on 131 551. We will aim to acknowledge any complaint within 5 days and to resolve the complaint within 90 days.

If you are not satisfied with the response you receive from us, or we fail to resolve the complaint within 90 days, you can raise the matter with the Superannuation Complaints Tribunal (SCT) at Locked Bag 3060, GPO Melbourne VIC 3001. The SCT's telephone number is 1300 884 114.

The SCT is an independent body established by the Commonwealth Government to review trustee decisions relating to its members, as opposed to trustee decisions about the management of a superannuation fund as a whole. The objective of the SCT is to provide a fair, timely and economical means of resolution of complaints as an alternative to the court system. The SCT cannot consider complaints that have not been first referred to a trustee's complaints resolution process.

If your complaint is outside the jurisdiction of the SCT, you may instead be able to raise it with the Financial Industry Complaints Service (FICS). FICS is an independent body designed to help you resolve complaints relating to your Zurich product, as well as complaints relating to financial or investment advice and sales of financial or investment products. You can contact FICS at PO Box 579, Collins Street West, Melbourne VIC 8007. The toll free telephone number is 1300 780 808

Glossary of terms

Medical definitions

Aorta Repair

Means the undergoing of vascular surgery to correct any narrowing, dissection or aneurysm of the thoracic or abdominal aorta. Laser therapy, intra-arterial procedures and techniques not involving open surgical procedures are excluded.

Aplastic Anaemia

Means the acquired abnormality of blood production, characterised by total absence of normal bone marrow activity.

Benign Brain Tumour

Means a non-malignant tumour in the brain giving rise to characteristic symptoms of increased intracranial pressure such as headache, papilloedema, mental symptoms, seizures and motor or sensory impairment. The tumour must result in permanent neurological deficit causing at least a 25% impairment of whole person function that is permanent. The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI.

Cysts, granulomas, malformations in or of the arteries or veins of the brain, haematomas, and tumours in the pituitary gland or spine are excluded. Tumours in cranial nerves (eg acoustic neuroma) are excluded.

Blindness

Means the irrecoverable loss of sight of both eyes as a result of *Sickness* or *Injury*. The extent of the visual loss must be such that the eyesight is reduced to, or less than, 6/60 central acuity, or degree of vision of less than, or equal to, 20 degrees.

Cardiomyopathy

Means impaired ventricular function of variable aetiology resulting in significant permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment and resulting in the insured being unable to perform his/her usual occupation.

Cardiomyopathy directly related to alcohol usage or drug abuse is excluded.

Chronic Kidney Failure

Means end stage renal failure presenting as chronic irreversible failure of both kidneys to function as a result of which permanent regular renal dialysis is instituted or renal transplant undertaken.

Chronic Liver Disease

Means end stage liver failure, with the diagnosis based on:

- permanent jaundice or ascites and
- encephalopathy or liver biopsy.

Liver disease directly related to alcohol usage or drug abuse is excluded.

Chronic Lung Disease

Means end stage lung disease, including interstitial lung disease requiring extensive and permanent oxygen therapy or FEV 1 test results of less than one litre.

Coma

Means total failure of cerebral function characterised by total unconsciousness and unresponsiveness to all external stimuli, persisting continuously for a period of at least 96 hours with the use of a life support system and resulting in a neurological deficit causing at least a 25% impairment of whole person function that is permanent. Coma directly related to alcohol usage or drug abuse is excluded.

Coronary Artery Bypass surgery

Means the actual undergoing of Coronary Artery Bypass surgery which is considered medically necessary to correct or treat Coronary Artery disease but not including angioplasty, other intra-arterial or laser procedures.

Deafness

Means the total, irreversible and irreparable loss of hearing – both natural and assisted, in both ears as a result of disease, illness or injury as measured by audiogram.

Dementia (including Alzheimer's Disease)

Means the Life Insured has Alzheimer's disease or other dementia. The diagnosis must confirm permanent irreversible failure of brain function, resulting in significant cognitive impairment for which no other recognisable cause has been identified. Significant cognitive impairment means a deterioration or loss of intellectual capacity that results in a requirement for continual supervision to protect the Life Insured or others. Dementia as a result of alcohol or drug abuse is specifically excluded.

Diplegia

Means the permanent and total loss of function of both sides of the body due to disease, illness or injury of the brain, or spinal cord.

Encephalitis

Means the severe inflammation disease of the brain resulting in neurological deficit causing at least 25% impairment of whole person function that is permanent.

Fracture

Fracture means any fracture resulting from an accident requiring fixation, immobilisation or plaster cast as treatment of the affected area within 48 hours of the occurrence of the fracture.

Heart Attack (Myocardial Infarction)

Means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this will be supported by any two of the following criteria being consistent with a heart attack:

- New confirmatory electrocardiograph (ECG) changes
- Diagnostic rise and fall (other than as a result of coronary or cardiac intervention) of cardiac enzyme CK-MB, or Troponin I in excess of 2.0ug/l or more, or Troponin T in excess of 0.6ug/l,
- New pathological Q waves
- Satisfactory evidence that the event produced a permanent reduction in the Cardiac Ejection Fraction to 50% or less.

Heart Valve Surgery

Means the undergoing of open heart surgery considered medically necessary to correct or replace cardiac valves as a consequence of heart valve defects or abnormalities that cannot be corrected by non surgical techniques or intra-arterial procedures.

The condition must have first manifested after the commencement date of the Policy. Repair via valvotomy, catheter, keyhole or similar techniques are specifically excluded.

Hemiplegia

Means the permanent and total loss of function of one side of the body due to disease, illness or injury of the brain or spinal cord.

Loss of Independence

Means as a result of a disease, illness or injury the life insured is unable to perform at least two of the five *Activities of Daily Living*, or cognitive impairment that results in the Life Insured requiring permanent and constant supervision. The inability or impairment must have existed continuously for a period of at least three months and be permanent and irreversible.

Loss of Limbs or Sight

The entire and irrevocable loss of use of two or more of: the sight in one eye, and a hand or a foot.

Loss of Speech

Means the complete and irrecoverable loss of speech – whether aided or unaided, as a result of *Sickness* or *Accidental Injury*. The loss of the ability to speak must be established for a continuous period of 12 months.

Major Head Trauma

Means accidental cerebral injury resulting in permanent neurological deficit causing at least a 25% impairment of whole person function that is permanent.

Major Organ Transplant

Means the actual receipt of a transplant from a human donor of a heart, lung, liver, kidney, pancreas or bone marrow. The transplant of all other organs or parts of organs or any other tissue transplant is excluded. We will advance 25% of the benefit amount to a maximum of $25,000 upon confirmation by an appropriate specialist medical practitioner that the Life Insured has been placed on a waiting list for a Major Organ Transplant that is covered above. The Trauma benefit amount is then reduced for that Life Insured by the amount paid. Once the Life Insured qualifies for a Trauma benefit in accordance with the Policy conditions the remainder of the benefit amount will be paid.

Malignant Cancer

Means the histologically confirmed first diagnosis of a disease manifested by the presence of a malignant tumour characterised by the uncontrolled growth and spread of malignant cells, and the invasion of tissue, requiring major interventionist treatment such as radiotherapy, chemotherapy, or biological response modifiers, and includes malignant cancers that are completely untreatable.

The term Cancer includes:

- Leukaemia (other than chronic lymphocytic leukaemia less than RAI Stage 1)
- malignant disease of the lymphatic system such as Hodgkin's Disease.

The term Cancer excludes:

- tumours showing the malignant changes of carcinoma in situ, (including cervical dysplasia CIN-1, CIN-2, and CIN-3) or which are histologically described as

pre-malignant. (Carcinoma in situ of the breast is covered if it results in the removal of the entire breast. The procedure must be performed specifically to arrest the spread of malignancy, and be considered appropriate and necessary treatment.)

- all skin cancers except invasive melanoma of Clark Level 3 and above or greater than 1.5 mm maximum thickness
- all hyperkeratosis or Basal Cell Carcinoma (BCC) of skin and Squamous Cell Carcinoma (SCC) of skin unless metastasised
- prostate cancers which are histologically described as TNM classifications T1 or are of another equivalent or lesser classification
- tumours treated by endoscopic procedures alone.

Medically Acquired HIV

Means infection with the Human Immunodeficiency Virus (HIV) which we believe, on the balance of probabilities, arose from one of the following medically necessary events which must have occurred to the Life Insured in Australia by a recognised and registered health professional:

- a blood transfusion
- transfusion with blood products
- organ transplant to the insured
- assisted reproductive techniques
- a medical procedure or operation performed by a doctor or dentist.

HIV infection acquired by any other means including sexual activity or recreational intravenous drug use is excluded.

A benefit will not be payable in the event of a medical cure being found for Acquired Immune Deficiency Syndrome (AIDS) or the effects of the HIV virus, or in the event of a treatment being developed and approved which makes the HIV virus inactive and non-infectious.

Mental Disorder

Means any disorder classified in the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association which is current at the start of the period of disability (or such replacement or successor publication, or if none then such comparable publication as selected by us).

Such mental disorders include, but are not limited to, stress (including post traumatic stress), physical symptoms of a psychiatric illness, anxiety, depression, psychoneurotic, psychotic, personality, emotional or behavioural disorders, or disorders related to substance abuse and dependency which includes alcohol, drug or chemical abuse dependency.

For the purposes of this Policy, mental disorders does not include dementia (except where the dementia is related to any substance abuse or dependency), Alzheimer's Disease, or head injuries.

Minimally Invasive Cardiac Surgery – Including Coronary Artery Angioplasty

Means the actual undergoing of thoracoscopic, laparoscopic, 'minimally invasive' or 'keyhole' surgery to treat or repair:

- a narrowing or blockage of one or more coronary arteries or
- an obstruction of the aorta or a coarctation of the aorta or
- a cardiac valve as a consequence of heart valve defects or abnormalities.

Investigative or diagnostic procedures are not included.

Motor Neurone Disease

Means the life insured has Motor Neurone Disease resulting in the progressing weakness and wasting of the muscles of the body, causing at least a 25% impairment of whole person function that is permanent.

Multiple Sclerosis

Means the life insured has Multiple Sclerosis confirmed by Magnetic Resonance Imaging (MRI) scan where the condition is characterised by the demyelination of the brain and spinal cord. There must be more than one episode of well defined neurological deficit with persisting neurological abnormalities and with at least a 25% impairment of whole person function that is permanent.

Muscular Dystrophy

Means the life insured has Muscular Dystrophy with neurological deficit resulting in at least 25% impairment of whole person function that is permanent.

Occupationally Acquired HIV

Means infection with the Human Immunodeficiency Virus (HIV) where the virus was acquired as a result of an accident occurring during the course of the Life Insured's normal occupation, and sero-conversion of the HIV infection must occur within six months of the accident.

HIV infection acquired by any other means including sexual activity or recreational intravenous drug use is excluded.

A benefit will not be payable in the event of a medical cure being found for Acquired Immune Deficiency Syndrome (AIDS) or the effects of the HIV virus, or in the event of a treatment being developed and approved which makes the HIV virus inactive and non-infectious.

Any accident giving rise to a potential claim must be reported to Zurich Australia Limited within seven days of the accident and supported by a negative HIV Antibody test taken after the accident. Zurich Australia Limited must be given access to test independently all the blood samples used.

Out of Hospital Cardiac Arrest

Means cardiac arrest that is not associated with any medical procedure, is documented by an electrocardiogram, occurs out of hospital, and is:

- Cardiac asystole or
- Ventricular fibrillation with or without ventricular tachycardia.

Paraplegia

Means the permanent and total loss of use of both legs resulting from illness, disease or injury of the brain or spinal cord.

Parkinson's Disease

Means the life insured has Parkinson's Disease where the disease cannot be controlled with medication and shows signs of progressive incapacity with at least a 25% impairment of whole person function that is permanent. Parkinson's Disease as a result of alcohol or drug abuse is excluded.

Primary Pulmonary Hypertension

Means Primary Pulmonary Hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterisation, resulting in physical impairment to the degree of at least Class 3 of the New York Heart Association Classification of cardiac impairment, and resulting in the Life Insured being unable to perform his/her usual occupation.

Pulmonary hypertension in association with Chronic Lung Disease is excluded.

