

Serious Illness Cover

Helping to protect your lifestyle



Product Disclosure Statement
Issue date: 5 September 2011





Serious Illness Cover is issued by Hannover Life Re of Australasia Ltd (**Hannover**) ABN 37 062 395 484 of Level 7, 70 Phillip Street, Sydney NSW 2000.

Serious Illness Cover is distributed and promoted by Real Insurance (**Real**). Real Insurance is a trading name of Hollard Financial Services Pty Ltd (**HFS**) ABN 53 128 692 884, Australian Financial Services Licence 343079 of Level 38, 2 Park Street, Sydney NSW 2000.

From time to time, Serious Illness Cover may be updated. Updates which are not materially adverse to you may be found on the Real Insurance website at reallifecover.com.au. If you request a paper copy, this will be provided to you free of charge.

Welcome to Real Insurance

Real Insurance is a trading name of Hollard Financial Services (HFS), which is part of the international Hollard Group of companies. HFS has partnered with Hannover Life Re of Australasia Ltd which is the insurer of this Real Insurance product.

The Hollard Insurance Group is South Africa's largest privately owned insurance and investment business. With assets of AU\$2.4 billion, Hollard provides a wide range of insurance products and services to more than 6.5 million insurance customers in Australia, throughout Africa, United States, United Kingdom and South East Asia. Hollard has had a presence in the Australian market since 1999, and currently has more than 300,000 Australian insurance customers.

Hannover is the insurer of this Real Insurance product. It is a wholly-owned subsidiary of Hannover Re and is part of the Hannover Re Group worldwide. Hannover Re is presently the 3rd largest global life reinsurer and has a Standard and Poor's Insurer Financial Strength of AA- (Very Strong), and A.M. Best rating of A (Excellent), and has maintained these ratings for a number of years. The life insurance business of Hannover has been operating in the Australian market since 1958, and as at 31 December 2010 had total annual in force premium in excess of AU\$450 million.

Both Hollard and Hannover are regulated by the Australian Prudential Regulatory Authority (APRA).

The Real promise

- Ease and convenience is the hallmark of Real's service and Real's goal is to ensure that all communications with you, the customer, are honest, easy to understand, straightforward and timely.
- To give ordinary Australians the opportunity to access a range of quality insurance products to help protect the financial security of their families, and the wealth and assets they have worked hard to create.
- Real's customers are in control. Real offers a wide product range with a choice of covers and optional benefits. So Real customers can decide what works best for them, and what fits in their budget.



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Product Disclosure Statement

Explaining this PDS

This Product Disclosure Statement (PDS) is designed to help you decide if Serious Illness Cover is right for you. It tells you the terms and conditions applying to a Serious Illness Cover Policy and it also provides important information about keeping premium payments up to date, what to do if you want to make a change and how to go about making a claim.

Any advice given in this PDS is general only and does not take into account your individual objectives or financial situation. You should consider whether this product is right for you, in regard to your objectives, financial situation and needs. You should carefully read this and any other documentation we send you.

Serious Illness Cover is issued by the insurer, Hannover Life Re of Australasia Ltd (**Hannover**). Hannover has sole responsibility for the PDS, the Policy and the assessment and payment of claims.

HFS has consented to being named in this PDS in the form and context in which it appears and has not withdrawn this consent before the date of this PDS.

In this PDS, some words or expressions have special meaning. They normally begin with capital letters and their meaning is explained in the "**Glossary**" on page 17 of this PDS.

In this PDS, references to we, us and our mean Hannover Life Re of Australasia Ltd.



Introducing Serious Illness Cover

Serious Illness Cover can provide you with cash which may help smooth the way to recovery and help bring your life back to normal if you were unfortunate enough to experience a Malignant Cancer, Stroke, Heart Attack or Coronary Artery Bypass Surgery.

With Serious Illness Cover there is a range of optional benefits that you can apply for with your Serious Illness Insurance:

- Children's Insurance – lump sum benefit is paid in the event of Accidental Death, Paralysis, Blindness, Deafness, Total and Permanent Loss of Use of Two Limbs, Encephalitis, Meningitis or Major Head Trauma of the Insured Child.
- Accidental Serious Injury Insurance – lump sum benefit is paid in the event the Life Insured suffers a covered serious injury.

Whatever combination you choose, with Serious Illness Cover, the Life Insured is protected 24 hours a day, 7 days a week, worldwide.

A full explanation of these benefits, and the terms and conditions of Serious Illness Cover is contained in this PDS.

Your Insurance Policy

If your application is accepted by us, we will issue you a Policy Schedule. Your Insurance Policy consists of the Policy Schedule and:

- this PDS (which includes the terms and conditions applying under your Policy);
- the application/s; and
- any special conditions, amendments or endorsements we issue to you.

Please keep these documents in a safe place for future reference. The Insurance provided under this policy is written out of the Hannover Australian statutory fund.



