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ZURICH®

Zurich Sumo

Product Disclosure Statement

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Issuer information

This Product Disclosure Statement (PDS) contains important information about insurance products issued by Zurich Australia Limited (Zurich).

This PDS has been prepared on 13 September 2016.

All of the information contained in this PDS is current at the time of preparation. Information contained in this PDS can change from time to time. If the change is not materially adverse, the updated information will be available on our website, zurich.com.au. A paper copy of any updated information will be given to you on request without charge.

The Zurich worldwide group of companies has obligations under various Australian and foreign laws. Despite anything to the contrary in this PDS or any other document related to the policies described in this PDS, the policies' terms will operate subject to all laws with which a Zurich worldwide company considers it must comply.

This offer is available only to persons receiving it (including electronically) within Australia. We cannot accept cash or applications signed and mailed from outside Australia.

Applications can be made via electronic application through the online insurance platform or using a current paper application form. It is important that you consider this PDS before completing the application.

This PDS has been prepared by Zurich and does not take into account your objectives, financial situation or needs. Before acting on this PDS you should consider these factors and whether Zurich Sumo is appropriate to your situation. We recommend you obtain financial, legal and taxation advice before making any decisions relating to these policies.

The importance of insurance

Welcome to Zurich Sumo. Your adviser has introduced this product to you as a reflection of your success and a desire to help you protect those things you've strived hard to achieve.

The status you have attained, the assets that you have acquired, the lifestyle you continue to enjoy is all supported by the income you derive from hard work, knowledge and perseverance.

Our aim through Zurich Sumo is to provide a wealth protection solution that may help reduce the risk of you being exposed to drastic lifestyle changes, such as forced asset sales, should you suffer from an injury, illness or worse.

We believe Zurich Sumo represents a high-water mark in personal insurance and offers you higher levels of protection for your personal and business requirements than typically available in the Australian insurance market place.

Zurich Sumo summary

Zurich Sumo allows you to select from a range of insurances that provide the right combination of benefits and ownership structures to meet your needs and cater for a range of circumstances.

Zurich Sumo offers you the choice of the following types of insurance:

- Life Insurance
- Total and Permanent Disablement (TPD) Insurance
- Trauma Insurance
- Disability Income Insurance.

The benefits provided under these insurances are summarised in the following pages. You will find the terms applying to each type of insurance in the next section of this PDS. These types of insurance are generally available to individuals, companies, trusts, and in some cases, trustees of self managed superannuation funds.

About this document

There are terms that have a special meaning. These terms are either defined in the table below (and different terminology may apply depending on how you are covered by a Zurich Sumo Policy), or shown in *italics* and explained in the Glossary starting on page 35.

<table>
<tr><th>Term</th><th>Meaning</th></tr>
<tr><td>Business Day</td><td>A day on which banks are open for general banking business in Sydney, excluding Saturday and Sunday.</td></tr>
<tr><td>Insured Person</td><td>The person named in the Policy Schedule as the Insured Person. The Insured Person may be different from the Policy Owner and if the Policy is held within superannuation, the Policy Owner is the trustee of the superannuation fund and the Insured Person is a member of the superannuation fund.</td></tr>
<tr><td>Zurich, we, our or us</td><td>Zurich Australia Limited.</td></tr>
<tr><td>Nominated Beneficiary</td><td>The person listed on the Policy Schedule as a nominated beneficiary.</td></tr>
<tr><td>Policy</td><td>The Policy Owner's Zurich Sumo Policy, the terms of which are stated in:
• this PDS, and
• the most recent version of the Policy Owner's Policy Schedule.
Different terminology applies to the Policy depending on the Policy Owner:
<table><tr><th>Policy Owner is:</th><th>Policy is referred to as:</th></tr><tr><td>A person or company that is not a trustee of a superannuation fund</td><td>• being held outside superannuation, or
• a non-superannuation policy</td></tr><tr><td>A person or company that is not a trustee of a superannuation fund</td><td>• being held within superannuation, or
• a superannuation policy</td></tr></table></td></tr>
<tr><td>Policy Fee</td><td>The Policy Fee stated on your Policy Schedule.</td></tr>
<tr><td>Policy Owner</td><td>The person stated on the Policy Schedule as the owner of the Policy.</td></tr>
<tr><td>Policy Schedule</td><td>The Policy Owner's most recent Policy Schedule for their Policy as amended from time to time.</td></tr>
<tr><td>Premium</td><td>The premium for the Policy.</td></tr>
<tr><td>you or your</td><td>• Where the Policy Owner and the Insured Person are the same person, the Policy Owner.
• Where the Policy Owner and the Insured Person are not the same person:
– in relation to references to the person covered by the Policy, the Insured Person (for example, for Disability Income Insurance, references to income are to the Insured Person's income), and
– for all other references, the Policy Owner.</td></tr>
</table>

Interpretation

Singular and plural	The singular includes the plural and the plural includes the singular.
Grammatical extension	Other parts of speech and grammatical forms of a word or phrase have a corresponding meaning.
Inclusions and examples	Specifying anything after the words 'include' or 'for example' does not limit what else is included.
Person	A reference to a person includes any company or other body corporate as well as an individual.
Legislation	A reference to any legislation includes all delegated legislation made under it and amendments, consolidations, replacements or re enactments of any of them.

Life Insurance Policy

The Life Insurance Policy provides a lump sum (called the Life Insurance sum insured) if the Insured Person dies or is diagnosed with a *terminal illness*.

Life Insurance is available in a policy on its own. Alternatively, Life Insurance is available in a policy that includes linked Total and Permanent Disablement (TPD) and/or Trauma Insurance.

Total and Permanent Disablement (TPD) Insurance

TPD Insurance provides a lump sum (called the TPD Insurance sum insured) if the Insured Person suffers *total and permanent disablement* in accordance with the TPD definition applicable to your cover.

TPD Insurance is always linked to a Life Insurance Policy, please refer to the Structuring your Insurance section on this page for more information.

Trauma Insurance

Trauma Insurance provides a lump sum (called the Trauma Insurance sum insured) if the Insured Person suffers a covered *trauma condition* stated on page 10 (for some conditions a partial benefit is payable).

Trauma Insurance is always linked to a Life Insurance Policy, please refer to the Structuring your Insurance section on this page for more information.

Disability Income Insurance

Disability Income Insurance provides a *monthly benefit* that replaces *income* if the Insured Person is *disabled*, in most cases, for longer than the specified waiting period.

Structuring your Insurance

Life Insurance and Disability Income Insurance are always provided under separate policies.

If you select TPD and/or Trauma Insurance they will be linked to the Life Insurance Policy by:

- including it under the same policy, or
- taking it under separate policies that are connected through Flexible Linking (see below).

Linked Insurance

Linked Insurance means that the insurance interacts with some or all of the other insurances held for the same Insured Person. A claim made under any one insurance reduces the sums insured of any other insurance with which it is linked.

Included in the same policy

Linked Insurance can be included in the same policy where the Policy Owner for the insurance is the same person or entity.

Flexible Linking

Flexible Linking provides for insurance for the same Insured Person to be held under separate policies with different Policy Owners. For example, insurance may be held under one policy that is owned by a trustee of a superannuation fund and be connected to a policy owned by the Insured Person outside of superannuation.

The policies are treated the same as Linked Insurance so that a claim made under any one policy will reduce the sums insured under any other policy that is linked. Superannuation Optimiser is one type of Flexible Linking available with your Zurich Sumo insurance.

Only one policy can be connected through Flexible Linking to one other policy at a time.

TPD and Trauma Insurance connected to another policy through Flexible Linking are referred to as Flexible TPD Insurance and Flexible Trauma Insurance respectively.

Non-superannuation	Within Superannuation
The Policy is issued directly to an individual, a company, a family trust, or another entity other than a trustee of a superannuation fund. Any of the types of cover under Zurich Sumo can be held under a non-superannuation policy. If a benefit becomes payable, the benefit is generally paid to the Policy Owner. If the Insured Person and Policy Owner are the same, the amount payable on the death of the Insured Person will be paid to the legal personal representative, unless any beneficiaries have been nominated under the Policy, in which case it will be paid to the Nominated Beneficiaries.	The Policy is issued to a trustee of a superannuation fund as Policy Owner and the Insured Person is a member of the superannuation fund. Some Zurich Sumo insurance cannot be held within superannuation. If a benefit under the Policy becomes payable, it will be paid to the trustee of the superannuation fund as Policy Owner, who must distribute the benefit in accordance with the governing rules of the superannuation plan and superannuation laws current at the time of payment.

Zurich Sumo at a glance

Life Insurance

Provides a lump sum if the Insured Person dies or is diagnosed with a *terminal illness*.	
Entry ages	15 – 70
Expiry age	99
Sum Insured	Minimum $2 million No maximum
Included benefits and features	• Funeral Advancement benefit • Financial Planning benefit • Indexation Increases • Future Increases

Total and Permanent Disablement (TPD) Insurance

Provides a lump sum if the Insured Person suffers *total and permanent disablement*.	
Entry ages	15 – 60
Expiry age	99 – TPD definition changes at age 65
Sum Insured	Minimum $3 million Maximum $15 million (but not more than the Life Insurance sum insured) Cover will be structured using the following tiers of cover: • Standard TPD tier (up to $5 million) – *own occupation TPD* definition • Sumo TPD tier – *any occupation TPD* definition (up to $10m when combined with the Standard TPD tier), then – *activities of daily working TPD* definition
Included benefits and features	• TPD Advancement benefit • Financial Planning benefit • Indexation Increases • Future Increases • Life Insurance Buy Back

Trauma Insurance

Provides a lump sum if the Insured Person suffers a *trauma condition* for which they are covered.	
Entry ages	15 – 65
Expiry age	99 – cover changes at age 70
Sum Insured	Minimum $2 million Maximum $10 million (but not more than the Life Insurance sum insured) Cover will be structured using the following tiers: • Standard Trauma tier – cover up to $2 million for *standard trauma conditions* • Sumo Trauma tier – cover for *sumo trauma conditions*
Included benefits and features	• Financial Planning benefit • Indexation Increases • Future Increases • Life Insurance Buy Back

Disability Income Insurance

Provides a benefit if the Insured Person is unable to work due to *illness* or injury and is *disabled* for longer than the specified waiting period.	
Entry ages	19 – 60
Expiry age	65
Monthly insured amount	The monthly equivalent of 75% of first $320,000, 50% of the next $240,000 and 25% of the balance of the annual *income* of the Insured Person subject to a: • minimum monthly insured amount $30,000 • maximum monthly insured amount $60,000 (for the first 10 years, then reducing to $30,000 to the expiry of the benefit period)
Benefit type	• Up to $40,000 on an Endorsed Agreed Value basis • Up to an additional $20,000 on an Indemnity basis
Waiting periods available	• 60 days • 90 days
Benefit periods available	• 1 year • 2 years • 5 years • 10 years • To age 65
Included benefits and features	• Total Disability benefit • Partial Disability benefit • Indexation Increases • Specific Injury benefit • Trauma benefit • Bed Confinement benefit • Home Care benefit • Rehabilitation Expenses benefit • Accommodation benefit • Death benefit • Premium Waiver • Involuntary Unemployment Premium Waiver • Cover Extension • Claims Escalation

Types of insurance cover available are discussed in more detail in the section "Zurich Sumo terms".

Zurich Sumo terms

The terms applying to each type of Insurance included in your Zurich Sumo Policy are set out in this section of the PDS. Words or expressions shown in *italics* have the meaning explained in the Glossary at the end of the PDS.

Life Insurance

Applying for Life Insurance

When applying for Life Insurance the Insured Person must be aged between 15 and 70.

You apply for a specified amount of cover. This is known as the Life Insurance sum insured and is shown on your Policy Schedule. The minimum amount you can apply for is $2 million and, while there is no maximum, the sum insured must be reasonable for the financial position of the Insured Person and your insurable interest.

When the Life Insurance sum insured is payable

The Life Insurance sum insured will be paid if the Insured Person:

- is diagnosed with a *terminal illness*, or
- dies,

after the Life Insurance *cover start date* shown on your Policy Schedule and before the Life Insurance ends, explained in the section titled "When cover ends" on page 24.

Funeral Advancement benefit

Under this feature, part of the Life Insurance sum insured will be paid in advance so that immediate expenses can be met following the death of the Insured Person.

The amount payable is $15,000 and this is the maximum amount we will pay under the Funeral Advancement benefit inclusive of all cover held with us for the Insured Person.

In order to pay this benefit, we require medical evidence as to the cause and date of death. This benefit is not payable if the Insured Person's death is the result of suicide within 13 months of the *cover start date*, is the result of anything that is excluded under the Policy or if there is reasonable doubt about whether the Life Insurance sum insured will become payable.

If we agree this benefit is payable, it will be paid to the Nominated Beneficiary, the Policy Owner if different to the Insured Person or the legal personal representative, within two Business Days of receipt all of the required documents.

The payment of the Funeral Advancement benefit is not an admission of liability and we reserve the right to recover the amount paid under the Funeral Advancement benefit if the Life Insurance claim is subsequently denied.

When the Life Insurance sum insured is reduced

The Life Insurance sum insured will be reduced by the following:

- the amount paid for *terminal illness*
- the amount paid for the Funeral Advancement benefit
- the amount of any TPD Insurance paid, when TPD Insurance is:
  - included in a Life Insurance Policy, or
  - connected to a Life Insurance Policy through Flexible Linking, and
- the amount of any Trauma Insurance paid, when Trauma Insurance is:
  - included in a Life Insurance Policy, or
  - connected to a Life Insurance Policy through Flexible Linking.

If the Life Insurance sum insured is reduced, but part of the sum insured remains, the Premium for your Policy is adjusted by applying our then current premium rates to the amount of the Life Insurance sum insured that remains. The Premium can also be altered as set out in this PDS on page 26. If the Life Insurance sum insured is reduced to zero, your Policy will end.

Your Policy Schedule will show whether TPD and/or Trauma Insurance are included in your Life Insurance Policy or if another policy is connected to it through Flexible Linking.

When we won't pay

- For that component of the Life Insurance sum insured of $15 million or less, a Life Insurance claim will not be payable if death or *terminal illness* is caused directly or indirectly by an intentional self inflicted act, within 13 months of:
  - the *cover start date*
  - the date cover is reinstated, including under the Life Insurance Buy Back feature (but only in respect of the reinstated cover). The Life Insurance Buy Back feature is explained on page 13, or
  - the *cover start date* for any increase in cover that you applied for (but only in respect of that increase).

  This exclusion does not apply if this Policy replaces other similar insurance under a policy issued by us or another insurer (the other policy or policies) and we agreed to issue this Policy on the basis that it replaced the other policy (as shown on your Policy Schedule) and the following conditions are also met:
  - the Life Insurance sum insured under this Policy being issued by us is the same amount or less than that under the other policy. If the Life Insurance sum insured under this Policy is higher than that under the other policy, the exclusion will not apply only to the extent that the amount of the Life Insurance sum insured replaces cover under the other policy
  - the other policy was continuously in force for 13 months immediately prior to the issue of this Policy
  - the other policy was cancelled immediately after the issue of this Policy
  - no claim is pending, payable or has been paid under the other policy.
- For that component of the Life Insurance sum insured which exceeds $15 million, a Life Insurance claim will not be payable if death or *terminal illness* is caused directly or indirectly by an intentional self inflicted act.
- For all cover, a Life Insurance claim will not be payable if death or *terminal illness* is caused by or attributed to anything excluded under the Policy as indicated on the Policy Schedule.

Total and Permanent Disablement (TPD) Insurance

Applying for TPD Insurance

When applying for TPD Insurance the Insured Person must be aged between 15 and 60 and *gainfully employed* for a minimum of 30 hours per week.

You apply for a specified amount of insurance. This is known as the TPD Insurance sum insured and is shown on your Policy Schedule. The minimum amount you can apply for is $3 million and the maximum is $15 million.

TPD Insurance has two tiers, with the sum insured of each tier having a number of distinct definitions applying to it. The tiers of cover are as follows:

- **Standard TPD tier** – The maximum amount available at application under this tier is $5 million across all policies issued in respect of the Insured Person
- **Sumo TPD tier** – The remainder of any TPD Insurance sum insured is provided under the Sumo TPD tier.

The amount of TPD Insurance you can apply for is limited to the Life Insurance sum insured held under a Zurich Sumo Policy.

Where you have existing cover with us or another insurer this may affect the way cover is allocated across each tier. We will determine this allocation at the time of underwriting.

If covered for TPD Insurance, your Policy Schedule will specify the amount of cover provided under each tier. The amount of cover for each tier may increase if indexation increases are accepted on each *cover anniversary*, as explained on page 12.

Type of cover

Subject to the section 'When the TPD definition changes' below, the TPD Insurance sum insured is provided on the basis of the following definitions.

- **Standard TPD tier** – The part of the TPD Insurance sum insured under this tier is provided on the basis of the *own occupation TPD* definition. The cover will be subject to Superannuation Optimiser if owned by the trustee of a superannuation fund.