Quadriplegia

Means the permanent and total loss of use of both arms and both legs resulting from disease, illness or injury of the brain or spinal cord.

Severe Accident or Illness requiring Intensive Care

Means an accident or illness that has resulted in:

- the Life Insured requiring continuous mechanical ventilation by means of tracheal intubation for 10 consecutive days (24 hours a day) in an authorised intensive care unit of an acute care hospital and
- impairment of at least 25% whole person function that is permanent.

Severe Burns

Means tissue injury caused by thermal, electrical or chemical agents causing third degree burns to:

- 20% or more of the body surface are as measured by the Rule of 9 or the Lund and Browder Body Surface Chart or
- the whole of both hands, requiring surgical debridement and/or grafting or
- the whole of the face, requiring surgical debridement and/or grafting.

Stroke

Means a cerebrovascular event producing neurological sequela lasting at least twenty-four (24) hours. This requires clear evidence on a Computerised Tomography (CT), Magnetic Resonance Imaging (MRI) or similar scan that a stroke has occurred and of:

- infarction of brain tissue and
- intracranial or subarachnoid haemorrhage or
- embolisation from an extracranial source.

Cerebral symptoms due to: transient ischaemic attacks, reversible neurological deficit, migraine, cerebral injury resulting from trauma or hypoxia, disturbances of vision or balance due to disease of the eye, optic nerve or the vestibular apparatus of the ear are excluded.

Triple Vessel Coronary Artery Angioplasty

Means the actual undergoing of angioplasty to three or more coronary arteries within the same procedure. Angiographic evidence, indicating at least 50% obstruction of three or more coronary arteries, is required to confirm that the procedure is medically necessary.

Non-medical definitions

Accidental Death

Means where the Life Insured dies as a result of sustaining bodily injury caused by accidental, violent, external and visible means and provided:

- death occurs within three calendar months of the date of sustaining the injury and
- the accident occurs while the cover is in force

Accidental Injury

Accidental Injury is deemed to be the result of sustaining bodily injury caused by accidental, violent, external and visible means, while this Policy is current.

Activities of Daily Living

The Activities of Daily Living are:

1. bathing and showering
2. dressing and undressing
3. eating and drinking
4. using a toilet to maintain personal hygiene and
5. moving from place to place by walking, wheelchair or with the assistance of a walking aid.

Unable to perform Activities of Daily Living means a condition as a result of a disease, illness or injury whereby the life insured is permanently and totally unable to perform without physical help from someone else at least two Activities of Daily Living.

Average Monthly Pre-Tax Income

When we refer to your Average Monthly Pre-Tax Income we mean, in respect of the previous 12 months or previous financial year:

- if you do not directly or indirectly own all or part of the business or professional practice from which you earn your regular income: 1/12th of the salary, wages, fees, commissions, bonuses and other personal exertion income earned by you, plus the value of any company benefits you receive (for example superannuation contributions or a company car), less any deductions for expenses directly incurred in earning this income
- if you do directly or indirectly own all or part of the business or professional practice from which you earn your regular income: 1/12th of the gross revenue generated by the business as a result of your personal exertion, plus income earned by you from any other source, involving the provision of your personal services, less Eligible Business Expenses.

You may be asked to provide copies of personal and business tax returns, assessment notices and/or other financial evidence to substantiate your income.

Benefit Period

The Benefit Period is the maximum length of time that we will pay an Income or Businesses Expenses benefit to you for disability from the same or related cause. You can choose the length of your Benefit Period. The Benefit Periods for *Injury* and for *Sickness* are the same.

Business

Means the entity on which we based our underwriting at the time you applied for your Policy.

Business Earnings

Means income earned by the business or professional practice as the result of your involvement.

Buy/Sell Agreement

Means a legally binding agreement where the Life Insured's share of the business is purchased by the remaining partner(s) upon the occurrence of Death or Total and Permanent Disablement.

Cognitive Impairment

Cognitive impairment that results in the Life Insured requiring permanent and constant supervision. The condition must have existed continuously for a period of at least six months and will continue into the future.

Consumer Price Index (CPI)

Increases in CPI will be calculated based on the increase in the CPI published for the quarter falling immediately prior to three months before the *Policy Anniversary* or management fee indexation anniversary, to the CPI published for the quarter falling immediately prior to 15 months before that date. 'CPI' means the 'Weighted Average of Eight Capital Cities Index' as published by the Australian Bureau of Statistics or, if that index ceases to be published or is substantially amended, such other index as we will select.

Direct Family Member

- your legal husband or wife
- a person living with you as your spouse on a domestic basis in good faith (your spouse can be of the same gender as you)
- your mother, father, mother-in-law or father-in-law or
- your child.

Eligible Business Expenses

Means your share of the expenses and outgoings incurred in running the business or professional practice. These may include:

Premises

- Cleaning
- Insurance of premises
- Interest and fees on loan to finance premises
- Property rates/taxes
- Rent
- Repairs and maintenance
- Security costs

Services

- Electricity
- Fixed telephone and fax lines
- Gas
- Internet service provider
- Mobile telephone
- Postage and couriers
- Water and sewerage

Equipment

- Depreciation
- Motor vehicle leasing (excluding taxi)
- Insurance of vehicles and equipment
- Registration of vehicles
- Repairs and maintenance

Salaries and related costs

- Salaries of employees who do not generate any business income
- Payroll tax on the above salaries
- Superannuation contributions (SGC) for the above salaries

Other Eligible Expenses

- Account keeping fees
- Accounting and auditing fees
- Bank fees and charges
- Business insurances
- Professional association membership/fees
- Regular advertising costs

Eligible Business Expenses do not include:

- any expenses that are not regularly paid or payable
- cost of goods, merchandise or stock used in your profession, business or occupation
- depreciation of real estate
- items of a capital nature such as books, fixtures, fittings and furniture
- premiums payable on this Policy
- repayment of loan principal
- salaries and related costs paid to you, members of your family or employees who generate income.

Income Benefit

The percentage of the Insured Monthly Benefit you are eligible to receive under the policy terms and conditions (see Zurich Income Replacement Insurance Plus Part 1 page 26, Zurich Special Risk Income Replacement Plus Part 1 page 37 for details of when an Income benefit will be payable and how benefits will be calculated).

Injury

Means accidental bodily injury.

Insured Monthly Benefit

The Insured Monthly Benefit is the amount of benefit you initially apply and are accepted for (and which will appear on your Policy Schedule), plus the amount of any indexation increases.

Loan guarantee

Means the amount of a business loan which the life insured is personally responsible for in relation to the *Business.*

Personal Care Attendant

Means a person upon who's care you are totally dependent and who is not a member of your or your *Spouse's* immediate family or working for you or your employer unless they have ceased full-time work or taken leave specifically in order to care for you.

Pre-Disability Income

If you have "Agreed Value" cover

Your monthly Pre-disability income is the greater of:

- The highest of your *Average Monthly Pre-Tax Income* during any consecutive 12 months in the three years prior to the onset of your *Sickness* or *Injury*, or
- Your *Average Monthly Pre-Tax Income* in the 12 months immediately prior to commencement of this Policy.

If you have "Indemnity" cover

Your monthly Pre-Disability Income is your Average Monthly Pre-Tax Income during the 12 months immediately prior to the onset of your *Sickness* or *Injury*.

While you are on claim we will index this amount to the CPI on an annual basis to ensure your benefits keep pace with inflation.

Policy Anniversary

Means the anniversary of the commencement date of your cover (which will be shown on your Policy Schedule).

Post-Disability Income

Your monthly Post-Disability Income is the total of the amounts determined in accordance with paragraphs a) and b):

a) your pre-tax income from your personal exertion during the relevant month

b) other benefits received during the relevant month by way of the following sources as a result of your *Sickness* or *Injury*:

- other Disability Income Policies you did not disclose to us
- workers compensation or other legislated benefits and
- sick leave.

For the purposes of this definition a Disability Income Policy is any individual or group disability income insurance Policy, including cover under a mortgage repayment Policy or credit insurance Policy, which pays a regular benefit due to your sickness or injury.

Where these amounts are payable in a lump sum and cannot be allocated to specific months, then 1/60th of the lump sum shall be taken into account each month for a maximum period of five years. A reduction will not be made if the other payment received is:

- a lump sum or part of a lump sum paid as compensation for pain and suffering or as compensation for loss of use of a limb
- a lump sum Total and Permanent Disablement or Trauma benefit.

We will only pay benefits where the loss of income is a result of *Sickness* or *Injury*. Where pre-tax income from personal exertion has been reduced as a result of causes other than *Sickness* or *Injury*, we will adjust your Post-Disability Income so that it solely reflects the loss in income as a result of *Sickness* or *Injury*.

We will take into account available medical evidence (including the opinion of your registered doctor) and any other relevant considerations directly related to your medical condition (including information provided by you), when determining the loss of income as a result of sickness or injury.

Registered Medical Practitioner and Registered Nurse

The registered medical practitioner and registered nurse cannot be you or be related to you in any way. For example, they cannot be a member of your family, your business partner, your employee or your employer. If the Policy Owner is different to the Life Insured, the registered medical practitioner or nurse cannot be the Policy Owner or related in any way to the Policy Owner. Registered Medical Practitioners do not include other para-medical professionals such as chiropractors, physiotherapists or naturopaths.

Rehabilitation Program

A program or plan that:

a) is designed to assist you in returning to work either in your own occupation or in any other occupation for which you are suited by training, education or experience, and

b) has been approved by an appropriately tertiary qualified vocational or rehabilitation specialist.

Sickness

Means sickness or disease which first manifests itself after the Policy began. For the purposes of Income Replacement Insurance Plus, Special Risk Income Replacement Insurance Plus and Business Expenses Insurance Plus: elective and donor transplant surgery are excluded (except where the Elective Surgery benefit is payable under Income Replacement Insurance Plus).

Spouse

- your legal husband or wife
- a person living with you as your spouse on a domestic basis in good faith (other than for taxation or superannuation purposes your spouse can be of the same gender as you).

Total and Permanent Disablement (TPD)

means (a) or (b) or (c).

(a) You suffer a "specific loss" being the entire and irrevocable loss of use of:

- a hand and sight in one eye; or
- a foot and sight in one eye; or
- sight in both eyes; or
- one hand and one foot; or
- both hands; or
- both feet.

(b) Prior to the *Policy Anniversary* before your 65th birthday you are "Unable to Work" through bodily injury, illness or disease. "Unable to Work" means that you have been absent from active employment solely as a result of *Sickness* or *Injury* for an uninterrupted period of six consecutive months and:

- if you are covered for 'any occupation' TPD you are solely as a result of sickness or injury, unlikely to ever work (for reward or otherwise) in your profession, business or similar occupation, or from engaging in any other occupation to which you are fitted by education, training and experience for the rest of your life;
- if you are covered for 'own occupation' TPD you are solely as a result of sickness or injury, unlikely to ever work (for reward or otherwise) in your own occupation for the rest of your life.

If you suffered a sickness or injury while you were engaged in full-time normal domestic duties in your own residence for more than six consecutive months then "Total and Permanent Disablement" means you are unable to engage in any normal domestic duties because of sickness or injury for a continuous period of at least six months and we believe after consideration of medical and any other evidence, that you are incapacitated to such and extent that you are unlikely ever to be able to perform normal domestic duties or engage (for reward or otherwise) in any other occupation to which you are fitted by education, training and experience for the rest of your life

(c) As a result of a disease, illness or injury:

- you are permanently and totally unable to perform without physical help from someone else, at least two of the *Activities of Daily Living*; or
- you suffer cognitive impairment requiring permanent and constant supervision;

and you have been so disabled for the immediately preceding 6 calendar months and will continue to be so disabled into the future.

Totally and Permanently Disabled has a corresponding meaning.

Value of the Business or Valuation of the Business means a valuation of the life insured's financial interest in the *Business* based on the same method of valuation used when you applied and were accepted for cover as provided by an independent qualified accountant or business valuer.

Value of the Key Person to the Business or Valuation of the Key Person to the Business means the total of the Life Insured's remuneration package for that year excluding discretionary benefits, plus their share of net profit distributed by the *Business* in that year as provided by an independent qualified accountant or business valuer.