Serious Illness Insurance

What is Serious Illness Insurance?

Serious Illness Insurance provides a benefit in the event that a Life Insured under the Policy suffers a Heart Attack, Malignant Cancer, Stroke or has Coronary Artery Bypass Surgery. These medical conditions are defined in the “Glossary” on page 17.

Who can take out Serious Illness Insurance?

You can apply for a Single Plan on your own life (Key Life Insured) or you can apply to include your spouse, partner, and/or de facto (Partner Life Insured) under your Policy (Joint Plan).

You (and your Partner Life Insured, if applying) must be Australian Resident/s aged between 18 and 59 years of age.

The amount of Serious Illness Insurance you can apply for

The minimum Benefit Amount is \$50,000. The maximum Benefit Amount for a Life Insured under the Policy at the Commencement Date is:

| Maximum Benefit Amount (at Commencement Date) | |
|---|----------------|
| Current age | Benefit Amount |
| 18 – 54 | \$750,000 |
| 55 – 59 | \$500,000 |

When you apply with a Partner Life Insured, you both apply for individual sums insured based on the limits above.

When we will pay the Serious Illness Insurance benefit

We will pay the Serious Illness Insurance Benefit Amount as a lump sum if the Life Insured suffers an insured event; namely Heart Attack, Malignant Cancer, Stroke or has Coronary Artery Bypass Surgery, while covered under the Policy providing the Life Insured survives for fourteen (14) days after the day that the serious illness is contracted, except in the circumstances explained in “What is not covered under your Serious Illness Insurance?” on page 9.

The Heart Attack, Malignant Cancer, Stroke or Coronary Artery Bypass Surgery must be diagnosed by a Medical Practitioner and confirmed by our medical advisers.

Limit on benefits

The total benefits payable for a Life Insured under the Policy cannot exceed:

- the maximum Benefit Amount for Serious Illness Insurance at your age at the Commencement Date, plus
- any automatic sum insured increases under the Policy.

If the Life Insured is covered under more than one Serious Illness Cover Policy, we will apply this limit to the total of the benefits payable for the Life Insured under all Serious Illness Cover policies. Any reduction in the Benefit Amount will be applied to the Insurance most recently commenced and we will refund the premiums paid referable to the amount by which the Benefit Amount is reduced.

Only one Serious Illness Insurance Benefit Amount is payable per Life Insured.

The cost of your Serious Illness Insurance

Premiums are the cost of your Insurance. The premium you are required to pay when the Policy starts is shown in your Policy Schedule.

Your premium is calculated at each Policy Anniversary and is based on:

- the age of each Life Insured at that time; and
- the Benefit Amount provided for each Life Insured; and
- the Insurance Plan chosen by you (Joint Plan or Single Plan); and
- various factors which may affect the premium rating for each Life Insured such as gender, smoking status, state of health, family history, occupation and participation in hazardous activities.

For a premium estimate you should contact Real Insurance on **1300 36 7325** or visit **reallifecover.com.au**

What is not covered under your Serious Illness Insurance?

We will not pay a Serious Illness Insurance Benefit Amount if the Life Insured suffers Heart Attack, Malignant Cancer, Stroke or has Coronary Artery Bypass Surgery directly or indirectly as a result of an intentional self-inflicted bodily injury or attempted suicide.

There are a number of cancers excluded from the definition of Malignant Cancer. It is important that you check these in the **"Glossary"** on page 17.

No Benefit Amount will be payable if the condition resulting in a claim first becomes apparent before the Serious Illness Insurance Acceptance Date in respect of a Life Insured or during the first three (3) months after:

- the Acceptance Date of the Policy; or
- the date that any increase in cover starts (but only in respect of that increase); or
- where we have agreed to reinstate the Policy after it was cancelled, the date on which we reinstate the policy (reinstatement date).

We will pay for any new and unrelated occurrence of a Heart Attack, Malignant Cancer, Stroke or Coronary Artery Bypass Surgery after this three (3) month period.

We will not pay any benefits where we have agreed a special term with you in respect of your cover that specifically excludes the event or condition leading to the claim. Any such special term will be agreed with you before your Policy is issued and will appear on your Policy Schedule.

When your Serious Illness Insurance starts and ends

If your application for Serious Illness Insurance is accepted by us, cover starts for a Life Insured on the Acceptance Date set out in the Policy Schedule. Your first premium is deducted from the Commencement Date, which is also set out in the Policy Schedule.

Serious Illness Insurance ends for a Life Insured when the first of the following occurs:

- the date of the death of the Life Insured; or
- the date of payment of a Serious Illness Insurance Benefit Amount for the Life Insured; or
- the date you cancel the Policy; or
- the date we cancel the Policy; or
- the Policy Anniversary following the attainment of age 65 of that Life Insured.



Children's Insurance Option

This option is only available with Serious Illness Insurance. You only have this cover if we accepted your application and it is shown in your Policy Schedule.