  Where Superannuation Optimiser applies, the cover provided under this tier is split across two policies connected by Flexible Linking. One of the policies will be issued to the trustee of a superannuation fund, and the other policy will be held outside of superannuation. For more information on Superannuation Optimiser see page 22.
- **Sumo TPD tier** – The part of the TPD Insurance sum insured under this tier is provided on the basis of one or both of the following definitions:
  - for the part of the TPD Insurance sum insured that does not exceed $10 million (when combined with cover under the Standard TPD tier), the *any occupation TPD* definition, and

– for the part of the TPD Insurance sum insured that exceeds $10 million (when combined with cover under the Standard TPD tier), the *activities of daily working (ADW) TPD* definition.

Where the Sumo TPD tier is owned by the trustee of a superannuation fund, the Permanent Incapacity Restriction will apply to all cover under the Sumo TPD tier. If the Permanent Incapacity Restriction applies it will be shown on the Policy Schedule. For more information on the Permanent Incapacity Restriction see page 21.

When the TPD definition changes

On the *cover anniversary* when the Insured Person is age 65:

- the TPD Insurance sum insured reduces to $3 million across all policies issued by us covering the Insured Person, and
- the benefit is only payable under the *modified TPD* definition (If Superannuation Optimiser applies cover will continue under the superannuation policy based on the *modified TPD* definition, and the non-superannuation policy will end).

Where multiple policies are issued by us providing TPD Insurance for the same Insured Person we will apply any reduction to the sum insured based on the cover start date of each policy or the start date of any increases, other than indexation increases, reducing the most recently commenced policy (or approved increase) first.

The Premium for your Policy will be adjusted to reflect the reduced TPD Insurance sum insured.

If we pay a benefit for TPD that is caused by or attributed to *mental illness*, *fatigue syndromes*, *alcohol abuse*, *alcohol dependence* or *drug use*:

- the maximum benefit payable will be the insured amount under the Standard TPD tier
- the remaining part of the TPD Insurance sum insured provided under the Sumo TPD tier will be based on the *activities of daily working (ADW) TPD* definition, and
- for any subsequent claim for a TPD benefit:
  - will only be paid for an injury or *illness* that is not directly related to the cause of the prior claim for which part of the TPD Insurance sum insured was paid under the Standard TPD tier, and
  - the Insured Person must satisfy the relevant TPD definition independently of the cause of the disability for which the prior TPD claim was paid.

When the TPD Insurance sum insured is payable

If your Zurich Sumo Policy includes TPD Insurance, the relevant part of TPD Insurance sum insured will be paid if the Insured Person suffers *total and permanent disablement* (as defined for that part) after the TPD Insurance cover start date shown on your Policy Schedule and before the TPD Insurance ends, explained in the section titled "When cover ends" on page 24.

If you make a claim based on the *modified TPD* definition the Insured Person must be living (and not declared brain dead) for 14 days from the date the Insured Person satisfies the definition.

If you make a claim based on a different TPD definition the requirement to survive 14 days from the date the definition is satisfied does not apply.

If the claim for TPD is caused by or attributed to *alcohol abuse*, *alcohol dependence*, *drug use*, *mental illness* or *fatigue syndromes*, the maximum benefit payable will be the insured amount under the Standard TPD tier.

TPD Advancement benefit

Under this feature, part of the TPD Insurance sum insured will be advanced if the Insured Person suffers *partial loss of limbs* or *partial loss of sight*.

The amount payable is 25% of the TPD Insurance sum insured subject to a maximum of $500,000. The TPD Advancement benefit is only payable once across all cover held with us for the Insured Person.

The TPD Advancement benefit will be reduced by the amount of any Trauma Insurance paid for *partial loss of limbs* or *partial loss of sight* if the TPD Insurance is included in a policy along with Trauma Insurance or is connected through Flexible Linking to a separate policy which includes Trauma Insurance.

The TPD Insurance sum insured will be reduced by the amount paid under the TPD Advancement benefit.

When the TPD Insurance sum insured is reduced

The TPD Insurance sum insured will be reduced by the following:

- the amount of any Life Insurance sum insured paid for *terminal illness*, if TPD Insurance is:
  - included in a Life Insurance Policy, or
  - connected to a Life Insurance Policy through Flexible Linking
- the amount of any TPD Insurance sum insured paid in part under the TPD Advancement benefit
- the amount of any TPD Insurance sum insured paid in part
- in cases where Superannuation Optimiser applies, the amount of any TPD Insurance sum insured paid under the policy to which it is connected through Flexible Linking, and
- the amount of any Trauma Insurance sum insured paid, if TPD Insurance is:
  - included in your Policy along with Trauma Insurance, or
  - connected through Flexible Linking to another policy which includes Trauma Insurance.

Your Policy Schedule will show what other types of insurance are included in your Policy and whether it is connected to another policy through Flexible Linking.

Subject to the following paragraph, any reduction in the TPD Insurance sum insured will be applied in the following order:

1. Cover issued under Standard TPD tier, then
2. Cover issued under Sumo TPD tier.

If the Life Insurance to which TPD Insurance is connected through Flexible Linking is reduced or cancelled, the TPD Insurance sum insured will be reduced so that it is not more than the Life Insurance sum insured. If this occurs or if you request a reduction in the TPD Insurance sum insured, it will first be applied to the Sumo TPD tier.

If Superannuation Optimiser applies and the TPD Insurance is reduced or cancelled under one of the policies connected through Flexible Linking, the TPD Insurance sum insured under the connected policy will also be reduced so that it is not more than the reduced or cancelled TPD Insurance.

If the TPD Insurance sum insured is reduced, but part of the sum insured remains, the Premium for your Policy is adjusted by applying our then current premium rates to the amount of the sum insured that remains. The Premium can otherwise be altered as set out in this PDS on page 26.

When we won't pay

For the Standard TPD and Sumo TPD tiers, a TPD Insurance claim will not be payable if *total and permanent disablement* is caused by or attributed to:

- an intentional self inflicted act, or
- anything excluded under the Policy as indicated on the Policy Schedule.

Furthermore, for the Sumo TPD tier, a TPD Insurance claim will not be payable if *total and permanent disablement* is caused by or attributed to:

- *alcohol abuse*
- *alcohol dependence*
- *drug use*
- *mental illness, or*
- *fatigue syndromes.*

For TPD Insurance held under the Sumo TPD tier and subject to the Permanent Incapacity Restriction (see page 21) as shown on the Policy Schedule, a TPD Insurance claim will not be payable if the Insured Person does not meet the definition of *permanent incapacity*.

Trauma Insurance

Applying for Trauma Insurance

When applying for Trauma Insurance the Insured Person must be aged between 15 and 65.

You apply for a specified amount of insurance. This is known as the Trauma Insurance sum insured and is shown on your Policy Schedule. The minimum Trauma Insurance sum insured you can apply for is $2 million and the maximum is $10 million.

The Trauma Insurance sum insured has two tiers, with each tier offering cover for a specified list of *trauma conditions*. The tiers of cover are as follows:

- **Standard Trauma tier** – the maximum amount available at application under this tier is $2 million across all policies issued in respect of an Insured Person.
- **Sumo Trauma tier** – the remainder of any Trauma Insurance sum insured is provided under the Sumo Trauma tier.

Where you have existing cover with us or another insurer this may affect the way cover is allocated across each tier. We will determine this allocation at the time of underwriting.

The amount of Trauma Insurance you can apply for is limited to the Life Insurance sum insured held under a Zurich Sumo Policy.

The amount of cover for each tier may increase if indexation increases are accepted on each *cover anniversary*, as explained on page 12.

If covered for Trauma Insurance, your Policy Schedule will specify the amount of cover provided under each tier.

Type of Cover

The Trauma Insurance sum insured is provided on the following basis:

- **Standard Trauma tier** – Cover under this tier is provided for the *standard trauma conditions* listed on page 10.
- **Sumo Trauma tier** – Cover under this tier is provided for the *sumo trauma conditions* listed on page 10.

When the Trauma cover changes

On the *cover anniversary* on or after the Insured Person reaches age 70, the Trauma Insurance sum insured reduces to $2 million across all policies issued by us and is only payable if the Insured Person suffers *loss of independent existence*, *loss of limbs*, *loss of sight*, both *partial loss of limbs* and *partial loss of sight* or *cognitive loss* before the Trauma Insurance ends.

If your Policy includes TPD Insurance, the Trauma Insurance sum insured reduces to zero on the *cover anniversary* on or after the Insured Person reaches age 70 and your Premium for Trauma Insurance will cease. This is because cover for *loss of independent existence*, *loss of limbs*, *loss of sight*, both *partial loss of limbs* and *partial loss of sight* or *cognitive loss* is provided under the *modified TPD* definition of *total and permanent disablement*.

When the Trauma Insurance sum insured is payable

If your Zurich Sumo Policy includes Trauma Insurance, all or part of the Standard Trauma Insurance sum insured is payable if the Insured Person suffers one of the *standard trauma conditions* listed on page 10 after the Trauma Insurance *cover start date* shown on your Policy Schedule and before the earlier of:

- the Trauma Insurance ending, explained in the section titled "When cover ends" on page 24, and
- the *cover anniversary* when the Insured Person is aged 70.

The Standard Trauma Insurance sum insured is payable if the Insured Person suffers one of the *standard trauma conditions* listed with a "Full" benefit payable.

A partial benefit is payable if the Insured Person suffers one of the *standard trauma conditions* listed with a "Partial" benefit payable. The partial benefit payable is $100,000, except for *angioplasty*, for which the benefit is $20,000.

The total of any part of the Standard Trauma Insurance sum insured not previously paid, and the Sumo Trauma Insurance sum insured, if any, is payable if the Insured Person suffers one of the *sumo trauma conditions* after the Trauma Insurance *cover start date* shown on your Policy Schedule and before the Trauma Insurance ends, explained in the section titled "When cover ends" on page 24. The Trauma cover changes on the *cover anniversary* on or after the Insured Person reaches age 70 as stated in the section "When the Trauma cover changes".

We will only pay once for any one *trauma condition*, except:

- in the case of *angioplasty*, where a subsequent claim is made for an *angioplasty* procedure which has occurred at least six months after the previous *angioplasty* procedure, and
- in the case of *cancer*, *stroke* or *heart attack*, where the Standard Trauma Insurance sum insured has been paid for that condition and a subsequent claim is made for the Sumo Trauma Insurance sum insured for that condition.

The definitions for all the *trauma conditions* can be found in the Glossary at the end of this PDS.

Standard trauma conditions

Body system	Benefit payable	Trauma condition
Cancer	Full	– *cancer#* – *aplastic anaemia*
	Partial	– *carcinoma in situ of breast#* – *carcinoma in situ of the cervix and cervical dysplasia#* – *carcinoma in situ of the fallopian tube#* – *carcinoma in situ of the ovary#* – *carcinoma in situ of the vagina#* – *carcinoma in situ of the vulva#* – *early stage melanoma#* – *early stage prostate cancer#*
Heart and artery	Full	– *aortic surgery#* – *cardiomyopathy* – *coronary artery bypass surgery#* – *heart attack#* – *heart valve surgery#* – *out of hospital cardiac arrest#* – *triple vessel angioplasty#*
	Partial	– *angioplasty#*
Brain and nerves	Full	– *bacterial meningitis or meningococcal septicaemia* – *benign brain tumour* – *cognitive loss* – *coma* – *dementia including Alzheimer's disease* – *encephalitis* – *major head trauma* – *motor neurone disease with impairment level* – *multiple sclerosis with impairment level* – *muscular dystrophy with impairment level* – *Parkinson's disease with impairment level* – *paralysis* – *stroke#*
	Partial	– *hydrocephalus* – *motor neurone disease* – *multiple sclerosis* – *muscular dystrophy* – *Parkinson's disease*
Lungs	Full	– *chronic lung disease* – *primary pulmonary hypertension*
Kidneys	Full	– *chronic kidney failure*
Ear, nose and throat	Full	– *loss of hearing* – *loss of speech or total aphasia*
	Partial	– *partial loss of hearing*
Eye	Full	– *loss of sight*
	Partial	– *partial loss of sight*
Musculoskeletal	Full	– *loss of limbs* – *severe burns*
	Partial	– *partial loss of limbs* – *severe burns of limited extent* – *severe osteoporosis* – *severe rheumatoid arthritis*
Digestive system	Full	– *chronic liver disease*
	Partial	– *colostomy/ileostomy* – *severe Crohn's disease* – *severe ulcerative colitis*
Endocrine system	Full	– *advanced diabetes*
	Partial	– *diabetes complications*
Other	Full	– *loss of independent existence* – *major organ transplant* – *medically acquired HIV* – *occupationally acquired HIV*
	Partial	– *major organ transplant waiting list*

The partial benefit payable for the above conditions is $100,000, except for *angioplasty*, for which the benefit is $20,000.

Sumo trauma conditions

Body system	Benefit payable	Trauma condition
Cancer	Full	– *cancer#*
Brain and Nerves	Full	– *stroke#* – *paralysis*
Heart and artery	Full	– *heart attack#*
Other	Full	– *loss of independent existence*

For the *standard trauma conditions* and *sumo trauma conditions* that are marked #, a 90 day exclusion applies. Refer to the section titled "When we won't pay" on page 11 for more information.

When the Trauma Insurance sum insured is reduced

The Trauma Insurance sum insured will be reduced by the following:

- the amount of any Life Insurance sum insured paid for *terminal illness*, if Trauma Insurance is:
  - included in a Life Insurance Policy, or
  - connected to a Life Insurance Policy through Flexible Linking, and
- the amount of any TPD Insurance sum insured paid, if Trauma Insurance is:
  - included in a Policy along with TPD Insurance, or
  - connected through Flexible Linking to a Policy which includes TPD Insurance
- the amount of any Trauma Insurance sum insured paid as a partial benefit for a *trauma condition*, and
- the amount of any Standard Trauma Insurance sum insured paid.

Your Policy Schedule will show what other types of insurances are included in your Policy, and whether it is connected to another policy through Flexible Linking.

Subject to the following paragraph, any reduction in the Trauma Insurance sum insured will be applied in the following order:

1. Cover issued under Standard Trauma tier, then
2. Cover issued under Sumo Trauma tier.

If the Life Insurance to which Trauma Insurance is connected through Flexible Linking is reduced or cancelled, the Trauma Insurance sum insured will be reduced so that it is not more than the Life Insurance sum insured. If this occurs or if you request a reduction in the Trauma Insurance sum insured, the reduction will first be applied to the Sumo Trauma tier.

If the Trauma Insurance sum insured is reduced, but part of the sum insured remains, the Premium for your Policy is adjusted by applying our then current premium rates to the amount of the sum insured that remains. The Premium can otherwise be altered as set out in this PDS on page 26.

When we won't pay

For the Standard Trauma and Sumo Trauma tiers, a Trauma Insurance claim will not be payable if the trauma condition (or where the condition involves surgery or a procedure, the disease or condition for which the surgery or procedure is undertaken):

- is caused directly or indirectly by an intentional self inflicted act
- first occurs or symptoms leading to the condition occurring or being diagnosed first became apparent before the Trauma Insurance *cover start date* shown on your Policy Schedule or the date any Trauma Insurance is reinstated
- is caused by or attributed to anything excluded under the Policy as indicated on the Policy Schedule, or
- for the *trauma conditions* marked #, no claim will be payable at any time under the Policy if the *trauma condition* first occurs or symptoms leading to the condition occurring or being diagnosed first became apparent within 90 days of the *application date* or the date any cover is reinstated.

  This exclusion does not apply to a *trauma condition* if your Policy replaces other similar insurance under a policy or policies issued by us or another insurer (the other policy) and we agreed to issued this Policy on the basis that it replaced the other policy (as shown on your Policy Schedule) and the following conditions are also met:
  - the Trauma Insurance sum insured under your Policy is the same amount or less than that under the other policy. If the Trauma Insurance sum insured under your Policy being issued by us is higher than that under the other policy, the exclusion will not apply only to the extent that the amount of the Trauma Insurance sum insured replaces cover under the other policy
  - the other policy was continuously in force for 90 days immediately prior to the issue of this Policy
  - the other policy provided similar cover for the *trauma condition*
  - the other policy was cancelled immediately after the issue of this Policy, and
  - no claim is pending, payable, or has been paid under the other policy.

Furthermore, for the Sumo Trauma tier, a Trauma Insurance claim will also not be payable for a *trauma condition* (or where the condition involved surgery or a procedure, the disease or condition for which the surgery or procedure is undertaken) caused by or attributed to:

- *alcohol abuse*
- *alcohol dependence, or*
- *drug use.*

Features and options applicable to Life, TPD and Trauma Insurance

Indexation Increases

So that your cover retains its value over time in line with inflation, on each *cover anniversary* before the Insured Person reaches age 65, we will increase the sum insured by the greater of 3% and the increase in the *consumer price index*.

We will tell you the proposed indexation increase before it applies and you can choose not to accept the increase. If you decline an increase it will not affect future increase offers. To decline an increase, we must receive your notice of decline before the applicable *cover anniversary*. For TPD Insurance and Trauma Insurance, indexation will cease when the total of the Standard and Sumo tiers for that type of cover equal $10 million.

