



Group Life Insurance

Death Cover
Total and Permanent Disablement (TPD) Cover
Terminal Illness Cover

Member Information Brochure

August 2012

Understanding this brochure

Some words or expressions in this brochure have a special meaning. These words are highlighted in **bold** and are explained in the Glossary on pages 16–18.

Other words with special meaning are listed below:

Reference to	To be read as
we, our, us, OnePath Life	OnePath Life Limited – the insurer issuing the Group Life Insurance Policy.
you, your	An insured member, who may be an employee of an Employer, or a member of a Super Fund.
PDS	Group Life Insurance Product Disclosure Statement dated 15 November 2010.
Super Fund	A superannuation fund that has established an Insurance Plan for its members under the Group Life Insurance Policy issued by OnePath Life.
Super Fund Trustee, the Trustee	The trustee of the Super Fund that owns the Group Life Insurance Policy issued by OnePath Life.
Employer	An employer (including any related body corporate of that employer, as that term is defined under the <i>Corporations Act 2001</i> (Cth)) who contributes to the Insurance Plan in respect of employees who are admitted as members of the Fund.
Insurance Plan	The plan that an Employer or Super Fund has established to provide members of the plan with cover under the Group Life Insurance Policy issued by OnePath Life.

Important information

This material is current as at August 2012 but is subject to change. Updated information will be available free of charge online at onepath.com.au. Group Life Insurance is issued by OnePath Life Limited (OnePath Life) ABN 33 009 657 176, AFSL 238 341. The information provided is of a general nature and does not take into account your personal needs and financial circumstances. You should consider the appropriateness of the information, having regard to your objectives, financial situation and needs. You should read the Product Disclosure Statement available online at onepath.com.au and consider whether this product is right for you. OnePath Life will receive premiums for any insurance cover you obtain from it. Its employees and directors receive a salary. They do not receive commissions; however, they may be eligible for performance related bonuses and other staff related benefits.

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Welcome to OnePath Life

If you have received this brochure, it means your Employer or Super Fund has arranged Group Life Insurance Policy with OnePath Life to help financially protect their employees or members – that's you.

We have prepared this brochure to provide you with information about the insurance cover you may have under this Group Life Insurance Policy.

It is also a handy reference that answers some of the most frequently asked questions about group insurance.

This information is provided as a guide only. For full details of the policy terms and conditions, please refer to the Group Life Insurance Product Disclosure Statement (PDS) dated 15 November 2010 and accompanying Group Life Insurance Policy document, available free of charge online at onepath.com.au or by calling 1800 648 921. Your Employer or Super Fund may also provide you with a copy.

About OnePath Life

Helping you shape and protect your future

OnePath Life is one of Australia's leading providers of wealth, insurance and advice solutions. We have been helping Australians grow and protect their wealth for over 130 years, previously as Mercantile Mutual and more recently as ING Australia.

Now as a wholly owned subsidiary of Australia and New Zealand Banking Group Limited (ANZ), OnePath Life operates as ANZ's Australian specialist wealth management and protection business. ANZ is a leading global and local bank with operations in more than 32 countries including Australia, New Zealand, Asia, the Pacific, the Middle East, Europe and America. ANZ provides products and services to more than 5.7 million retail customers worldwide and employs over 39,000 people.

OnePath Life has a comprehensive range of wealth and insurance products available through intermediaries, financial advisers or direct to customers, making it easier for you to find the solution that best suits your needs.

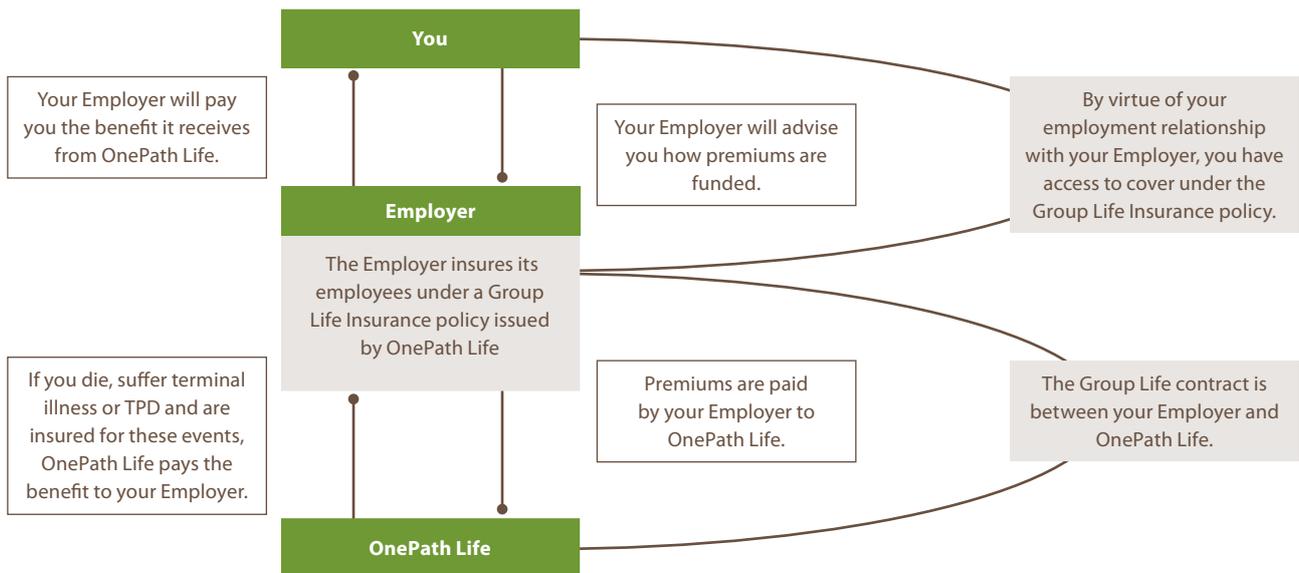
At OnePath Life we value and appreciate our customers, our staff and the communities we operate in. We are committed to acting with the highest standards and to meeting our corporate responsibilities. We also encourage and support staff involvement in volunteering and charitable activities supporting the wider community.