What is Children's Insurance?

Children's Insurance provides a benefit in the event of Accidental Death, Paralysis, Blindness, Deafness, Total and Permanent Loss of Use of Two Limbs, Encephalitis, Meningitis or Major Head Trauma of an Insured Child under the Policy. These medical conditions are defined in the **"Glossary"** on page 17.

Who can take out Children's Insurance?

You can apply for this Insurance cover for a child of yours (and/or of a Partner Life Insured) if the child is aged between 2 and 17 years of age, and the child is an Australian Resident.

The amount of Children's Insurance you can apply for

You can apply for an Insurance Benefit Amount from \$20,000 up to a maximum of \$50,000 for each Insured Child under the Policy (in increments of \$10,000).

When we will pay the Children's Insurance benefit

We will pay the benefits explained below if the Insured Child of a Life Insured suffers an insured event; namely Accidental Death, Paralysis, Blindness, Deafness, Total and Permanent Loss of Use of Two Limbs, Encephalitis, Meningitis or Major Head Trauma while covered under the Policy except in the circumstances explained in **"What is not covered under your Children's Insurance?"** on page 11. Only one Benefit Amount is payable per Insured Child.

Accidental Death

We will pay the Children's Insurance Benefit Amount as a lump sum in the case of Accidental Death of the Insured Child providing we have paid no Children's Insurance Benefit Amount in relation to a serious injury or illness for that Insured Child.

Serious injury or illness

We will pay the Children's Insurance Benefit Amount as a lump sum in the event the Insured Child suffers Paralysis, Blindness, Deafness, Total and Permanent Loss of Use of Two Limbs, Encephalitis, Meningitis or Major Head Trauma as a result of injury or illness while covered under the Policy except in the circumstances explained in **"What is not covered under your Children's Insurance?"** on page 11. Where we have paid a Children's Insurance Benefit Amount in relation to serious injury or illness, there are no further benefits payable under this Children's Insurance option for that Insured Child.

The injury or illness condition must be diagnosed by a Medical Practitioner and confirmed by our medical advisers.

Limit on benefits

Only one Benefit Amount is payable per Insured Child. The total benefit payable cannot exceed \$50,000 for each Insured Child, plus any automatic sum insured increases.

If the Insured Child is covered for Children's Insurance under more than one Serious Illness Cover Policy, we will apply this limit to the total of the Children's Insurance Benefit Amounts payable for the Insured Child under all Serious Illness Cover policies. Any reduction in the Children's Insurance Benefit Amount will be applied to the Children's Insurance most recently commenced and we will refund the premiums paid referable to the amount by which the Children's Insurance Benefit Amount is reduced.

The cost of your Children's Insurance

The premium you are required to pay for this option when the Policy starts is shown in your Policy Schedule.

The premium is calculated at each Policy Anniversary and is based on the Benefit Amount provided for each Insured Child.

For a premium estimate you should contact Real Insurance on **1300 36 7325** or visit **reallifecover.com.au**

What is not covered under your Children's Insurance?

We will not pay a Children's Insurance Benefit Amount if the Insured Child suffers Paralysis, Blindness, Deafness, Total and Permanent Loss of Use of Two Limbs, Encephalitis, Meningitis or Major Head Trauma directly or indirectly as a result of:

- a Congenital Condition; or
- the intentional act of the Policyowner or person who will otherwise be entitled to all or part of the Benefit Amount; or
- an injury which occurs or an illness which becomes apparent, before the Children's Insurance for the Insured Child starts, or during the first three (3) months after the Children's Insurance starts or, if reinstated, the reinstatement date. We will pay for any new and unrelated occurrence of Paralysis, Blindness, Deafness, Total and Permanent Loss of Use of Two Limbs, Encephalitis, Meningitis or Major Head Trauma suffered by an insured child after this three (3) month period, while covered under the policy.

When your Children's Insurance starts and ends

If your application for Children's Insurance is accepted by us at the Commencement Date then the Children's Insurance starts on the Acceptance Date. If we agree to add Children's Insurance to your Policy after the Commencement Date, we will advise you of the date the Children's Insurance starts.

The Children's Insurance ends for an Insured Child when the first of the following occurs:

- the date of death of the Insured Child; or
- the date of payment of a Children's Insurance Benefit Amount for the Insured Child; or
- the date you cancel the Policy; or
- the date we cancel the Policy; or
- the date you cancel this cover; or
- the Policy Anniversary following the attainment of age 21 by the Insured Child.



Accidental Serious Injury Insurance Option

This option is available with Serious Illness Insurance. You only have this cover if we accepted your application and it is shown in your Policy Schedule.

What is Accidental Serious Injury Insurance?