Future Increases

Under this feature, after certain specified events occur you can apply to increase your existing Life, TPD and/or Trauma Insurance sums insured without the need for medical underwriting. Evidence satisfactory to us of the personal or business event or change in financial position for which the increase is sought will be required. The application for an increase under this feature must be made on the appropriate form, available from your adviser. The Future Increases feature will expire when the Insured Person turns 55.

The following table sets out the events and the maximum amounts by which you can apply to increase the sum insured.

An increase under this feature cannot be made until 12 months after the *cover start date* for the applicable insurance cover. The increase in cover must be requested in the six month period following the event and only one increase may be applied for in any 12 month period under this feature. The maximum amount by which the applicable sum insured can be increased under the Future Increases feature on your Zurich Sumo Policy is $2 million. For TPD Insurance and Trauma Insurance, if the requested increase would result in the Standard tier of cover exceeding the sum insured maximums for that tier, the excess will be provided under the Sumo tier of cover.

The individual sums insured for Life Insurance, TPD Insurance and Trauma Insurance cannot be increased above $10 million as a result of the Future Increases feature.

If included in a Life Insurance Policy or connected to a Life Insurance Policy through Flexible Linking, neither TPD nor Trauma Insurance sums insured can be increased to an amount greater than the Life Insurance sum insured.

Personal events	**Maximum increase**
Marriage of the Insured Person The Insured Person or their partner gives birth to or adopts a child	The lesser of: • 10% of the applicable sum insured when your Policy started, and • $500,000.
The Insured Person takes out a new mortgage or increases an existing mortgage (excluding refinance or draw down)	The lowest of: • 10% of the applicable sum insured when your Policy started • $500,000, and • the increase in the size of the mortgage.
The *income* of the Insured Person increases by 15% or more in a 12 month period	The lowest of: • 10% of the applicable sum insured when your Policy started • $500,000, and • five times the increase in *income*.
Business events	**Maximum increase**
An increase in the Insured Person's value to your business (if the Insured Person is a key person in your business)	The lowest of: • 10% of the applicable sum insured when your Policy started • $500,000, and • the increase in the value of the Insured Person's value to the business.
An increase in the value of the Insured Person's interest/share in your business (if the Insured Person is a partner, shareholder or similar principal in your business and this Policy supports a buy/sell, share purchase or business succession agreement)	The lowest of: • 10% of the applicable sum insured when your Policy started • $500,000, and • the increase in the value of the Insured Person's interest/share in the business.
Increase in the size of a business loan where the Insured Person has an interest in the business or is a key person for your business	The lowest of: • 10% of the applicable sum insured when your Policy started • $500,000, and • the increase in the size of the loan.

If included in a TPD Insurance Policy or connected to a TPD Insurance Policy through Flexible Linking, the Trauma Insurance sum insured cannot be increased to an amount greater than the TPD Insurance sum insured.

Any Premium adjustments, exclusions or special conditions which apply to the Life, TPD or Trauma Insurance will also apply to any increases made to each of these insurances under this feature.

This feature is not available for each insurance if:

- the Insurance was issued with a Premium adjustment in the form of a medical loading of 75% or more, or
- a claim has or can be made for the Insured Person under any policy of life, TPD, or trauma insurance provided by us.

If an event or condition giving rise to a claim occurs (or in the event of Trauma Insurance, the symptoms leading to the condition occurring or being diagnosed first became apparent) during the first six months after an increase in the sum insured under this feature, we will only pay a claim in respect of the increased cover if:

- the condition for which the claim is being made is due to an *accident*, and
- the *accident* occurs after the date of the increase.

Financial Planning benefit

Under this feature, we will reimburse the cost of engaging a qualified financial adviser operating under an Australian Financial Services License to prepare a financial plan following payment of the whole Life Insurance sum insured, TPD Insurance sum insured or Trauma Insurance sum insured.

The total amount payable under this benefit is the lesser of the actual fee paid for the financial planning advice (excluding any commissions received by the adviser) and $1,000. It is payable on receipt of evidence of the financial advice provided, qualifications of the financial adviser and payment made for that advice. This evidence must be received in the 12 month period following payment of the sum insured.

The benefit is payable to the person who receives the Life, TPD or Trauma Insurance sum insured benefit. If the sum insured is paid to more than one person, the maximum amount payable to each person for reimbursement of financial planning costs incurred by them will be split proportionally in line with the split of the sum insured.

The benefit is only payable once for the Insured Person across all cover with us.

Life Insurance Buy Back

This feature only applies if TPD and/or Trauma Insurance is included in a Life Insurance Policy or connected to a Life Insurance Policy through Flexible Linking.

This feature allows you, up until the *cover anniversary* on or after the Insured Person is aged 65, to reinstate the Life Insurance sum insured after it was reduced by the payment of the whole TPD or Trauma Insurance sum insured, without the need for medical underwriting, 12 months after the date a valid claim form is lodged with us. A valid claim form for this purpose is one which resulted in a claim payment and where we determine the definition of TPD, or the *trauma condition* suffered, as applicable, was met within 30 days of the claim form being lodged. If there is no valid claim form, the relevant date for reinstatement is 12 months from the date the whole TPD or Trauma Insurance sum insured was paid.

We will give you at least 30 days notice prior to the expiry of the 12 month period and must receive your acceptance within 30 days of the expiry of the 12 month period. We will then tell you the date the Life Insurance sum insured was reinstated or, if your Policy has terminated because the Life Insurance sum insured was reduced to nil, we will issue a new policy for the reinstated cover.

The maximum Life Insurance sum insured that can be reinstated after it was reduced is the amount by which the Life Insurance sum insured was reduced by the payment of the:

- TPD Insurance sum insured under the Standard TPD tier, or
- Trauma Insurance sum insured under the Standard Trauma tier.

The Life Insurance sum insured cannot be reinstated by the amount it was reduced by the payment of the:

- TPD Insurance sum insured under the Sumo TPD tier, or
- Trauma Insurance sum insured under the Sumo Trauma tier.

The Premium for the reinstated Life Insurance will be based on the premium rates applying at the time of reinstatement. Any Premium adjustments, exclusions or special conditions, which applied to the original Life Insurance, will also apply to the reinstated cover.

The Future Increases feature is not available for cover reinstated under Life Insurance Buy Back.

The Indexation Increases feature will apply to the reinstated Life Insurance sum insured.

Disability Income Insurance

Applying for Disability Income Insurance

When applying for Disability Income Insurance the Insured Person must be aged between 19 and 60 and *gainfully employed* for a minimum of 30 hours per week. Disability Income Insurance cannot be owned by the trustee of a superannuation fund.

You apply for a specified amount of cover. This is known as the monthly insured amount and is shown on your Policy Schedule. The minimum amount you can apply for is $30,000 per month. The maximum amount is the monthly equivalent of a percentage of the annual *income* of the Insured Person, up to $2 million, worked out as follows:

- 75% of the first $320,000
- 50% of the next $240,000, and
- 25% of the balance,

subject to the following limits:

- $60,000 per month if the benefit period is 1, 2, 5 or 10 years, then
- $30,000 per month for the to age 65 benefit period. The to age 65 benefit period commences after the expiry of the 1, 2, 5 or 10 year benefit period.

These limits may be affected if you, or the Insured Person, have similar existing cover with us, or with another insurer.

The monthly insured amount provided will be shown on your Policy Schedule.

Type of Disability Income Insurance

If the monthly insured amount does not exceed $40,000 per month, it is provided on an Endorsed Agreed Value basis, unless otherwise shown on your Policy Schedule.

If the monthly insured amount exceeds $40,000 per month the first $40,000 of the monthly insured amount is provided on an Endorsed Agreed Value basis, and any additional monthly insured amount is provided on an Indemnity basis, unless otherwise shown on your Policy Schedule.

In some circumstances the monthly insured amount may only be offered on an Indemnity basis up to $60,000 per month. If this applies, it will be shown on your Policy Schedule.

In respect of the Disability Income Insurance provided on an Endorsed Agreed Value basis, the benefit payable in the event of a claim will be based on the Insured Person's *income* at the time you applied for the cover (or if we have accepted an application for an increase in cover, the Insured Person's *income* at the time you applied for the increase in cover that we accepted) to a maximum of the monthly insured amount.

If any cover is provided on an Indemnity basis, the benefit payable in the event of a claim is based on the Insured Person's *pre-disability income* to a maximum of the monthly insured amount.

It is important to note that, while the benefit payable will never exceed the monthly insured amount, in some cases it may be less than the monthly insured amount.

Waiting period

The majority of benefits under Disability Income Insurance are subject to a waiting period before the benefits become payable.

The following waiting periods are available:

- 60 days
- 90 days.

The waiting period that applies is shown on the Policy Schedule issued to you.

The waiting period begins the day the Insured Person is *disabled* due to *illness* or injury and has consulted a *medical practitioner* in relation to their *disability*.

On the basis of medical and other evidence acceptable to us, we may reduce the waiting period by the number of continuous days for which the Insured Person was absent from *gainful employment* due to *illness* or injury prior to first consulting a *medical practitioner* in relation to their *disability,* up to a maximum of seven days.

Return to work during the waiting period

The Insured Person can return to work (and not be *disabled*) during the waiting period for up to:

- five consecutive days if your waiting period is 60 days, and
- ten consecutive days if your waiting period is 90 days,

before we will restart the waiting period.

The waiting period will be extended by the number of days worked while the Insured Person is not *disabled*.

Benefit period

The benefit period is the maximum period for which a claim for a *disability* is payable.

The following benefit periods are available:

- 1 year
- 2 years
- 5 years
- 10 years
- to age 65.

The benefit period(s) that applies will be shown on the Policy Schedule issued to you.

The benefit period for a claim starts at the end of the waiting period and continues until the earlier of:

- the end of the selected benefit period (if the benefit period selected is 'to age 65', the benefit period ends at the *cover anniversary* when the Insured Person is aged 65), and
- the date when cover ends (see the section, "When cover ends" on page 24).

Recurrent Disability

If the benefit period under your Disability Income Insurance policy is 'to age 65', any claim for a *disability* arising from the same or a related cause as a previous claim within 12 months of the previous claim ending, will be treated as a continuation of the previous claim and the waiting period will be waived. If the claim is made more than 12 months after the previous claim ended it will be treated as a new claim and a new waiting period will apply.

If the benefit period under your Disability Income Insurance policy is '1 year', '2 years', '5 years', or '10 years' or this insurance has been extended beyond the *cover anniversary* when the Insured Person is aged 65 under the terms of the Cover Extension on page 18, any claim for a *disability* arising from the same or a related cause as a previous claim within six months of the previous claim ending, will be treated as a continuation of the previous claim. Accordingly, the waiting period will be waived and the benefit period from the previous claim will continue. If the claim is made more than six months after the previous claim ended a new waiting period will apply. A new benefit period will apply to a claim for a *disability* arising from the same or related cause as a previous claim only if the Insured Person made a successful return to *gainful employment* of at least 30 hours per week for a continuous period of six months.

Monthly benefit

The amount we will pay while the Insured Person is *disabled* during the benefit period is all or part of the *monthly benefit* depending on whether the Insured Person is *totally disabled* or *partially disabled*.

Total Disability benefit

If you have a Disability Income Insurance policy, a benefit is payable if, after the *cover start date* shown on your Policy Schedule and before the Disability Income Insurance ends, the Insured Person:

- has been continuously *disabled* during the waiting period, and
- is *totally disabled* after the end of the waiting period, or after a period during which a benefit for *partial disability* has been paid for the same *illness* or injury.

The benefit payable is the *monthly benefit*, adjusted to take into account any:

- offsets which apply, as explained in the section titled "When the *monthly benefit* is reduced" on page 18
- claims that are caused by or attributed to *alcohol abuse*, *alcohol dependence*, *drug use*, *mental illness*, or *fatigue syndromes* as explained in the section titled "When we won't pay" on page 19, and
- increases under Claims Escalation, if it applies, as explained on page 18.

The *monthly benefit* for the Total Disability benefit is payable monthly in arrears for each day of *total disability* after the end of the waiting period (1/30th of the *monthly benefit* per day if the benefit is only payable for part of a month), but not beyond the end of the benefit period for that *illness* or injury.

Partial Disability benefit

If you have a Disability Income Insurance policy, a benefit is payable if, after the *cover start date* shown on your Policy Schedule and before Disability Income Insurance ends, the Insured Person:

- has been continuously *disabled* during the waiting period, and
- is *partially disabled* after the end of the waiting period, or after a period during which a Total Disability benefit has been paid for the same *illness* or injury.

The benefit payable is a proportion of the *monthly benefit*, calculated as follows:

$$\frac{\textit{pre-disability income} - \textit{post-disability income}}{\textit{pre-disability income}} \times \textit{monthly benefit}$$

adjusted to take into account any:

- offsets which apply, as explained in the section titled "When the *monthly benefit* is reduced" on page 18
- claims that are caused by or attributed to *alcohol abuse*, *alcohol dependence*, *drug use*, *mental illness* or *fatigue syndromes* as explained in the section titled "When we won't pay" on page 19, and
- increases under the Claims Escalation option, if it applies, as explained on page 18.

The *monthly benefit* for the Partial Disability benefit is payable monthly in arrears for each day of *partial disability* after the end of the waiting period (1/30th of the *monthly benefit* for the Partial Disability benefit per day if the benefit is only for part of a month) but not beyond the end of the benefit period for that *illness* or injury.

Indexation Increases

So that your cover retains its value over time in line with inflation, on each cover *anniversary* we will increase the monthly insured amount by the increase in the *consumer price index*. If the change in the *consumer price index* is zero or negative, the monthly insured amount will not change.

We will tell you the proposed indexation increase before it applies and you can choose not to accept the increase. If you decline an indexation increase it will not affect future Indexation Increases offers. To decline an indexation increase, we must receive your notice of decline before the applicable *cover anniversary*.

If your Disability Income Insurance policy provides part of your cover on an Indemnity basis, you should consider whether, by accepting an increase, your monthly insured amount will exceed the *monthly benefit*.

Indexation will cease when the sum of all portions of the monthly insured amount equals $60,000.

Specific Injury benefit

If you have a Disability Income Insurance policy and the Insured Person suffers one of the injuries listed below after the *cover start date* shown in your Policy Schedule and before your Disability Income Insurance cover ends, we will pay the *monthly benefit* for the number of months indicated, regardless of whether the Insured Person is *totally disabled*. Payments will be made during the waiting period.

Injury	Payment period
Paralysis	60 months*
Total and permanent loss of any two of: • the use of a foot from the ankle joint • the use of a hand from the wrist • the sight in an eye that is irreversible	24 months^
Total and permanent loss of any one of: • the use of a foot from the ankle joint • the use of a hand from the wrist • the sight in an eye that is irreversible	12 months
Total and complete severance of the thumb and index finger from the phalangeal joint of the same hand	6 months
Fracture of thigh or pelvis	3 months
Fracture of the leg (between the knee and foot) or knee cap	2 months
Fracture of the upper arm (including elbow and shoulder bone)	2 months
Fracture of the skull (except bones of the nose or face)	2 months
Fracture of the lower arm (including wrist, but excluding elbow, hands or fingers)	1 month
Fracture of the jaw or collarbone	1 month

* If the benefit period is one or two years, the payment period for *paralysis* under this feature is 12 or 24 months respectively.

^ If the benefit period is 1 year, the payment period for this event is limited to 12 months.

The benefit period for a *disability* due or related to an injury for which we have paid the Specific Injury benefit is reduced by the number of months for which we have paid the Specific Injury benefit.

If the Insured Person suffers more than one specific injury at the same time, we will only pay for one specific injury, being the one with the longest payment period.

If we are paying benefits under the Specific Injury benefit, payments will cease if Disability Income Insurance ends, as explained in the section titled "When cover ends" on page 24.

Trauma benefit

If you have a Disability Income Insurance policy and the Insured Person suffers one of the trauma conditions listed below after the Trauma benefit starts and before your Disability Income Insurance cover ends, we will pay the *monthly benefit* for six months, regardless of whether the Insured Person is *totally disabled*. Payments will be made during the waiting period.

- *aortic surgery*#
- *aplastic anaemia*
- *bacterial meningitis or meningococcal septicaemia*
- *benign brain tumour*
- *cancer*#
- *cardiomyopathy*
- *chronic kidney failure*
- *chronic liver disease*
- *chronic lung disease*
- *cognitive loss*
- *coma*
- *coronary artery bypass surgery*#
- *dementia including Alzheimer's disease*
- *encephalitis*
- *heart attack*#
- *heart valve surgery*#
- *loss of hearing*
- *loss of independent existence*
- *loss of limbs*
- *loss of sight*
- *loss of speech or total aphasia*
- *major head trauma*
- *major organ transplant*
- *medically acquired HIV*
- *motor neurone disease with impairment level*
- *multiple sclerosis with impairment level*
- *muscular dystrophy with impairment level*
- *occupationally acquired HIV*
- *out of hospital cardiac arrest*#
- *paralysis*
- *Parkinson's disease with impairment level*
- *primary pulmonary hypertension*
- *severe burns*
- *stroke*#
- *triple vessel angioplasty*#

For *cancer, heart attack and stroke*, the definitions that apply for the Trauma benefit under Disability Income Insurance are the definitions that apply for the Standard Trauma Insurance sum insured as explained in the Glossary.