OnePath Life actively participates in forums looking at regulatory and industry change. We also regularly review and conduct research to ensure we are attuned to changing customer and market needs.

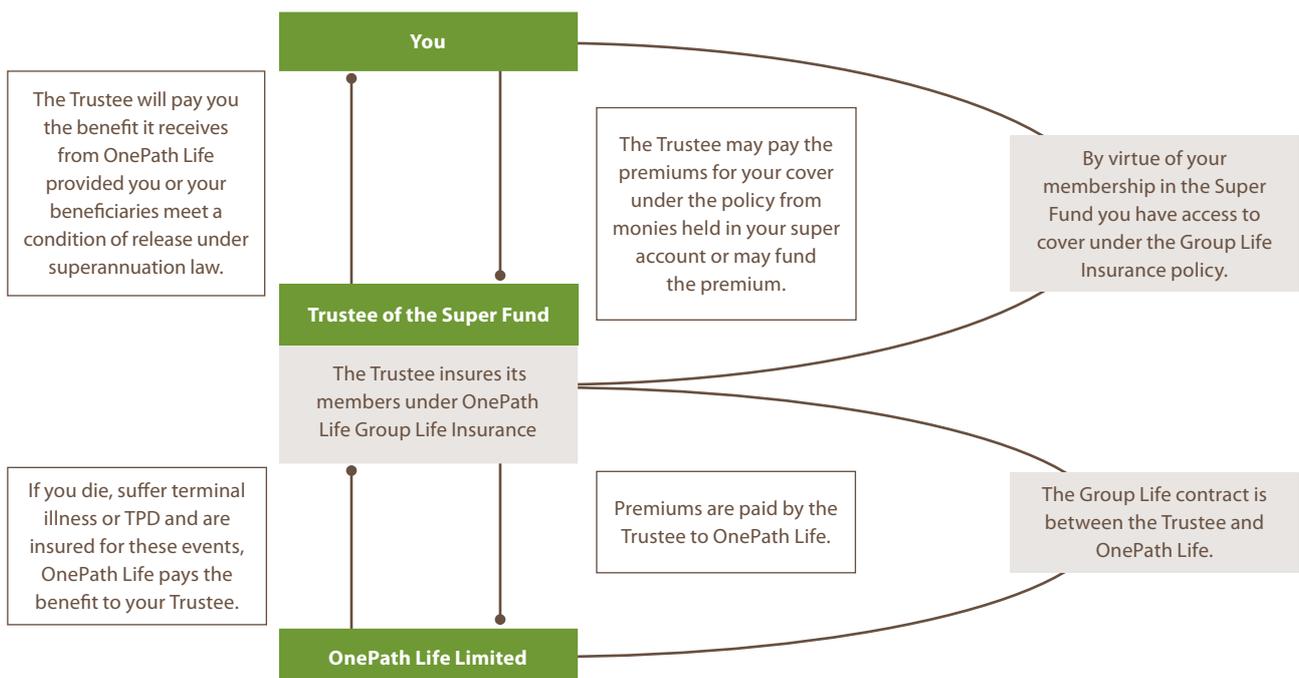
How does group insurance work?

Your cover is provided through a group policy, which means one contract – owned by your Employer or Super Fund. You do not have an individual contract with us. The diagrams below illustrate how the insurance policy relates to you.

If the policy is owned by your Employer (outside Super)



If the policy is owned by the Trustee of your Super Fund (inside Super)



The nuts and bolts

What is Group Life Insurance?

Group Life Insurance provides you or your family a lump sum benefit if you die, become **totally and permanently disabled** or suffer a **terminal illness** while insured.

To be considered **totally and permanently disabled** or **terminally ill** you must satisfy the relevant definition, which is set out in the Glossary on pages 16-18 of this brochure. For full terms, conditions and exclusions, please refer to the Group Life Insurance Policy document. But, basically you need to know that:

Type of insurance cover	What it does
Death Cover	Pays a lump sum if you die.
Terminal Illness Cover	Pays a lump sum if you are diagnosed with an illness which is likely to lead to your death within 12 months from the date the opinion is provided.
Total and Permanent Disablement Cover	Pays a lump sum if you are totally and permanently disabled .

What type of cover do I have?

When your Employer or Super Fund set up the **policy**, they decided what to cover you for, either:

1. Death only (including **Terminal Illness** Cover) Cover, or
2. Death (including **Terminal Illness** Cover) and **TPD** Cover.

What am I automatically covered for?

Your Employer or Super Fund Trustee also decided on how much cover you would automatically receive (if any) when you started working for your Employer or joined the Super Fund and became an **insured member** under the **policy**.

Automatic cover is the amount you are insured for (provided certain conditions are met) without having to answer questions about your health. Your Employer or Super Fund Trustee would have decided whether your cover was:

- Fixed Dollar Cover – the amount of the **insured benefit** is fixed at a specific amount and remains the same irrespective of changes in your age. Generally, as you get older, the premium increases
- Unit Based Cover – the **insured benefit** is based on a number of units, where one unit represents a set amount at a certain age. Generally, as you get older, the amount of your cover will decrease and the premium will remain the same, or
- Formula Based Cover – the **insured benefit** is worked out by applying a calculation which may be based on how many years you have until you reach age 65, a multiple of your salary or future service percentage of your salary. The premium can vary, depending on the benefit formula. The formula used can vary from **policy** to **policy** depending on the agreement we reached with your Employer or Super Fund Trustee.