Accidental Serious Injury Insurance provides a benefit in the event that a Life Insured under the Policy experiences one of the following injuries as a direct result of an Accident and within 12 months of that Accident:

- Quadriplegia; or
- Paraplegia; or
- Hemiplegia; or
- Blindness; or
- Deafness; or
- Total and Permanent Loss of Use of Two Limbs.

Who can take out Accidental Serious Injury Insurance?

You can apply for Accidental Serious Injury Insurance if you (and/or your Partner Life Insured) are aged between 18 and 59 years of age, and are Australian Residents.

The amount of Accidental Serious Injury Insurance you can apply for

You (and/or your Partner Life Insured) can apply for an Accidental Serious Injury Insurance Benefit Amount of \$50,000 up to the lesser of the Serious Illness Insurance Benefit Amount, or \$250,000.

Your chosen amount of Insurance applies to each Life Insured under your Policy.

When we will pay the Accidental Serious Injury Insurance benefit

We will pay the Accidental Serious Injury Cover Benefit Amount as a lump sum in the case of:

- Quadriplegia; or
- Paraplegia; or
- Hemiplegia; or
- Blindness; or
- Deafness; or
- Total and Permanent Loss of Use of Two Limbs

occurring to the Life Insured as a direct result of an Accident while covered under the Policy and where the injury occurs within 12 months of the Accident, except in the circumstances explained in **“What is not covered under your Accidental Serious Injury Insurance?”** on this page.

The injury must be diagnosed by a Medical Practitioner within 12 months of the Accident and confirmed by our medical advisers.

Limit on benefits

A Benefit Amount paid under the Accidental Serious Injury Insurance option is made in addition to any Serious Illness Insurance Benefit Amount paid. Only one Benefit Amount is payable per Life Insured under this Accidental Serious Injury Insurance. The total Accidental Serious Injury Insurance Benefit Amount payable for a Life Insured under the policy cannot exceed \$250,000 plus any automatic sum insured increases under this Accidental Serious Injury Insurance.

If the Life Insured is covered for Accidental Serious Injury Insurance under more than one Serious Illness Cover Policy, we will apply this limit to the total of the Accidental Serious Injury Insurance Benefit Amounts payable for the Life Insured under all Serious Illness Cover policies. Any reduction in the Accidental Serious Injury Insurance Benefit Amount will be applied to the Accidental Serious Injury Insurance most recently commenced and we will refund the premiums paid referable to the amount by which the Accidental Serious Injury Insurance Benefit Amount is reduced.

The cost of your Accidental Serious Injury Insurance

The premium you are required to pay for this option when the Policy starts is shown in your Policy Schedule.

The premium is calculated at each Policy Anniversary and is based on:

- the age of each Life Insured at that time; and
- the Benefit Amount provided; and
- the Insurance Plan chosen by you (Single Plan or Joint Plan).

For a premium estimate you should contact Real Insurance on **1300 36 7325** or visit **reallifecover.com.au**

What is not covered under your Accidental Serious Injury Insurance?

We will not pay an Accidental Serious Injury Insurance Benefit Amount in respect of a Life Insured if the Life Insured suffers Quadriplegia, Paraplegia, Hemiplegia, Blindness, Deafness, or Total and Permanent Loss of Use of Two Limbs directly or indirectly as a result of:

- an intentional self-inflicted bodily injury; or
- engaging in any criminal activities or illegal acts; or
- suicide or attempted suicide; or
- the consumption of drugs (unless it was under the direction of a Medical Practitioner and not in connection with treatment for substance abuse, drug addiction or dependence); or
- the consumption of intoxicating liquor, including having a blood alcohol content over the prescribed legal limit whilst driving; or
- engaging in any professional sport (meaning the Life Insured’s livelihood is substantially dependent on income received as a result of playing sport); or
- engaging in any motor sports as a rider, driver and/or passenger; or
- war (whether declared or not) or war-like activity, or taking part in a riot or civil commotion; or
- being a pilot or crew member of any aircraft, or engaging in any aerial activity except as a passenger in a properly licensed aircraft.

When your Accidental Serious Injury Insurance starts and ends

If your application for Accidental Serious Injury Insurance is accepted by us at the Commencement Date then the Accidental Serious Injury Insurance starts on the Acceptance Date. If we agree to add Accidental Serious Injury Insurance to your Policy after the Commencement Date, we will advise you of the date the Accidental Serious Injury Insurance starts.

The Accidental Serious Injury Insurance ends for a Life Insured when the first of the following occurs:

- the date of death of the Life Insured; or
- the date of payment of an Accidental Serious Injury Insurance Benefit Amount for the Life Insured; or
- the date you cancel the Policy; or
- the date we cancel the Policy; or
- the date you cancel this cover; or
- the Policy Anniversary following the attainment of age 65 by that Life Insured.