For the trauma conditions above that are marked #, a 90 day exclusion applies. Refer to the section titled "When we won't pay" on page 19 for more information.

We will only pay once for each trauma condition under this benefit.

If the benefit period is 1, 2, 5 or 10 years, the benefit period for a *disability* due or related to a condition for which we have paid the Trauma benefit is reduced by number of months for which we have paid the Trauma benefit.

If the Insured Person suffers more than one trauma condition, we will only pay for one trauma condition at a time.

If we are paying benefits under the Trauma benefit, payments will cease if Disability Income Insurance ends, explained in the section titled "When cover ends" on page 24.

Bed Confinement benefit

If you have a Disability Income Insurance policy and the Insured Person is *totally disabled,* confined to bed, as confirmed by a *medical practitioner*, and is under the care of a registered nurse for 72 hours or more during the waiting period, we will pay 1/30th of the *monthly benefit* for each day of such bed confinement during the waiting period.

The Bed Confinement benefit is payable for a maximum of 90 days.

Home Care benefit

If you have a Disability Income Insurance policy and the Total Disability benefit has been paid for at least 30 days, and the Insured Person is confined to bed as a result of continuing *total disability,* as confirmed by a *medical practitioner*, we will increase the amount we will pay in a month to cover:

- the forgone *income* of an *immediate family member* who provides satisfactory evidence to us that they were *gainfully employed* for at least 30 hours per week prior to the Insured Person suffering the *disability* and have ceased to be *gainfully employed* to care for the Insured Person, or
- the cost of employing a registered nurse or housekeeper.

We will pay the above to a limit of $5,000 per month for a maximum of six months. This benefit starts to accrue on the first day all of the above requirements are met and is paid monthly in arrears.

This benefit is in addition to any benefit payable for the Total Disability benefit.

Rehabilitation Expenses benefit

If you have a Disability Income Insurance policy and a Total Disability benefit is payable, we will increase the amount we will pay in a month to cover either all or part of any rehabilitation expenses or costs associated with a rehabilitation programme for the Insured Person that we have approved in advance. A maximum payment of 12 times the *monthly benefit* applies under this benefit. This benefit is in addition to any benefit payable for the Total Disability benefit or Partial Disability benefit.

Accommodation benefit

If you have a Disability Income Insurance policy and the Insured Person is *totally disabled* and confined to bed, as confirmed by a *medical practitioner*, and an *immediate family member* requires accommodation at a location more than 100km from their home to be closer to the Insured Person, we will increase the amount we will pay in a month to cover the costs of accommodation up to $250 per day for a maximum of 30 days in any 12 month period.

The Accommodation benefit is payable during the waiting period. This benefit is in addition to any benefit payable for the Total Disability benefit.

Death benefit

If you have a Disability Income Insurance policy and the Insured Person dies while receiving a benefit from the Policy, we will continue to pay a monthly benefit equal to the monthly insured amount for a period of four months from the date of death upon receipt of the death certificate.

The maximum combined benefit we will pay is $150,000.

Premium Waiver

We will waive the Premium and Policy Fee payable under your Disability Income Insurance policy while a benefit is payable under the policy. If the benefit otherwise payable is reduced to nil because benefit reductions apply (see the section titled 'When the *monthly benefit* is reduced' on page 18) the Premium and Policy Fee will not be waived.

Involuntary Unemployment Premium Waiver

We will waive the Premium and Policy Fee payable under your Zurich Sumo Disability Income Insurance policy for the period while the Insured Person is *involuntarily unemployed*, up to a maximum of three months, where the following conditions are met:

- at least six months has elapsed since the policy commenced or was last reinstated
- Premiums due in that six month period have been paid in full
- the Insured Person is *involuntarily unemployed* for at least 10 consecutive working days, and
- during the period of *involuntary unemployment*, the Insured Person is registered with Centrelink or other government approved job placement agency as a job seeker.

The Premium and Policy Fee will be waived due to *involuntary unemployment* for a maximum of three months in any 12 month period and a total maximum of six months inclusive of all cover held with us for the Insured Person over the life of the Policy. If you pay your Premium on an annual basis, we will provide a pro rata refund of the Premium and Policy Fee that has already been paid for each month that you are eligible for the Involuntary Unemployment Premium Waiver.

This feature is not available if the Insured Person was self-employed immediately prior to *involuntary unemployment*.

Cover Extension

If you have a Disability Income Insurance policy under this feature we will offer to continue Disability Income Insurance beyond the *cover anniversary* when the Insured Person is aged 65, if the Insured Person is employed in an occupation which we insure under our standard underwriting guidelines at the time the offer is made.

This offer will not apply if:

- we originally offered cover with a limitation on the term of the Policy so that cover expires earlier than the *cover anniversary* when the Insured Person is aged 65
- we originally offered cover with a Premium adjustment due to medical reasons, or
- the Insured Person was eligible to receive a Total Disability benefit or Partial Disability benefit in the 12 month period preceding our Cover Extension offer.

Cover under this feature will be provided on the following modified terms:

- on an Indemnity basis
- a benefit period of 12 months
- benefits will only be payable for the Total Disability benefit, Partial Disability benefit and Death benefit
- Claims Escalation will not apply
- Indexation Increases will not apply, and
- the maximum *monthly benefit* we will pay is $15,000.

Cover can continue on the modified basis until the earlier of:

- the *cover anniversary* when the Insured Person is aged 70, and
- the Insured Person has not been in *gainful employment* of at least 30 hours a week for six consecutive months.

Claims Escalation

Claims Escalation applies if the *monthly benefit* payable for the Total Disability benefit or Partial Disability benefit is less than $60,000.

While the Total Disability benefit or Partial Disability benefit is being paid, we will increase the monthly insured amount by any increase in the *consumer price index* on the *cover anniversary*, to a maximum of $60,000.

When the *monthly benefit* is reduced

The *monthly benefit* payable for the Total Disability benefit or Partial Disability benefit may be reduced by any of the following payments that are made or are payable in respect of the Insured Person:

- legislated compensation schemes and Workers Compensation, and
- any other insurance that provides income payments due to sickness or injury which commenced prior to the commencement of the Disability Income Insurance policy, unless we have expressly agreed in writing not to apply a reduction.

If a lump sum is paid or is payable by any of the above sources in respect of the Insured Person, we will convert that lump sum to a monthly payment at the rate of 1% of the lump sum paid per month for the first 100 months after the lump sum is received.

The benefit we will pay will only be reduced to ensure that, when combined with the payments from any of the above sources and any *post-disability income*, it does not exceed the monthly equivalent of 75% of *pre-disability income* for the Total Disability benefit or 100% of *pre-disability income* for the Partial Disability benefit.

More than one benefit payable

If the Insured Person is eligible for one or more of the *monthly benefit* for Total Disability benefit, Partial Disability benefit, Specific Injury benefit, Trauma benefit, or Bed Confinement benefit at the same time, only one benefit is payable, being the benefit which provides the highest payment.

When portions of the monthly insured amount are subject to different terms

Where we agree, your Disability Income Insurance policy may be set up so that separate portions of the monthly insured amount are subject to different waiting periods and benefit periods. Details of each portion of the monthly insured amount, and the waiting periods and benefit periods that apply to each portion, will be shown on the Policy Schedule issued to you.

In determining the *monthly benefit* to be used as the basis for the payment of any benefit(s) under the policy in any given month, we will consider the sum of only those portions of the monthly insured amount for which the particular benefit is payable, having regard to the waiting period, benefit period, type of cover and options that are applicable.

When we won't pay

A benefit will not be payable under Disability Income Insurance for a claim which is caused by or attributed to:

- an intentional self inflicted act
- normal or uncomplicated pregnancy or childbirth
- war or an act of war
- anything excluded under the Policy as indicated on the Policy Schedule, or
- elective surgery that occurs within six months of:
  - the *cover start date*
  - the date any cover is reinstated (but only in respect of the reinstated cover), or
  - the *cover start date* for any increase in cover that you applied for (but only in respect of that increase).

For the trauma conditions that are marked # under the Trauma benefit on page 16, no claim will be payable at any time under the Policy for the Trauma benefit if the trauma condition first occurs or symptoms leading to the condition occurring or being diagnosed first became apparent within 90 days of the *application date* or the date that any cover is reinstated.

The amount that we will pay in any month will be reduced so that it does not exceed $40,000 per month, after we have already paid benefits for 24 months for a claim caused by or attributed to:

- *alcohol abuse*
- *alcohol dependence*
- *drug use*
- *fatigue syndromes, or*
- *mental illness.*

We will not pay for any period while the Insured Person is in jail.

Benefits may only payable for up to six months while the Insured Person is outside Australia. In some circumstances benefits can only continue to be paid beyond six months if the Insured Person returns to Australia or attends a regional medical facility approved by us.

The payment of benefits will end if the Insured Person unreasonably refuses to undergo the medical treatment including rehabilitation to treat their condition as recommended by their *medical practitioner*.

Policy ownership

Zurich Sumo allows you to structure ownership of your insurance in a number of ways as shown in the table below.

Description	Policy Owner	The person who is insured under the policy (Insured Person)	Types of Insurance available
Non-superannuation Any of the types of cover under Zurich Sumo can be held under a non-superannuation policy.			
When you apply for Zurich Sumo outside of superannuation, the Policy is issued directly to you as Policy Owner.	A person or company (that is not a trustee of a superannuation fund).	Either: • same person as the Policy Owner, or • a different person.	• Life • TPD • Trauma • Disability Income
Within superannuation There are some conditions on the insurance provided within superannuation which are outlined on page 21. If a benefit becomes payable, it will be paid to the trustee, who must distribute the benefit in accordance with the governing rules of the superannuation plan and superannuation laws current at the time of payment. See the section titled "Benefit payments" on page 22.			
If you are the trustee of a self managed superannuation fund, you can apply for a Zurich Sumo Policy as the trustee in respect of a member or members of your self managed superannuation fund. It is your responsibility as trustee to consider: • the appropriateness of providing each type of insurance cover within superannuation and its potential implications for the complying status of your fund • the taxation consequences of holding the cover, and • superannuation law that operates to limit when benefits received by you as trustee under the Policy can be paid out of your fund.	A person or company who is a trustee of a self managed superannuation fund.	A member of the relevant self managed superannuation fund.	• Life • TPD (subject to Superannuation Optimiser or the Permanent Incapacity Restriction)

Disability Income Insurance is always issued as a separate policy. A Life Insurance Policy can be issued with linked TPD and/or Trauma. In some cases, we allow cover to be split across two policies, with different Policy Owners under a structure called Flexible Linking. For example, Life Insurance may be held under one policy that is owned by the trustee of a superannuation fund and be connected to a policy providing TPD and/or Trauma Insurance owned by the Insured Person outside of superannuation. For more information on Flexible Linking refer to page 22. In the case of TPD Insurance owned by a trustee of a superannuation fund, the TPD cover will always be split across two policies connected through Flexible Linking.

Non-superannuation ownership

When you apply for cover outside of superannuation, any Policy is issued directly to you as Policy Owner. Any of the types of cover under Zurich Sumo can be held under a non-superannuation policy.

Where there are multiple owners of a single Policy who are individual persons, each will own the Policy as joint tenants (ie on the death of one of the Policy Owners, their share passes to the surviving joint tenants), unless they own the Policy as trustees or we agree to a different arrangement which we will note on the Policy Schedule.

If a benefit becomes payable, the benefit is generally paid to the Policy Owner. If the Insured Person and Policy Owner are the same, the amount payable on the death of the Insured Person will be paid to the Insured Person's legal personal representative, unless any beneficiaries have been nominated under the Policy, in which case it will be paid to the Nominated Beneficiaries.

Nominating a beneficiary for Life Insurance

If the Policy Owner is the same as the Insured Person, up to five beneficiaries can be nominated to receive the Life Insurance benefit payment if the Insured Person dies. If you do not nominate a beneficiary, the benefit will be paid to your legal personal representative or other person we are permitted to pay under the Life Insurance Act 1995 (Cth).

Each beneficiary you nominate must be a person, a company, a trust or a legally recognised charity. You can change or cancel these nominations at any time in writing. A change in a nomination only takes effect when received by us. At time of claim, if part of a nomination is invalid or one of the Nominated Beneficiaries has predeceased the Insured Person, the proceeds in relation to that invalid part or predeceased Nominated Beneficiary will be paid to your legal personal representative.

If a Nominated Beneficiary is a minor, we will pay the proceeds in relation to that Nominated Beneficiary to their legal guardian or into a trust for which that minor is a beneficiary.

All nominations will automatically cease if ownership of the Policy is transferred.

Ownership within superannuation

When you apply for cover within superannuation, the trustee of the relevant superannuation fund applies to us for cover in respect of the relevant member's life and the Policy is issued to the trustee as Policy Owner.

Superannuation law requires superannuation fund trustees to ensure insurance benefits they acquire from 1 July 2014 are aligned with the superannuation payment rules. We have applied restrictions to the insurance benefits we offer to superannuation fund trustees in accordance with these requirements. The only types of insurance that we will allow to be held within superannuation are:

- Life Insurance (some benefits are excluded)
- TPD Insurance (some benefits are excluded unless Superannuation Optimiser applies).

In some cases, we allow cover to be split across two policies in an ownership arrangement called Flexible Linking, so that part can be held within superannuation under a policy owned by the trustee of a superannuation fund and the other part is held under a non-superannuation policy. For more information on Flexible Linking see page 22.

If you apply for TPD Insurance within superannuation, we will require the cover provided under the Standard TPD tier to be split between two policies via Superannuation Optimiser (see page 22). TPD Insurance held within superannuation that is provided under the Sumo TPD tier will be subject to the Permanent Incapacity Restriction (see below). If Superannuation Optimiser or the Permanent Incapacity Restriction applies it will be shown on the Policy Schedule.

The rules that apply to the cover held within superannuation are outlined below.

Conditions on holding Life and TPD Insurance within superannuation

For Life Insurance held within superannuation, the Financial Planning benefit does not apply.

For TPD Insurance held within superannuation under the Sumo TPD tier, the Financial Planning benefit and TPD Advancement benefit do not apply.

Permanent Incapacity Restriction

If you hold your Sumo TPD tier within superannuation then it will be subject to a Permanent Incapacity Restriction. If your Policy is subject to this restriction, it will be shown on your Policy Schedule.

Where this restriction applies, in addition to meeting the definition of *total and permanent disablement*, you must also meet the definition of *permanent incapacity*.

If you choose to move your TPD Insurance outside of superannuation by cancelling and replacing it without underwriting, the Permanent Incapacity Restriction will be applied to the new policy.

Benefit payments

If a benefit becomes payable under a Zurich Sumo Policy held within superannuation, it will be paid to the trustee of the superannuation fund, who must distribute the benefit in accordance with the governing rules of the superannuation plan and superannuation laws current at the time of payment.

Where you have applied for and been accepted for insurance prior to 1 July 2014, there may be circumstances in which the trustee will receive a benefit under a Zurich Sumo Policy but is unable to release all or part of the benefit from the superannuation fund at that time as it may not meet superannuation payment rules. For example, superannuation law constraints may prevent a trustee from paying a benefit it receives in relation to:

- Trauma Insurance
- TPD Insurance (apart from TPD subject to Superannuation Optimiser).

There may also be circumstances where the benefit paid from us to the trustee is included in the superannuation fund's assessable income for tax purposes, in which case, the benefit paid from the fund will be net of any tax payable by the fund.

Flexible Linking

Flexible Linking allows you to connect two policies to each other, in order to link together insurance covering the same Insured Person.

Where Flexible Linking applies, a claim paid under any one insurance will reduce the sums insured of other insurances connected through Flexible Linking, as well as insurance under the same policy.

Where TPD and/or Trauma Insurance is under a Policy linked to other insurance through Flexible Linking, these are referred to in the Policy issued to you as Flexible TPD Insurance or Flexible Trauma Insurance. The Policy Schedule will identify each Policy connected through Flexible Linking.

Where Flexible Linking applies and a linked Policy is cancelled, we will recalculate the premiums for the continuing Policy using the premium rates applicable at the time of the calculation, taking into account that the continuing insurance is no longer linked to the cancelled insurance.

If the sum insured of the Life Insurance that is Flexible Linked to other insurance is reduced, we will reduce the sum insured for any linked Insurance provided under the other policy that is connected through Flexible Linking to ensure that the sum insured of the linked benefits do not exceed that of the Life Insurance sum insured.