Examples

Formula Based Cover



Mary is 36 years old. She is a member of a Super Fund that provides Formula Based Cover and is earning \$42,000 per annum from her Employer. Mary's Super Fund has arranged for Mary to have Death Cover based on a formula of 3 x Salary.

Death Cover formula-based arrangement: 3 x Salary
3 x \$42,000 = \$126,000

Mary has Death Cover of \$126,000. Death Cover pays a lump sum if Mary dies or is diagnosed with a **terminal illness**. This money can be put aside to help pay for school fees, take care of the mortgage, and generally help keep her household afloat.

Unit Based Cover



As part of his salary package, Bill's Employer pays for all its employees to have Unit Based Death and **TPD** Cover of two units. The value of one unit is shown by the table on the right.

With unitised cover, Bill's **insured benefit** is determined by his age next birthday. Bill is currently aged 39. To work out how much he is insured for, Bill needs to look at the table on the right and see how much two units provides for someone who will be 40 years old on their next birthday (age next birthday). The table shows that Bill is insured for \$84,000 of Death & **TPD** Cover. When Bill turns 40 (age next birthday 41), his **insured benefit** will be \$76,000.

Age next birthday	Death and TPD Cover (per unit)	Standard default cover (2 units)
16-30	\$52,000	\$104,000
30-38	\$45,000	\$90,000
39	\$44,000	\$88,000
40	\$42,000	\$84,000
41	\$38,000	\$76,000
42	\$36,000	\$72,000
43	\$33,000	\$66,000
44	\$30,500	\$61,000
45	\$29,000	\$58,000
46-57	\$22,000	\$44,000
58	\$18,000	\$36,000
59	\$15,500	\$31,000
60	\$13,000	\$26,000
61	\$10,000	\$20,000
62	\$8,000	\$16,000
63	\$5,000	\$10,000
64	\$5,000	\$10,000
65	\$5,000	\$10,000

What you are covered for and how it is calculated depends on how your Insurance Plan was set up. To find out what you are covered for you can:

- check the Welcome Statement you received from your Super Fund; or
- call your Employer or Super Fund.

Changing your cover

Can I change my automatic cover?

You may be able to apply to increase or reduce your cover if you want more or less insurance. You can apply for an unlimited amount of Death Cover (subject to financial justification), and up to a maximum of \$5 million of **TPD** Cover.

How do I apply for cover or increase my cover?

The first step is to contact your Employer or Super Fund to find out if you can change your cover and how to go about it.

Generally, to apply for cover you will need to complete an application form called the OnePath Life Group Risk Personal Statement (available at onepath.com.au) or your Super Fund's insurance application form.

After you submit the application, you will go through a process called "underwriting" which is the term we use to describe the process of assessing your application for cover. We may obtain and consider information relating to your health, employment, financial situation and anything else that we believe is relevant. We may accept or decline your application, or offer you alternative terms on which we may agree to cover you.

While we assess your application, we provide you Limited Cover, which covers you for death and/or **total and permanent disablement** (depending on what cover you have applied for) caused by an **accident**. Limited Cover is available for up to a maximum of 90 days after we have received your completed application.

Read on, about Future Insurability, to find out how you might be able to increase your cover without providing medical evidence.

What is Future Insurability?

Life is full of exciting changes, and your needs and priorities will probably change in the years to come. So that your insurance can keep up with you, we offer Future Insurability which makes it easy for you to increase your cover when significant life events occur.

If it applies to your Insurance Plan, Future Insurability allows you to apply for extra cover without providing medical evidence upon **specific life events**. The range of **specific life events** include:

- Marriage or the continuation of an interdependent relationship for two years or more
- Birth or adoption of a child
- Taking out or increasing your mortgage on your principal residence by at least \$100,000
- Your child starting secondary school.

To apply for extra cover, you'll need to fill out and return the Future Insurability Increase Application Form (available at onepath.com.au) within 90 days of the **specific life event** occurring.

If we accept your application, any restrictions, limitations or premium loadings that already apply to your cover will also apply to the extra cover.

Don't forget to first check with your Employer or Super Fund to find out if Future Insurability is available to you.

Conditions for Future Insurability

The policy document will contain full terms and conditions on Future Insurability, but generally, you cannot apply for extra cover under Future Insurability if:

- your Insurance Plan does not offer Future Insurability
- you have claimed or intend to claim a benefit under the **policy**
- you are aged 55 years or over when the **specific life event** occurs
- we have previously declined you for additional cover
- you have obtained extra cover under this option in the previous 12 months
- you have increased your cover under Future Insurability on three previous occasions, or
- you are applying to increase your cover because of marriage, and you have previously increased your cover under Future Insurability because of marriage.

The amount of additional cover you can obtain under this feature depends on how your **insured benefit** is calculated:

- For Unit Based Cover, the amount of increase is one unit
- For Fixed Dollar or Formula Based Cover, the amount of increase is 25% of your **insured benefit** (as at the date you apply for the increase in cover).

Check out the examples on the next page to see how Future Insurability works.