General Information

Your 30 day money back guarantee

You have 30 days from the Commencement Date or the date any optional benefit starts to make sure you are happy with it, and decide whether you want to keep the Policy or optional benefit. This is known as the “cooling-off” period. If you want to cancel your Policy, or the optional benefit within this 30 day period you may do so provided you have not made a claim under the Policy. Please send your Policy Schedule to **Real Insurance**, PO Box 6728, Baulkham Hills NSW 2153 with a written request for cancellation within the 30 day period. When Real Insurance receives your letter and Policy Schedule, the Policy and/or the optional benefits will be cancelled, as applicable, and any premiums you may have paid will be refunded.

Automatic sum insured increases

To help your level of insurance keep up with the cost of living, your Insurance and optional benefits (if applicable) are automatically increased on each Policy Anniversary by 5%.

Automatic increases will continue even where the maximum Benefit Amount is met or exceeded.

We will send you an updated Policy Schedule each year your Policy remains in force 30 days prior to your Policy Anniversary setting out your updated Benefit Amount and

premium. You can decline the automatic increase by writing to **Real Insurance**, PO Box 6728, Baulkham Hills NSW 2153. If you decline the automatic increase, the updated Policy Schedule we sent you will not be valid and we will send you a replacement Policy Schedule.

If you choose not to accept an increase in any given year, it will not affect your entitlement to them in the future.

Further Insurance options

We may offer you the option of incorporating further Insurance benefits under your Policy. If you accept such offers, we will issue you with a new Policy Schedule setting out the terms and conditions of the Insurance option.

Premiums

We may change the premium rates applying to your Policy, but only if we change the premium rate applying to all (or the same group of) Serious Illness Cover policyowners. We will send written notice of any change to you (to your last address notified to us) at least 90 days before the effective date of the change.

How you can pay for your Insurance and when your premium is deducted

Your premium will be debited on the date of your choice, either fortnightly, monthly or annually. The date on which your first premium is deducted will become your Policy

Commencement Date. You can pay either by automatic debit from your bank, credit union or building society account or by charge to your credit card.

You may apply at any time in writing or by phone to change the method of payment of premiums. Payment frequency changes can only be made on the Policy Anniversary following the request.

All payments made in connection with this Policy must be made in Australian currency.

Changing your Insurance

You may apply at any time in writing to:

- decrease your Insurance;
- increase your Insurance; and
- change from a Single Plan to a Joint Plan (or from a Joint Plan to a Single Plan); and
- change your status from a smoker to a non-smoker, for the purpose of determining the Insurance premium rating. You must provide a completed declaration form.

Any change and the terms and conditions relating to the change are subject to approval and written confirmation by us.

When we can cancel your Policy

If you don't pay your premium when it is due and it remains unpaid for more than one month your Policy could be cancelled. It may be reinstated within 6 months of the date that the Policy was cancelled, but only if we agree and subject to any terms and conditions we might require.

The Policy will be cancelled if the Policyowner is on a temporary work visa and ceases to reside in Australia.

You can cancel your Policy by writing to **Real Insurance**, PO Box 6728, Baulkham Hills NSW 2153, giving 30 days notice.

Insurance risks

There are a number of insurance risks you should be aware of, including:

- you need to select the correct Insurance product and apply for the appropriate level of cover for your needs. If you do not have enough cover it might cause you or your family to suffer financial hardship even after receiving the benefit payment;
- if you are replacing a contract or policy with another contract or policy, you should consider all the terms and conditions of each policy before making a decision to change; and
- this Policy is designed purely for protection, unlike some other types of life insurance that have savings and investments components, which means that if you cancel your Policy (after the 30 day cooling-off period) you will not receive anything back unless you have paid more than 30 days in advance.

Benefit payments

We make all benefit payments to the Policyowner or other person that we are permitted to pay under the Life Insurance Act 1995.

If the Policyowner dies and there is a surviving Partner Life Insured, the Policy will continue for the Insurance of the surviving Partner Life Insured in his or her name as the Policyowner.

The payment of the benefit in accordance with the above in respect of a Life Insured is full and final discharge of our liability under the Policy for that benefit.

All benefits paid in connection with this Policy will be made in Australian currency.

Making a claim

If you wish to claim under this Policy, please phone **1300 73 7697** or write to **Real Insurance**, PO Box 6728 Baulkham Hills NSW 2153. We will send you a form to be completed, signed and returned. We may also require your treating doctor or specialist to complete a form at your (or your estate's) expense.

The Policy and the Insurance for the benefit must be in force when the insured event occurs.

Claims should be made as soon as possible after the event giving rise to the claim. If you do not notify us within 120 days after the event giving rise to the claim, and we are disadvantaged by the delay, we may be able to reduce the amount we would otherwise pay, or we may be able to refuse to pay the claim.

Before a claim is payable we must receive proof, provided at your (or your estate's) expense and to our satisfaction, that the insured event has occurred. In addition:

- proof must be supported by one or more appropriate Medical Practitioners; and
- all relevant information, including any test, examination, or laboratory results, must be provided to us.

