Ezicover Income Protection is an insurance product that can provide a monthly benefit for up to 5 years if you are unable to work due to sickness or injury.

About this PDS
This Product Disclosure Statement (PDS) is an important document and is designed to help you decide whether to buy Ezicover Income Protection insurance. This PDS will help you to:

- decide whether Ezicover Income Protection will meet your needs and objectives; and
- compare Ezicover Income Protection with similar products you may be considering.

Information contained in this PDS is general information only. It does not take into account your individual objectives, financial situation or particular needs. You should consider the appropriateness of this insurance to your objectives, financial situation and needs. You may wish to consider seeking professional financial advice, or compare the product with products offered by other insurers.

If an organisation has referred this product to you (Referrer), it is acting only as a referrer for the issuer, Zurich Australia Limited, and as such does not provide advice or recommendations concerning the product or its suitability for you.

Definitions
Throughout this document, ‘Zurich’, ‘us’, ‘our’ and ‘we’ means Zurich Australia Limited. ‘You’ and ‘your’ means the policy owner who is also the life insured. All terms appearing in italics are defined terms with special meanings. Defined terms are found on page 10.

Important notice
The primary purpose of the Ezicover Income Protection policy is to pay a monthly benefit should you meet the disability definition of your cover type. It is not a savings plan. If you terminate your policy at any time other than during the cooling off period you will not get any money back.
Why Zurich?

The Zurich insurance group is one of the world’s largest insurance based financial services groups and operates on a truly global basis.

With local lineage protecting Australians for 60 years, Zurich is proud to provide customers peace of mind through its longevity and global security.

Protecting your income...

For most of us the lifestyle we enjoy is thanks to our ability to work and earn an income, so what would happen if you got sick or injured and couldn’t work? That’s where Ezicover Income Protection can assist, by helping you maintain your lifestyle while you concentrate on your recovery.

Ezicover Income Protection can pay you a monthly benefit if due to sickness and/or injury you are disabled and unable to work. You can choose to use the monthly payment however you wish, it is there for you and your family to cover everyday expenses, bills and commitments while you are recovering.

Two cover types:
• Sickness & Injury cover OR
• Injury Only cover

If you have a medical condition or history that prevents you getting Sickness & Injury cover, Injury Only cover may be available.

Why choose Ezicover Income Protection?

Cover for more people
• Monthly payments of up to 75% of pre-disability income, up to $12,000 per month (for both Sickness & Injury and Injury Only cover)
• Specific terms of cover available for people with health restrictions (Injury Only cover)

Extra help when needed
• Waiver of waiting period and lump sum payout for Cancer (excluding early stage cancers), Stroke (of specified severity) or Heart attack (of specified severity) (for Sickness & Injury cover only)
• A single $500 Return to work benefit to help with extra expenses when your claim ends
• While we are paying you a monthly benefit, we will waive your insurance premiums

Cover to suit your budget
• Premiums are generally tax deductible and monthly benefits are generally tax assessable
• Discount of 5.7% if you choose to pay your premium annually
• 5% discount if you also have an Ezicover Life Insurance policy
• First month’s premium is waived

Flexible – cover that meets your changing needs
• Inflation protection available if your income regularly increases
• Once your Policy has been in place for 12 continuous months, if you ever need a little help, you can keep your cover going by reducing your sum insured with the Reducing income feature, or put your cover on hold with the Cover suspension feature
• Applying is quick and easy
• Online or phone application
• World wide cover subject to exclusions. For more information, see ‘Exclusions - what are you not covered for?’ on page 7
Ezicover Income Protection

What does it do?

Pays a monthly benefit while you are disabled and unable to work in any occupation solely due to sickness or injury (or injury only) depending on your cover type:

<table>
<thead>
<tr>
<th>COVER TYPE \ COVERED FOR</th>
<th>Sickness</th>
<th>Injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sickness &amp; Injury</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Injury Only</td>
<td>x</td>
<td>✓</td>
</tr>
</tbody>
</table>

Who is it for?

You must be aged between 19 and 60, be an Australian citizen or holding permanent resident status of Australia, and reside in Australia on a permanent basis. You are eligible to apply for this cover type if:

- you are employed in a permanent position and are working between 20 and 60 hours per week, or
- you are employed in a non-permanent position or are self employed, and have been working between 20 and 60 hours per week and with consistent income for at least the last 2 years.

What is the waiting period?

The waiting period is the period of time you must be disabled before being eligible for a benefit. You can choose 30, 60 or 90 days as your waiting period. You will not receive any benefit during the waiting period. Your waiting period is shown on your Policy schedule.

What is the benefit period?