Examples (continued)



Formula Based Cover

After Mary married her childhood sweetheart Henry, she contacted her Super Fund within 90 days of her wedding to take up more cover under the Future Insurability option. As Mary's

cover is Formula Based Cover, she was able to apply for an additional 25% of her cover (as at the date she applied for the increase in cover).

$$\begin{aligned} \$126,000 \text{ (Mary's existing cover)} \times 0.25 &= \$31,500 \\ \$126,000 + \$31,500 &= \$157,500 \end{aligned}$$

Mary's application was approved, so her cover increased from \$126,000 to \$157,500.

Later that year, Mary and Henry purchased their first home. Because Mary had already exercised the Future Insurability option within the last 12 months, she couldn't apply again.

Two years later, Mary and Henry had their first child, James. Mary could once again apply for extra cover under Future Insurability as more than 12 months had passed since she last increased her cover.

Do you have enough cover?

While your automatic cover is a great start, the amount provided may not be enough to provide for you and your family's future, should the worst happen.

Ask yourself...

- Do you have any children or dependants?
- Do you have a mortgage?
- Do you have any debts?

If you have answered 'yes' to any of these questions, there's every chance you may need more insurance.



Unit Based Cover

Remember Bill (see page 7)? When his eldest daughter Suzie started high school, Bill decided he needed more cover.

Bill contacted his Employer within 90 days of Suzie starting high school to take up more cover under the Future Insurability option. As Bill's cover is Unit Based Cover, he was able to increase his cover under Future Insurability by one unit.

$$\begin{aligned} \text{One unit} &= \$42,000 \\ \$84,000 + \$42,000 &= \$126,000 \end{aligned}$$

Bill's application was approved, so his cover increased to \$126,000.

Later that year, Bill decided that \$126,000 wasn't enough so decided to apply for an extra three units. Bill completed his Fund's insurance application form and his application was underwritten by OnePath Life. Bill was happy to learn that his application was accepted. Bill's cover increased from \$126,000 to \$252,000, as shown below.

As Bill is 39 years of age (age 40 next birthday), each unit is equal to \$42,000.

$$\begin{aligned} \text{One unit} &= \$42,000 \\ 3 \times \$42,000 &= \$126,000 \\ \$126,000 + \$126,000 \text{ (Bill's existing cover)} &= \$252,000 \text{ or} \\ &6 \text{ units of cover} \end{aligned}$$

As illustrated on the table on page 7, when Bill turns 40 (age 41 next birthday), each unit of cover will be worth \$38,000. At age 40, Bill's Death and TPD Cover will equal \$228,000:

$$\begin{aligned} \text{One unit} &= \$38,000 \\ 6 \times \$38,000 &= \$228,000 \end{aligned}$$

When life changes, think Future Insurability

Future Insurability gives you access to more cover when your life changes – when you marry, take out a mortgage, have a child or your child starts secondary school. It makes it easy to increase your cover as there are no medical checks or health details required.

When cover starts and ends

Am I eligible for Group Life cover?

Generally, to be eligible for Death Only or Death & **TPD** Cover, you must:

- be aged 15 to 64 years of age when cover starts
- be an **Australian resident** or **visa** holder
- be permanently residing in Australia
- not be working in an **excluded occupation**, and
- meet specified **eligibility criteria** established by your Employer or Super Fund and agreed to by us.

How do I get cover?

Depending upon how your Employer or Super Fund set up the Plan, if you are eligible for insurance, you can obtain cover by one of three ways:

1. automatic acceptance
2. transfer terms, or
3. individual application.

How you are covered	
Automatic acceptance	You may be covered automatically up to a specific limit (known as the Automatic Acceptance Level (AAL)) without giving us any medical evidence. You will need to contact your Employer or Super Fund to find out if an AAL applies to you.
Transfer terms	You may be covered under transfer terms if your Employer or Super Fund transfers their group insurance cover to us from another insurer. All transferring members will be covered on underwriting terms no less favourable than the terms provided by the previous insurer, provided certain conditions are met.
Individual application	In certain circumstances, you will need to apply to us for cover and provide medical evidence. You will need to be assessed for cover when: <ul style="list-style-type: none"> • automatic acceptance terms do not apply or you are not eligible for automatic acceptance • you require cover that is not New Events Cover • transfer terms do not apply • your cover stops under the policy for any reason • you require cover above the AAL or want more cover than is automatically provided.

Conditions for cover under automatic acceptance

You must:

- be an **eligible person**
- be **at work** on the **policy start date** and/or the day you first become an **eligible person**
- not be entitled to a payment of an insurance benefit for **TPD** or **terminal illness** or be in a waiting period for such a benefit, and
- not have previously been automatically accepted for cover under the **policy**.

Conditions for cover under transfer terms

You must:

- be an **eligible person**
- have been insured by the previous insurer in the relevant insurance plan on the date immediately prior to the **transfer date**
- be **at work** on the last **normal business day** immediately before the **transfer date**, in respect of **TPD** Cover only
- not have received or be entitled to payment of an insurance benefit under the previous insurer's policy.

Any premium loadings, exclusions or restrictions that applied to your previous cover will apply to your cover under the **policy**.

New Events Cover for eligible persons not at work

If you are an **eligible person** but you are not **at work**, due to injury or illness, when your cover starts with OnePath Life or on the last **normal business day** immediately before the **transfer date** or the **policy start date** (whichever is applicable), you will be automatically provided **New Events Cover**.

This means that you will only be covered for an illness which first became apparent or an injury which first occurred after your cover commenced or after the **transfer date**.

New Events Cover will switch off and full cover¹ will be provided when you return to your usual duties and hours, free from any limitation due to illness of injury.

¹ Full cover means cover on the same basis as an **insured member** who was **at work** on the relevant day.