We may be entitled to refuse to pay the benefit under this Policy if a claim is made more than 120 days after the insured event giving rise to the claim without good cause or if we do not have evidence to our satisfaction of the Insured Child's death, the cause of the Insured Child's death, or of the applicable insured event.

We reserve the right to require the Life Insured to undergo, at our expense, examinations or other reasonable tests (including, where necessary, a post-mortem examination) to confirm the occurrence of an insured event. In addition we may conduct investigations to assess the validity of the claim. This could involve the use of investigation agents and surveillance, legal advisers and the collection of personal data.

Tax

In most cases your premium will not be tax deductible and tax will not be payable on any benefit paid under your Policy.

This information is based on continuance of present tax laws and our interpretation of those laws. Your individual situation may differ and you should seek qualified professional advice in relation to your particular circumstances.

Questions or complaints

We hope that you never have reason to complain, but if you do we will do our best to work with you to resolve it. Please phone or write to our internal complaints resolution officer, as follows:

Phone: 1300 36 7325
(Weekdays between 8:00am and 8:00pm)

Writing: The Complaints Officer
Serious Illness Cover
PO Box 6728
Baulkham Hills NSW 2153

Email: service@reallifecover.com.au

Please supply your Policy number to enable the enquiry to be dealt with promptly. Your complaint or enquiry will be dealt with by someone with appropriate authority.

Receipt of your complaint will be acknowledged within 48 hours of receipt in all cases. However, where additional specific information is requested by us from a third party, a full answer to your complaint will follow as soon as possible after the acknowledgment letter.

In the unlikely event that your complaint is not resolved to your satisfaction, or your complaint has not been resolved within 45 days, please contact the Financial Ombudsman Service (FOS) at:

Financial Ombudsman Service

Mail: GPO Box 3, Melbourne VIC 3001

Phone: 1300 780 808 (local fee applies)

Fax: (03) 9613 6399

Website: www.fos.org.au

Email: info@fos.org.au

A decision of FOS is binding on us (up to specified limits) but not on you. It is a service provided without cost to you.

Privacy

We, or Real Insurance on our behalf, may collect personal information directly from you through the application process or, where that is not reasonably practical, from other sources.

Your personal information is collected for the purpose of processing your application, administering your Policy and assessing and paying any claims under the Policy. It may also be collected to consider any other application you may make, or to perform our administrative operations

(including for example, accounting, risk management, staff training etc). Information may be provided to Real Insurance to assist them in developing and identifying products and services that may interest you and (unless you ask them not to) telling you about Real Insurance products and services offered by Real Insurance.

Your personal information may be disclosed to third parties who assist in the above (i.e. Real Insurance, reinsurers, related companies, our advisers, persons involved in claims, medical service providers, external claims data collectors and verifiers, your employer, your agents and other persons where required by law).

By applying for cover, you consent to sensitive information about you being collected and it being used to consider your application for Insurance, assess a claim, using it or giving it to related companies for research and analysis, to design or underwrite new insurance products, and disclosing it to any of the third parties listed above for these purposes. Your sensitive information will not be disclosed for any other purpose. Third parties are prohibited from using your personal information for purposes other than those for which it is supplied. If you wish to gain access to your information (including correcting or updating it), have a complaint about a breach of your privacy or have any other query relating to privacy please call **1300 36 7325** Monday to Friday, 8:00am – 8:00pm.

Your duty of disclosure

You have a duty of disclosure under law to tell us anything you know, or could reasonably be expected to know, which is relevant to our decision as to whether to insure you and other Lives Insured and on what terms. This applies to all lives insured under the Policy, and you have the same duty to disclose those matters before you extend, vary or reinstate this Policy.

You do not need to tell us anything that:

- reduces our risk;
- is of common knowledge;
- we know, or as an insurer, should know; or
- we indicate we do not want to know.

If you fail to comply with your duty of disclosure and we would not have issued the Policy (or accepted your application to extend or reinstate your Policy) on any terms if you had complied with your duty, we may avoid the Policy within 3 years of the Acceptance Date of your Policy (or the date we agreed to increase a Benefit Amount, including optional benefits, or reinstate the Policy, as applicable). This means we could refuse to pay a benefit.

If the non-disclosure is fraudulent, we may avoid the Policy at any time. Alternatively, we may be able to reduce the amount of cover to reflect the premium that would have been payable if all relevant matters had been disclosed to us.



Glossary

In this Policy, some words begin with a capital letter, for example, Accidental Death. These words have the special meanings as explained below.

Acceptance Date means the date your application is accepted by us and cover starts as set out in the Policy Schedule.

Accident means an event resulting in bodily injury occurring while this Policy is in force, where the injury is directly and solely caused by accidental, violent, external and visible means without any other contributing causes and where the injury is not self inflicted.

Accidental Death means death occurring as a direct result of an Accident and where death occurs within 90 days of the Accident.