This is the maximum amount of time the monthly benefit is payable. You have a choice of 1, 2 or 5 years. The benefit period will end at the policy anniversary after your 65th birthday, regardless of whether the maximum benefit period has been reached.

How frequently are benefits paid?

Benefit payments, for all valid claims, are made monthly, with the first payment commencing after the waiting period ends, helping you better manage your expenses. Benefits under this policy are payable to you, the policy owner.

What cover amounts are available?

Up to 75% of your monthly income with a minimum of $1,000 and a maximum of $12,000. Benefits are capped at 75% of your pre-disability income.

Is proof of income required at application?

No. Your benefit payment will be determined based on your income at the time of claim and in accordance with the criteria set out in pre-disability income on page 11.

Will benefits be reduced at claim time for income received from other sources?

Yes, your monthly benefit will be reduced by any offsets, being income or benefits received from other sources during the period of your disability.

Investment income is not an offset. Offsets are payments from other sources that we may deduct from your benefit entitlement to calculate the monthly benefit payable. Offsets are entitlements received from any of the following sources:

- an employer as sick leave or other paid leave;
- workers’ compensation;
- social security where the payment relates to inability to work;
- Compulsory Third Party (CTP) or motor accident payments;
- any other legislation that provides income type payments;
- other insurance policies providing income benefits;
- superannuation benefits relating to inability to work; or
- any other payments related to employment or business controlled by you or an immediate family member, for the same period, in relation to the disability.

If any of these payments are made in a lump sum, we will divide the amount by the number of months remaining of your benefit period, to convert the value to a monthly amount. Offsets do not include investment income and policy payments for business expenses or compensation for pain and suffering.

When are you eligible for a benefit?

If you are disabled (depending on your cover type) and unable to work in any occupation for longer than the waiting period, we will pay the monthly benefit to you following the end of the waiting period and for the duration of your disability to the maximum of the benefit period shown on your Policy schedule.

In addition, you must be following the advice of a medical practitioner in relation to your sickness or injury and be disabled for the duration of the waiting period.

How long will the benefit payments go for?

If you are eligible for a benefit, we will pay you the monthly benefit while you remain disabled until one of the following events occur:

- you are able to return to work;
- you are not required to follow or are no longer following the advice of a medical practitioner for treatment of the sickness or injury;
- the benefit period has ended;
- the policy has ended; or
- your death.

What are the exclusions?

Refer to page 7 for a full list of exclusions.
Applying for Ezicover Income Protection

You can apply for Ezicover Income Protection online or by calling us on 1800 394 268. To apply, you must be aged between 19 and 60, be an Australian citizen or holding permanent resident status of Australia, and residing in Australia on a permanent basis.

Ezicover Income Protection has two cover types:

- Sickness & Injury
- Injury Only

To apply for Ezicover Income Protection, you need to be permanently employed and working between 20 and 60 hours per week, or are employed in a non-permanent position or are self-employed and have been working consistently between 20 and 60 hours per week and with consistent income for at least 2 years.

If the above doesn’t sound like you, then, unfortunately, you may not be eligible for Ezicover Income Protection. In this case, we recommend you talk with your financial adviser who may be able to help you find suitable cover. If you don’t have a financial adviser, you can find one via:

Financial Planning Association of Australia
1300 337 301
fpa@fpa.com.au

If you have selected to apply for Sickness & Injury cover but have a medical condition that makes it difficult for us to offer this cover to you, we may be able to offer you Injury Only Income cover at a lower cost.

How does the waiting period work?

You must be disabled for the duration of the waiting period as shown on your Policy schedule before any benefit is payable. We will pay the benefit monthly, with the first payment to you after the waiting period ends and we have completed our assessment of your claim. Any part-payment will be calculated on the basis of one thirtieth (1/30) of the benefit amount for each day that you are entitled to a benefit.

We will only pay one benefit at any one time, regardless of the number of events (sickness or injury) leading to disability.

If you return to work for no more than 5 consecutive days during the waiting period but then become unable to work again, the waiting period will not start again. We will simply extend the waiting period by the number of days that you were able to work.

Claimable event occurs

- e.g. disability, sickness, injury

End of waiting period

- Dependent on the waiting period you choose (30, 60 or 90 days)

First Benefit Payment Made

- after waiting period met and assessment of your claim is complete

You are disabled for the duration of the waiting period

Completed claim documents received & approved by Zurich

Important features of Ezicover Income Protection

Waiver of waiting period and lump sum payout for Cancer, Stroke or Heart attack

If you have Sickness & Injury cover and you are diagnosed with one of the three common critical illnesses, Cancer (excluding early stage cancers), Stroke (of specified severity) or Heart attack (of specified severity) as defined on pages 10 and 11, we will waive the waiting period and provide you with a lump sum in advance, equal to three times the monthly benefit. We will also waive the requirement of ongoing claim forms for the period of 3 months so you can focus on your recovery and have one less thing to worry about. After three months, if you are still eligible to claim, the standard claims process will be applicable and you will be paid a monthly benefit if you are eligible.