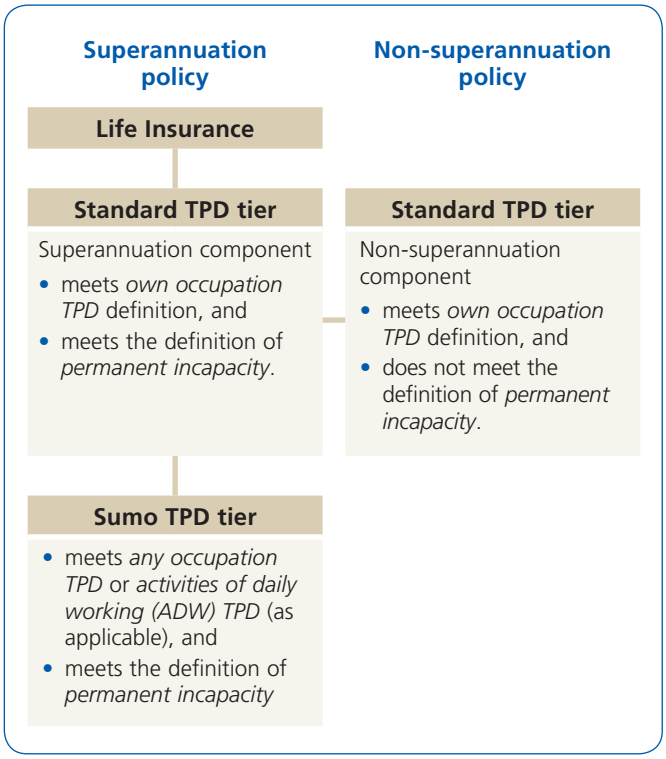
Superannuation Optimiser

If TPD Insurance is issued to a trustee of a superannuation fund, Superannuation Optimiser will apply to the cover provided under the Standard TPD tier which will result in cover being split across two policies connected through Flexible Linking.

One of the policies will be issued to the trustee of a superannuation fund (referred to as the superannuation policy), and will hold:

- the part of the cover provided under the Standard TPD tier, called the 'superannuation component', that meets the definition of *own occupation TPD* and *permanent incapacity*, and
- any cover provided under the Sumo TPD tier (this cover is subject to the Permanent Incapacity Restriction).

The remainder of the cover provided under the Standard TPD tier will be issued under a policy outside superannuation (referred to as the non-superannuation policy), called the 'non-superannuation component' and will hold the part of the *own occupation TPD* definition that does not meet the definition of *permanent incapacity*.



It is important to note that the 'non-superannuation component' of Standard TPD tier only provides cover for TPD when the 'superannuation component' cannot be satisfied. We will assess whether a benefit is payable under the 'superannuation component' based on the information available to us at the time the decision is made by us.

As explained in the section titled "When the TPD definition changes" on page 7, the TPD Insurance sum insured will be reduced and all definitions of TPD convert to the *modified TPD* definition at the *cover anniversary* when the Insured Person is aged 65 and this TPD cover with the *modified TPD* definition will be held under the superannuation policy. The TPD cover under the non-superannuation policy will end at the *cover anniversary* when the Insured Person is aged 65.

TPD claims under the superannuation policy

In the event of a claim, TPD will first be assessed under the 'superannuation component' of the Standard TPD tier definition to determine if the following requirements are satisfied:

- the Insured Person meets the *own occupation TPD* definition, and
- the Insured Person meets the definition of *permanent incapacity*.

If both requirements are satisfied a benefit is payable under the 'superannuation component' of the Standard TPD tier.

If any cover is provided under the Sumo TPD tier, the claim will be assessed to determine the following requirements are satisfied:

- the Insured Person meets the *any occupation TPD* or *activities of daily working TPD* definition (as applicable), and
- the Insured Person meets the definition of *permanent incapacity*.

Any benefits payable under the superannuation policy will be paid to the trustee. The release of the benefit from the superannuation fund to the member or beneficiaries will then be decided by the trustee and be subject to the governing rules of the superannuation fund and superannuation and related taxation laws current at the time of payment.

TPD claims under the non-superannuation policy

If the Standard TPD tier definition is not satisfied under the 'superannuation component', the claim will then be assessed under the 'non-superannuation component'. If the Insured Person satisfies the definition under the 'non-superannuation component', the sum insured for the Standard TPD tier is paid directly to the Policy Owner of the non-superannuation policy (and hence is not subject to superannuation laws).

Where the Sumo TPD tier definition is not satisfied under the superannuation policy, no benefit will be payable under the non-superannuation policy.

Other conditions that apply to Superannuation Optimiser policies

As the two policies will be connected through Flexible Linking, the sums insured in respect of the Standard TPD tier under each of the policies must always be the same. A TPD benefit payment under one policy reduces the TPD Insurance sum insured under the connected policy, as well as reducing the sums insured of any Life and Trauma Insurance under either of the two connected policies.

If you request a decrease to the TPD Insurance sum insured and it changes the Standard TPD tier, it will be applied to both of the connected policies. Similarly, if you apply to increase the TPD Insurance sum insured and the Standard TPD tier increases, you must apply to increase both connected policies. In the event that the cover is cancelled under one of the policies, the cover under the other policy will immediately end.

Your policy

When cover starts

Subject to any special conditions noted on your Policy Schedule, cover starts for each type of insurance from the *cover start date* shown for that cover in the Policy Schedule issued to you. A 90 day exclusion applies to some benefits provided in Trauma Insurance and Disability Income Insurance.

If we accept your application, we will issue a Policy Schedule (or Policy Schedules) detailing:

- Policy Owner(s) (where there are multiple owners of a single policy who are individual persons, each will own the Policy as joint tenants, unless they own the Policy as trustees or we agree to a different arrangement which we will note on the Policy Schedule)
- details of the Insured Person (such as gender, date of birth, occupation class and smoker status)
- type of insurance provided
- type of policy under which insurance is provided (and hence whether cover is provided on a linked basis)
- whether the Policy is connected to another policy through Flexible Linking (and hence whether cover is provided on a linked basis)
- sum insured/monthly insured amount for the insurance(s) provided
- if Trauma Insurance is included, whether the Insured Person is covered under the Standard Trauma tier or Sumo Trauma tier
- if TPD Insurance is included, whether the Insured Person is covered under the Standard TPD tier or Sumo TPD tier
- if TPD Insurance is held under a superannuation policy, whether Superannuation Optimiser or the Permanent Incapacity Restriction applies
- if Superannuation Optimiser applies to the TPD Insurance, whether the Policy includes the 'superannuation component' or the 'non superannuation component' of the TPD definition
- if Disability Income Insurance is included, whether the cover is provided on an Indemnity or Endorsed Agreed Value basis, the waiting period and the benefit period
- *cover start date*
- *application date*
- *cover anniversary*
- any Premium adjustments which apply
- any special conditions which apply, and
- the Premium and Policy Fee payable for the first year and when it is payable.

Your Zurich Sumo Policy is referable to our No. 2 Statutory Fund and any claims paid under the Policy will be paid from this fund.

We may, when lawfully entitled to do so, avoid or adjust your cover if you and/or the Insured Person have breached your duty of disclosure in your application for Zurich Sumo or when applying for an increase in cover. Your duty of disclosure is explained on pages 28 and 29.

When cover ends

Insurance cover provided under a Zurich Sumo Policy ends on the earliest of:

- the *cover anniversary* following the expiry age shown in the table following
- the death of the Insured Person
- payment of the sum insured for that Insurance in full
- the sum(s) insured for all insurance(s) included under the Policy is reduced to nil
- cancellation of the cover upon the written request of the Policy Owner
- cancellation of the cover by us due to non-payment of the Premium (and Policy Fee) when due
- cancellation of the cover by us due to a failure to comply with the Duty of Disclosure (as described on pages 28 and 29), and
- any other date applied under a special condition shown in your Policy.

Cover type	Expiry age
Life Insurance	99
TPD Insurance	99[1]
Trauma Insurance	99[2]
Disability Income Insurance	65[3]

[1] TPD Insurance changes at the *cover anniversary* when the Insured Person is age 65, as explained on page 7.

2 Trauma Insurance changes at the *cover anniversary* when the Insured Person is age 70, as explained on page 9.

3 Disability Income Insurance may be extended beyond the *cover anniversary* when the Insured Person is aged 65 subject to the terms of the Cover Extension feature (see page 18 for details).

Guaranteed renewable

Provided you continue to pay the Premium and Policy Fee when due, your Zurich Sumo Policy is guaranteed renewable until the *cover anniversary* after the expiry age, shown in the table in the section titled "When cover ends". This means that we cannot cancel or alter the terms of the cover because of changes in the Insured Person's health, occupation or pastimes.

If you request to extend, vary or reinstate your cover, your duty of disclosure applies but only in respect of the cover that is being extended, varied or reinstated.

World wide cover

Your Policy covers the Insured Person 24 hours a day, anywhere in the world. Please refer to the 'When we won't pay' section on page 19 for additional terms regarding claims while outside of Australia.

Keeping us informed

To ensure that our records are kept up to date and correct, we request that you advise us in writing:

- of a change in your address or contact details, or
- of a change in banking or credit card details.

Keeping you informed

Where permitted by law, we may communicate with you regarding your Policy via a number of different methods depending on the circumstances. These include (but are not limited to) post, telephone, fax, email and SMS.

Premiums and other costs

How the Premium is calculated

The Premium that you pay for your policy is calculated as at the *cover start date* and each subsequent *cover anniversary*, by applying our premium rates to the sum insured/monthly insured amount for each type of insurance.

The factors upon which the Premium will depend include, the sum insured/monthly insured amount, the options which apply, the premium type and the Insured Person's:

- age (premiums generally increase with age)
- gender
- general health
- smoking status (premiums are higher for smokers)
- recreational pursuits
- occupation, and
- place of residence.

In the case of a Zurich Sumo Disability Income Insurance policy, the Premium will also depend on the waiting period and benefit period for the cover provided.

Unless we agree to a level premium, the premium rates are 'stepped', which means that, generally, each year the Premium increases based on the Insured Person's age.

If you increase your sum insured, then the Premium will also increase. Before each *cover anniversary*, we will notify you of the Premium and Policy Fee for the period to the next *cover anniversary*.

As part of the application process, an indicative premium will be provided to you. You can also request a copy of our premium rates. The actual Premium may increase if the Insured Person has a birthday after the indicative premium is provided and before the *cover start date*. We may also only be able to offer you cover if you agree to a higher Premium.

Policy Fee

A Policy Fee per Insured Person per application is also payable each year and is shown in the Policy Schedule issued to you. If more than one Zurich Sumo Policy is issued as a result of a single application for an Insured Person, only one Policy Fee is payable.

As at 1 March 2016, the Policy Fee is $291.23 per annum if you pay your Premium annually or $24.27 per month if you pay your Premium monthly, plus any stamp duty that is applicable. The Policy Fee will be adjusted each year on 1 March by the greater of 3% and the *consumer price index*, and will be effective from the *cover start date* or *cover anniversary* on or following 1 March.

If there is no 1 March PDS issued in any year, we will advise the updated Policy Fees on our website, zurich.com.au

Payment of the Premium

Your Premium is calculated on an annual basis and can be paid yearly or monthly in advance.

The Premium can be paid from the following sources:

- credit card
- direct debit from an Australian bank account.

If you are paying your premiums on an annual basis, you may also pay via:

- BPAY®, or
- cheque made out to Zurich Australia Limited.

If you choose to pay Premiums by cheque or BPAY®, Zurich will provide you with payment instructions once your policy is ready to receive Premiums. We are not able to receive and hold payments before this time. We will also provide you with payment instructions on renewal.

You, or your adviser acting as your agent, must provide us with a valid premium deduction authority to enable us to deduct the Premium and Policy Fee when due for payment.

The Premium and Policy Fee payable for the first year are shown on the Policy Schedule. If you pay annually, we will deduct the Premium and Policy Fee on the *cover anniversary* each year or another date to which we agree.

If you pay monthly, we will deduct the Premium and Policy Fee every month on the same day of the month as the *cover anniversary* or another day of the month to which we agree. If the date shown falls on a weekend or public holiday, the Premium and Policy Fee will be deducted on the next Business Day following the due date.

All payments to us must be in Australian dollars.

Non-payment of Premium

If a Premium (and Policy Fee) payment is not made, we will notify you advising the date on which the Policy will end if the amount due is not paid. If a payment sufficient to meet the amount due is not made by that date, we will cancel the Policy.

We will give at least 20 Business Days notice before the Policy is cancelled because of non-payment of Premiums.

Changes to the Premium and/or Policy Fee

We can change the premium rates and/or Policy Fee but only if we do this for all policies in a defined risk group.

Any changes to premium rates will come into effect for your Policy on the next *cover anniversary* after we make the change.

We reserve the right to pass on any government taxes and charges which may be introduced or increased during the life of your Policy.

If we increase premium rates (or the Policy Fee by an amount more than the annual adjustment provided for above in the section "Policy Fee") we will usually provide 30 days prior notice before the increase comes into effect for your Policy by reflecting any increases in your annual renewal notice.

Surrender value

Your Zurich Sumo Policy does not have a surrender value.

A pro-rata refund will be made where a Premium and Policy Fee is paid annually and cover is cancelled prior to the next *cover anniversary*.

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Making a claim

Notifying us of a claim

Please contact us on 1800 208 130, or via email at life.claims@zurich.com.au, or via our website (zurich.com.au) if you think you are eligible to make a claim, or are unsure and would like some assistance. It is important that you notify us as soon as possible after any event that may lead to a claim. If you do not notify us within 30 days of an event, we may be able to adjust the benefit payable if we have been prejudiced by the delay.

We will send you a claim form and explain in detail our requirements and what the next steps are.

Assessing a claim

We will not admit liability on a claim until all of our claim requirements have been met. While assessing a claim we may, at out discretion, pay a benefit(s). This is not an admission of liability. To assess the claim, and ongoing payments in the case of Disability Income Insurance, we will require some or all of the following (to be provided at your expense), in a form that is satisfactory to us:

- a completed claim form
- your Policy
- proof of age of the Insured Person (unless previously provided)
- a certified copy of the death certificate (for death claims only)
- evidence of *terminal illness, total and permanent disablement, trauma condition* or *disability,* whichever is applicable for the claim being made, including test results, medical attendant statements and specialist reports (as requested)
- in the case of a claim requiring the Insured Person to satisfy one or more of the five *activities of daily living* or *activities of daily working*, evidence must be supplied that the person has sought advice from, and is following the treatment indicated by, a *medical practitioner* for his or her condition
- financial evidence including evidence of other insurance cover on the Insured Person's life, and
- evidence of *pre-disability income* and *post-disability income* and any payments received while on claim (for Disability Income Insurance claims).

We may also require the Insured Person to undergo medical and occupational assessments and you and/or the Insured Person to provide other information where relevant to assess or finalise payment of the claim. Reasonable co-operation from the Insured Person and/or claimant is required.

All claim payments may be subject to an appropriate specialist physician approved by us verifying the diagnosis.

Where we request an examination, assessment or financial audit by a person we nominate, we will meet the cost. Otherwise you must meet the cost of satisfying our claim requirements.

For Insurance linked to Life Insurance, if the Insured Person dies while a TPD, Trauma or *terminal illness* claim is being assessed, we will finalise assessment of the claim in progress if we have sufficient evidence at the time of death to establish whether the Insured Person met the definition for which the original claim was being assessed. If we do not have sufficient evidence at that time to finalise assessment of the claim in progress, the claim will be assessed under the Policy terms relating to Life Insurance.

Payment of a claim

We will pay the claim as soon as possible once it has been approved.

All claims will be paid in Australian dollars.

Refund of premium

For Life Insurance, TPD Insurance and Trauma Insurance, we will provide a refund of any premium and policy fee that is paid after a valid claim form was lodged with us but only in respect of the proportion of cover that is reduced as a result of the claim. A valid claim form for this purpose is one which resulted in a claim payment and where we determine the relevant definition for the benefit being claimed was met within 30 days of the claim form being lodged. If there is no valid claim form, the relevant date for the refund of premiums is the date the liability for the claim was admitted by us.

General information

Your adviser

This product is available through licensed financial advisers who can assist you with advice in considering Zurich Sumo and help you determine the amount and type of cover you require considering your personal circumstances.

Your adviser is your main point of contact for your insurance so, if you have any questions about your cover, please talk to your adviser. Your adviser may act as your agent and lodge your application with us on your behalf.

If your application is accepted, we may pay your adviser a commission for selling this product. The commission is paid by us and does not affect your Premium. You can obtain details from your adviser of any commission paid.

How to apply

To apply for cover, an application needs to be lodged with us, which your adviser can assist you with. We will accept a paper application signed by you, and we will also accept an online application lodged electronically by your adviser. Generally, the application will include an application for Zurich Sumo, a detailed questionnaire about your health, occupation and pastimes and a number of declarations and authorisations we will rely on in deciding whether or not to issue (and the terms on which we issue) the insurances being applied for and to administer any policies we issue.

As an alternative to completing the personal statement via a paper or online application, you may elect for the Insured Person to complete their personal statement via our TeleConnect interview service. If selected, we will set up a time to complete the interview over the telephone. Once the interview is completed, the application will be assessed and we inform your adviser of our decision.

If your adviser lodges an online application on your behalf, the adviser is required to confirm that they have your authorisation to act as your agent and that you have made a number of declarations and authorisations. It is your responsibility to ensure that the information provided to us by your adviser is accurate and complete. We will rely on the accuracy of the information provided to us via the online application as we would if a paper application was signed and submitted by you. We may contact you to verify that the information we have received from your adviser is accurate and complete.

If you will be the Policy Owner, but are not also the Insured Person under the policy we issue, it will be necessary for personal and health information to be collected from the Insured Person. This can be provided on a paper application submitted to us, and signed by the Insured Person.