When does my cover start?

When your cover starts depends on how you obtained cover.

If you were automatically accepted, cover will generally start on the day you commenced employment with your Employer, or membership in the Super Fund.

If we offered transfer terms, your cover will generally commence on the **policy start date**.

In all other cases, cover will start from the date we accept your application.

Cover is effective from the relevant start date subject to the payment of premium when due.

When will my cover end?

Your cover will automatically end on the earliest of the following events:

- you cancel your cover
- if you are not an **Australian resident**, when you no longer reside permanently in Australia or are not eligible to work in Australia
- you reach the benefit expiry age (usually 65)
- you commence active service with the armed forces of any country, excluding Reserve duty, in which case cover will cease only when you receive a call out order under the *Defence Act 1903* (Cth)
- you die
- you are paid a **TPD** Benefit
- you are paid a **Terminal Illness** Benefit which is equal to your Death Benefit
- you permanently retire from employment (applies to **TPD** Cover only; Death Cover may continue)
- if you cease to work with your Employer or cease membership with the Super Fund, the earliest of:
 - the date you reach the benefit expiry age (usually 65)
 - 60 days after the date you cease to meet the **eligibility criteria**
 - the date you commence employment with a new employer or commence work as a contractor
 - the date we issue you a retail policy of insurance under the continuation option,

provided that as at the date you cease to meet the **eligibility criteria**, you have not received, nor are entitled to receive, a benefit under the **policy**, and you are not in the **waiting period** for such a benefit
- you are on leave or employed overseas for a period longer than we agreed to cover you
- the **policy** is terminated.

You are covered if you are...

Overseas	Cover is provided worldwide although, some restrictions apply if you are working overseas or taking leave (see below).
On paid or unpaid leave	You are covered during unpaid or paid leave for up to two consecutive years, so long as your premiums are paid. The two-year period starts on your first day of leave, and recommences after you return to work for your Employer. Provided the leave is approved by your Employer, you do not need to let us know when you go on leave for cover to continue.
Working outside Australia for your Employer	We will automatically cover you while you are working overseas for up to five consecutive years so long as you are an Australian resident and your premiums continue to be paid. The five-year period starts on the day you leave Australia and recommences after you return to work in Australia for your Employer. If you are not an Australian resident , your cover will end when you depart Australia unless you are working overseas for three months or less.

How can I continue my cover if it ends?

If your cover ends because you stop working for your Employer for reasons other than injury or illness – you may be able to take up a Continuation Option.

Death Cover Continuation Option

The Death Cover Continuation Option allows you to maintain your Death Cover when you are no longer insured under the Insurance Plan. You simply need to apply for an individual policy issued by OnePath Life without needing to supply medical evidence.

To exercise the Continuation Option you must:

- provide any information we consider relevant which does not relate to medical information
- apply within 60 days of the date your insurance cover stops in the Insurance Plan
- be aged 60 years or less
- be an **Australian resident**, or a **visa** holder residing in Australia, and
- not have received or be eligible to receive any benefit under the **policy** or any other insurance policy for injury or illness.

Any restrictions, limitations or premium loadings that applied to your insurance cover under the Insurance Plan will also apply to your cover under the individual policy.

TPD Cover Continuation Option

If your Employer or Super Fund has elected for a Death & **TPD** Continuation Option to be available, you may also be able to continue your Death and **TPD** Cover, provided you meet the above conditions for the Death Cover Continuation Option and you are:

- not working in an **excluded occupation**, and
- working the minimum number of hours we require.

Example (continued)

Mary decided to switch superannuation funds but wanted to keep her insurance cover, so she applied to OnePath Life for an individual policy using the Continuation Option. Mary knew that she had to complete the insurance application form within 60 days of leaving her Super Fund, so she got in touch with her Super Fund as quickly as possible. As she made the application within 60 days of leaving her Super Fund, she wasn't required to provide any medical checks or doctors' reports.

Making a claim

We appreciate that when you need to make a claim it can be a time of high emotion, stress and financial pressure. We also understand how difficult this time can be, and so we approach every claim with a commitment to do whatever we can to process it as quickly, correctly and efficiently as possible. The following three steps outline our claims process.

Step 1 Notification and lodgement

If you think you are entitled to make a claim, please let your Employer or Super Fund know. Any claims must be made through the **policy owner** – your Employer or Super Fund Trustee. They will let us know of your intention to claim and make sure you get the relevant forms that you need to complete.

It's important to notify us of your intention to claim as soon as possible. Generally, we need to be notified within 30 days or as soon as reasonably possible after the event that gives rise to your claim. If we are not, we may reduce or refuse to pay a benefit to the extent that our assessment of your claim is prejudiced.

Step 2 Assessment of your claim

Once we receive your initial claim forms, we'll do our very best to make sure that the claims process is as easy as possible for you. Generally, there are two aspects to our assessment – checking that you are insured and determining if you are entitled to the benefit claimed. Once we have received all the information we need to make a fair assessment, we will be able to determine your claim.

Assessing TPD claims

We will pay the **TPD** Benefit if you satisfy any one part of the **TPD** definition that applies to you. There are five parts in the standard **TPD** definition, as set out in the Glossary. There are an additional two non-standard **TPD** definitions which are only available if your Employer or Super Fund opted for those definitions to apply. The definitions are summarised in the table on the next two pages.

We may be able to make a decision based on the initial claim forms you provide us. In other cases, extra information may be needed such as your employment history or a medical report from your treating doctor. You may also need to be interviewed, attend employability assessments or independent medical examinations with specialist doctors nominated by us. Further medical evidence will be obtained at our expense.