Australian Resident means a person who resides in Australia at the time of application and either holds Australian or New Zealand citizenship; or holds an Australian permanent residency visa; or has been in Australia continuously for six months or more on a temporary work visa and resides in Australia.

Benefit Amount means the amount payable on the applicable insured event covered under this Policy in respect of a Life Insured and Insured Child (as applicable). The Benefit Amount at the Acceptance Date for each benefit for each Life Insured and Insured Child is shown in the Policy Schedule.

Blindness means the complete and irrecoverable loss of the sight of both eyes as a result of injury. The loss as a result of illness is also covered under Children's Insurance option.

Commencement Date means the date on which your first premium payment is deducted. The date you select for the first premium deduction is set out in the Policy Schedule.

Congenital Condition means an illness, disability or defect existing at or from an Insured Child's birth.

Coronary Artery Bypass Surgery means the undergoing of coronary artery bypass surgery which is considered medically necessary to correct or treat coronary artery disease. Surgery does not include angioplasty, or other intra-arterial and non-surgical procedures.

Deafness means the total, irreversible and irreparable loss of hearing (both natural and assisted) in both ears as a result of injury as measured by an audiogram. The loss as a result of illness is also covered under Children's Insurance option.

Diplegia means total and permanent loss of use of corresponding parts of the body through injury causing permanent damage to the nervous system.

Encephalitis means the unequivocal diagnosis of encephalitis where the condition is characterised by severe inflammation of the brain, that results in a permanent impairment of at least 25% of whole person function (as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 5th Edition).

Heart Attack means the death of a portion of heart muscle arising from inadequate blood supply to the relevant area.

The basis for diagnosis must be supported by evidence on any two of the following:

- new electrocardiograph (ECG) changes;
- diagnostic elevation of cardiac enzymes or Troponin 1 greater than 2.0 ug/L or Troponin T greater than 0.6ug/L;
- new pathological Q waves; and
- evidence that the event produced a permanent reduction in the Cardiac Ejection Fraction to 50% or less.

Hemiplegia means the total and permanent loss of use of one half of the body through injury causing permanent damage to the nervous system.

Insurance means, in respect of a Life Insured, the Insurance benefits that have been applied for by the Policyowner and accepted by us as indicated on the Policy Schedule.

Insurance Plan means the Insurance Plan nominated by the Policyowner in the application, subject to acceptance by us.

The Insurance Plans available under the Policy are:

- Single Plan – this Plan applies if the Key Life Insured is the only person nominated in the application.
- Joint Plan – this Plan applies if there is a Key Life Insured and a Partner Life Insured nominated in the application.

Insured Child in respect of the optional Children’s Insurance means the Life Insured named in the Policy Schedule in respect of Children’s Insurance.

Key Life Insured means a person named in the Policy Schedule as the Key Life Insured.

Life Insured means, as the context requires, the Key Life Insured and, if applicable, the Partner Life Insured and an Insured Child.

Major Head Trauma means an injury to the head resulting in the Insured Child either:

- suffering at least 25% permanent impairment of whole person function (as defined in the American Medical Association publication ‘Guides to the Evaluation of Permanent Impairment’, 5th Edition),
- or
- being permanently unable to perform at least one of the following “activities of daily living” without the physical assistance of someone else and without the use of special equipment:

| Activity | Description |
|------------|---|
| Washing | bathing and showering |
| Dressing | dressing and undressing |
| Eating | eating and drinking |
| Continence | maintaining continence with a reasonable level of personal hygiene |
| Mobility | getting in and out of bed, a chair or wheelchair, or moving from place to place by walking, wheelchair or walking aid |

Malignant Cancer means the confirmed diagnosis of the presence of one or more malignant tumours characterised by the uncontrolled growth and spread of malignant cells, and the invasion and destruction of normal tissue, including leukaemia and Hodgkin’s Disease.

The following cancers are not covered:

- tumours showing the malignant changes of carcinoma in situ, (including cervical dysplasia CIN-1, CIN-2, and CIN-3) or which are histologically described as pre-malignant. Carcinoma in situ of the breast is covered if it results in the removal of the entire breast. This procedure must be considered the appropriate and necessary treatment to specifically arrest the spread of malignancy;
- all skin cancers of less than 1.5mm maximum thickness and also less than Clark Level 3 depth of invasion;
- all Hyperkeratosis or Basal Cell Carcinoma (BCC) of skin and Squamous Cell Carcinoma (SCC) of skin unless there has been a spread to other organs; and
- Prostate cancers which are histologically described as TNM classification T1 or are of another equivalent or lesser classification unless resulting in the surgical removal of the complete prostate.

Medical Practitioner is a qualified, practicing medical specialist, licensed to practice his or her medical specialty within Australia or New Zealand, and whose specialty qualifies him or her to make a prognosis of an illness, disability or injury covered under this Policy, of a Life Insured. The Medical Practitioner must not be the Policyowner or a Life Insured under this Policy, their spouse, relative or business associate.