Alternatively, it may be supplied to us via the online application process described above. In these cases, the adviser will also be acting as the agent of the Insured Person in submitting the information.

After an online application is lodged with us electronically by your adviser or you have completed an interview with our TeleConnect service, you will receive a copy of the information disclosed in your application that is relied upon by us in assessing the application. We request that you review the information provided carefully to ensure it is accurate and complete and notify us as soon as possible if any corrections are required. If a policy has already been issued and the corrected information would have been relevant in our assessment of the application, we may seek to enforce our remedies for non-disclosure and avoid or vary the insurance to take account of the corrected information.

If the Insured Person has a birthday after the application is submitted and before cover commences, the Premium will be adjusted to reflect the rate applicable for their age at cover commencement and in these cases the Premium may differ from any indicative quotes provided to you prior to the issue of the policy.

Your duty of disclosure

To be read by each of the proposed Policy Owner and the Insured Person (if different people)

Before entering into a life insurance contract, we must be told anything that each of you as the proposed Policy Owner and the Insured Person (if a different person to the proposed Policy Owner) knows, or could reasonably be expected to know, may affect our decision to provide the insurance and on what terms.

The duty applies until we agree to provide the insurance. It also applies before the insurance contract is extended, varied or reinstated.

We do not need to be told anything that:

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

If you are the Insured Person (but not also the proposed Policy Owner), you not telling us something that you know, or could reasonably be expected to know, that may affect our decision to provide the insurance and on what terms, may be treated as a failure by the proposed Policy Owner to tell us something that they must tell us with the following consequences for the proposed Policy Owner.

If we are not told something

In exercising the following rights, we may consider whether different types of cover can constitute separate contracts of life insurance. If they do, we may apply the following rights separately to each type of cover.

If we are not told anything that we are required to be told, and we would not have provided the insurance if we had been told, we may avoid the contract within 3 years of entering into it.

If we choose not to avoid the contract, we may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if we had been told everything we should have been told. However, if the insurance contract has a surrender value, or provides cover on death, we may only exercise this right within 3 years of entering into the contract.

If we choose not to avoid the insurance contract or reduce the amount of insurance provided, we may, at any time vary the contract in a way that places us in the same position we would have been in if we had been told everything we should have been told. However, this right does not apply if the contract has a surrender value or provides cover on death.

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

Underwriting

We will promptly notify you or your adviser of any additional information needed to underwrite your application. If you do not want your adviser to receive information relating to the underwriting assessment of the Insured Person, you must inform us in writing at the time of application.

We may seek additional information about the medical and financial circumstances of the Insured Person, as well as any hazardous pursuits or pastimes, occupational duties and other information that may assist with assessment of your application.

We may ask the Insured Person to undergo a medical examination and/or blood tests. This will usually be arranged through our nominated pathology provider, who may be able to arrange the services to be undertaken at the workplace or home of the Insured Person or at medical centres across Australia. On request, we can send medical examination and blood test results to a doctor nominated by the Insured Person. We will cover the associated costs of any tests required.

The tests and requirements vary depending on the age and occupation of the Insured Person and the amount and type of cover applied for.

The application

In accepting an application of insurance, we will be relying on declarations and authorisations made by you, relating to the following matters:

Your adviser

- You have appointed your adviser to act on your behalf in relation to this insurance and, if we receive online applications, you have appointed your adviser as your agent to complete and lodge an application for insurance as your agent.
- You have received a Zurich Sumo PDS and agree to be bound by it.

Disclosure obligations

- You and the Insured Person (if different) have read and understood the duty of disclosure as explained in this PDS and understand the duty continues until we have issued a contract of insurance.
- You and the Insured Person confirm the information supplied in connection with the application is true and correct and no information material to the application has been withheld.
- You acknowledge that we are entitled to rely on the information provided in the application, in determining an application and assessing future claims, and that we may be entitled to vary or avoid the insurance if there has been non-disclosure and/or misrepresentation.
- You and the Insured Person agree that you will review the information provided on an online application and agree to inform us immediately if there are any errors or omissions and understand that we may seek to vary or avoid the insurance if errors or omissions are identified.

Authorisations

- You and the Insured Person (if different) have read the Privacy Statement contained in the PDS and consent to the collection of personal information (including medical information) and its use by us as described.
- You authorise the collection of premiums from the account designated in the application.

Who should authorise the application

Both you as the Policy Owner and the Insured Person (if different) must authorise the application, payment authority and various other declarations and authorisations that are required to be completed for an application. As noted above, where an online application is lodged by your adviser electronically these authorisations will be provided to us by the adviser acting as your agent.

Cooling-off period

You have a 21 day cooling-off period after your Zurich Sumo Policy commences during which time you can cancel your Policy if you decide that the insurance cover does not meet your needs. You will be entitled to a refund of the Premium and Policy Fee that you have paid. If you wish to use the cooling-off period, you must not have made a claim and must notify us within 21 days of the earlier of:

- the date you receive your Policy, or
- the end of the fifth Business Day after we issue the Policy.

Privacy

Zurich is bound by the Privacy Act 1988 (Cth). Before providing us with any personal or sensitive information ('Information'), you and the Insured Person (if different) should know the following.

We collect, use, process and store personal information and, in some cases, sensitive information about you and the Insured Person in order to comply with our legal obligations, to assess your application for insurance cover, to administer the insurance cover provided, to enhance customer service or products and to manage claims ('purposes'). If you or the Insured Person does not agree to provide us with the Information, we may not be able to process your application, administer your cover or assess your claims.

By providing us or your intermediary with Information, you and the Insured Person consent to our use of this Information which includes us disclosing the Information where relevant for the purposes, to the Policy Owner, your intermediary (including your adviser), affiliates of the Zurich Insurance Group Ltd, other insurers and reinsurers, our service providers, our business partners or as required by law within Australia or overseas.

The Australian laws include:

- Australian Securities and Investment Commissions Act 2001
- Corporations Act 2001
- Insurance Contracts Act 1984
- Life Insurance Act 1995
- Anti Money Laundering and Counter Terrorism Financing Act 2006
- Anti Money Laundering and Counter Terrorism Financing Rules Instrument 2007 (No. 1)
- Income Tax Assessment Act 1997
- Taxation Administration Act 1953

as those acts are amended and any associated regulations. From time to time other acts may require, or authorise us to collect your personal information.

Zurich may also obtain Information from government offices and third parties to assess an application or a claim. We may use personal information (but not sensitive information) collected to notify you or the Insured Person of other products and services we offer. If you or the Insured Person does not want your personal information to be used in this way, please contact us.

For further information about Zurich's Privacy Policy, a list of service providers and business partners that we may disclose your information to, a list of countries in which recipients of your information are likely to be located, details of how you can access or correct the Information we hold about you or make a complaint, please refer to the Privacy link on our homepage – www.zurich.com.au, contact us by telephone on 1800 005 057 or email us at privacy.officer@zurich.com.au

Residency and applicable laws

These policies are designed for customers who are resident in Australia. If you or the Insured Person moves to another country, your policy may no longer be suitable for your individual needs, and you may no longer be eligible to make payments into your policy. The local laws and regulations of the jurisdiction to which you or the Insured Person moves may affect our ability to continue to service your policy in accordance with its terms and conditions.

You need to tell us of any planned change in residency before the change happens.

We do not offer tax advice, so if you or the Insured Person decide to live outside Australia, we recommend obtaining advice on the tax consequences of changing your/the Insured Person's country of residence in relation to your policy. We will not be held liable for any adverse tax consequences that arise in respect of you or your policy as a result of such a change in residence.

A change in residency might require us to suspend or terminate your insurance accordingly.

We and other companies within the worldwide Zurich group of companies have obligations under Australian and foreign laws. Regardless of any other policy terms and conditions, we reserve the right to take any action (or not take any action) which could place us or another company within the group at risk of breaching Australian laws or laws in any other country.

All financial transactions, including acceptance of premium payments, claim payments and other reimbursements, are subject to compliance with applicable trade or economic sanctions laws and regulations.

We may terminate the policy if we consider you, the Insured Person, your directors and officers (if applicable), or beneficial owners as a sanctioned person, or you conduct an activity which is sanctioned, according to trade or economic sanctions laws and regulations. Further, we will not provide any cover, service or benefit to any party if we determine this places us at risk of breaching applicable trade or economic sanctions laws or regulations.

This policy is based on the legal and regulatory requirements applicable at the time the policy is issued. Should the legal and regulatory requirements change in a material way, Zurich is entitled to adapt the terms and conditions to the changed legal and regulatory requirements, provided the change is lawful.

Risks of holding insurance

There are risks you should consider when deciding to purchase this Policy, including:

- the insurance you have chosen might be inadequate to protect your circumstances now or in the future
- the Insured Person becomes ill but your Policy does not pay a benefit for their specific condition
- the Insured Person may be unable to work for longer than the selected benefit period for Disability Income Insurance
- you elect to reject indexation increases to your Policy and as a result cover does not maintain its value against inflation
- a claim is not paid and this Policy cancelled if you fail to comply with the Duty of Disclosure set out on page 28 and 29
- your Policy is cancelled because you become unable to pay your Premiums by the due date as described on page 26.
- the insurer becomes insolvent and is unable to meet liabilities that fall due under your Policy.

Who to contact

We are here to help with any questions you have about your cover. Our contact details are:

General enquiries

Telephone: 1800 631 807

Email: life.insurance@zurich.com.au

Post: GPO Box 5216
Brisbane QLD 4001

Claims

Telephone: 1800 208 130

Email: life.claims@zurich.com.au

Post: Zurich Life Claims
GPO Box 4443
Sydney NSW 2001

You should be aware that we record all of our telephone conversations with you or your adviser relating to your policy.

Complaints resolution

If you have a complaint about Zurich Sumo, you should contact us on 1800 631 807 or via email at complaints.service@zurich.com.au. We will aim to acknowledge any complaint within 5 days and to resolve your complaint within 45 days.

If you are not satisfied with the response you receive from us, or we fail to resolve the complaint within 45 days, you can raise the matter with the Financial Ombudsman Service, GPO Box 3, Melbourne VIC 3001. The telephone number is: 1300 780 808 and the email address is: info@fos.org.au

Tax

The information provided in this section is a guide only and we recommend you speak to your tax adviser regarding the tax consequences of insurance cover and policy ownership.

Any reference to 'you' is in respect of your capacity as the Policy Owner (including circumstances in which you own the Policy in your capacity as trustee of a self-managed superannuation fund).

Tax treatment of Premiums

Non-superannuation

The Premiums that you pay for Life, TPD, Trauma Insurance are generally not tax deductible to you. However, there are some circumstances where the Premium, or part of the Premium, may be claimed as a tax deduction. For example, this may be relevant in situations where an employer owns the Policy or pays the Premiums. We recommend you consult your tax adviser to discuss your particular circumstances.

The Premium that you pay for Disability Income Insurance are typically a tax deductible expense to you.

Within superannuation (as trustee of a self managed superannuation fund)

The premiums for an insurance policy held inside superannuation are generally tax deductible to the trustee depending on the extent to which they relate to the fund's liability to pay:

- a superannuation death benefit
- a superannuation benefit because of a terminal medical condition
- a disability superannuation benefit
- an income stream because of temporary incapacity.

We recommend that you seek professional tax advice.

Tax treatment of benefits

Non-superannuation

The tax treatment of a benefit that is payable under a Life, TPD, Trauma Insurance policy can vary depending on the Policy Owner. There may be some cases where the benefit is taxable, such as where an employer owns the Policy, and we recommend you discuss your particular circumstances with your tax adviser.

Benefits that are payable under a Disability Income Insurance policy are generally included in your assessable income and will be subject to tax at your marginal tax rate.

Within superannuation (as trustee of a self managed superannuation fund)

If you own a Zurich Sumo Policy as the trustee of a self managed superannuation fund, the gross amount of any benefit that is payable under a the Policy will be paid by us to you in your capacity as the trustee. You are responsible for determining any tax liability in respect of a benefit that you receive or distribute from your self managed superannuation fund. The amounts received by the ultimate benefit recipients (for example, a member of the relevant superannuation fund) may have special tax treatment which does not necessarily depend on the nature of the original insurance claim payment. We recommend you seek professional tax advice.

Interim cover

We provide you with interim cover for *accidental* injury or death while your application is being assessed, except where the insurance applied for will replace existing insurance in place with us or with another insurer.

Interim cover does not necessarily provide the same coverage as the policy or policies being applied for. The terms of interim cover are limited to those set out in this section. These terms cannot be varied or extended by any representation made by us or your financial adviser.

Life Insurance

If you have applied for a Life Insurance Policy, we will pay the interim Life Insurance if the Insured Person dies as the result of an *accident*, where the *accident* occurs during the period of interim cover and death occurs within three months of the *accident*.

TPD Insurance

If you have applied for a Policy that includes TPD Insurance, we will pay the interim TPD Insurance if the Insured Person, suffers *total and permanent disablement* as a result of an *accident*, where the *accident* occurs during the period of interim cover and *total and permanent disablement* occurs within three months of the *accident*.

The definition of TPD that will apply is the *any occupation TPD* definition, except where the Insured Person is not in *gainful employment* at the time of the *accident* causing *total and permanent disablement*, in which case the *modified TPD* definition will apply.

Trauma Insurance

If you have applied for a Policy that includes Trauma Insurance, we will pay the interim Trauma Insurance if the Insured Person suffers one of the trauma conditions listed below as the result of an *accident,* where the *accident* occurs during the period of interim cover and the condition occurs within three months of the *accident.*

Trauma conditions covered for interim cover are:

- *coma*
- *paralysis*
- *loss of hearing*
- *loss of limbs*
- *loss of sight*
- *major head trauma*
- *severe burns.*

Disability Income Insurance

If you have applied for a Disability Income Insurance policy we will pay:

- the interim benefit for the Total Disability benefit from the end of the waiting period applied for in the application, for up to a maximum of six months, if the Insured Person is *totally disabled* as the result of an *accident* that occurs during the period of interim cover and *total disability* due to the *accident* starts within three months of the *accident*, and
- the interim Death Benefit, if the Insured Person dies as the result of an *accident* that occurs during the period of interim cover and death occurs within three months of the *accident*.

When interim cover starts

Interim cover starts on the date an application is received by us.

When interim cover ends

Interim cover will end on the earlier of:

- your application for cover is accepted and cover commences
- your application for cover is cancelled or withdrawn by you
- your application for cover is declined by us
- insurance cover commences under another contract of insurance (whether or not it is an interim contract of insurance) between you and Zurich or another insurer that is intended to replace the insurance cover provided by the interim contract of insurance
- your interim cover is cancelled by us providing you with at least 20 Business Days notice, or
- 90 days from the date the interim cover started.

When interim cover is not payable

Nothing will be payable if the condition or event giving rise to the claim under interim cover was caused directly or indirectly by:

- an *accident* or injury that first occurred before interim cover started
- an *accident* or injury that would have been excluded by underwriting based on evidence existing on the date of application
- an intentional self-inflicted act
- consumption of alcohol or drugs, or
- engagement in any sport, pastime or occupation that we would not normally cover at standard rates.

When lawfully entitled to do so, we may avoid or adjust your interim cover if you have breached your duty of disclosure or have made a misrepresentation when applying for cover.

What we will pay

The maximum interim cover benefit that we will pay for each type of insurance across all applications for the Insured Person is:

- in the case of Life, TPD and Trauma Insurance:
  - Life Insurance $1 million
  - TPD Insurance $1 million
  - Trauma Insurance $1 million
- in the case of the interim benefit for the Total Disability benefit under Disability Income Insurance:
  - $5,000 per month and with a maximum benefit period of six months
- in the case of the interim Death benefit under Disability Income Insurance:
  - $20,000.

If multiple policies on the same Insured Person are applied for, and the maximum interim cover benefit payable for the Insured Person is less than the total of all amounts applied for, we will apply the reduction to the amount we will pay across the multiple applications in the same proportion.

If interim cover benefits are paid for the Insured Person by other insurers for an accident, we will reduce the amount we will pay for the same *accident* under the same or similar type of insurance so that the total paid across all insurers is no more than the maximum amount we otherwise would have paid.

The sum insured under interim cover will be reduced by the amount of interim cover paid for other insurances in some cases. This will apply to Life, TPD or Trauma insurance where the insurances have been applied for under the same policy or the insurances are connected through Flexible Linking. The amount payable under interim cover will be reduced on the same basis as amounts payable would be reduced under the insurance applied for.