Return to work benefit

After a period of being on claim, when you are ready to return to work and stop receiving a claim benefit we will make a one-time payment to you of $500. This payment is intended to help you meet the costs of returning to work, such as improvements at work, physiotherapy, purchase of medical equipment, gym membership, etc. This payment will only apply on new claims and not recurring claims.

Cover suspension feature

The Cover suspension feature allows you to put your cover on hold for a chosen period, during which time there is no cover, and you can’t make a claim for an event that occurs. The benefit of this feature is that you can stop your premium payments for a time to reduce financial pressure and cover will resume without having to reapply. When the Cover suspension ends the policy begins again. The exclusion period restarts and may affect your ability to make a claim. Make sure you review the details of your cover before you suspend your cover so that you understand how the suspension will affect you.

We’ll suspend your cover if you ask us to, if your policy has been continuously in-force for at least 12 months. Cover suspension can be activated for one to 12 months, starting from the latest unpaid premium due date. We won’t refund any premiums paid when Cover suspension is put in place.

When you request Cover suspension, we’ll confirm the details in writing. Our confirmation will outline the Cover suspension start and end dates as well as the next premium due date.

From the Cover suspension start date until the Cover suspension end date (the Cover suspension period):

- the policy isn’t in-force
- no premiums are required for that period
- Inflation protection increases will continue to be offered if a policy anniversary passes.

Events that are normally covered under the policy aren’t covered at any time if, before the end of the Cover suspension period, either:

- the event occurs
- you were aware of symptoms or a diagnosis.

You can still make a claim for an insured event which occurred before the Cover suspension start date if the conditions for a benefit were met when Cover suspension started.

If you are aware of a health concern before Cover suspension, taking Cover suspension will prevent you from making a claim for that condition. The reason it’s not covered is that you were aware of a potential health problem that was not yet claimable before the Cover suspension started.

The policy will be back in-force again automatically on the Cover suspension end date if the premium is paid within 30 days of the next premium due date. The policy will end if the requested premium isn’t paid within 30 days.
You can extend the Cover suspension or you can end it early

In both cases, you need to tell us that you want to make a change at least 14 days before the Cover suspension is due to end. This allows time for us to process your change and send you revised documents.

Any change is only effective when we confirm it in writing.

If the Cover suspension period is reduced, an extra exclusion applies:

• the policy doesn't cover any insured event which occurs or is apparent in the first 90 days after the revised Cover suspension end date. 'Apparent' means the life insured is aware of symptoms or a diagnosis relating to the condition.

Using Cover suspension affects the cover provided by your policy

The Cover suspension feature affects the cover provided by your policy after the cover goes back into force.

After Cover suspension ends:

• the policy must be continuously in-force for another 12 months before you can suspend cover again
• the policy is effectively reinstated, which means the exclusion period restarts after the Cover suspension end date.

You can only suspend cover once in any 12-month period and for a maximum of 12 months over the life of the policy.

Reducing income feature

If you experience monetary strain or feel your situation requires a reduction of the existing level of cover, for example while on maternity leave or leave without pay, or a temporary reduction in income, you can elect to reduce your cover level for a period of up to 12 months. With this feature, you can temporarily reduce your cover and premium payment but continue to remain protected, albeit with your selected lower cover level.

How Reducing income feature works:

• You can request a Reducing income period after your policy has been continually in-force for at least 12 months
• Reducing income feature can only be requested for a maximum of 12 months for the duration of the policy
• The Reducing income period will start from the next unpaid premium due date
• During the Reducing income period your cover will be reduced to a level nominated by you, to a minimum monthly sum insured of $1,000
• When the Reducing income period ends, your previous level of cover is reinstated
• We can only vary the monthly sum insured. The benefit period and waiting period will remain unchanged
• Changes to Reducing income period can be made with our approval.
• If you have varied your Reducing income period, the reduced monthly sum insured level of cover will apply to any insured event which occurs or is apparent (through diagnosis, circumstances or symptoms which could lead to a claim) in the first 90 days after a changed Reducing income period end date. This means is that we will pay the reduced monthly sum insured on a valid claim in these circumstances.