What does TPD mean?

Standard TPD Definitions	Which TPD definition is available if you are:		
	Gainfully employed?	A home-maker?	Not working?
<p>Unlikely to ever return to any occupation for which you are reasonably suited by education, training or experience*</p> <p>If you are gainfully employed when suffering an illness or injury and, as a result of illness or injury:</p> <ul style="list-style-type: none"> • you are totally unable to engage in any occupation, business, profession or employment for a period of six consecutive months, and • we determine at the end of that six month period that you are permanently incapacitated to such an extent as to render you unlikely ever to engage in any gainful occupation, business profession or employment, for which you are reasonably suited by education, training or experience and at least two medical practitioners certify that to be the case. 	✓	✗	✗
<p>Permanent impairment*</p> <p>If you are gainfully employed when suffering an illness or injury and, as a result of that illness or injury, you:</p> <ul style="list-style-type: none"> • suffer a permanent impairment of at least 25% of whole person impairment as defined in the American Medical Association publication <i>Guides to the Evaluation of Permanent Impairment</i>, 4th edition, or an equivalent guide to impairment approved by us, and • are disabled to such an extent, as a result of this impairment, that you are unlikely ever again to be able to engage in any occupation, business, profession, or employment for which you are reasonably suited by your education, training or experience and at least two medical practitioners certify that to be the case. 	✓	✗	✗
<p>Specific loss*</p> <p>As a result of an illness or injury you suffer the permanent loss of use of either:</p> <ul style="list-style-type: none"> • two limbs • the sight of both eyes or • one limb and the sight in one eye, <p>which is certified by at least two medical practitioners.</p>	✓	✓	✓
<p>Loss of independent existence*</p> <p>As a result of an illness or injury, you suffer a condition which we determine causes you to be totally and irreversibly unable to perform at least two of the five activities of daily living without the assistance of another adult person, and at least two medical practitioners have certified that to be the case.</p>	✓	✓	✓
<p>Cognitive loss*</p> <p>As a result of an illness or injury, we have determined that you suffer a total and permanent deterioration or loss of intellectual capacity that has required you to be under continuous care and supervision by another adult person for at least six consecutive months and, at the end of that six month period, you are likely to require ongoing continuous care and supervision by another adult person, provided at least two medical practitioners have certified that to be the case.</p>	✓	✓	✓

*This information is a summary only. Please refer to the policy document for the complete **TPD** definitions.

Table continued on page 14.

Non-standard TPD Definitions	Which TPD definition is available if you are:		
	Gainfully employed?	A home-maker?	Not working?
<p>Unlikely to return to your own occupation ever again</p> <p>If you are gainfully employed when suffering an illness or injury and, as a result of illness or injury:</p> <ul style="list-style-type: none"> • you have been absent from, and unable to, work in your own occupation for six months, and • we determine at the end of that six months that you are unlikely to be able to perform your own occupation ever again, and at least two medical practitioners certify that to be the case. 	✓	✗	✗
<p>Unlikely to perform normal domestic duties ever again</p> <p>As a result of an illness or injury:</p> <ul style="list-style-type: none"> • you have been unable to perform normal domestic duties, leave your home unaided or do any occupation for six months, and require the ongoing care of a medical practitioner, and • we determine at the end of that six months that you are unlikely to be able to ever perform normal domestic duties or any occupation for which you are reasonably suited by education, training or experience, and at least two medical practitioners certify that to be the case. 	✗	✓	✗

Assessing Terminal Illness claims

We will assess whether you are suffering from a **terminal illness** based on the medical opinions provided with your initial claim forms. If the initial information you provide does not clearly establish that you are suffering from a **terminal illness**, we may seek further medical evidence. Further medical evidence will be obtained at our expense.

Assessing Death claims

Usually identification and an original or certified death certificate is all that is required, but other information may be requested depending on the circumstances.

Step 3 Payment of benefits

If we accept your claim, the benefit is paid to the **policy owner** who will pass the benefit on to you or your nominated beneficiary.

If the **policy** is owned by a Super Fund Trustee, the benefit will be passed on to you provided a condition of release under superannuation law is met.

▶ If you would like to know more about claiming a benefit please contact our Group Risk Insurance Claims team on 1800 648 921 or email us at group.claims@onepath.com.au

How much will I get paid?

Type of benefit	Benefit amount																
Death Benefit	The amount insured as at the date of death.																
Terminal Illness Benefit	The amount insured as at the date that two medical practitioners (one whom we may select and require to be a specialist physician) diagnose a terminal illness .																
TPD Benefit	The amount insured as at the event date . The event date depends on which TPD definition you are claiming under, as follows:																
	<table border="1"> <thead> <tr> <th>TPD definition</th> <th>Event date</th> </tr> </thead> <tbody> <tr> <td>Unlikely to ever return to any occupation for which you are reasonably suited by education, training or experience</td> <td>The first day of the six consecutive month period that you are totally unable to engage in any occupation.</td> </tr> <tr> <td>Permanent Impairment</td> <td>The day you suffer at least 25% whole person impairment which results in you being TPD.</td> </tr> <tr> <td>Loss of limbs and/or sight</td> <td>The day you suffer the required loss of limb(s) and/or sight.</td> </tr> <tr> <td>Loss of independent existence</td> <td>The day you suffer loss of independent existence.</td> </tr> <tr> <td>Cognitive loss</td> <td>The day you suffer a total and permanent deterioration or loss of intellectual capacity that results in your total and permanent disablement.</td> </tr> <tr> <td>Unlikely to return to your own occupation ever again</td> <td>The first day of the six consecutive month period that you are totally unable to engage in your own occupation.</td> </tr> <tr> <td>Unlikely to perform normal domestic duties ever again</td> <td>The first day of the six consecutive month period that you are unable to perform normal domestic duties, leave your home unaided or do any occupation.</td> </tr> </tbody> </table>	TPD definition	Event date	Unlikely to ever return to any occupation for which you are reasonably suited by education, training or experience	The first day of the six consecutive month period that you are totally unable to engage in any occupation.	Permanent Impairment	The day you suffer at least 25% whole person impairment which results in you being TPD .	Loss of limbs and/or sight	The day you suffer the required loss of limb(s) and/or sight.	Loss of independent existence	The day you suffer loss of independent existence .	Cognitive loss	The day you suffer a total and permanent deterioration or loss of intellectual capacity that results in your total and permanent disablement .	Unlikely to return to your own occupation ever again	The first day of the six consecutive month period that you are totally unable to engage in your own occupation.	Unlikely to perform normal domestic duties ever again	The first day of the six consecutive month period that you are unable to perform normal domestic duties , leave your home unaided or do any occupation.
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When will my claim not be paid?