Usual Occupation

Unless you have been unemployed or on long service, maternity or paternity leave for more than 12 consecutive months immediately prior to the *Sickness* or *Injury* causing disability then your 'Usual Occupation' is the occupation you predominantly performed in the 12 months prior to the sickness or injury. If you have been unemployed or on long service, maternity or paternity leave for more than 12 consecutive months immediately prior to the *Sickness* or *Injury* causing disability then your 'Usual Occupation' is any occupation you are capable of performing.

Waiting Period

The Waiting Period is the number of days that you must wait before being eligible for *Income Benefit* payments after suffering a *Sickness* or *Injury* and being unable to earn your *Pre-Disability Income* from personal exertion. You can return to full earning capacity for up to five consecutive days during the *Waiting Period* without the *Waiting Period* starting again. The days worked are added to your *Waiting Period*. You should notify Zurich in writing within 30 days from the date that your doctor provides evidence that because of a *Sickness* or *Injury* you are unable to generate at least 80% of your *Pre-Disability Income* from personal exertion in your usual occupation. If you notify Zurich after 30 days, the *Waiting Period* will commence from the date that you notified Zurich.

Interim cover certificate

ZURICH

Defined Terms and Interpretation

All terms appearing in italics (other than in headings) are defined terms with special meanings. Detailed definitions appear in pages 6 to 13.

Your Adviser acts as your agent, not ours, in relation to this interim cover.

Interim cover

Provided you meet the Interim Cover Eligibility Criteria, we will provide you with interim cover from the Interim Cover Effective Date until the Interim Cover Termination Date, subject to the Specific Terms of Interim cover (see below for details).

Interim cover effective date

Interim cover is effective from the Interim Cover Effective Date, which is the date that both of the following have occurred:

(a) you have properly completed the Zurich Wealth Protection Application form (the application) for the policy/policies you are applying for and this certificate has been completed, signed and dated by you and your Adviser and

(b) your Adviser receives the initial premium for the insurance you have applied for or a Payment Authority signed and dated by you.

The date that (a) and (b) are satisfied must be inserted in the Interim Cover Effective Date box on page 16 by your Adviser before your application is sent to us.

Interim cover termination date

The interim cover, once effective, terminates at the earliest of:

(a) the time and date the Policy Owner (or your Adviser) withdraws your application by:

  (i) contacting us or

  (ii) by failing to submit it to us within 10 business days of the Effective Date

(b) 4.00pm on the 90th day after the Effective Date or such earlier time and date as we advise you or your Adviser in writing

(c) the time and date when insurance cover commences under another contract of insurance (whether interim or not) which you are covered by and that is intended to replace the cover provided under this interim cover

Interim cover eligibility criteria

You are not eligible for this interim cover and no interim contract is entered into if you have at the time of completing this Certificate:

(a) a current application with us or another insurer for insurance of a similar type which provides the same or similar cover (whether individually or as part of a package) or

(b) interim cover with us or another insurer for insurance of a similar type which provides the same or similar cover (whether individually or as part of a package) or

(c) had interim cover with us for the insurance you are applying for or

(d) previously applied for insurance of a similar type providing similar cover with us or another insurer (whether individually or as part of a package) and the application was declined, deferred or postponed.

Specific Terms, Conditions and Exclusions of interim cover

The interim cover is only provided:

(a) for the type of policy/ies you have applied for in the application subject to the terms, conditions and exclusions applicable to the interim cover and

(b) subject to the other relevant terms, conditions and exclusions of the relevant Policy Document for that insurance, except to the extent the terms of the Policy Documents provide greater cover than provided for the interim cover as set out in the following specific terms, conditions and exclusions which apply to the interim cover.

Specific exclusions applicable to interim cover

To the extent permitted by law, no cover is provided under interim cover:

(a) if you would not have been entitled to the interim cover or for any amount in excess of what we would have covered you for, based on our underwriting

criteria applicable for the relevant insurance immediately before interim cover is effective or

(b) if the event leading to the claim occurs while you are outside Australia or

(c) where the event leading to the claim is caused directly or indirectly by:

(i) suicide

(ii) intentional self-inflicted injury or act

(iii) the taking of drugs other than as prescribed by a doctor

(iv) engaging in any criminal activities

(v) engaging in any pursuit or occupation which would cause us to reject or apply special conditions to acceptance of the application for insurance or

(vi) an act of war (whether declared or not) or military service.

Terms of interim cover provided for Zurich Term Life Insurance Plus, Zurich Superannuation Term Life Insurance Plus and Zurich Stand Alone Trauma Insurance Plus

If you have applied for **Zurich Term Life Insurance Plus or Zurich Superannuation Term Life Insurance Plus:**

We will pay you a benefit in the event of your *Accidental Death* during the period of this interim cover.

If you have applied for the **Total and Permanent Disablement option:**

We will pay you a benefit if you are disabled and suffer *Loss of Limbs or Sight* as a result of an *Accidental Injury* during the period of this interim cover. You must survive at least 14 days after the loss.

If you have applied for **Stand Alone Trauma Insurance Plus or the Trauma** option:

We will pay you a benefit if you suffer one of the following trauma conditions, solely as a result of *Accidental Injury* during the period of this interim cover and survive for at least 14 days without being on life support:

- *Blindness**
- *Coma**
- *Severe Accident or Illness requiring Intensive Care**
- Paralysis (*Paraplegia, Quadriplegia, Hemiplegia, Diplegia*)
- *Major Head Trauma**
- *Severe Burns**

* These conditions are not included when applying for Basic trauma cover. Please refer to Part 1 pages 11 and 19.

For Death cover, the amount we will pay in respect of any life (regardless of the number of applications being assessed) will be the lesser of:

- $1,000,000 or
- the amount of cover you are applying for or
- the amount of cover you would have been accepted for under our normal underwriting criteria.

For Total and Permanent Disablement or Trauma cover the amount we will pay in respect of any life (regardless of the number of applications being assessed) will be the lesser of:

- $600,000 or
- the amount of cover you are applying for or
- the amount of cover you would have been accepted for under our normal underwriting criteria.

Terms of interim cover provided for Zurich Income Replacement Insurance Plus, Zurich Special Risk Income Replacement Insurance Plus and Zurich Business Expenses Insurance Plus.

We will pay you an Income benefit or Business Expenses benefit if, solely as a result of an Accidental Injury during the period of this interim cover:

- you totally cease work and
- you are not able to earn from personal exertion any income or generate any business earnings for a period of at least the nominated Waiting Period and
- you are under the regular care of a Medical practitioner.

The benefit will be paid in the event of sustaining Accidental Injury, which occurs after this cover commences. This benefit is not payable where you choose a Waiting Period of more than 60 days.

The amount we will pay you each month will be the lesser of:

- $5,000 or
- the Income benefit you are applying for or
- the amount of cover you would have been accepted for under our normal underwriting criteria.

The maximum period we will pay a benefit for is 12 months.

Specific conditions applicable to interim cover

If you make a claim under the interim cover you must pay us the premium for this cover that we require, which will be what we would have charged you for the policy/policies you have applied for.

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 reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you 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 his business, ought to know;
- as to which compliance with your duty is waived by the insurer.

Non-disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within 3 years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within 3 years of entering into it, 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.

Duty of disclosure notice

In signing this Interim Cover certificate you declare that you have read and understood your Duty of disclosure.

If you have failed to disclose any such matters to us when you complete your application and you have interim cover, we may exercise our rights specified above in relation to the interim cover.

For the policy/ies applied for, the duty also applies up until the time we decide to enter into a contract of insurance with you. Please ensure you contact us if any information in your application changes, or you need to disclose further matters after it is completed, as it can affect any final cover.

Confirming transactions

You may contact us in writing or by phone to confirm this transaction if you or your Adviser do not already have the required confirmation details.

Name of person(s) to be insured

Signature of person(s) to be insured

Interim Cover Effective Date

(Insert date)

Adviser name

Signature

Adviser no

Phone no

Date

Application checklist

Completing the Application Form

When you complete the Application Form accompanying this PDS, please

- use a black pen
- write in BLOCK LETTERS
- complete all relevant sections of the Application Form
- attach a cheque for the first insurance premium made payable to Zurich Australia or a Payment Authority if the first premium is to be paid by credit card or direct debit to a bank or building society account
- complete the Payment Authority if future premiums are to be paid by the Direct Debit facility from a bank, building society or credit union account or Credit Card
- complete the Interim Cover Certificate for your records
- attach any computer-generated illustrations
- attach a Life Insured's Statement for each person to be insured.

Contacting us

The team at the Zurich Client Service Centre understands your product. It is well equipped to answer questions about the product and provide extra information, although it is not able to give financial advice. For financial advice, please contact your adviser.

Simply:

- call us on 131 551
- email us at client.service@zurich.com.au
- fax us on 9995 3797
- or write us at:

Zurich Client Service Centre
Locked Bag 994
North Sydney NSW 2059

Processing your Application

If we are unable to process your Application, for whatever reason, Zurich will deposit any money received into a Trust Account. Under current legislation this money can only be held in a Trust Account for a maximum of one month or a period that is 'reasonable' in the circumstances. Provided Zurich has sufficient proof that we have been attempting to finalise the Application by way of following up the outstanding requirements, then the 'reasonable' period will be not more than four months.

Any interest earned on the moneys in the Trust Account will be retained by Zurich to recover administration costs incurred in finalising the Application.

Your Privacy

Zurich respects your privacy. Before we collect personal information you should know the following things:

We need personal information about you to:

- assess your application for one of our products or services (or the application that someone else such as your employer may be making on your behalf), and
- administer the investment, insurance policy or superannuation plan membership that may result.

Where relevant for this purpose, we will disclose this information (which may include disclosure of sensitive information such as health information):

- to your adviser (or your employer's adviser, if you are a member of a company superannuation plan) and the licensed dealer or broker the adviser represents
- to our agents, contractors, business partners and service providers who provide financial, administration and other services in connection with the operation of our business or products
- to the Policy Owner/s.

A list of the type of agents, contractors and service providers we commonly use is available by calling us. You can also find this list, together with Zurich's privacy policy, on our website, www.zurich.com.au

We may also disclose information about you where we are required or permitted to do so by law.

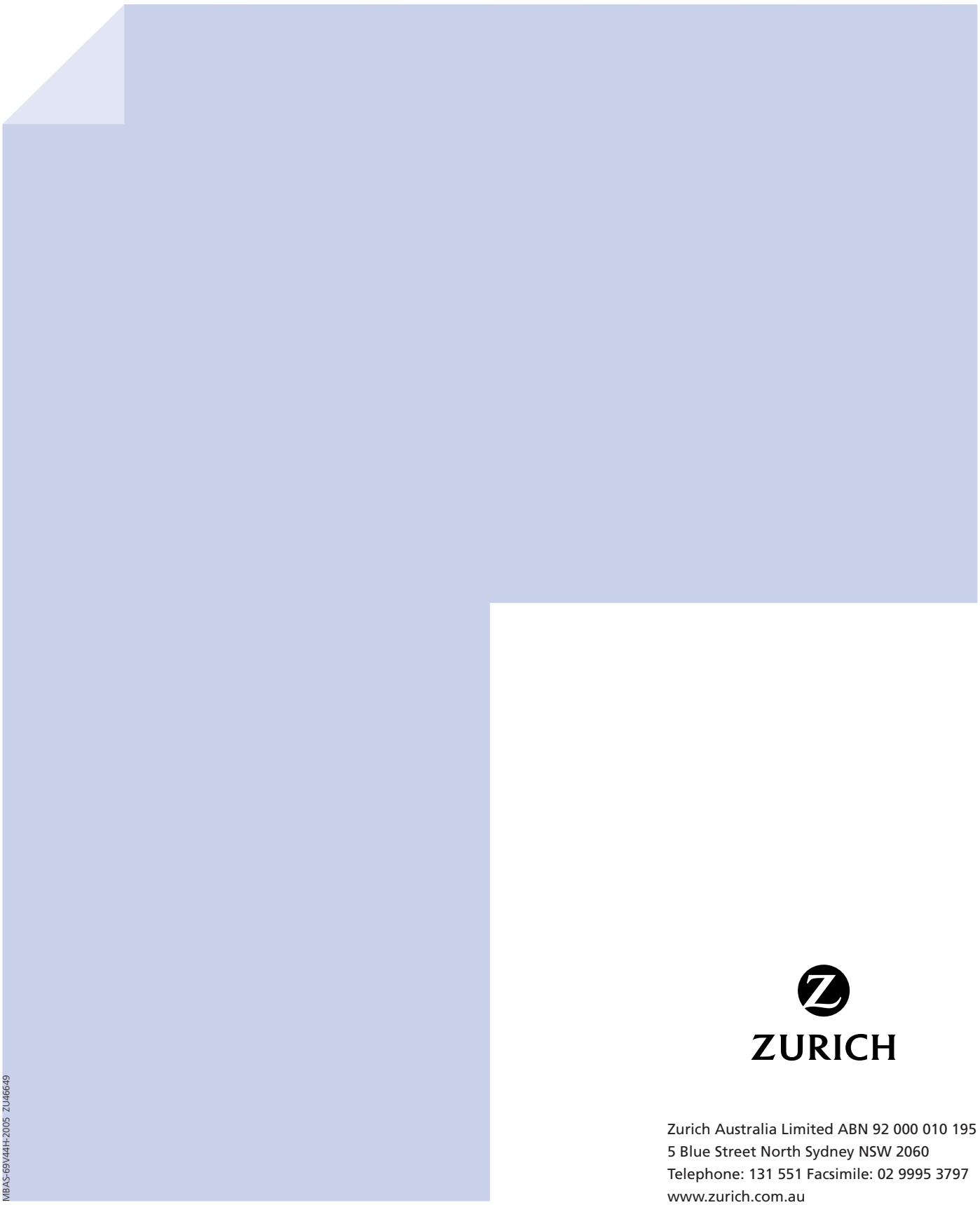
If you do not provide the information asked for, we may not be able to:

- accept your application for this investment or superannuation plan (or your employer's nomination of you for membership)
- offer insurance cover (or increased insurance cover) or
- administer the investment or superannuation plan.

We may use personal information (but not sensitive information, such as health information) collected about you to notify you of other products and services, or we may pass it to other companies in the Zurich Financial Services Australia Group to allow them to notify you of their products or services. If you do not want your personal information used in this way you should contact us.

In most cases, on request, we will give you access to any personal information we hold about you. We may charge you for reasonable administrative costs associated with providing you with this information.

You may contact us by telephone on 132 687, e-mail us at privacy.officer@zurich.com.au or by writing to 'The Privacy Officer' at Zurich Financial Services Australia Limited, PO Box 677, North Sydney, 2059 . To help us respond promptly to your enquiry, please provide details of your account/ membership number/s where known



ZURICH

Zurich Australia Limited ABN 92 000 010 195
5 Blue Street North Sydney NSW 2060
Telephone: 131 551 Facsimile: 02 9995 3797
www.zurich.com.au

MBAS-69V44H-2005 ZU46649

Zurich Wealth Protection Forms Application Form

ZURICH

This application form is dated 1 April 2005.

Please use black pen, BLOCK LETTERS and ✔ where applicable.

DO NOT USE HIGHLIGHTERS

Please choose one of the following:

☐ Application for a new policy.

Do takeover terms from another insurer apply? Yes ☐ No ☐

☐ Application for an addition to an existing Zurich policy.*

Policy number ☐☐☐☐☐☐☐☐

☐ Application for a new policy to replace an existing Zurich policy.

Policy number ☐☐☐☐☐☐☐☐

*** If you are applying for an addition or increase to a product other than a Zurich Wealth Protection product as described in this PDS then in most circumstances upon acceptance, we will cancel your existing Policy and issue a new Zurich Wealth Protection Policy. The new Policy will be issued for the sum insured of the old Policy combined with the applied for addition or increase. If we are unable to do so (because it would disadvantage you), upon acceptance, we will issue a second policy for the applied for addition and your existing Policy will remain unchanged.**

Indicate which product(s) you are applying for:

Issued by Zurich Australia Limited:

☐ **Term Life Insurance Plus**
↘ Complete sections 1, 2, 3, 4, and Life Insured's Statement

☐ **Stand Alone Trauma Insurance Plus**
↘ Complete sections 1, 2, 3, 5, and Life Insured's Statement

☐ **Income Replacement Insurance Plus**
↘ Complete sections 1, 2, 3, 7, and Life Insured's Statement

☐ **Special Risk Income Replacement Insurance Plus**
↘ Complete sections 1, 2, 3, 8, and Life Insured's Statement

☐ **Business Expenses Insurance Plus**
↘ Complete sections 1, 2, 3, 9, and Life Insured's Statement

Issued by Zurich Australian Superannuation Pty Limited:

☐ **Superannuation Term Life Insurance Plus**
↘ Complete sections 1, 2, 3, 6, Life Insured's Statement, Zurich Master Superannuation Fund form and Tax File Number Notification form

ZU47067

This Application Form must accompany the Zurich Wealth Protection Product Disclosure Statement (PDS). The PDS will help you to understand the product and decide if it is appropriate to your needs. Please ensure you read the PDS carefully before you complete and sign this Application Form.

☐ **Attention to:**

Has an underwriting pre-assessment been given regarding this application? Yes ☐ No ☐

If "Yes", please provide Reference Number ↘

1 Life Insured details – (all applicants to complete)

Life Insured 1

A Life Insured's Statement is required

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Surname

Given names

Male ☐ Female ☐

Date of birth DD / MM / YYYY

Age next birthday

Place of birth

Non smoker ☐ Smoker ☐

Postal Address

State Postcode

Country of Residency

Contact details

Work ( )

Home ( )

Mobile ( )

Facsimile ( )

Email

Life Insured 2

A Life Insured's Statement is required ☐ Completed

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Surname

Given names

Male ☐ Female ☐

Date of birth DD / MM / YYYY

Age next birthday

Place of birth

Postal Address

State Postcode

Country of Residency

Contact details

Work ( )

Home ( )

Mobile ( )

Facsimile ( )

Email

2 Policy owner(s) – (all applicants to complete)

Superannuation Term Life Insurance Plus

I am joining Zurich Master Superannuation Fund:

Yes ☐ ➘ No other Policy Owner Details need to be completed.
Please complete the Zurich Master Superannuation Fund form on page 25.

Policy Owner 1 is Life Insured 1 Yes ☐ No ☐

➙ If "No", please complete details below

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Surname/Company Name, Trustee(s) or Partners

Given names (Name under which business is carried out if applicable)

Date of birth DD / MM / YYYY

Postal Address

State Postcode

Contact details

Work ( )

Home ( )

Mobile ( )

Facsimile ( )

Email

Relationship to insured

% Interest in business if applicable

Policy Owner 2 is Life Insured 2 Yes ☐ No ☐

If "No", please complete details below

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Surname/Company Name, Trustee(s) or Partners

Given names (Name under which business is carried out if applicable)

Date of birth DD / MM / YYYY

Postal Address

State Postcode

Contact details

Work	( )
Home	( )
Mobile	( )
Facsimile	( )
Email	

Relationship to insured

% Interest in business if applicable

3 Payer's details – (all applicants to complete)

Name and address to which renewal information and billing details should be sent

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Surname

Given names

Postal Address

State Postcode

Phone number ( )

Payment details

Please complete the Payment Authority set out on page 23 of this Application form.

Please complete Product details on pages 4 to 8

OR

Attach a signed 'Life Office Copy' illustration from the Zurich Risk Quotation Software.

4 Term Life Insurance Plus Policy details

Is a computer-generated illustration signed and attached to this application?

Yes ☐ ➘ If "Yes", the illustration forms part of this application. No ☐ ➘ If "No", please complete the details below.

Premium structure ☐ Stepped ☐ Level

Business Insurance

Is this policy for Business Insurance Purposes? Yes ☐ No ☐

➘ If "Yes", please select

Is it: ☐ Buy/Sell

☐ Keyperson

☐ Loan/Guarantor protection

☐ Aggregate/Multiple purpose

If you have selected a TPD option please indicate occupation class:

Life insured 1 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Life insured 2 ☐ 1 ☐ 2 ☐ 3 ☐ 4

			Life Insured 1		Life Insured 2	
			Benefit amount	Premium	Benefit amount	Premium
Death Benefit			$	$	$	$
Premium Waiver option			☐ Yes ☐ No		☐ Yes ☐ No	
Business Future Cover option						
Death only	☐			$		$
Death and TPD	☐			$		$
Trauma option						
Trauma	☐	Basic	$	$	$	$
	☐	Extended	$	$	$	$
	☐	Accelerated Buy Back option		$		$
	☐	TPD Buy Back option		$		$
Standard TPD (linked)	☐	"Own" occupation	$	$	$	$
	☐	"Any" occupation	$	$	$	$
Double TPD (linked)	☐	"Own" occupation	$	$	$	$
	☐	"Any" occupation	$	$	$	$
TPD option (non-linked) – the total amount of non-linked TPD cover plus the total Trauma cover cannot exceed the death cover						
Standard TPD	☐	"Own" occupation	$	$	$	$
	☐	"Any" occupation	$	$	$	$
Double TPD	☐	"Own" occupation	$	$	$	$
	☐	"Any" occupation	$	$	$	$
Accidental Death option			$	$	$	$
Needlestick Cover option			$	$	$	$
				Total premium $		Total premium $
					Management fee $	
					TOTAL PAYABLE UNDER THIS POLICY $	

NOTE: If this application for insurance is an addition to existing insurance cover, please advise total sums insured.

4 Term Life Insurance Plus Policy details *continued*

Nomination of Beneficiaries (Optional – non-superannuation business only)

The legal mechanism for nominating beneficiaries on a policy of life insurance is provided by s 48A of the Insurance Contracts Act and by relevant state laws relating to Wills and testamentary dispositions. Zurich has received legal advice that these laws (and the interaction of these laws) have created some uncertainties, including uncertainty about the number of beneficiaries that can be nominated and the nature of the interest of third party beneficiaries. We therefore recommend that you obtain your own legal advice regarding this situation. Zurich will accept nominations of beneficiaries to receive death claim proceeds on the basis that you, the Policy Owner, acknowledge that Zurich:

- Has made you aware that the law relating to nomination of beneficiaries is not settled
- Recommends you obtain independent legal advice, including advice about making the relevant nomination in your will or by way of a trust deed and a separate Deed of Arrangement and
- Will use its best endeavours, but can make no representation or warranty that it will be legally able to comply with your directions to pay your nominated beneficiary.

By making a nomination you will be accepting the above terms.

The rules for nominating beneficiaries are:

- A nominated beneficiary can be a natural person, corporation or trust
- Contingent nominations cannot be made
- You may change a nominated beneficiary at any time or revoke a previous nomination at any time prior to a claim event occurring
- If a natural person, who is a nominated beneficiary at the time of death of the life insured dies before any entitlement under the policy can be paid, then any money payable will be paid to that person's legal representative
- If ownership of the Policy is assigned to another person or entity, then any previous nomination is automatically revoked
- A nominated beneficiary has no rights under the Policy, other than to receive the nominated Policy proceeds after a claim has been admitted by the Life Company. He or she cannot authorise or initiate any Policy transaction.

Full Name of Beneficiary	Address	Date of birth	Relationship	% Split
1.		DD / MM / YYYY		
2.		DD / MM / YYYY		
3.		DD / MM / YYYY		
4.		DD / MM / YYYY		
5.		DD / MM / YYYY		

Policy Owner's signature

✘ Policy owner

Policy Owner's signature

✘ Policy owner

5 Stand Alone Trauma Insurance Plus Policy details

Is a computer-generated illustration signed and attached to this application?

Yes ☐ ➘ If "Yes", the illustration forms part of this application. No ☐ ➘ If "No", please complete the details below.

Premium structure Stepped ☐ Level ☐

Policy details on Life Insured 1

Policy Type	Benefit amount	Premium
Stand Alone Trauma		
☐ Basic	$	$
☐ Extended	$	$
Total and Permanent Disablement option		
Occupation class ☐ 1 ☐ 2 ☐ 3 ☐ 4		
☐ "Own" occupation	$	$
☐ "Any" occupation	$	$
Accidental Death option	$	$
Total premium for Life Insured 1		$
Total premium for Life Insured 2 (from table below)		$
Management fee		$
TOTAL PAYABLE UNDER POLICY		$

Policy details on Life Insured 2

Policy Type	Benefit amount	Premium
Stand Alone Trauma		
☐ Basic	$	$
☐ Extended	$	$
Total and Permanent Disablement option		
Occupation class ☐ 1 ☐ 2 ☐ 3 ☐ 4		
☐ "Own" occupation	$	$
☐ "Any" occupation	$	$
Accidental Death option	$	$
Total premium for Life Insured 2		$

6 Superannuation Term Life Insurance Plus Policy details

Is a computer-generated illustration signed and attached to this application?