Waiver of premium

While we are paying you a monthly benefit, we will waive your insurance premiums. This means during any period when the monthly benefit is payable, all premiums payable will be waived or refunded. Furthermore, if you are eligible for a claim payment, we will refund the premiums you have paid during the waiting period if we receive your completed claim form within 30 days from the date of disability.

Inflation protection

If you are concerned about increases in the cost of living, you can choose to have your benefit increased in line with the official Consumer Price Index (CPI) to a maximum of 3% per annum. Selecting this option means your cover is increased every year and your premiums will usually increase to reflect this increase in cover. Inflation protection is not available or applicable while on claim.

It's important to consider whether your income also increases annually, as your income will be verified at claim time. You can select whether you receive annual offers for increases in your cover amount at application stage.

If you have selected the inflation protection option and the indexation increase would mean that your monthly sum insured exceeds 75% of your annual income, you can opt out of inflation protection at anytime to avoid being over-insured. You can also adjust your cover amount to align with your income at any time.

Guaranteed to continue

If you meet your obligations, including paying your premium when due, your policy cannot be cancelled by Zurich.

What is the cost of cover?

Premiums and charges

The premium or cost of your cover will depend upon:

• your cover type - Sickness & Injury or Injury Only
• your amount of cover - generally the higher the monthly benefit, the higher the premium
• your age - premiums generally increase each year in line with age
• your gender - premiums are generally higher for females than males of the same age
• your smoking status - premiums are higher for smokers; non-smokers are those who have not smoked tobacco, cigarettes, e-cigarettes, nicotine replacement, or any other substance for the last 12 months
• your occupation - premiums are higher for occupations with greater manual duties or higher occupational risk
• your health - premiums may have an additional loading for individual health risk
• your pastimes - premiums are higher for hazardous pastimes
• the benefit period - the longer the benefit period, the higher the premium
• the waiting period - the shorter the waiting period, the higher the premium
• any stamp duty charged by State governments or taxes levied by State or Federal governments.
Premium rates are not guaranteed

Premium rates are not guaranteed and can change from time to time. This may lead to an increase in your premium. Such changes would apply to all policies in the same category, not just your individual policy.

Factors which can result in changes to premium rates include changes in:

- costs we incur in providing Ezicover Income Protection, for example claim costs. The amount we pay in claims will be higher than expected if we pay more claims than expected, if we pay higher benefit amounts than expected, if we pay benefits for longer periods than expected, and if emerging industry experience and trends show an increase in long term claims cost
- commission costs
- operating costs
- the cost of reinsurance
- capital and regulatory requirements
- expected policyholder behaviour across the portfolio, including how long cover is held
- economic factors such as interest rates, inflation rates, employment level and market returns
- tax, government or other mandatory charges
- other factors we consider important to us continuing to provide Ezicover Income Protection.

These can be higher or lower than expected over time.

We will notify you of any changes to premium rates at least 30 days prior to the change taking effect. The premium payable from the start of your policy is shown on your Policy schedule, and will not change before the first policy anniversary, unless you make an alteration to your policy.

Choice of payment options

Premiums must be paid by the due date to keep your cover in force. Premium payment can be made by monthly direct debit (from a bank account or credit card). If you wish to pay annually, as well as direct debit we also accept BPay. Direct debits may incur an additional fee charged by your financial institution. Any overpayment of premium will be retained by Zurich unless it exceeds $5.

Are there any discounts?

First month's premium is waived

With Ezicover Income Protection your first month's cover costs are waived, meaning no premiums are payable for the period of one month from the start date of your policy. For annual payments, this waived cost for the first month will be calculated pro-rata and deducted from the first annual premium payment.

Multipolicy discount of 5%

We offer you a Multipolicy discount of 5% on your Ezicover Income Protection policy for an additional Ezicover policy you buy and/ or continue to hold along with your Ezicover Income Protection. The other policy may be one of the following: Ezicover Life Insurance, Ezicover MyLife, Ezicover Funeral Advantage or Ezicover Accidental Death.

Premium frequency discount

If you pay the premium on your policy as an annual payment, it will reduce the administrative expenses for your policy. This reduction in administrative costs will be passed on to you as a 5.7% discount on your total yearly premium.

We do not guarantee premium discounts and may remove or vary the current discounts under these terms.

Taxation

Generally, the premiums you pay for your policy can be claimed as a tax deduction by both employees and self-employed people. Every year Zurich will tell you the amount of premium you have paid during the previous financial year and the portion paid for replacement of income benefits. Generally any income benefit you receive from your policy while on claim must be included in your tax return and may be taxed at your applicable marginal income tax rate. This information is a guide only and is based on current taxation laws, their continuation and their interpretation. For information about your individual circumstances, contact your tax professional.
When does cover begin and end?