Glossary

TPD defined terms

Term	Definition
activities of daily living	1. Bathing and showering 2. Dressing and undressing 3. Eating and drinking 4. Using the toilet 5. Moving from place to place by walking, wheelchair or with assistance of a walking aid or getting in and out of bed, a chair or wheelchair
activities of daily working (ADW)	**Walking** – ability to walk more than 200m on a level surface without stopping due to breathlessness, angina or severe pain elsewhere in the body. **Rising/Sitting** – ability to rise and sit using a raised chair with arms without the help of another person. **Dexterity** – ability to write legibly with a pen or pencil or use a keyboard with either hand. **Communication** – ability to: (a) clearly hear (with a hearing aid or other aid if normally used) conversational speech in a quiet room in the Insured Person's first language, or (b) understand simple messages in Insured Person's first language, or (c) speak with sufficient clarity to be clearly understood in the Insured Person's first language. **Eyesight** – the Insured Person's visual ability, allows independent functioning in a workplace without requiring physical assistance from another person.
activities of daily working (ADW) TPD	The Insured Person is totally and irreversibly unable to perform (with or without aids or adaptations) at least three of the five *activities of daily working*.
any occupation	Any occupation, business or employment for which the Insured Person is suited by education, training or experience that would generate earnings greater than 25% of the Insured Person's earnings in the most recent 12 month period during which he or she was *gainfully employed*.
any occupation TPD	• The Insured Person: i. has been absent from work for a continuous period of at least three months, or has suffered permanent and irreversible *whole person impairment** of at least 25%, and ii. is incapacitated to the extent that, in our opinion, is unlikely to ever again be able to engage in *any occupation*, or • The Insured Person meets the *modified TPD* definition. * Where you are claiming as a result of *whole person impairment*, the Insured Person must be living (and not declared brain dead) for 14 days from the date the Insured Person satisfies the definition.
cognitive loss	A total and permanent deterioration or loss of intellectual capacity (supported by a score of 15 or less out of 30 in a Mini Mental State Examination or evidence from another neuropsychometric test that is acceptable to us) that has required the Insured Person to be under continuous care and supervision by another person for at least three consecutive months and at the end of that three month period the Insured Person is likely to require ongoing continuous care and supervision by another person.
loss of independent existence	The total and irreversible inability to perform at least two of the numbered *activities of daily living* without the assistance of another person.
modified TPD	The Insured Person has suffered: • *loss of limbs** • *loss of sight** • both *partial loss of limbs* and *partial loss of sight** • *loss of independent existence**, or • *cognitive loss.* * Where you are claiming as a result of *loss of limbs, loss of sight,* both *partial loss of limbs* and *partial loss of sight* or *loss of independent existence*, the Insured Person must be living (and not declared brain dead) for 14 days from the date the Insured Person satisfies the definition.
own occupation	The occupation, business or employment in which the Insured Person was *gainfully employed* at the time of the injury or *illness* for which the claim for *total and permanent disablement* is made (or, if not *gainfully employed* at that time, the occupation, business or employment in which the Insured Person was most recently *gainfully employed*).

Term	Definition
own occupation TPD	• The Insured Person, i. has been absent from work for a continuous period of at least three months, or has suffered permanent and irreversible *whole person impairment** of at least 25%, and ii. is incapacitated to the extent that, in our opinion, is unlikely to ever again be able to engage in their *own occupation*, or • The Insured Person meets the *modified TPD* definition. * Where you are claiming as a result of *whole person impairment*, the Insured Person must be living (and not declared brain dead) for 14 days from the date the Insured Person satisfies the definition.
partial loss of limbs	The total and irreversible loss of the use of one limb, where 'limb' means whole hand or whole foot.
partial loss of sight	The irrecoverable loss of sight in one eye, with and without the use of an appropriate aid, to the extent that eyesight is reduced in that eye to 6/60 or less of central visual acuity on the Snellen test chart.
permanent incapacity	'permanent incapacity' as defined by the Superannuation Industry (Supervision) Act 1993 (Cth), as amended from time to time and applied as if Zurich was the trustee of the relevant superannuation fund and the Insured Person was a member of the fund.
total and permanent disablement	**For the Standard TPD tier as indicated on your Policy Schedule** Due to *illness* or injury: • before the *cover anniversary* after the Insured Person reaches the age of 65, the Insured Person satisfies the *own occupation TPD* definition, and • from the *cover anniversary* after the Insured Person reaches the age of 65, the Insured Person satisfies the *modified TPD* definition. **IMPORTANT NOTE:** If the Policy Schedule indicates that Superannuation Optimiser applies, further rules apply to these policies. Please refer to the Superannuation Optimiser section on page 22 for further information. **For the Sumo TPD tier as indicated on your Policy Schedule up to and including $10 million in cover (including the Standard TPD tier)** Due to *illness* or injury: • before the *cover anniversary* when the Insured Person is age 65: – if the Insured Person is not *gainfully employed* for at least 30 hours per week in the preceding six months, the Insured Person satisfies the *activities of daily working (ADW) TPD* definition – if an insured amount has been paid under the Standard TPD tier for an injury or *illness* to the Insured Person that was directly or indirectly caused by *mental illness*, a *fatigue syndrome*, *alcohol abuse*, *alcohol dependence* or *drug use*, the Insured Person satisfies the *activities of daily working (ADW) TPD* definition – If neither of the above two bullet points apply, the Insured Person satisfies the *any occupation TPD* definition • from the *cover anniversary* when the Insured Person is age 65, the Insured Person satisfies the *modified TPD* definition. **For the Sumo TPD tier stated in your Policy Schedule above $10 million in cover (including the Standard TPD tier)** Due to *illness* or injury, before the *cover anniversary* after the Insured Person reaches the age of 65, the Insured Person satisfies the *activities of daily working (ADW) TPD* definition. **IMPORTANT NOTE:** for TPD cover provided under the Sumo TPD tier, if the Policy Schedule indicates that the Permanent Incapacity Restriction applies, in addition to the above definition requirements, the Insured Person must meet the definition of *permanent incapacity*.
whole person impairment (WPI)	Whole Person Impairment based on the American Medical Association 'Guides to the Evaluation of Permanent Impairment', 5th edition, or an equivalent guide to impairment approved by us – the examining doctor will be provided with specific evaluating protocols.

Trauma conditions

All medical classifications cited are as of the date of the PDS.

Trauma condition	Definition
Cancer	
aplastic anaemia	Severe aplasia of bone marrow which results in anaemia, neutropenia and thrombocytopenia requiring one of the following treatments: • immunosuppressive agents • bone marrow transplant, or • peripheral blood stem cell transplant.
cancer	The presence of one or more malignant tumours characterised by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissue, including malignant lymphoma, Hodgkin's disease, leukaemia and malignant bone marrow disorders. Tumours which are histologically described as premalignant or show the malignant changes of carcinoma in situ, including cervical dysplasia CIN III and lower, are excluded except, in the case of the Standard Trauma Insurance sum insured, Carcinoma in situ of the breast which results directly in the removal of the entire breast as the result of a procedure which is performed specifically to arrest the spread of malignancy and is considered to be the appropriate and necessary treatment. All hyperkeratoses and basal cell carcinomas are excluded. All squamous cell carcinomas of skin are excluded unless there is evidence of metastases. All tumours of the prostate are excluded unless histologically classified as having: • in the case of the Standard Trauma Insurance sum insured, a Gleason score of greater than 6 or having progressed to a least clinical TNM classification T2N0M0, or • in the case of the Sumo Trauma Insurance sum insured, progressed to at least clinical TNM classification T3N0M0. All melanomas are excluded unless: • in the case of the Standard Trauma Insurance sum insured, the melanoma is stage 1b (T1bN0M0) or higher, or • in the case of the Sumo Trauma Insurance sum insured, the melanoma is stage 2a (T2bN0M0) or higher. In the case of the Sumo Trauma Insurance sum insured, the following are excluded: • breast cancer unless the tumour is greater than 2cm in size or there is lymph node involvement or metastases • chronic lymphocytic leukaemia unless Binet stage C or Rai stages 3 or 4 • Hodgkin's disease unless stage 3 or higher • Non-Hodgkin's Lymphoma (NHL) unless stage 2 or higher • thyroid cancers unless extending outside the organ of origin, invading lymph nodes or with distant metastases • testicular cancers unless extending outside the organ of origin, invading lymph nodes or with distant metastases, and • cancer of the cervix unless stage 2 and higher.
carcinoma in situ of breast	Localised cancer characterised by a focal autonomous new growth of cancer cells, which has not yet infiltrated or destroyed normal tissue, and where there is a confirmed histopathological diagnosis of carcinoma in situ without evidence of invasive cancer.
carcinoma in situ of the cervix and cervical dysplasia	High grade dysplasia of the cervix at CIN III or above, confirmed histologically by biopsy.
carcinoma in situ of the fallopian tube	A focal autonomous new growth of carcinomatous cells within the fallopian tube which has not yet resulted in the invasion of normal tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The tumour must be limited to the tubal mucosa and classified as Tis according to the TNM staging method or FIGO* Stage 0.
carcinoma in situ of the ovary	A focal autonomous new growth of carcinomatous cells within the ovary which has not yet resulted in the invasion of normal tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The tumour must be classified as Tis according to the TNM staging method or FIGO* Stage 0.

* FIGO refers to the staging method of the International Federation of Gynaecology and Obstetrics.

Trauma condition	Definition
carcinoma in situ of the vagina	A focal autonomous new growth of carcinomatous cells within the vagina which has not yet resulted in the invasion of normal tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The tumour must be classified as Tis according to the TNM staging method or FIGO* Stage 0.
carcinoma in situ of the vulva	A focal autonomous new growth of carcinomatous cells within the vulva which has not yet resulted in the invasion of normal tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The tumour must be classified as Tis according to the TNM staging method or FIGO* Stage 0.
early stage melanoma	The presence of one or more melanomas which are both less than 1.5mm Breslow thickness and less than Clark level 3 depth of invasion, confirmed histologically by biopsy.
early stage prostate cancer	Localised cancer characterised by focal autonomous new growth of cancer cells. The tumour must be described histologically as TNM Classification T1 and have a Gleason score of 6 or less.
Heart and artery	
angioplasty	The undergoing of angioplasty on one or two coronary arteries to correct a narrowing or blockage that is considered the appropriate and necessary treatment on the basis of angiographic evidence.
aortic surgery	The undergoing of surgery that is considered the appropriate and necessary treatment to correct any narrowing, dissection or aneurysm of the thoracic or abdominal aorta. Angioplasty, intra-arterial procedures or other non-surgical techniques are excluded.
cardiomyopathy	Disease of the heart muscle causing it to enlarge and become weaker, resulting in significant cardiac impairment to the degree of at least Class III of the *New York Heart Association functional classification system.*
coronary artery bypass surgery	The undergoing of coronary artery bypass surgery for the treatment of coronary artery disease that is considered the appropriate and necessary treatment.
heart attack	Death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis must be supported by diagnostic rise and/or fall of cardiac biomarkers with at least one value above the 99th percentile of the upper reference limit and at least one of the following: • signs and symptoms of ischaemia consistent with myocardial infarction or • ECG changes indicative of new ischaemia (new ST-T changes or new left bundle branch block [LBBB]) or • development of pathological Q waves in the ECG or • imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. If the above tests are inconclusive or our noted diagnostic techniques are impractical to apply or have been superseded, we will consider other appropriate and medically recognised tests. A rise in biological markers as a result of an elective percutaneous procedure for coronary artery disease is excluded. Also excluded are other acute coronary syndromes including but not limited to angina pectoris. In the case of the Sumo Trauma Insurance sum insured, heart attack means, in addition to the above being met, the left ventricular ejection fraction (taken six weeks or more after the event) is 40% or less.
heart valve surgery	The undergoing of surgery that is considered necessary to replace or repair cardiac valves as a consequence of heart valve defects or abnormalities. It does not include angioplasty, intra-arterial procedures or other non-surgical techniques.
out of hospital cardiac arrest	Cardiac arrest that occurs outside of a hospital due to cardiac asystole or ventricular fibrillation with or without ventricular tachycardia. The cardiac arrest must not be related to any medical procedure and must be documented by an electrocardiogram.
triple vessel angioplasty	The undergoing of angioplasty on three or more coronary arteries in the same procedure to correct a narrowing or blockage. It must be considered the appropriate and necessary treatment on the basis of angiographic evidence.

* FIGO refers to the staging method of the International Federation of Gynaecology and Obstetrics.

Trauma condition	Definition
Brain and nerves	
bacterial meningitis or meningococcal septicaemia	Bacterial meningitis or meningococcal septicaemia resulting in: • permanent and irreversible *whole person impairment* of at least 25%, or • total and irreversible inability to perform at least one of the numbered *activities of daily living*.
benign brain tumour	Non-malignant tumour in the brain, pituitary gland or spine, resulting in a neurological deficit causing: • permanent and irreversible *whole person impairment* of at least 25%, or • total and irreversible inability to perform at least one of the numbered *activities of daily living*. The presence of the tumour must be confirmed by imaging studies such as CT scan or MRI. Cysts, granulomas, aneurysms in or of the arteries or veins of the brain and haematomas are not covered.
cognitive loss	A total and permanent deterioration or loss of intellectual capacity (supported by a score of 15 or less out of 30 in a Mini Mental State Examination or evidence from another neuropsychometric test that is acceptable to us) that has required the Insured Person to be under continuous care and supervision by another person for at least three consecutive months and at the end of that three month period the Insured Person is likely to require ongoing continuous care and supervision by another person.
coma	A state of total unconsciousness and unresponsiveness to all external stimuli, resulting in a score of 8 or less on the Glasgow Coma Scale, as outlined below, for a continuous period of at least four days. Glasgow Coma Scale is a scoring system used to measure the level of consciousness following traumatic brain injury. It is composed of three parameters as given below: **Best Eye Response (4)** 1. No eye opening 2. Eye opening to pain 3. Eye opening to verbal command 4. Eyes open spontaneously **Best Verbal Response (5)** 1. No verbal response 2. Incomprehensible sounds 3. Inappropriate words 4. Confused 5. Orientated **Best Motor Response (6)** 1. No motor response 2. Extension to pain 3. Flexion to pain 4. Withdrawal from pain 5. Localising pain 6. Obeys commands A Coma Score of 13 or higher correlates with a mild brain injury, 9 to 12 a moderate injury and 8 or less a severe brain injury. Comas which are induced medically, are excluded.
dementia including Alzheimer's disease	Diagnosis of dementia by neurological assessment confirming that the Insured Person requires continual supervisory care as the result of cognitive impairment characterised by a Mini Mental State Examination score of 24 or less out of 30 or evidence from another neuropsychometric test that is acceptable to us.
encephalitis	Acute inflammation of the brain caused by viral infection resulting in neurological deficit and leading to: • permanent and irreversible *whole person impairment* of at least 25%, or • total and irreversible inability to perform at least one of the numbered *activities of daily living*.
hydrocephalus	An excessive accumulation of cerebrospinal fluid within the cranium requiring the insertion of a permanent shunt.
major head trauma	*Accidental* head injury, leading to neurological deficit causing: • permanent and irreversible *whole person impairment* of at least 25%, or • total and irreversible inability to perform at least one of the numbered *activities of daily living*.

Trauma condition	Definition
motor neurone disease	Unequivocal diagnosis of motor neurone disease, leading to neurological deficit.
motor neurone disease with impairment level	Unequivocal diagnosis of motor neurone disease, leading to neurological deficit, resulting in: • permanent and irreversible *whole person impairment* of at least 25%, or • total and irreversible inability to perform at least one of the numbered *activities of daily living*.
multiple sclerosis	Unequivocal diagnosis of multiple sclerosis, and evidenced by appropriate neuro-imaging and spinal fluid abnormalities, leading to neurological deficit.
multiple sclerosis with impairment level	Unequivocal diagnosis of multiple sclerosis with more than one episode of well defined neurological deficit with persisting neurological abnormalities, and evidenced by appropriate neuro-imaging and spinal fluid abnormalities, leading to neurological deficit and resulting in: • permanent and irreversible *whole person impairment* of at least 25%, or • total and irreversible inability to perform at least one of the numbered *activities of daily living*.
muscular dystrophy	Unequivocal diagnosis of muscular dystrophy, which causes progressive and selective degeneration and weakness of voluntary muscles.
muscular dystrophy with impairment level	Unequivocal diagnosis of muscular dystrophy, which causes progressive and selective degeneration and weakness of voluntary muscles resulting in: permanent and irreversible *whole person impairment* of at least 25%, or total and irreversible inability to perform at least one of the numbered *activities of daily living*.
Parkinson's disease	Unequivocal diagnosis of Parkinson's disease, leading to irreversible neurological deficit.
Parkinson's disease with impairment level	Unequivocal diagnosis of Parkinson's disease, leading to irreversible neurological deficit, resulting in: • permanent and irreversible *whole person impairment* of at least 25%, or • total and irreversible inability to perform at least one of the numbered *activities of daily living*.
paralysis	The total and irreversible loss of the use of two limbs, where a limb is defined as the shoulder down to the hand or the hip down to the foot.
stroke	A cerebrovascular incident characterised by the sudden disruption of blood supply via one or more of the arteries to the brain due to a blood clot or plaque or because an artery breaks or bursts. The stroke must: • in the case of the Standard Trauma Insurance sum insured, result in an acute onset of objective and ongoing neurological signs and clinical symptoms lasting for more than 24 hours and be evidenced by neuroimaging (such as magnetic resonance imaging, computerised tomography, or other reliable imaging techniques) that demonstrate a lesion consistent with the acute haemorrhage, embolism or thrombosis, and • in the case of the Sumo Trauma Insurance sum insured, the stroke must also result in permanent neurological deficit with persisting clinical symptoms, and result in a score of 2 or greater on the modified Rankin scale. Brain damage due to an *accident*, infection, reversible ischaemic neurological deficit, transient ischaemic attack, vasculitis or an inflammatory disease is excluded. For the purposes of the stroke definition, the Modified Rankin scale is as follows: 0 No symptoms at all 1 No significant disability despite symptoms, able to carry out all usual duties and activities 2 Slight disability, unable to carry out all previous activities, but able to look after own affairs without assistance 3 Moderate disability, requiring some help, but able to walk without assistance 4 Moderately severe disability, unable to walk without assistance and unable to attend to own bodily needs without assistance 5 Severe disability, bedridden, incontinent and requiring constant nursing care and attention 6 Dead