Yes ☐ ➘ If "Yes", the illustration forms part of this application. No ☐ ➘ If "No", please complete the details below.

Premium structure Stepped ☐ Level ☐

Premium Waiver option Yes ☐ No ☐

		Benefit amount	Premium
Superannuation Term Life Insurance Plus		$	$
Total and Permanent Disablement option			
Occupation class ☐ 1 ☐ 2 ☐ 3 ☐ 4			
Standard TPD ☐	"Own" occupation	$	$
☐	"Any" occupation	$	$
Double TPD ☐	"Own" occupation	$	$
☐	"Any" occupation	$	$
Accidental Death option		$	$
	Management fee		$
	TOTAL PAYABLE UNDER POLICY		$

NOTE: If this application for insurance is an addition to existing insurance cover, please advise total sums insured.

Please complete the ATO Superannuation Individual Tax File Number Notification located on page 27.

7 Income Replacement Insurance Plus Policy details

Is a computer-generated illustration signed and attached to this application?

Yes ☐ ➘ If "Yes", the illustration forms part of this application. No ☐ ➘ If "No", please complete the details below.

Annual Salary (pre-tax) $ per annum

If applying for Superannuation Contributions option:

Includes Superannuation Contributions of $ pa

Insured Monthly Benefit (maximum cumulative total including superannuation contributions option is $20,000 pm)

1st Waiting period $ per month

Superannuation Contributions option $ per month

2nd Waiting period $ per month

Superannuation Contributions option $ per month

Premium structure ☐ Stepped ☐ Level

Occupation class
(Tick only one)

- ☐ A1
- ☐ A1M
- ☐ A2
- ☐ A3
- ☐ B1
- ☐ B2
- ☐ B3

Benefit
(Tick only one)

- ☐ 1 year for Sickness or Injury
- ☐ 2 years for Sickness or Injury
- ☐ 5 years for Sickness or Injury
- ☐ to age 55 for Sickness or Injury
- ☐ to age 60 for Sickness or Injury
- ☐ to age 65 for Sickness or Injury

Cover type

- ☐ Agreed value
- ☐ Indemnity

Waiting period
(show split as applicable)

☐	14 days for	1st	/	2nd	Income benefit
☐	30 days for	1st	/	2nd	Income benefit
☐	60 days for	1st	/	2nd	Income benefit
☐	90 days for	1st	/	2nd	Income benefit
☐	180 days for	1st	/	2nd	Income benefit
☐	1 Year for	1st	/	2nd	Income benefit
☐	2 Years for	1st	/	2nd	Income benefit
☐	Other ☐ days for	1st	/	2nd	Income benefit
☐	Other ☐ days for	1st	/	2nd	Income benefit

- ☐ Premium Saver option
- ☐ Increasing Claims option
- ☐ Lump Sum Accident option Amount $
- ☐ Family Care option
- ☐ Spouse cover (for covered Spouse)
  - ➘ ☐ 60 days Waiting period
  - ➘ ☐ 90 days Waiting period

Spouse details

A Life Insured's Statement is required ☐ Completed

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Surname

Given names

Date of birth DD / MM / YYYY

Age next birthday

Non smoker ☐

Smoker ☐

- ☐ Day 4 Accident option
- ☐ Trauma option
- ☐ Needlestick Cover option Amount $
- ☐ Special Care option
- ☐ Severe Disability option
- ☐ Booster option
- ☐ Future Insurability option

Premium for Life Insured	$
Premium for covered Spouse	$
Management fee	$
Sub total	$
Stamp duty	$
TOTAL PREMIUM	$

continued on next column ➚

8 Special Risk Income Replacement Insurance Plus Policy details

Is a computer-generated illustration signed and attached to this application?

Yes ☐ ➘ If "Yes", the illustration forms part of this application.

No ☐ ➘ If "No", please complete the details below.

Annual Salary (pre-tax) $ per annum

Insured Monthly Benefit (maximum total $10,000 pm)

1st Waiting period $ per month

2nd Waiting period $ per month

Premium structure ☐ Stepped ☐ Level

Occupation class

☑ SRD

Benefit period (Tick only one)

☐ 1 year for Sickness or Injury

☐ 2 years for Sickness or Injury

☐ 5 years for Sickness or Injury

Cover type

☐ Agreed value

☐ Indemnity

Waiting period
(show split as applicable)

☐ 30 days for 1st / 2nd Income benefit

☐ 60 days for 1st / 2nd Income benefit

☐ 90 days for 1st / 2nd Income benefit

Options

☐ Premium Saver option

☐ Increasing Claims option

☐ Lump Sum Accident option Amount $

☐ Family Care option

☐ Spouse cover (for covered Spouse)

➘ ☐ 60 days Waiting period

➘ ☐ 90 days Waiting period

A Life Insured's Statement is required ☐ Completed

Premium for Life Insured $

Premium for covered Spouse $

Management fee $

Sub total $

Stamp duty $

TOTAL PREMIUM $

9 Business Expenses Insurance Plus Policy details

Is a computer-generated illustration signed and attached to this application?

Yes ☐ ➘ If "Yes", the illustration forms part of this application.

No ☐ ➘ If "No", please complete the details below.

Eligible Business Expenses $ per annum

Business Expenses benefit

1st Waiting period $ per month

2nd Waiting period $ per month

Premium structure ☐ Stepped ☐ Level

Occupation class
(Tick only one)

☐ A1

☐ A1M

☐ A2

☐ A3

☐ B1

☐ B2

☐ B3

☐ SRD

Benefit

☑ 1 year for Sickness or Injury

Waiting period
(show split as applicable)

"A" Occupation classes only

☐ 14 days for 1st / 2nd Business Expenses benefit

All Occupation Classes

☐ 30 days for 1st / 2nd Business Expenses benefit

☐ 60 days for 1st / 2nd Business Expenses benefit

☐ 90 days for 1st / 2nd Business Expenses benefit

Premium for Life Insured $

Management fee $

Sub total $

Stamp duty $

TOTAL PREMIUM $

Life Insured's Statement

ZURICH

IMPORTANT
Please help us to avoid delays in processing your application by making sure you fully answer all the questions relevant to your application.

Please use black pen and BLOCK LETTERS. Tick ✔ where applicable.

PLEASE DO NOT USE HIGHLIGHTERS

For additional space refer to page 19 and 31

Duty of disclosure

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 reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you 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 his business, ought to know;
- as to which compliance with your duty is waived by the insurer.

Non-disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within 3 years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within 3 years of entering into it, 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.

Superannuation Term Life Insurance Plus Applicants

Before the Trustee effects insurance cover with the insurer, the Trustee has a duty of disclosure. It is a condition of your participation in the Zurich Master Superannuation Fund (Fund) that you have the same duty of disclosure to the Trustee. Any reference to the "insurer" in the section headed "Duty of disclosure" includes a reference to the "Trustee".

Note: When a person applies for insurance benefits under the Fund any personal information disclosed to the Trustee will be given to the insurer: Zurich Australia Limited.

Life Insured's surname

Life Insured's given names

Date of birth DD / MM / YYYY

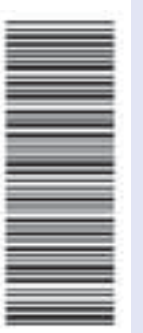
Male ☐

Female ☐

For additional lives insured please complete a stand-alone Life Insured's Statement.

Your Duty of disclosure continues until the insurer has informed you as to whether the insurer accepts or declines your application. This means that you must advise the insurer of any changes to the information included in this form up until the date that the insurer confirms in writing that the application has been accepted or declined. In particular, you should advise Zurich of any changes in medical or physical conditions, and of any visits to medical service providers.

Note: In assessing your claim we will also rely on any information you have disclosed to us as part of your application. Where information (eg. your income) has not been verified at the time of application we reserve the right to verify it at the time of claim.



1 Occupation and income details

Please complete questions 1–4 for all types of cover.

1. Are you:

(a) Sole-trader ☐

(b) Working Director/Employee of own company ☐

(c) In partnership ☐

(d) Employee ☐

2. (a) Employer's name (or Business name)

(b) Actual business address (not Post Office box)

State Postcode

(c) Business phone number

( )

3. (a) Current occupation and industry

(b) Current Salary / Income (less business expenses, before tax)

$

(c) Qualifications, Licences, Professional bodies

(d) Describe all duties of your current occupation and % of time involved in each duty

(e) Do you have any hazardous duties? Yes ☐ No ☐

(eg. working underground, offshore, at heights, with explosives)

If "Yes", please give details

(f) Is there any manual work involved? Yes ☐ No ☐

% of time

(g) Do you supervise manual work? Yes ☐ No ☐

% of time

(h) How long have you been in your current occupation?

Years Months

4. How many hours per week do you work?

Hours per week

2 Financial Information

Please complete questions 5–15 for Total and Permanent Disablement options, Income Replacement Insurance Plus, Special Risk Income Replacement Insurance Plus and Business Expenses Insurance Plus.

5. Do you intend to change your current occupation or take a leave of absence Yes ☐ No ☐

If "Yes", please give details

6.(a) Occupation and income history over the last 3 years. Income is your gross income earned before tax from personal exertion, less business expenses incurred in earning that income. **Please ensure that business expenses are included if you are self-employed or you work for your own company.**

Past 12 months

Date from	Date to	Occupation	Employer

Average annual (before tax)
Gross Income less **Business Expenses** equals **Net Income (before tax)**

Preceding 12 months

Date from	Date to	Occupation	Employer

Average annual (before tax)
Gross Income less **Business Expenses** equals **Net Income (before tax)**

12 months Preceding that

Date from	Date to	Occupation	Employer

Average annual (before tax)
Gross Income less **Business Expenses** equals **Net Income (before tax)**

Note: In the event of a claim, the above income figures will need to be substantiated with the appropriate financial evidence unless already provided with this application.

7. Do you have a second job? Yes ☐ No ☐

If "Yes", give full details including industry/duties, hours worked per week and earned annual income.

8. Do you work at home? Yes ☐ No ☐

Hours/week

If "Yes", please give details of business setup:

9. Have you ever been declared bankrupt or placed in receivership, involuntary liquidation or under administration? Yes ☐ No ☐

If "Yes", date of discharge DD / MM / YYYY

Please complete a Bankruptcy Questionnaire

continued on next page

continued from previous page ↘

10. Do you receive income from any other source? (eg. rental income, dividends) Yes ☐ No ☐

Source | Amount p.a.

$

Source | Amount p.a.

$

11. Would your income continue if you became disabled? Yes ☐ No ☐

↙ If "Yes", for how long and what amount? Amount p.a.

Years | Months | $

12. Do you have any sick leave entitlements? Yes ☐ No ☐

No. of days per year | Total accumulated sick days

13. Are you covered for sickness and accident under a superannuation scheme or under group salary continuance? Yes ☐ No ☐

↙ If "Yes", please give details of exact entitlements

To be completed by self-employed, partners and working directors only.

14. Are you self-employed or an employee of your own company? Yes ☐ No ☐

↙ If "Yes", how long and how many people do you employ?

Years | Months

No. of employees –

Full-time | Part-time

Number of income producing employees ☐

15. (a) What is your % ownership of the business?

%

(b) What proportion of total business earnings would continue if you were not working?

%

Complete this section if Business Expenses Insurance Plus required.