We will not pay your claim if we have excluded the cause of your claim. For example, your claim may not be paid if the event giving rise to your claim is related to **war**. If you are unsure whether we have applied any exclusions to your cover, please contact your Super Fund or Employer. A full list of exclusions can be found in the policy document.

Also, we will not pay a claim if the terms and conditions for payment of the benefit are not met, or if you fail to comply with our reasonable requests during the assessment of the claim.

Example (continued)

Six months after he increased his cover, Bill was injured in a motor vehicle accident. Bill suffered a severe head injury and had to undergo intensive rehabilitation for six months during which time he could not work at all. At the end of six months, Bill's treating GP and specialist advised Bill that he would never be able to operate machinery and had lost his higher-level mental skills. Bill had studied and worked as a Computer Engineer his whole career, and did not possess any other employment skills or experience. After completing the relevant claim forms, Bill submitted a **TPD** claim. OnePath Life assessed Bill's claim and determined that Bill was unlikely ever to engage in any gainful occupation, business profession or employment, for which he was reasonably suited by education, training or experience. OnePath Life paid Bill's employer \$252,000, which the employer then passed onto Bill. Bill used this money to pay off his mortgage and outstanding medical bills.

Glossary

Insurance words and terms

Accident means a fortuitous, external event which was unexpected and unintended causing death or injury.

Exclusions – events that are not accidents

The following situations are not accidents, and any claims arising from these situations are excluded where:

- one of the contributing causes of injury or death was any of the following conditions:
 - illness
 - disease
 - allergy
 - any gradual onset of a physical or mental infirmity.
- the injury or death, which was unintended and unexpected, was the result of an intentional act or omission.
- the **insured member** was injured or died as a result of an activity in respect of which they assumed the risk or courted disaster, irrespective of whether he or she intended injury or death.

Activity/Activities of daily living are:

- bathing and/or showering
- dressing and undressing
- eating and drinking
- using a toilet to maintain personal hygiene
- getting in and out of bed, a chair or wheelchair, or moving from place to place by walking, wheelchair or with assistance of a walking aid.

At work means the **insured member** is:

- actively performing all the duties of his or her usual occupation
- working his or her usual hours free from any limitation due to illness or injury, and
- not in receipt of and/or entitled to claim income support benefits from any source including workers' compensation benefits, statutory motor accident benefits or disability income benefits (including government income support benefits).

An **insured member** who does not meet these requirements is correspondingly described as not at work.

Australian resident means an Australian citizen or a New Zealand citizen.

Automatic Acceptance Level and **AAL** means the maximum amount of cover available without an **eligible person** needing to give us any evidence of good health. The amount of any AAL is determined by us, as shown in the **policy schedule**.

Cognitive loss means we have determined a total and permanent deterioration or loss of intellectual capacity that has required the **insured member** to be under continuous care and supervision by another adult person for at least six consecutive months and, at the end of that six month period, they are likely to require ongoing continuous care and supervision by another adult person, provided at least **two medical practitioners** have certified that to be the case.

Decision Note means the document we issue in respect of an **insured member** when that **insured member's** application for cover, an increase in cover, or variation in cover has been accepted by us, setting out details of the following:

- the type and level of **insured benefits** provided for that **insured member**
- the date the cover starts or an increase in cover starts, and
- any special conditions applying.

Eligibility criteria means the rules for eligibility set out in the **policy** and the **policy schedule**.

Eligible person means a person who meets the criteria set out in *Am I eligible for Group Life cover* on page 10 of this brochure.

Event date means in relation to an **insured member**:

- (i) who claims a **TPD** Benefit under Part 1 of the **TPD** definition – the first day of the six consecutive month period (or any lesser period agreed by us) that the **insured member** is totally and continuously unable to engage in any occupation, business, profession or employment that results in a claim for **total and permanent disablement** by the **insured member**, or
- (ii) who claims a **TPD** Benefit under Part 2 of the **TPD** definition – the date on which the **insured member** suffers a permanent impairment of at least 25% of whole person function as described in the American Medical Association's publication *Guides to the Evaluation of Permanent Impairment*, 4th edition, or an equivalent guide to impairment approved by us, that results in the **insured member's total and permanent disablement**, or
- (iii) who claims a **TPD** Benefit under Part 3 of the **TPD** definition – the date the **insured member** suffers the loss of the use of two limbs (where 'limb' is defined as the whole hand or the whole foot), the sight in both eyes, or the sight in one eye and the use of one limb, or
- (iv) who claims a **TPD** Benefit under Part 4 of the **TPD** definition – the date on which the **insured member** suffers a **loss of independent existence**, or
- (v) who claims a **TPD** Benefit under Part 5 of the **TPD** definition – the date on which the **insured member** suffers a total and permanent deterioration or loss of intellectual capacity that results in the **insured member's total and permanent disablement**.