When does cover begin?
Your cover begins when we accept your application and issue you a Policy schedule and Policy document. This sets out the terms and conditions of your cover. Your Policy schedule outlines the start date and the specific details of your particular cover. These are important documents and should be read carefully. Please keep them in a safe place because you will need them to make a claim.

Each year Zurich will send you an annual statement stating your new premium amount and, where applicable, an offer to increase your level of cover in line with the increase in the CPI.

When does cover end?
Your cover ends on the first of any of the following events to occur:
• the policy anniversary following your 65th birthday
• the date we cancel the policy due to non-payment of premium
within 30 days of its due date
• on receipt of your verbal or written notification, including via email, to terminate the policy
• on the date we cancel the policy due to non-payment.

We will provide a warning notice prior to canceling the policy due to non-payment.

Changing your cover
You can apply at any time to:
• increase or decrease cover
• change your smoking status from smoker to non-smoker
• change the waiting period
• opt in or out of Inflation protection
• request a Cover suspension or Reducing income feature
• change the benefit period
• reinstate cover after cover has lapsed subject to approval.

You must submit a signed written request if you want to make a change to the policy. In order to consider your request, we may ask for further information. If we agree, we will confirm any changes in writing. Only an authorised member of our staff can agree to change or waive any condition of the policy.

Cooling off period
If after receiving your Policy document you wish to cancel for any reason, you have 30 days to do so. Any premiums or charges paid will be fully refunded. To cancel please advise Zurich in writing, via email or contact Zurich on 1800 025 015.

You cannot cancel the policy and receive a refund if you exercise any rights in relation to your policy (for example, you make a claim) before the 30 day period has elapsed. You also cannot make a claim for an event that occurs after cancelling your cover.

Exclusions - what are you not covered for?
We will not pay a benefit or claim if your disablement occurs as a direct or indirect result of:
• an intentional self-inflicted act or attempted suicide
• uncomplicated pregnancy or childbirth
• unemployment for reasons other than sickness or injury
• an act of war, whether declared or not
• your committing, being involved in or attempting to commit a criminal offence or the use of illegal illicit substances
• you being incarcerated or lawfully detained
• elective surgery (including cosmetic surgery) unless you are disabled for more than 90 days
• Cancer (excluding early stage cancers), Stroke (of specified severity) or Heart attack (of specified severity) in the first 90 days of the start or reinstatement of the policy
• any sickness or injury which is the direct or indirect result of elective or donor transplant surgery within six months of the start or reinstatement of the policy
• events occurring during travel in countries outside Australia, if the Australian government has advised against travel to that country at the time of starting the trip. Visit www.dfat.gov.au/travel for more information
• any other condition/exclusion agreed with you at time of application, specifically noted on your Policy schedule.

Are there any significant risks?
There are certain risks associated with holding an Ezicover Income Protection policy:
• If premiums are not paid within 30 days of the due date, the policy will lapse meaning your cover ends and you cannot make a claim
• if you do not comply with your duty of disclosure, we may not pay your claim, pay only a portion of your claim or cancel your cover. See the section ‘Your duty of disclosure’ on pages 8 and 9
• the level of cover you select is important as it may not be appropriate or sufficient to provide adequate cover for your circumstances. For example if your income changes.

How to make a claim
Please call us on 1800 025 015 and our claims requirements will be forwarded to you to complete, sign and return to us. Your submitted claim should be legible and include unaltered evidence that supports your claim. If the information you provide to us is insufficient for any reason, we will let you know why that is and will discuss with you what alternative documents may need to be provided.

Our claims process

Notify Zurich as soon as possible - Contact Customer Care on 1800 025 015
Complete claim forms and provide supporting documentation*
Zurich assesses the claim and notifies you of decision
If eligible, benefit payments begin after the waiting period ends and assessment of your claim is complete

*Supporting documentation includes:
• the Policy schedule;
• proof of claimable event or condition and when it occurred;
• evidence that any surgical procedure was medically necessary;
• proof of pre-disability income;
• supporting evidence from appropriate specialist medical practitioners
• proof of your age.
Examples for calculating your benefit

Example 1 - Including a regular offset payment

<table>
<thead>
<tr>
<th>Cover Type</th>
<th>Pre-disability income</th>
<th>Monthly sum insured on Policy schedule</th>
<th>Offsets – Other income received?</th>
<th>Calculation</th>
<th>Payable monthly benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sickness &amp; Injury or Injury Only</td>
<td>$7500 per month</td>
<td>$5,625</td>
<td>Income from other source of $500 per month</td>
<td>75% of pre-disability income minus any offsets</td>
<td>(75% x $7500) - $500 = $5625 - $500 = $5125</td>
</tr>
</tbody>
</table>