16. Business expenses

(a) Date business commenced DD / MM / YYYY

(b) Type of business eg. Partnership, Inc. Company, Sole proprietor

%

(c) Your proportion of total business expenses (show details in the table below) %

(d) What proportion of total business earnings are from your personal exertion? %

(e) What proportion of total business earnings would continue if you were not working? %

(f) Do you have any partners or income producing employees? Yes ☐ No ☐

(g). Please complete this schedule for employees

Relationship	Income producing (Yes/No)	Occupation/Duties
	Yes ☐ No ☐	
Annual wage	% Interest in business	
$	%	

Relationship	Income producing (Yes/No)	Occupation/Duties
	Yes ☐ No ☐	
Annual wage	% Interest in business	
$	%	

Relationship	Income producing (Yes/No)	Occupation/Duties
	Yes ☐ No ☐	
Annual wage	% Interest in business	
$	%	

Relationship	Income producing (Yes/No)	Occupation/Duties
	Yes ☐ No ☐	
Annual wage	% Interest in business	
$	%	

If insufficient space, attach signed addendum.

PLEASE NOTE: Some expenses are not covered eg. cost of equipment, furniture, stock and tools, depreciation on real estate, mortgage or loan principal repayments, salaries/related costs of income producing employees.

Eligible expenses per year
(List only your share of business expenses)

Accounting fees	$
Advertising	$
Business insurance premiums	$
Depreciation on equipment or plant	$
Electricity, telephone, gas, water	$
Laundry and cleaning services	$
Leasing and costs of one motor vehicle	$
Leasing of office equipment	$
Mortgage or loan interest payments	$
Professional Association membership fees	$
Property rates and taxes or rent	$
Salaries of employees (complete details at Question 16 (g))	$
Other (please specify)	$
Total	$

continued on next column ↗

3 Doctor's details

1. Do you have a 'usual doctor' or medical centre? Yes ☐ No ☐

Details of doctor/centre you usually visit, or the last doctor/ centre attended if you do not have a 'usual' medical attendant.

Doctor's Name

Medical Practice Name

Contact details Telephone ( )

Address

State Postcode

How long have they known you? Years Months

When was your last consultation? DD / MM / YYYY

Last consultation

Reason

Results

Degree of recovery

4 Personal habits

1. Have you smoked tobacco or any other substance within the last 12 months? Yes ☐ No ☐

↙ If "Yes", please provide type and quantity per day

2. Do you now or have you ever drunk alcohol? Yes ☐ No ☐

↙ If "Yes", how many standard drinks do you consume on average per week?

3. Have you ever reduced or been advised to reduce your tobacco or alcohol consumption? Yes ☐ No ☐ ↙ If "Yes", please give details

Type, previous amount, duration

Reason for reduction, cessation

4. Have you used or injected yourself with any drug not prescribed by a doctor? Yes ☐ No ☐

Or had alcohol dependency? Yes ☐ No ☐

↘ If "Yes", please give details

5. Do you take medication, drugs, stimulants, sedatives or tranquillisers or have you done so within the last 5 Years? Yes ☐ No ☐ ↙ If "Yes", please give details

continued on next column ↗

5 Aids Declaration

Aids Declaration

To the best of your knowledge is there any possibility that you have ever been infected with, or have you ever tested positive for, AIDS (Acquired Immune Deficiency Syndrome) or HIV (Human Immunodeficiency Virus), or are you in a high-risk category for contracting HIV (eg. Had a blood transfusion, injected drugs other than as prescribed by a medical practitioner, shared needles, engaged in unprotected male to male sexual intercourse, worked as or engaged the services of a prostitute)? Yes ☐ No ☐

6 Residency

1. Are you a permanent resident of Australia? Yes ☐ No ☐

↙ If "No", please give details

Visa type:

Expiry date:

(b) Have you applied for permanent residency? Yes ☐ No ☐

(c) If "No", do you intend to apply? Yes ☐ No ☐

2. How long have you lived in Australia? Years

7 Travel Intentions

Do you have any intention of travelling or residing overseas?

Yes ☐ No ☐

If "Yes", please give details in the table below

Country/City	When	Why	How long

8 Height and weight

(*Delete as appropriate)

1. Height cm* ft/ins* Weight kg* lb*

2. Has your weight altered by more than 10 kgs during the last year? Yes ☐ No ☐

↙ If "Yes", please give details

9 Medical Background

Please indicate if you now have, or have ever had, any of the following, including symptoms of the following. If you answer "YES" to any of the questions, provide full details in the space provided or if insufficient room, on page 19.

	Yes	No	Details including **question number**, date, condition, name and address of doctors/hospitals, treatment, results, length of time off work
1. Any heart or vascular disorder, high blood pressure, raised cholesterol, pain in chest or rheumatic fever?	☐	☐	
2. Indigestion, hernia, gastric or duodenal ulcer?	☐	☐	
3. Bowel or intestinal disease?	☐	☐	
4. Coughing of blood or passage of blood from the bowel or in the urine?	☐	☐	
5. Hepatitis, haemochromatosis, any liver disease, gall bladder disease or abnormal liver function tests?	☐	☐	
6. Anaemia, leukaemia, haemophilia or other blood disorder?	☐	☐	
7. Kidney or bladder disorder (including renal colic, calculi, nephritis, pyelitis or cystitis)?	☐	☐	
8. Paralysis or stroke?	☐	☐	
9. Cancer, Tumour or Growth?	☐	☐	
10. Thyroid or prostate disorder?	☐	☐	
11. Arthritis or gout?	☐	☐	
12. Tendonitis, tenosynovitis or 'RSI'?	☐	☐	
13. Any impairment of sight, hearing or speech?	☐	☐	
14. Any skin disorder?	☐	☐	
15. Any congenital abnormality?	☐	☐	
16. Any sexually transmitted disease?	☐	☐	
17. Any other disability, illness or injury?	☐	☐	
18. Blood test, urine test or bowel screening?	☐	☐	
19. ECG, x-ray. CT, MRI scan or any other test?	☐	☐	
20. Do you have, or have you had any medical condition, which has impacted your ability to work or which may impact your future abilities?	☐	☐	

continued on next page ➔

All to complete

Please indicate if you now have, or have ever had, any of the following. If you answer "Yes" to questions 21–28, complete the applicable Questionnaire on pages 17, 18 and 19.

	Yes	No	
21. Asthma, bronchitis or other lung complaint?	☐	☐	If "Yes", please complete the Asthma Questionnaire on page 17.
22. Epilepsy, fainting attacks or fits of any kind?	☐	☐	If "Yes", please complete the Medical Questionnaire on page 19.
23. Cyst, mole or skin lesion?	☐	☐	If "Yes", please complete the Cyst/Mole/Skin Lesion Questionnaire on page 17.
24. Depression, stress, anxiety, panic attacks, behavioural disorder or other mental or nervous condition?	☐	☐	If "Yes", please complete the Mental Health Questionnaire on page 18.
25. Lethargy, chronic fatigue, chronic pain syndrome, glandular fever or fibromyalgia?	☐	☐	If "Yes", please complete the Medical Questionnaire on page 19.
26. Diabetes?	☐	☐	If "Yes", please complete the Diabetes Questionnaire on page 17.
27. Any disease of, or injury to, the neck or spine including back strain, disc disorder, lumbago, fibrositis, sciatica, neuritis or other non-specific back pain?	☐	☐	If "Yes", please complete the Back/Neck Pain Questionnaire on page 18.
28. Any injury, deformity or disease involving any joint or limb?	☐	☐	If "Yes", please complete the Medical Questionnaire on page 19.

All to complete

	Yes	No	Details including **question number,** date, condition, name and address of doctors/hospitals, treatment, results, length of time off work
29. During the past 5 years have you had any examination by a general practitioner or specialist doctor, physiotherapist, chiropractor or any other health professional not already stated in the application?	☐	☐	
30. Do you intend or believe you may need to seek advice or treatment from a doctor or other health professional for any current health problem(s), or have you any symptoms of ill health or disability not already stated in this application?	☐	☐	
31. Have you been away from your usual occupation for more than 2 consecutive weeks because of ill health in the last 12 months?	☐	☐	

Females only

	Yes	No	Details including **question number,** date, condition, name and address of doctors/hospitals, treatment, results, length of time off work
32. Have you ever had an abnormal pap smear?	☐	☐	
33. Have you ever had an abnormal mammogram?	☐	☐	
34.a) Are you now pregnant? If "Yes", please answer questions below	☐	☐	
b) Expected date of confinement	DD / MM / YYYY		
c) Do you now have, or have ever had, any pregnancy related complications? (eg hypertension, diabetes, post natal depression)	☐	☐	

10 Family Medical History – all to complete

(a) Has any parent, brother or sister, living or deceased, had any of the following: Yes ☐ No ☐

- Diabetes
- Heart disease
- Stroke
- Cancer
- Polycystic kidneys
- Muscular dystrophy
- Cystic fibrosis
- Mental disorder
- Huntington's chorea or any hereditary disease

If "Yes", please complete the following schedule of family history

	Living		Deceased	
	Age	State of Health (If not good, state reason)	Age at Death	Cause of Death (to be stated fully and exactly)
Father				
Mother				
Brothers				
Sisters				

(b) Have you ever had, or are you considering having a genetic test? Yes ☐ No ☐

If "Yes", please give details

11 Insurance History

1. Do you have, or have you recently applied for, any life, disability and/or trauma insurance with any company, including Zurich, or from current employment?

Yes ☐ If "Yes", please complete the table below No ☐ If "No", please go to Q2 of this section

Company	Type of Policy	Date Commenced	Insured Amount	Policy Number (if known)	To be replaced by this application (Refer Important Note)
		DD / MM / YYYY	$		Yes ☐ No ☐
		DD / MM / YYYY	$		Yes ☐ No ☐
		DD / MM / YYYY	$		Yes ☐ No ☐

IMPORTANT NOTE

If this application for insurance is intended to replace the existing policy or policies highlighted in the table above, when Zurich notifies you that it has accepted your application for insurance, you must cancel such policy or policies. If you do not cancel the existing policy or policies highlighted in the table above, the insurance applied for and accepted by Zurich will be ineffective and any claim made by you or any other applicable person to Zurich, will be rejected.

2. Have you ever had an application on your life declined, postponed, accepted with a loading or otherwise than as submitted?

Yes ☐ If "Yes", please complete the table below No ☐ If "No", please go to Q3 of this section

Company	Alteration	Date	Reason
		DD / MM / YYYY	
		DD / MM / YYYY	
		DD / MM / YYYY	

3. Are you covered for sickness and accident or disablement under a superannuation scheme, pension or a benefit provided by your employer?

Yes ☐ If "Yes", please provide details below No ☐ If "No", please go to Q4 of this section

4. Are you in receipt of or have you made a claim for disablement insurance, workers compensation, social security or veteran's affairs, sickness or disability benefits?

Yes ☐ If "Yes", please complete the table below No ☐ If "No", please go to section 12 Activities

Date	Company/Source	Period of Disability	Cause of Claim
DD / MM / YYYY			
DD / MM / YYYY			

12 Activities

Have you within the last 12 months, or do you have any intention of engaging in aviation (other than as a fare-paying passenger on a licensed public air service), diving, hang gliding, parachuting, motor car/cycle racing, rock/mountain climbing, football, boxing, martial arts, or other hazardous pursuits?

Yes ☐ No ☐

If "Yes", please complete the relevant questionnaire.

1. Aviation questionnaire

Complete this section only if applicable.

1. Do you hold a Civil Aviation Authority licence? Yes ☐ No ☐

   If "Yes", please state type and period held.

2. Do you intend to change the scope of your present licence? Yes ☐ No ☐

   If "Yes", please give details

3. Have you ever had an accident or been charged with violating Civil Aviation Authority regulations? Yes ☐ No ☐

   If "Yes", please give details

4. Do you ever use unauthorised landing areas? Yes ☐ No ☐

   If "Yes", please give details

5. Please complete the following schedule:

	No. of hours flown in past 12 months	Future annual average
(a) Commercial airline		
(b) Charter		
(c) Private		
(d) Aero Club/Flying school		
(e) Agriculture		
(f) Helicopter		
(g) Ultralight/Microlight		

6. Do you intend to engage in any form of aviation other than the above categories? Yes ☐ No ☐

   If "Yes", please give details

2. Scuba diving questionnaire

(a) Amateur, Professional, Instructor

(b) Average depth ____ Metres

(c) Maximum depth ____ Metres

(d) Number of dives ____ Annually

(e) Do you use explosives? Yes ☐ No ☐

(f) Type of dives (eg Recreational, cave, construction, exploration, wreck)?