Meningitis means the unequivocal diagnosis of meningitis where the condition is characterised by severe inflammation of the meninges of the brain, that results in suffering permanent impairment of at least 25% of the whole person function (as defined in the American Medical Association publication ‘Guides to the Evaluation of Permanent Impairment’, 5th Edition).

Paralysis means the total and permanent loss of use of two or more limbs through disease or injury causing permanent damage to the nervous system. This includes, but is not limited to, Paraplegia, Tetraplegia, Quadriplegia, Diplegia and Hemiplegia.

Paraplegia means the total and permanent loss of use of two limbs through injury causing permanent damage to the nervous system.

Partner Life Insured means a person named in the Policy Schedule as the Partner Life Insured. A Partner may be a legal spouse or de-facto of the Key Life Insured and may be of the same gender as the Key Life Insured.

PDS is an abbreviation of Product Disclosure Statement.

Policy means the legal contract between the Policyowner and us. This PDS, your application, any future application accepted by us, the current Schedule, and any special conditions, amendments, or endorsements make up the Policy.

Policy Anniversary means the anniversary of the Commencement Date of your Policy.

Policyowner, you, your, yours means the Key Life Insured. This Policy may not be transferred or assigned to another person.

Quadriplegia/Tetraplegia means the total and permanent loss of use of all limbs through injury causing permanent damage to the nervous system.

Schedule means the Schedule issued with this Policy and updated from time to time. A new Schedule will be issued at any time we agree with you to change the details in respect of a Life Insured under this Policy. A new Schedule will replace previous Schedules.

Stroke means any cerebrovascular accident or incident producing neurological sequelae lasting more than 24 hours. This includes infarction of brain tissue, intracranial or subarachnoid haemorrhage, embolisation from an extracranial source, but excludes transient ischaemic attacks and cerebral events and symptoms due to reversible neurological deficits and migraine.

The basis for diagnosis shall be supported by evidence on a Computerised Tomography (CT), Magnetic Resonance Imaging (MRI) or similar scan that a stroke has occurred and of infarction of brain tissue or intracranial or subarachnoid haemorrhage.

Total and Permanent Loss of Use of Two Limbs means complete and irrecoverable loss of the use of two limbs through injury. Limb in this context means an arm, leg, hand or foot. The loss as a result of illness is also covered under Children's Insurance option.

Direct Debit Service Agreement

1. Hannover Life Re of Australasia Ltd ABN 37 062 395 484 ("Debit User") will initiate direct premium debit payments in the manner referred to in the Schedule (contained in the Direct Debit Request).
2. Debit payments will be made when due. The Debit User will not issue individual confirmation of payments made.
3. The Debit User will give the customer at least 14 days' written notice if the Debit User proposes to vary details of this arrangement, including the amount and frequency of debit payments.
4. If the customer wishes to defer any payment or alter any of the details referred to in the Policy Schedule, they must either contact the Debit User on **1300 73 7697** or write to the Debit User at PO Box 6728, Baulkham Hills NSW 2153.
5. Customer queries concerning disputed debit payments must be directed to the Debit User in the first instance. Details of the dispute resolution process that applies to the Debit User are described in this PDS on page 16. Queries about claims in regards to disputed debit payments should also be directed to the Debit User and may also be directed to the customer's financial institution nominated in the Schedule.
6. Direct payment debiting is not available on the full range of accounts at all financial institutions. If in doubt, the customer should check with their financial institution before completing the Direct Debit Request.
7. The customer should ensure that their account details given in the Policy Schedule are correct by checking against a recent statement from their financial institution at which their account is held.
8. It is the customer's responsibility to have sufficient cleared funds available, by the premium due date, in the account to be debited to enable debit payments to be made in accordance with the Direct Debit Request.
9. By authorising the Direct Debit Request, the customer warrants and represents that he/she/they is/are duly authorised to request and instruct the debiting of premium payments from the account described in the Policy Schedule.
10. If a debit payment falls due on any day which is not a business day, the payment will be made on the next business day. If you are uncertain as to when a debit payment will be processed to your account, you should make enquiries directly with the financial institution nominated in the Policy Schedule.
11. If a debit payment is returned unpaid, the customer may be charged a fee by the financial institution nominated in the Policy Schedule for each returned item.
12. Customers wishing to cancel the Direct Debit Request or to stop individual payments must give at least 7 days' written notice to the Debit User at the address referred to above.
13. Except to the extent that disclosure is necessary in order to process debit payments, investigate and resolve disputed transactions or is otherwise required by law, the Debit User and its service providers will keep details of the customer's account and debit payments confidential.



For more information about
your Serious Illness Cover

Call 1300 36 7325

Monday to Friday 8:00am – 8:00pm (EST)