Example 2 - Including a subsequent significant offset payment received during the benefit period (5 years / 60 months)

<table>
<thead>
<tr>
<th>Cover Type</th>
<th>Monthly benefits paid</th>
<th>Offset Payment Received (at 18 months)</th>
<th>Calculation of Remaining Benefit Period</th>
<th>Calculation of Future Monthly Reduction in Payments</th>
<th>New Payable Monthly Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sickness &amp; Injury or Injury Only</td>
<td>$5125</td>
<td>$50,000</td>
<td>60 – 18 months = 42 months</td>
<td>$50,000 / 42 = $1190</td>
<td>$5125 - $1190 = $3935</td>
</tr>
</tbody>
</table>

Every claim is handled promptly and with sensitivity, ensuring all genuine claims are paid as quickly as possible. Our claims process is set out in the diagram on the bottom of page 7.

24 hour world wide cover

The policy provides you with cover 24 hours a day, seven days a week world wide, with the exception of countries where the Australian government has advised against travel to that country.

If, while disabled, a life insured travels to or resides overseas, any claim payments will be contingent on the life insured following the advice of a medical practitioner and providing us with medical evidence of ongoing disability.

Recurrent disability period

If within twelve months of the end of a claim, you suffer from the same or related sickness or injury which caused your initial claim, the recurrence will be treated as a continuation of the original claim and we will waive the waiting period. Every recurrence for the same or related event (sickness or injury) will count toward your total benefit period entitlement. If already paid, the Waiver of waiting period or Return to work benefit will not be paid again. All benefits cease at the earlier of the end of the benefit period or the policy has ended.

Additional information about Ezicover

Commission

If this product has been referred to you by a Referrer, they may receive a payment of 20% (plus GST) of each premium paid. We pay these amounts out of your premium payments – they are not additional amounts you have to pay.

Residency and compliance with laws

This policy is designed for people who are resident in Australia. If you move to another country outside of Australia you may no longer be eligible to make payments into your policy. The local laws and regulations of the jurisdiction to which you move 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 and other companies within the world wide Zurich group of companies have obligations under Australian and foreign laws. Regardless of any other policy terms and conditions, we wont do anything which would place us 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 reserve the right not to provide any service or benefit under this policy to you or any other party if this may breach applicable trade or economic sanctions laws or regulations. We may terminate the policy if we consider you or any person entitled to receive benefits under the policy as sanctioned persons, or you conduct an activity which is sanctioned, according to trade or economic sanctions laws and regulations.

If you have a complaint about your policy

Please contact Zurich Customer Care on 1800 025 015. We will do our best to resolve your complaint promptly and keep you informed of progress as we work with you.

If you are not satisfied with our response, you can raise the matter with the Australian Financial Complaints Authority (AFCA), which provides a free dispute resolution scheme to consumers and small businesses for all financial products and services. Contact details for AFCA are as follows:

- Online: afca.org.au
- Email: info@afca.org.au
- Phone: 1800 931 678
- Mail: Australian Financial Complaints Authority, GPO Box 3 Melbourne VIC 3001

You can find more information about our complaints resolution process and time frames in our Disputes Resolution Factsheet, available at zurich.com.au.

Your duty of disclosure

Before you enter into a life insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, that may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell us anything that:
• reduces the risk we insure you for; or
• is common knowledge; or
• we know or should know as an insurer; or

• we waive your duty to tell us about.

If the insurance is for the life of another person and that person does not tell us everything he or she should have, this may be treated as a failure by you to tell us something that you must tell us.

**If you do not tell us something**

If you do not tell us something you are required to, and we would not have insured you if you had told us, we may void the contract within 3 years of entering into it.

If we choose not to void the contract, we may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told us everything you should have.

If we choose not to void the contract or reduce the amount you have been insured for, we may, at any time vary the contract in a way that places us in the same position we would have been in if you had told us everything you should have.

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

**Your privacy**

Zurich collects your personal information (including sensitive information) to assess your application, administer your policy and enhance customer service or products (‘purposes’). If you do not provide all information requested, we may not be able to issue or administer your policy. We may disclose your information, where relevant for the purposes, to the policy owner, your intermediary, affiliates of the Zurich Insurance Group Ltd, other insurers and reinsurers, our service providers, our banking gateway providers and credit card transaction processors, our business partners or as required by law within Australia or overseas. These laws include the 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 and Income Tax Assessment Act 1997, 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.

We may collect information about you from third parties to assess a claim. We may use personal information (but not sensitive information) collected about you to notify you of other products and services we offer. If you do not want your personal information to be used in this way, please contact us. For further information on the 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 Zurich Privacy Policy, available at www.zurich.com.au or contact us on 1800 025 015.