3. Football questionnaire

(a) Code (eg. Soccer, League, Aussie Rules)?

(b) Amateur or Professional?

(c) Do you receive any payments? Yes ☐ No ☐

If "Yes", how much per annum? $

(d) Average number of hours of participation? ____ Weekly

(e) Details of any injuries sustained in this activity?

4. Motor/cycle racing questionnaire

1. Vehicle type?
2. Engine size?
3. Type of events?
4. Maximum speed? ____ Km/hour
5. Number of events? ____ Annually
6. Details of any injuries sustained in this activity?

5. Other Activities questionnaire

(a) Type of sport or pastime (eg. boxing, martial arts, hang gliding, motor boat racing, rock or mountain climbing, abseiling, bungy jumping, competitive skiing, parachuting, sky diving)?

(b) At what level do you participate (eg. amateur, professional, leisure)?

(c) Average number of hours participation ____ Annually

(d) Do you receive any payments? Yes ☐ No ☐

If "Yes", how much per annum?

$

(e) Details of any injuries sustained in this activity

Diabetes Questionnaire

Complete this section only if applicable.

1. When was diabetes diagnosed?

2. Name and address of Doctor now treating you

3. How often do you consult this Doctor/clinic?

4. What was the date of your last consultation?

   DD / MM / YYYY

5. Are you now taking insulin?

   Yes ☐ No ☐ ↙ If "Yes", please state number of daily units

6. Are you having oral drug treatment?

   Yes ☐ No ☐ ↙ If "Yes", please give name of drug and dosage

7. Has your intake of insulin or oral drugs varied in the past 2 years?

   Yes ☐ No ☐ ↙ If "Yes", please give details of previous dosage

8. Since your treatment began, have you ever had a diabetic or insulin coma?

   Yes ☐ No ☐ ↙ If "Yes", please give details

Cyst/Mole/Skin Lesion Questionnaire

Complete this section only if applicable.

1. What was the site of cyst/mole/skin lesion?

2. Type of cyst/mole/skin lesion?

3. Date of diagnosis? DD / MM / YYYY

4. Was the cyst/mole/skin lesion removed?

   Yes ☐ No ☐ ↙ If "Yes", please give date and method (by surgery, freezing or otherwise)

5. Were any special tests, investigations or treatment required?

   Yes ☐ No ☐ ↙ If "Yes", please give details

6. Was the cyst/mole/skin lesion reported to be malignant or benign?

   Malignant ☐ Benign ☐

7. Are you required to attend for any further treatment or follow-up since the original removal?

   Yes ☐ No ☐ ↙ If "Yes", please give details

8. Please advise name and address of doctors consulted

Asthma Questionnaire

Complete this section only if applicable.

1. When did you have your first attack of asthma?

2. When was your most recent attack?

3. How many attacks do you have per year?

4. How long does each attack last?

5. Is your asthma:

   Mild ☐ Moderate ☐ Severe ☐

6. Do you suffer from the following between attacks?

   (a) Wheezing Yes ☐ No ☐

   (b) Shortness of breath? Yes ☐ No ☐

7. How much time have you lost from work over the past 2 years because of asthma?

8. Name and address of Doctors who have treated you for asthma

9. Are you still under treatment?

   Yes ☐ No ☐ ↙ If "Yes", what medication are you using and in what dosage?

10. Have you ever had your chest X-rayed or undergone any pulmonary function tests?

    Yes ☐ No ☐ ↙ If "Yes", please advise date and result

11. Have you ever been treated with steroids cortisone or prednisone?

    Yes ☐ No ☐ ↙ If "Yes", please give details

12. Have you ever been hospitalised because of asthma?

    Yes ☐ No ☐ ↙ If "Yes", please give details

Mental Health Questionnaire

Complete this section only if applicable.

1. What was the diagnosis of the illness?

2 What were your symptoms?

3. What was the cause

4. What was the date of onset?

DD / MM / YYYY

5. Have you ever suffered from a similar illness and/or symptoms?

Yes ☐ No ☐ ↙ If "Yes", please give details and approximate dates

6. What treatment did you receive?

7. Were you referred to a specialist?

Yes ☐ No ☐ ↙ If "Yes", please give details including the specialist's name and address

8. Have you ever been hospitalised with depression or other nervous or mental disorder?

Yes ☐ No ☐ ↙ If "Yes", please give dates and lengths of admissions

9. Have you ever had suicidal thoughts and/or attempted suicide?

Yes ☐ No ☐

10. Have you ever had time off work because of depression or other nervous or mental disorder?

Yes ☐ No ☐ ↙ If "Yes", please give dates

11. Are you still taking medication? No ☐ Yes ☐

If "No", when did you stop?

DD / MM / YYYY

12. Have you fully recovered?

No ☐ Yes ☐ ↙ If "Yes", for how long?

↙ If "No", please explain

Back/Neck Pain Questionnaire

Complete this section only if applicable.

1. Which part of the back/neck is affected?

2. When did your symptoms first appear?

3. What was the cause of the pain?

4. How severe have the symptoms been and how long do they normally last?

5. What was the diagnosis? Was it muscular, soft tissue, a disc injury or other?

6. State:

(a) number of attacks per year

(b) date of your last attack DD / MM / YYYY

(c) duration of the attacks

7. Have you ever had sciatica, numbness or pins and needles?

Yes ☐ No ☐ ↙ If "Yes", please give details

8. Name and address of all doctors you have consulted, including chiropractors and physiotherapists

9. List all treatment that has been prescribed

10. Do you have regular therapy?

Yes ☐ No ☐ If "Yes", by whom?

11. Have you had X-rays, CT scan, MRI or surgery?

Yes ☐ No ☐ ↙ If "Yes", please give details

12. Does this condition interfere with or restrict your lifestyle activities or normal occupational duties?

Yes ☐ No ☐ ↙ If "Yes", please give details

13. How much time have you lost from work resulting from this condition? Please provide details

14. Have you fully recovered?

Yes ☐ No ☐ ↙ If "Yes", for how long?

↙ If "No", please explain

Medical Questionnaire

Complete this section only if applicable.

1. Injury or complaint

Date of onset

DD / MM / YYYY

2. What part of the body was affected? Was it the left or right side?

3. (a) What was the cause?

(b) Please describe symptoms

4. State (if applicable)

(a) number of attacks ____ per year

(b) date of your last attack DD / MM / YYYY

(c) severity of the attacks

(d) duration of the attacks

5. (a) What treatment have you received? Please provide details below.

(b) What treatment are you currently receiving and how often? Please provide details below.

6. Have you ever had time off work due to this injury or complaint?

Yes ☐ No ☐ ↙ If "Yes", please give dates

7. Have you ever been admitted to hospital for this complaint?

Yes ☐ No ☐ ↙ If "Yes", please state when and what period of time

Date	Period of time
DD / MM / YYYY	days/months
DD / MM / YYYY	days/months
DD / MM / YYYY	days/months

Name and address of hospital/doctor who provided treatment.

Name

Address

State Postcode

8. Were any tests conducted?

Yes ☐ No ☐ ↙ If "Yes", state type (eg x-ray, blood tests)

Date tests were conducted

DD / MM / YYYY

9. When did you last consult your doctor for this?

DD / MM / YYYY

Name and address of doctor last consulted for this

Name

Address

State Postcode

10. Have you fully recovered from this?

Yes ☐ No ☐ ↙ If "No", please give details of treatment recommended

11. Does this injury or complaint interfere with or restrict your lifestyle activities or normal occupational duties?

Yes ☐ No ☐ ↙ If "Yes", please give details

Additional information

To be completed by the life insured

You can use this page to provide further information where space does not permit elsewhere. Please note the page and question number the additional information relates to. You can also use page 31.

Page Number	Question Number	Further Information

Your privacy

Zurich respects your privacy. Before we collect personal information you should know the following things:

We need personal information about you to:

- assess your application for one of our products or services (or the application that someone else such as your employer may be making on your behalf), and
- administer the investment, insurance policy or superannuation plan membership that may result.

Where relevant for this purpose, we will disclose this information (which may include disclosure of sensitive information such as health information):

- to your adviser (or your employer's adviser, if you are a member of a company superannuation plan) and the licensed dealer or broker the adviser represents
- to our agents, contractors, business partners and service providers who provide financial, administration and other services in connection with the operation of our business or products
- to the Policy Owner/s.

A list of the type of agents, contractors and service providers we commonly use is available by calling us. You can also find this list, together with Zurich's privacy policy, on our website, www.zurich.com.au

We may also disclose information about you where we are required or permitted to do so by law.

If you do not provide the information asked for, we may not be able to:

- accept your application for this investment or superannuation plan (or your employer's nomination of you for membership)
- offer insurance cover (or increased insurance cover) or
- administer the investment or superannuation plan.

We may use personal information (but not sensitive information, such as health information) collected about you to notify you of other products and services, or we may pass it to other companies in the Zurich Financial Services Australia Group to allow them to notify you of their products or services. If you do not want your personal information used in this way you should contact us.

In most cases, on request, we will give you access to any personal information we hold about you. We may charge you for reasonable administrative costs associated with providing you with this information.

You may contact us by telephone on 132 687, e-mail us at privacy.officer@zurich.com.au or by writing to 'The Privacy Officer' at Zurich Financial Services Australia Limited, PO Box 677, North Sydney, 2059 . To help us respond promptly to your enquiry, please provide details of your policy number/s where known.

Declaration

I/We have read the Zurich Wealth Protection Product Disclosure Statement of which this Application forms part, and apply to Zurich Australia Limited (Zurich) for the policy/policies set out in this Application. My/Our decision to apply for this insurance is based on the material received and my/our understanding of the information. I/We declare that to the best of my/our knowledge and belief, my/our answers to the questions set out in the Application and the annexures to the Application are true and complete. I/We understand that the policy/policies applied for shall not become effective until this Application is approved by Zurich and will advise of any changes prior to my/our policy being received.

I/We have read and understood my/our Duty of disclosure as detailed on page 9. I/We understand that this duty continues until written notification has been given that the cover has been accepted/declined.

I/We have read and understood the Privacy Statement above and I/we agree to the collection and use of personal information about me/us in the manner described.

I/We acknowledge that if this application for insurance is intended to replace any existing policy or policies as referred to in this application, when Zurich notifies me/us that my/our application for insurance has been accepted, I/we must cancel such policy or policies. I/We acknowledge that when Zurich notifies me/us that my/our application for insurance has been accepted and I/we do not cancel any existing policy or policies as referred to in this application, the insurance applied for and accepted by Zurich will be ineffective and any claim made by me/us or any other applicable person to Zurich, will be rejected.

Additional Life Insured's declaration

I confirm that I am not now receiving or considering any medical or surgical attention or treatment other than that shown in this Application. I understand that the Policy applied for shall not become effective until this Application is approved by Zurich.

Life Insured 1 signature ✘ Life insured — Date DD / MM / YYYY

Witness signature ✘ Witness — Date DD / MM / YYYY

Policy Owner 1 signature ✘ Policy owner — Date DD / MM / YYYY

Witness signature ✘ Witness — Date DD / MM / YYYY

Policy Owner 2 signature ✘ Policy owner — Date DD / MM / YYYY

Witness signature ✘ Witness — Date DD / MM / YYYY

Parent's/Guardian's consent

(To be completed where the Policy Owner or Life Insured is aged 10 years or more, but under 16 years of age)

I hereby consent to this Application for the Zurich policy/ policies set out herein and declare that statements set out herein are true.

Parent's/Guardian's Signature

✘ Parent/Guardian

Date DD / MM / YYYY

Relationship to the Life Insured

Your application will be processed and your Policy Document/s issued to you as soon as possible. If you have not received your Policy Document/s or advice within 28 days of signing this Application, please contact your Zurich office.

(All complete)

ZURICH

Authorisation to physician

Dear Doctor

I hereby authorise you to release details of my personal medical history to Zurich Australia Limited ABN 92 000 010 195 (Zurich) or any organisation duly appointed by Zurich to collect such information. A photocopy (or similar) of this authorisation is as valid as the original.