Excluded Occupation is an occupation for which cover is not available under the **policy**. The Group Risk Occupational Guide can be downloaded from onepath.com.au or can be obtained by calling Group Risk Administration on 1800 648 921.

Gainfully employed means employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment.

Home means the **insured member's** principal place of residence.

Insured benefit means any benefit provided under the **policy** as the context requires including the **TPD Benefit**, the **Terminal Illness Benefit** and/or the **Death Benefit**, as varied by any **Decision Note** that we issued in respect of an individual **insured member**.

Insured member refers to you - a person who is covered by the **policy** and is either an employee of an Employer, partner of a partnership where the **policy** is employer-owned, or a member of a Superannuation Fund where the **policy** is owned by the Trustee of the Superannuation Fund. All references to **insured member** assume the **policy** is in force and cover in respect of that **insured member** under the **policy** continues.

Loss of independent existence means a condition whereby we have determined the **insured member** is totally and irreversibly unable to perform at least two of the five **activities of daily living** without the assistance of another adult person.

Medical practitioner means a registered and qualified medical practitioner in Australia, or another country as approved by us, who is not the **insured member** (or you) and not related to the relevant **insured member**.

New Events Cover means an **insured member** will not be covered for any **pre-existing condition**. The **insured member** will only be covered for an illness which became apparent to the **insured member**, or any injury which occurred to the **insured member**, on or after the date that cover commenced, recommenced or increased (as applicable).

Normal business day means any day which is not a weekend or a public holiday on which businesses normally operate.

Policy means the policy of Group Life Insurance issued by OnePath Life to the **policy owner** and includes the proposal, each application for cover and associated documentation from an **insured member** or **eligible person**, the **policy schedule**, the **decision note**, any notices issued or received by us under the policy and any written variation of the policy.

Policy owner means an Employer or Super Fund Trustee that has established an Insurance Plan for its employees or members under the Group Life Insurance Policy issued by OnePath Life.

Policy Schedule means the document we send the **policy owner** which sets out the details of their **policy**, including any special conditions, amendments or endorsements. A new policy schedule will be issued at any time there is a change in the **policy** such as a variation of benefits.

Policy start date means the **policy** start date shown in the **policy schedule**.

Pre-existing condition means an injury that first occurred, or an illness which first became apparent to the **insured member**, or any directly or indirectly related condition, before the date cover in respect of that **insured member** commenced, recommenced or increased.

Specific Life Event means any of the following events:

- your marriage (or upon the subsistence of an interdependent relationship for two years or more)
- your dependent child starting secondary school
- the birth or adoption of a child
- taking out a new mortgage, or increasing an existing mortgage on your principal place of residence in excess of \$100,000.

Terminal illness/Terminally ill means an illness or injury that in the opinion of at least two **medical practitioners** (one whom we may elect and require to be a specialist physician), is likely to lead to the death of the **insured member** within 12 months from the date of diagnosis.

TPD/total and permanent disablement/total and permanent disability or totally and permanently disabled means:

Part 1 – Unlikely to return to work

If the **insured member** is **gainfully employed** when suffering an illness or injury and, as a result of that illness or injury, he or she is:

- totally unable to engage in any occupation, business, profession or employment for a period of six consecutive months, and
- determined by us at the end of that six month period and certified by at least two **medical practitioners**, to be permanently incapacitated to such an extent as to render him or her unlikely ever to engage in any gainful occupation, business profession or employment, for which he or she is reasonably suited by education, training or experience.

OR

Part 2 – Permanent impairment

If the **insured member** is **gainfully employed** when suffering an illness or injury and, as a result of that illness or injury, he or she:

- suffers a permanent impairment of at least 25% of whole person impairment as defined in the American Medical Association publication *Guides to the Evaluation of Permanent Impairment*, 4th edition, or an equivalent guide to impairment approved by us, and
- is disabled to such an extent, as a result of this impairment, that they are unlikely ever again to be able to engage in any occupation, business, profession, or employment for which they are reasonably suited by their education, training or experience and at least two **medical practitioners** certify that to be the case.

OR

Part 3 – Specific loss

As a result of illness or injury, the **insured member** suffers the total and permanent loss of the use of either:

- two limbs (where 'limb' is defined as the whole hand or the whole foot)
- the sight in both eyes, or
- one limb and the sight in one eye

which is certified by at least two **medical practitioners**.

OR

Part 4 – Loss of independent existence

As a result of illness or injury, the **insured member** suffers **loss of independent existence** and at least two **medical practitioners** have certified that to be the case.

OR

Part 5 – Cognitive loss

As a result of illness or injury, the **insured member** suffers **cognitive loss**.

Transfer date means the date the **policy** commenced with us.

Visa means a current and valid Visa issued in accordance with the *Migration Act 1958* (Cth) or any amending or replacing Act which enables an **eligible person** or **insured member** to work in Australia.

War or **War service** includes but is not limited to:

- declared war, and armed aggression by one or more countries resisted by any country, combination of countries or international organisations.
- participation in an action to defend a country or region from civil disturbance or insurrection, or in an effort to maintain peace in a country or region.



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Group Risk Claims

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