**Direct debit request service agreement**

The Account Holder (i.e. you or the person whose account is used to pay the premiums) needs to agree to the Direct Debit Request Service Agreement which sets out the terms and conditions on which the Account Holder has authorised Zurich to debit money from their account, and the obligations of Zurich and the Account Holder under this Agreement. This information will be forwarded with your Policy document, and can also be found at www.zurich.com.au
annual income means income calculated:
• after the deduction of expenses incurred in producing that income; and
• before the deduction of tax.

It is based on total remuneration from personal exertion and includes salary, wages, director’s fees, allowances, packaged fringe benefits, regular commissions, regular bonuses, regular overtime payments and pre-tax superannuation contributions.

If the life insured is a business owner or self-employed, income also includes the life insured’s share of net income of the business, based on his/her ownership of and/or role in the business (calculated after the deduction of expenses incurred in producing that income but before the deduction of tax).

Income does not include investment income, such as rental income from third parties and interest.

Please note that the result of this calculation for a business owner is likely to be different to what the life insured received from the business in the form of dividends, distributions and/or drawings.

any occupation means any occupation you are suited to by reason of your education, training or experience.

benefit period is the maximum total length of time that we will pay a monthly benefit when you suffer from:
• the same or related sickness or injury during the life of the policy; or
• any mental health disorder during the life of the policy (a mental health disorder is considered a related sickness to any other mental health disorder).

The benefit period is shown on your Policy schedule.

Cancer (excluding early stage cancers) means the presence of a malignant tumour, including leukaemia, malignant lymphoma and other haemopoietic malignancies.

The tumour must be confirmed by histological examination or appropriate pathological testing in the case of non solid tumours, and:
• the life insured must require major interventionist therapy including surgery, radiotherapy, chemotherapy, biological response modifiers or any other major treatment; or
• the tumour must be sufficiently advanced such that major interventionist therapy is no longer recommended.

The following cancers are specifically excluded from this definition:
• chronic lymphocytic leukaemia less than RAI Stage 1; or
• all cancers described as carcinoma in situ. Carcinoma in situ of the breast is covered only if it requires:
  – the removal of the entire breast,
  – including nipple sparing mastectomy;
  or
  – breast conserving surgery and radiotherapy; or
  – breast conserving surgery and chemotherapy (chemotherapy means the use of drugs specifically designed to kill or destroy cancer cells).

Carcinoma in situ of the breast treated by breast conserving surgery and other forms of adjuvant systemic therapy, including endocrine manipulation therapy, hormonal manipulation therapy or non-endocrine adjuvant therapy, is not covered.

• skin cancers unless:
  – they have metastasised to other organs; or
  – the tumour is a malignant melanoma of stage T1bN0M0 or higher.

• all cancers of the prostate unless:
  – histologically classified as having a Gleason score of 7 or above or having progressed to at least clinical stage T2bN0M0 on the TNM clinical staging system; and
  – major interventionist therapy (including a total prostatectomy, chemotherapy, radiotherapy, brachytherapy) or hormonal therapy has been undertaken and the procedure or treatment was specifically to arrest the spread of malignancy and was considered by treating doctors to be the appropriate and necessary treatment.

Consumer Price Index or CPI means the Consumer Price Index for “Weighted Average of Eight Capital Cities Index” as published by the Australian Bureau of Statistics (or, if that index is no longer published or is significantly changed, a comparable replacement index will be applied), for the quarter ending immediately prior to 3 months before the policy anniversary, over that published for the quarter ending immediately prior to 15 months before that policy anniversary.

covers types, cover types means either Sickness & Injury cover or Injury Only cover, as shown on the Policy schedule.

disabled, disability or disablement means that:
• if you have Sickness & Injury cover, as shown on your Policy schedule, you are solely due to sickness or injury occurring after policy commencement, unable to work; or
• if you have Injury Only cover, as shown on your Policy schedule, you are solely due to an injury occurring after policy commencement, unable to work.

following the advice of a medical practitioner means the life insured is following the advice of the treating medical practitioner on an ongoing basis, including recommended courses of treatment and rehabilitation.

Heart attack (of specified severity) means the 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.