Life Insured's Surname

Date of Birth DD / MM / YYYY

Given names

Life Insured's signature

✗ Life insured

Date DD / MM / YYYY

(Complete only as required)

ZURICH

Authorisation to physician

Dear Doctor

I hereby authorise you to release details of my personal medical history to Zurich Australia Limited ABN 92 000 010 195 (Zurich) or any organisation duly appointed by Zurich to collect such information. A photocopy (or similar) of this authorisation is as valid as the original.

Life Insured's Surname

Date of Birth DD / MM / YYYY

Given names

Life Insured's signature

✗ Life insured

Date DD / MM / YYYY

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Payment Authority

ZURICH

Payment Authority

Ongoing Payments

☐ Cheque (half-yearly or yearly only) ☐ Direct Debit Account ☐ Credit Card

Payment frequency

☐ Monthly ☐ Quarterly ☐ Half yearly ☐ Yearly

Account details

Bank/State/Branch (BSB number) Account number

☐☐☐ - ☐☐☐ ☐☐☐☐☐☐☐☐

Account name

Credit cards

Primary Cardholder's name

☐ Visa ☐ MasterCard ☐ Bankcard Exp date /

Card number

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Please debit my Bank or Building Society on the following day of the month:

☐ 10th ☐ 11th ☐ 14th ☐ 20th

Credit unions ☐ 25th Credit cards ☐ 17th

Initial Payment by Direct Debit? Yes ☐ No ☐

If Yes, use account details above? Yes ☐ No ☐

If No, please provide details below.

☐ Cheque attached ☐ Direct Debit Bank Account ☐ Credit Card

Account details

Bank/State/Branch (BSB number) Account number

☐☐☐ - ☐☐☐ ☐☐☐☐☐☐☐☐

Account name

Credit cards

Primary Cardholder's name

☐ Visa ☐ MasterCard ☐ Bankcard Exp date /

Card number

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Authorisation & Declaration

I/We acknowledge that this Direct Debit Request is governed by the terms of the Direct Debit Request Service Agreement (on page 23 of this Application form to be retained by me for my records). I have read and agreed to the terms and conditions contained within.

Account Holder 1/Primary Cardholder's signature Date

✘ Account Holder 1 DD / MM / YYYY

Account Holder 2 signature Date

✘ Account Holder 2 DD / MM / YYYY

Direct Debit Request Service Agreement

This agreement sets out the terms and conditions on which the Account Holder has authorised Zurich to debit money from their account and the obligations of Zurich and the Account Holder under this Agreement.

The Account Holder understands and agrees that:

- Direct debiting may not be available on all accounts. The Account Holder is responsible for ensuring the specified account can accept direct debits and there are sufficient clear funds available in the nominated account to permit payments under the Direct Debit Request on the due date for payments.
- The Direct Debit Request has been properly completed and signed by the Account Holders. The Account Holder should check the account details provided to Zurich are correct by checking them against a recent account statement from their financial institution. If uncertain, check with your financial institution before completing the Direct Debit Request.
- All requests to stop an individual debit or cancel the Direct Debit Request are required in writing and should be forwarded to Zurich at the address shown in the first instance.
- Zurich will give the Account Holder at least 14 days notice in writing if there are any changes to the terms of this Service Agreement.

Zurich agrees that:

- When the due date for payment is not a business day, the debit will be processed on the next business day. If you are unsure about which day your account has been debited, please check with your financial institution.
- Zurich will debit the account for the sum of the amounts due at the debit date for all specified products.
- The account holder can vary the details of the account to be debited by providing Zurich with notice in writing. You need to allow Zurich 14 days to process any change in these details.
- The account holder can cancel, defer or suspend the Direct Debit Request, or stop or suspend an individual debit from taking place under it, by notifying Zurich by telephone or fax, or by notice in writing.You need to allow Zurich 14 days to process any cancellation, deferment or suspension.
- Zurich will forward a copy of the current terms and conditions for direct debits, upon request, to the Account Holder by post, facsimile or other agreed method.
- Zurich will provide you with details of this Direct Debit, on request.

Disputes

The Account Holder should first give notice of any disputed drawing to Zurich. Zurich will respond within 7 working days of receiving your letter. Zurich has formal procedures for dealing with a complaint.

Dishonoured debits

If a drawing is unsuccessful, Zurich will cancel the payment in respect of the dishonoured debit. If two consecutive dishonours occur, Zurich may cancel the authority.

Zurich may charge a dishonour fee to the relevant product. Currently the fee is nil. The financial institution may also charge fees relating to the dishonour to the account, which is the Account Holder's responsibility.

Confidential information

Zurich may disclose information about your account to its banker (in connection with a claim made against it relating to an alleged incorrect or wrongful debit made from the account), your financial institution, the unit holder, your adviser and to other companies within the Zurich Financial Services Australia Group of companies. Zurich will not disclose information about you or the account to any other person, except where you have given consent or where the disclosure is required by law.

Notices to Zurich

The Account Holder may give notice to Zurich in writing at the address shown. If you have any queries about your Direct Debit Request please contact the Client Service Centre on 131 551.

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Zurich Master Superannuation Fund

ZURICH

To be completed by persons applying for Zurich Superannuation Term Life Insurance Plus

Zurich Master Superannuation Fund

I understand, in accordance with the conditions of the Trust Deed and Rules of the Zurich Master Superannuation Fund (Fund) that:

- Zurich Australian Superannuation Pty Limited is the Trustee for the Zurich Master Superannuation Fund
- Title to any policy effected on my life vests in the Trustee
- I am precluded from using the Fund as collateral security ie for borrowing purposes
- Benefits under this Fund are fully preserved until I have retired and attained my preservation age, or in circumstances as allowed by superannuation legislation or the Australian Prudential Regulation Authority
- I can only make contributions to the Fund in accordance with the appropriate legislation, as detailed on page 54 of the Wealth Protection PDS.

I hereby apply to Zurich Australian Superannuation Pty Limited, the Trustee of the Zurich Master Superannuation Fund (Fund), for membership of the Fund as set out in the Application form. In consequence of my application being accepted I agree to comply with the rules governing the Fund, and further certify that:

- I am eligible for membership of the Fund in accordance with the appropriate legislation
- My decision to apply for membership of the Fund is based on the material received and my understanding of this information, including the PDS
- I will notify the Trustee in writing should I cease to be eligible for membership of the Fund
- I understand that my participation in the Fund will only commence after I have been advised in writing by the Trustee of the acceptance of my application.

I also agree that the Trustee(s) may charge my account or bill me direct for any liability arising under the Superannuation Contributions Tax (Assessment and Collection) Act 1997, and under any other Government charges or imposts which relate to me.

Non-Binding Nomination

I nominate the following person(s) as a dependant(s) to receive any benefit in the following proportions remaining under the Fund on my death.

I understand that this nomination will revoke all of my previous nominations to the Trustee (if any).

I may revoke or alter a nomination at any time in writing to the Trustee and the Trustee has absolute discretion to determine to whom the benefit is to be paid and if to two or more people, an absolute discretion to determine the proportions to be paid between them. I understand I can only nominate my dependants as defined in the Trust Deed or my estate. (As defined in the Zurich Master Superannuation Fund Trust Deed, a dependant may be a spouse, a child or a financial dependant.)

To make a nomination that is binding on the Trustees please complete a Binding Nomination form in the Zurich Super Estate Management Brochure.

continued on next column ↗

Name of Dependant

Relationship to Applicant

Share of benefit

%

Name of Dependant

Relationship to Applicant

Share of benefit

%

Applicant's signature

✗ Applicant

Date

DD / MM / YYYY

Employer Details

(to be completed where the employer is to contribute on behalf of the member)

Full Name of Employer

Employer's signature (if signing on behalf of Employer, please indicate signatory's full name and position)

✗ Employer

Date

DD / MM / YYYY

Signatory's full name

Signatory's position

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Superannuation
Individual Tax File Number Notification via Fund Trustee or Employer

This form may only be used to pass on your tax file number to your superannuation fund.

(Please print neatly in BLOCK LETTERS with a black or blue pen only).

Fund name

Zurich Master Superannuation Fund

Fund address

Locked Bag 994, North Sydney, NSW 2059

Fund phone number **13 15 51**

Employer name (if applicable)

Telephone number

( )

Surname/Family name

Given names

Male ☐ Female ☐ Date of birth DD / MM / YYYY

Membership number (if known)

I agree to provide my Tax File Number Yes ☐ No ☐

My Tax File number

Signature Date

✗ Signature DD / MM / YYYY

Collection of tax file numbers is authorised by tax laws, the *Superannuation Industry (Supervision) Act 1993* and the *Privacy Act 1988*. Changes to the Tax File Number (TFN) law require trustees to ask you to provide your TFN to your superannuation fund. By completing this form and providing it to your fund will allow your fund trustee to use your TFN for the purposes contained in the *Superannuation Industry (Supervision) Act 1993*, for paying eligible termination payments and for surcharge purposes.

The purposes currently authorised include:

- taxing Eligible Termination Payments at concessional rates
- finding and amalgamating your superannuation benefits where insufficient information is available
- passing your TFN to the Australian Taxation Office where you receive a benefit or have unclaimed superannuation money after reaching the aged pension age
- allowing the trustee of your superannuation fund or Retirement Savings Account to provide your TFN to another superannuation provider receiving any benefits you may transfer. Your trustee won't pass your TFN to any other provider if you tell the trustee in writing that you don't want them to pass it on
- allowing your superannuation provider to quote your TFN to the ATO when reporting details of contributions for the purposes of the Superannuation Contributions Tax (Surcharge).

You are not required to provide your TFN. Declining to quote your TFN is not an offence. However, if you do not give your superannuation provider your TFN, either now or later:

- you may pay more tax on your superannuation benefits than you have to (you will get this back at the end of the financial year in your income tax assessment)
- it may be more difficult to find your superannuation benefits if you change address without notifying your fund or to amalgamate any multiple superannuation accounts and
- the surcharge may apply to your superannuation contributions.

The lawful purposes for which your TFN can be used and the consequences of not quoting your TFN may change in future, as a result of legislative change.

For more information, please contact your fund or the ATO Superannuation Infoline (13 10 20).

Please note that this Tax File Number Declaration form is Commonwealth of Australia data. Commonwealth of Australia data is copyright. Apart from any use as permitted under the Copyright Act 1968, no part may be reproduced by any process without prior written permission from the Commonwealth available from the Department of Communications, Information Technology and the Arts. Requests and inquiries concerning reproduction and rights should be addressed to the Commonwealth Copyright Administration, Intellectual Property Branch, Department of Communications, Information Technology and the Arts, GPO Box 2154, Canberra ACT 2601 or at http://www.dcita.gov.au/cca.

ZU47067

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Adviser's report

Information required for underwriting and policy administration.

1. Has a medical exam, HIV or other test been arranged? Yes ☐ No ☐

   ↙ If 'Yes', state the doctor's name and address and the date to be performed.

Name		
	State	Postcode
Date / /		

2. Was this Life Insured's Statement completed by the Life Insured in his/her own handwriting? Yes ☐ No ☐

   ↙ If 'No', please give details

3. Was this Application completed and signed in your presence? Yes ☐ No ☐

   ↙ If 'No', please give details

4. Will this Application replace all or part of an existing insurance policy or one discontinued within the past two months? Yes ☐ No ☐

   ↙ If 'Yes', please give details

5. Is it okay to contact your clients directly? Yes ☐ No ☐

   ↙ If 'Yes', go to question 6 of this section

6. Please indicate the most appropriate time the Life Insured can be contacted by the office should this be necessary

Phone ( )

Time

Adviser's details

1 Name	
Adviser No.	
Phone No.	Fax No.
	Commission Split %

2 Name	
Adviser No.	
Phone No.	Fax No.
	Commission Split %

3 Name	
Adviser No.	
Phone No.	Fax No.
	Commission Split %

Total 100%

(First year's commission only will be split thereafter Adviser 1 will receive renewal commission)

Commission payable

Please indicate applicable Commission structure

Upfront ☐

Hybrid ☐

Level ☐

Rebate/Rate factor % (eg. 10%, 25% or 50%)

The information shown on the Application accurately and completely records the information given.

Adviser(s) signature	Date
1. ✗ Adviser Signature	DD / MM / YYYY
2. ✗ Adviser Signature	DD / MM / YYYY
3. ✗ Adviser Signature	DD / MM / YYYY

Adviser's report

Additional information

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