Trauma condition	Definition
Lungs	
chronic lung disease	End stage lung disease requiring permanent and continuous oxygen therapy, a persistent FEV1 less than 30% predicted or DLCO less than 40% predicted (American Thoracic Society 2004).
primary pulmonary hypertension	Primary pulmonary hypertension characterised by enlargement of the right ventricle as a result of high pulmonary artery pressure. It must have resulted in significant cardiac and respiratory impairment leading to impairment equivalent to at least Class III of the *New York Heart Association functional classification system*.
Kidneys	
chronic kidney failure	Chronic irreversible failure of the function of both kidneys requiring either regular renal dialysis or renal transplantation.
Ear, nose and throat	
loss of hearing	The total and irreversible loss of hearing in both ears with and without the use of an appropriate aid.
loss of speech or total aphasia	Total and irreversible loss of speech. The loss must be confirmed to be total and irreversible at least three months after speech was first lost. Loss of speech or total aphasia due to psychological reasons is excluded.
partial loss of hearing	The total and irreversible loss of hearing in one ear, with and without the use of an appropriate aid.
Eye	
loss of sight	The irrecoverable loss of sight, with and without the use of an appropriate aid, to the extent that eyesight is reduced in both eyes to 6/60 or less of central visual acuity on the Snellen test chart or the degree of vision is less than or equal to 20 degrees of arc.
partial loss of sight	The irrecoverable loss of sight in one eye, with and without the use of an appropriate aid, to the extent that eyesight is reduced in that eye to 6/60 or less of central visual acuity on the Snellen test chart.
Musculoskeletal	
loss of limbs	The total and irreversible loss of the use of two limbs, where 'limb' means whole hand or whole foot.
partial loss of limbs	The total and irreversible loss of the use of one limb, where 'limb' means whole hand or whole foot.
severe burns	Tissue injury caused by thermal, electrical or chemical agents causing third degree burns to at least: • 20% of body surface as measured by the Rule of Nines or the Lund and Browder Body Surface Chart • the whole of both hands, requiring surgical debridement and/or grafting, or • the whole of the face, requiring surgical debridement and/or grafting.
severe burns of limited extent	Tissue injury caused by thermal, electrical or chemical agents causing third degree burns to at least: • 10% of body surface as measured by the Rule of Nines or the Lund and Browder Body Surface Chart • 50% of the combined surface area of both hands, requiring surgical debridement and/or grafting, or • 50% of the face, requiring surgical debridement and/or grafting.
severe osteoporosis	• before the age of 50, the Insured Person suffers at least two vertebral body fractures or a fracture of the neck or the femur, due to osteoporosis, and • the Insured Person has a bone mineral density reading with a T-score of less than -2.5 (ie. 2.5 standard deviations below the young adult mean for bone density). This must be measured in at least two sites by dual energy x-ray absorptiometry (DEXA).
severe rheumatoid arthritis	Diagnosis of rheumatoid arthritis, confirmed by appropriate radiology and blood tests, that has no response to at least 2 optimal disease modifying regimens.

Trauma condition	Definition
Digestive system	
chronic liver disease	End stage liver failure resulting in permanent jaundice, bleeding varices, ascites or encephalopathy.
colostomy/ileostomy	The creation of a permanent non-reversible opening, linking the colon and/or ileum to the external surface of the body.
severe Crohn's disease	Diagnosis of Crohn's disease that has failed to be controlled by standard therapy including cortisone treatment, and requires permanent immunosuppressive medication.
severe ulcerative colitis	Diagnosis of ulcerative colitis that has failed to be controlled by standard therapy including cortisone treatment, and requires permanent immunosuppressive medication.
Endocrine system	
advanced diabetes	Severe diabetes mellitus, either insulin or non-insulin dependent, as certified by a consultant endocrinologist and resulting in at least two of the following criteria: • severe diabetic retinopathy resulting in visual acuity uncorrected and corrected of 6/36 or worse in both eyes • severe diabetic neuropathy causing motor and/or autonomic impairment • diabetic gangrene leading to surgical intervention, or • severe diabetic nephropathy causing chronic irreversible renal impairment as measured by a corrected creatinine clearance less than 28ml/min (CKD stage 4, International Chronic Kidney Disease classification). Diabetes complications (as defined below) is excluded.
diabetes complications	Diagnosis of Type 1 insulin dependent diabetes mellitus, as certified by a consultant endocrinologist and resulting in at least two of the following criteria: • urinary protein excretion of more than 300mg per day • creatinine clearance of 28–42ml/min (CKD stage 3b, International Chronic Kidney Disease classification) • diabetic retinopathy with a minimum severity of at least exudates and/or dot-blot haemorrhages, or • persistent sensory neuropathy.
Other	
loss of independent existence	The total and irreversible inability to perform at least two of the numbered *activities of daily living* without the assistance of another person.
major organ transplant	The Insured Person is the recipient of an organ transplant of one of the following organs: • heart • kidney • liver • lung • pancreas • small bowel, or • the transplantation of bone marrow. The transplant must be considered the appropriate and necessary treatment.
major organ transplant waiting list	The Insured Person, upon the advice of an appropriate medical specialist, has been placed on an official Australian waiting list, approved by us, for the organ transplant of one of the following organs: • heart • kidney • liver • lung • pancreas • small bowel, or • the transplantation of bone marrow.

Trauma condition	Definition
medically acquired HIV	The *accidental* infection with Human Immunodeficiency Virus (HIV), which on the balance of probabilities arose from one of the following medical procedures: • transfusion of blood or blood products • organ transplant • assisted reproduction techniques, or • other medical procedure or operation performed by a doctor or at a registered medical facility. The procedure must have been performed by a registered health professional and have occurred in Australia. We require a statement from the appropriate Statutory Health Authority that provides documented proof of the incident and confirms that the infection is medically acquired. A Trauma claim for medically acquired HIV will not be payable if: • HIV infection is caused by any other means, including sexual activity or recreational intravenous drug use, or • a treatment is developed and approved which renders the HIV virus inactive and non-infectious.
occupationally acquired HIV	Infection with Human Immunodeficiency Virus (HIV) as the result of an accident during the course of the Insured Person's regular occupation. The production and detection of HIV antibodies (sero-conversion) must be confirmed by way of a positive HIV antibody test within six months of the *accident*. Any *accident* giving rise to a potential claim must be reported to us within seven days of the incident and supported by a negative HIV antibody test taken after the *accident*. We must be given access to test all blood samples used. A Trauma claim for occupationally acquired HIV will not be payable if: • HIV infection is caused by any other means, including sexual activity or recreational intravenous drug use • a treatment is developed and approved which renders the HIV virus inactive and non-infectious, or • the Insured Person has elected not to take an approved vaccine that is recommended by the relevant government body for use in the Insured Person's occupation and is available prior to the event which causes infection.

Other defined terms

Term	Definition
accident	A fortuitous and unforeseen event, resulting in an injury, which is not caused, or contributed to, by an intentional act of the Insured Person.
activities of daily living	1. Bathing and showering 2. Dressing and undressing 3. Eating and drinking 4. Using the toilet 5. Moving from place to place by walking, wheelchair or with assistance of a walking aid or getting in and out of bed, a chair or wheelchair
alcohol abuse	An established pattern of problem drinking that results in health consequences and/or social problems.
alcohol dependence	A physiological and/or psychological reliance on or addiction to alcohol, which results from recurrent use, characterised by mental and/or physical changes in the user that make it difficult to stop usage despite repeated alcohol related problems.
application date	The application date shown on the Policy Schedule, which is the Zurich date stamp recorded on a paper application received by us for: • a new type of Insurance with us, or • an increase to existing insurance cover (but only in respect of the increase).
consumer price index	The weighted average of the eight Australian capital cities combined, published by the Australian Bureau of Statistics or any body which succeeds it, in respect of the 12 month period finishing on or prior to 30th September. It will be determined at 31st December each year and applied at the *cover anniversary* on or following 1st March in the next year.
cover anniversary	the cover anniversary stated in your Policy Schedule.
cover start date	the cover start date shown in your Policy Schedule.
disability	*Total disability* or *partial disability*.
drug use	The Insured Person abusing or having abused, or being under the influence of drugs or controlled substances, other than drugs legally and appropriately prescribed by a *medical practitioner* and properly used by the Insured Person.
fatigue syndromes	Any of the several related syndromes characterized by a constellation of disabling symptoms primarily causing fatigue and myalgia, including but not limited to chronic fatigue syndrome, myalgic encephalomyelitis, post viral fatigue syndrome or fibromyalgia (chronic widespread pain).
FIGO	Refers to the staging method of the International Federation of Gynaecology and Obstetrics.
fracture	Any fracture that requires a pin, traction, plaster or other immobilising structure.
gainful employment	The Insured Person is engaged in an occupation, business or employment for remuneration or reward.
illness	The Insured Person has a pathological condition evidenced by medically recognised signs and symptoms.
immediate family member	A married or de facto partner, child, brother, sister or parent.

Term	Definition
income	Income earned through personal exertion calculated: • after the deduction of expenses incurred in producing that income, and • before the deduction of income tax. It is based on the total remuneration package and includes salary, wages, packaged fringe benefits, regular commissions, regular bonuses, regular overtime payments and pre-tax superannuation contributions. For the self-employed it also includes that share of net income of the business directly generated by personal exertion after deduction of all business expenses but before the deduction of tax. *Income* does not include: • income that the Insured Person would continue to receive directly or indirectly from his or her business even if unable to work, including any ongoing profit generated by other employees of the business, or • other unearned income such as dividends, interest, rental income.
involuntary unemployment/ involuntarily unemployed	A period during which the Insured Person is: • not working • is actively seeking employment, and • where becoming unemployed was a result of: – the termination of the Insured Person's *gainful employment* by their employer without the consent of the Insured Person, or – the Insured Person being made redundant from *gainful employment* by their employer. It does not include unemployment as a result of: • the Insured Person ceasing *gainful employment* of a casual, seasonal or temporary nature • the expiration of a fixed term employment contract or other specified period of work, or • the deliberate or serious misconduct of the Insured Person.
loss of limbs	The total and irreversible loss of the use of two limbs, where 'limb' means whole hand or whole foot.
loss of sight	The irrecoverable loss of sight, with and without the use of an appropriate aid, to the extent that eyesight is reduced in both eyes to 6/60 or less of central visual acuity on the Snellen test chart or the degree of vision is less than or equal to 20 degrees of arc.
medical practitioner	A doctor who is legally qualified and registered to practise medicine in Australia (or if outside Australia, has equivalent qualifications and registration) not being you, the Insured Person, or a business partner or *immediate family member* of you or the Insured Person.
mental illness	A condition (other than *dementia* and *Alzheimer's disease*, as defined in the previous section of the Glossary): • for which a *medical practitioner* might ordinarily recommend treatment, advice or counselling from a psychiatrist, psychologist, therapist or mental health professional, or for which psychotropic medications might commonly be prescribed, including, but not limited to, depression, bipolar disorder, schizophrenia, post-traumatic stress syndrome, anxiety, somatoform disorders, nervousness, behavioural disorders, sleeplessness, and phobias (including the fear, whether rational or irrational, of harming others by practicing in one's occupation), or • that is classified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Association (or the diagnostic manual then in use by the American Psychiatric Association as of the date of disability), or • caused by stress, or related to substance abuse or dependency.

Term	Definition
monthly benefit	(1) In relation to Disability Income Insurance provided solely on an Indemnity basis, as shown on your Policy Schedule, the lesser of: • the monthly insured amount stated on your Policy Schedule, and • the monthly equivalent of 75% of the first $320,000, 50% of the next $240,000 and 25% of the balance of the Insured Person's *pre-disability income* up to $2 million. (2) In relation to Disability Income Insurance where (1) above does not apply and the monthly insured amount exceeds $40,000 per month, (and therefore part of the Insurance is provided on an endorsed agreed value basis and part is provided on an indemnity basis), the greater of: • $40,000, and • an amount calculated on an Indemnity basis, which is the lesser of: – the monthly insured amount stated on your Policy Schedule, and – the monthly equivalent of 75% of the first $320,000, 50% of the next $240,000 and 25% of the balance of the Insured Person's *pre-disability income* up to $2 million. (3) In relation to Disability Income Insurance where (1) above does not apply and the monthly insured amount does not exceed $40,000 per month, (and the Insurance is therefore provided solely on an endorsed agreed value basis), the monthly insured amount stated on your Policy Schedule. The "monthly benefit" will be calculated independently each month and the "monthly insured amount" to be used in the definitions above in any particular month is the sum of only those monthly insured amounts specified in your Policy Schedule for which the particular benefit is payable for the relevant month having regard to the waiting period, benefit period, type of cover and options that are provided (as specified in your Policy).
New York Heart Association functional classification system	A scale used to assess cardiac impairment. I. No symptoms and no limitation in ordinary physical activity. II. Mild symptoms and slight limitation during ordinary activity. Comfortable at rest. III. Marked limitation in activity due to symptoms, even during less-than-ordinary activity. Comfortable only at rest. IV. Severe limitations. Experiences symptoms even while at rest.
partial disability	The Insured Person is, solely as a result of injury or *illness*: • unable to perform at full capacity one or more of the duties of their usual occupation necessary to produce *income* as confirmed by a *medical practitioner*, and • is *gainfully employed* but their *post-disability income* is less than *pre-disability income*, and is under the regular care and following the advice of a *medical practitioner*.
pre-disability income	(1) In relation to Disability Income Insurance provided solely on an Indemnity basis, as shown on the Policy Schedule, the highest average *income* of the Insured Person for 12 consecutive months in the three years preceding the start of the waiting period applying to the claim (increased by the increase in the *consumer price index* at each *cover anniversary* while the Insured Person remains on claim). (2) In relation to Disability Income Insurance where (1) above does not apply, and the monthly insured amount exceeds $40,000 per month, (and therefore part of the Insurance is provided on an Endorsed Agreed Value basis and part is provided on an Indemnity basis), the greater of: • the highest average *income* of the Insured Person for 12 consecutive months in the three years preceding the start of the waiting period applying to the claim (increased by the increase in the *consumer price index* at each *cover anniversary* while the Insured Person remains on claim), and • $86,667. (3) In relation to Disability Income Insurance where (1) above does not apply, and the monthly insured amount does not exceed $40,000 per month, (and the Insurance is therefore provided solely on an Endorsed Agreed Value basis), the highest average *income* of the Insured Person for 12 consecutive months between two years before the cover start date and the start of the waiting period applying to the claim (increased by the increase in the *consumer price index* at each *cover anniversary* while the Insured Person remains on claim).
post-disability income	The *income* earned in the month by the Insured Person from personal exertion following injury or *illness* while *partially disabled*.

Term	Definition
standard trauma condition	A trauma condition listed in the Standard trauma conditions table on page 10, the meaning of each condition is defined in the Glossary of this PDS.
Sumo trauma condition	A trauma condition listed in the Sumo trauma conditions table on page 10, the meaning of each condition is defined in the Glossary of this PDS.
terminal illness	The Insured Person is diagnosed with an *illness*, which reduces life expectancy to less than 12 months from the date of diagnosis, as confirmed by a specialist physician approved by us.
totally disabled	The Insured Person is, solely as a result of injury or *illness*: • unable to perform one or more of the duties of their *usual occupation* necessary to produce *income* as confirmed by a *medical practitioner*, and • not *gainfully employed* in any capacity, and is under the regular care and following the advice of a *medical practitioner*.
trauma condition	A trauma condition listed in the Standard trauma conditions or Sumo trauma conditions tables on page 10, the meaning of each condition is defined in the Glossary of this PDS.
usual occupation	The occupation in which the Insured Person is regularly engaged, except if the Insured Person has been unemployed or on maternity, paternity or sabbatical leave for greater than 12 months at the time of *disability*, then *usual occupation* means any occupation which the Insured Person is reasonably capable of performing having regard to their education, training or experience.
whole person impairment (WPI)	Whole Person Impairment based on the American Medical Association 'Guides to the Evaluation of Permanent Impairment', 5th edition, or an equivalent guide to impairment approved by us – the examining doctor will be provided with specific evaluating protocols.

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How to contact us

Enquiries and policy admin

We can answer enquiries relating to any of the products in this PDS, and if you take out a policy with us, we can help you to keep your policy details up to date.

We can also help you with basic alterations to your policy, to help keep cover in line with your needs – for example if you wish to exercise an option on your policy.

Please contact Zurich in the most convenient way for you:

General enquiries: 1800 631 807
Claims: 1800 208 130

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or

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Financial advice

Your financial adviser should be your first point of contact for financial advice. Zurich can only provide you with factual information about these products and how they operate.

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