Excluded are:
• a rise in biological markers as a result of an elective percutaneous procedure for coronary artery disease which is not performed as necessary treatment for a heart attack
• other acute coronary syndromes including but not limited to angina pectoris
• other causes of cardiac biological marker rise including but not limited to pulmonary embolism; and
• viral myocarditis.

injury means bodily injury caused by accidental, violent, external and visible means, inflicted while the policy is in force.

life insured means the person named as the life insured on your Policy schedule.

medical practitioner means a medical practitioner legally qualified and registered to practise in Australia or New Zealand or a medical practitioner legally qualified and registered to practise in another country and whose qualifications must be at least equivalent to the Australian standards. This does not include the policy owner, the life insured or a relative, business partner or employee of the policy owner or life insured. Where outside of Australia their qualifications must be at least equivalent to the Australian standards.

Medical practitioners do not include other paramedical professionals such as chiropractors, physiotherapists or naturopaths.
mental health disorder is any disorder classified in the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association which is current at the start of the period of disability (or such replacement or successor publication or if none then a comparable publication).

Such mental health disorders include, but are not limited to, stress (including post traumatic stress disorder), physical symptoms of a psychiatric illness, anxiety, depression, chronic fatigue, chronic pain, psychoneurotic, psychotic, personality, emotional or behavioral disorders or disorders related to substance abuse and dependency which includes alcohol, drug and chemical abuse dependency. A mental health disorder does not include dementia (except where the dementia is related to any substance abuse or dependency) and Alzheimer’s Disease.

monthly benefit is the maximum monthly amount you are eligible to receive under this policy in respect of a life insured and is based on your cover type. The monthly benefit is equal to the lesser of:

• the monthly sum insured; or

• 75% of your pre-disability income, reduced by any amount of offsets applicable.

monthly sum insured means the amount shown as the monthly sum insured on your Policy schedule, and if applicable, increased by the Inflation protection option or reduced by any Reducing income feature selected.

offsets are payments received by the life insured from other sources by which we are entitled to reduce your eligible benefit in order to calculate the monthly benefit payable. “Offsets” are entitlements received from any of the following sources:

• an employer as sick leave or other paid leave

• workers’ compensation

• social security where the payment relates to inability to work

• Compulsory Third Party (CTP) or motor accident compensation

• any other legislation that provides income type payments

• other insurance policies providing income benefits

• superannuation benefits relating to inability to work; or

• any other payments related to employment or business controlled the life insured or the immediate family of the life insured, for the same period, in relation to the disability.

If any of these payments are made in a lump sum, we will divide the amount by the number of months remaining of your benefit period, to convert the value to a monthly amount. Offsets do not include investment income or policy payments for business expenses or compensation for pain and suffering.

policy anniversary means the anniversary of the commencement date of your policy as shown in your Policy schedule.

Policy schedule means the document which will be provided to you by us, containing details of the life insured under this policy, the monthly sum insured, the cover type, the waiting period, the benefit period and other important details about your policy. Your Policy schedule will be updated by us as a result of:

• any changes you make to your policy and agreed to by us; and

• any changes made by us in accordance with these policy terms.

pre-disability income means the life insured’s average monthly income. Calculated from highest of the life insured’s annual income in the last two complete financial years, immediately prior to the onset of the disability.

premium means the amount payable for the benefits applicable under this policy, including any increase in benefit, stamp duty and any other government charges, duties or taxes that may be levied from time to time.

sickness is an illness or disease including any pre-existing illness or disease that the life insured told us about in the application and that we agreed to cover.

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

• infarct of brain tissue; or

• intracranial or subarachnoid haemorrhage.

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

unable to work means that the life insured:

• has stopped working in their usual occupation solely as a result of a sickness or injury; and

• is unable to work in any occupation (whether paid or unpaid) as confirmed by a medical practitioner; and

• is not earning any income from personal exertion; and

• is following the advice of a medical practitioner.

uncomplicated pregnancy or childbirth means pregnancy, childbirth or termination which doesn’t result in any serious medical complication. Included are participation in an IVF or similar program, normal discomforts such as morning sickness, backache, ankle swelling or bladder problems, giving birth, miscarriage, or a termination. Uncomplicated pregnancy also includes conditions which first appear during pregnancy and are recognised as pregnancy-related, temporary conditions. These include carpal tunnel syndrome, varicose veins and high blood pressure.

usual occupation means any type of paid occupation, whether, business, service, trade or employment which encompasses the duties the life insured mainly performed in the 12 months prior to the sickness or injury. It is not specific to any place of employment, particular employer or position.

If the life insured has been on long service, maternity or paternity leave for more than 12 consecutive months immediately prior to the sickness or injury then the life insured’s usual occupation is any occupation.

waiting period is the period of time the life insured must be disabled before being eligible for a benefit.

The waiting period begins when both of the following occur:

• the life insured is disabled

• they have consulted a medical practitioner about their disability.

However, we may backdate the start of the waiting period if it can be proved the disability started before receiving advice from a medical practitioner.