

# ANZ RECOVER WELL

PRODUCT DISCLOSURE STATEMENT  
AND POLICY  
21 MAY 2016



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## WHO WE ARE

We are OnePath Life Limited (OnePath Life) (ABN 33 009 657 176, AFSL 238341). We are a wholly owned subsidiary of Australia and New Zealand Banking Group Limited (ANZ) (ABN 11 005 357 522). ANZ is an authorised deposit-taking institution (Bank) under the *Banking Act 1959* (Cth).

We issue ANZ Recover Well and the Product Disclosure Statement (PDS). We are not a Bank. Except as set out in this PDS, your insurance is not a deposit or other liability of ANZ or its related group companies (ANZ Group). None of them stands behind or guarantees us or the product.

References to 'OnePath', 'we', 'our' or 'us' in this policy refer to OnePath Life, except where otherwise stated.



## ABOUT THIS PDS AND INSURANCE POLICY

This PDS sets out the key things you need to know about this product, including the insurance cover, how much you're covered for, what you can claim, how to make a claim, risks and costs.

Please read this document carefully. You need to make sure that this is the right insurance for you, and that you understand your rights and responsibilities.

Please see the 'Glossary of important terms' for definitions of the key terms in this document.

## DOCUMENTS THAT MAKE UP YOUR POLICY

Your ANZ Recover Well policy is made up of all the following documents:

- this PDS
- any Supplementary Product Disclosure Statement (SPDS) we give you later
- your Policy Schedule, and
- any endorsements or other notices we give to you in writing.

## YOU NEED TO MAKE SURE THIS IS THE RIGHT INSURANCE FOR YOU

It's your responsibility to decide whether this insurance is right for you. Things you need to consider are:

- Is this type of insurance suitable for your needs?
- Does the amount of insurance you select cover your needs?

The information in this PDS is general and doesn't take into account your personal circumstances, objectives, financial situation or needs. You should consider whether this information is appropriate for you with regards to your personal objectives, financial situation or needs. Read this PDS carefully before applying for ANZ Recover Well to decide whether this product is right for you.

## WHEN YOUR POLICY STARTS AND ENDS

Your policy begins on the policy start date listed in your Policy Schedule.

Your policy ends as soon as one of the following things happens:

- the policy anniversary after you turn 70
- you die
- we pay the benefit for your Critical Illness Cover in full
- you cancel your policy, unless your policy is reinstated
- we cancel or avoid your policy in accordance with the policy terms or our legal rights, or
- we do not receive your premiums when due, unless your policy is reinstated.



## AREA YOUR POLICY COVERS

You are covered anywhere in the world, 24 hours a day, every day of the year, subject to the terms and conditions of this policy.

## WHICH LAWS GOVERN YOUR POLICY

Your policy is governed by the laws that apply within the State of New South Wales.

# WHAT YOU NEED TO KNOW ABOUT THIS INSURANCE COVER



## ANZ RECOVER WELL IS A STANDALONE CRITICAL ILLNESS POLICY

The benefit available under this product is:

- Critical Illness Cover – This cover provides a lump sum payment if you suffer an illness or injury covered under this Policy.

## POLICY OWNERSHIP

References to 'you' and 'your' refer to the policy owner, who is the person whose life is insured, as named in the Policy Schedule.

The policy owner is the only person who may extend, vary, cancel or otherwise exercise any rights under the policy.

This policy cannot be owned by an individual or entity other than you (for example, the trustee of a superannuation fund).



## YOU NEED TO MEET CERTAIN CRITERIA TO APPLY FOR THIS INSURANCE

You must meet all of the following criteria to be eligible to apply for cover. If you purchase this policy but don't meet all of the criteria, we will avoid your policy and refund any premiums you've paid for this policy in accordance with the policy terms or our legal rights.

**Entry age:** You must be between 18 and 59 years old inclusive.

**Residency:** You must currently be living in and receiving this PDS in Australia, and either:

- an Australian or New Zealand Citizen, or
- an Australian Permanent Resident

**Existing cover:** At the time you apply for this policy, you do not have cover in place either:

- under an existing ANZ Recover Well policy,
- with OnePath Life that exceeds \$1 million of critical illness or trauma cover, or
- where you have optional Critical Illness Cover under an ANZ Life Insurance policy issued by us which commenced on or after 21 May 2016, you must not exceed the combined Critical Illness Cover amounts for your age as shown in the 'How much you can apply for' section of this PDS.

See the 'How much cover you can apply for' section of this PDS for more information on the maximum amount of cover you may apply for.

## HOW MUCH COVER YOU CAN APPLY FOR

The amount you can apply for depends on your age and your gross annual income at the time you apply for cover.

**Minimum cover:** \$50,000

**Maximum cover:**

Age at application	Gross annual income	
	Under \$125,000	\$125,000 or more
18 – 44	\$750,000	\$1,000,000
45 – 54	\$375,000	\$500,000
55 – 59	\$125,000	\$250,000

The level of cover you select determines the number of health, occupation and lifestyle questions we ask you to assess your application. See the 'We may ask you some health occupation and lifestyle questions' section of this PDS for more information.

If you have an ANZ Life Insurance policy issued on or after 21 May 2016 and have the optional Critical Illness Cover under that policy, the combined Critical Illness Cover you select under this policy and ANZ Life Insurance cannot exceed the amounts below:

Age at application	Maximum combined Critical Illness Cover under ANZ Recover Well and ANZ Life Insurance
18 – 44	\$1,000,000
45 – 54	\$500,000
55 – 59	\$250,000

The amount you're covered for under this policy is shown on your Policy Schedule.

If you exceed the maximum amount of cover allowed, we will cancel or reduce your cover under your Policy accordingly.





## YOU CAN DECREASE YOUR COVER

Subject to the minimum cover amounts, you can decrease your amount of Critical Illness Cover, except whilst you're on Premium Pause. The minimum and maximum cover amounts are as described in the 'How much cover you can apply for' section of this PDS.



## YOU CAN INCREASE YOUR COVER

You may increase your cover under this policy in two ways:

- with indexation
- with Future Insurability.

### **Indexation – your cover automatically increases each year**

At each policy anniversary, the cover amount for Critical Illness Cover, as shown in your Policy Schedule, automatically increases by either the indexation factor or 5%, whichever is greater. See the 'Glossary of important terms' section for an explanation of the indexation factor.

As the cover amounts increase, your premium also usually increases. If you do not want the indexation increase, you must tell us within 30 days of the policy anniversary.

We will stop offering indexation when you reach the maximum possible cover for your age at the time you applied.

Indexation does not apply to your policy while you are on Level Premium.

## **Future Insurability – increase your cover depending on certain major life events**

With Future Insurability, you can apply to increase your Critical Illness Cover once in any 12 month period without supplying additional medical evidence. You can do this when one of the following life events occurs:

- you get married
- you or your partner give birth to or adopt a child
- you take out or increase your mortgage on your main place of residence (excluding re-draws and refinancing), or
- your partner dies.

Under Future Insurability, you may increase your cover by up to the lesser of 20% of your cover at the policy start date, or \$50,000.

### **What conditions apply**

Future Insurability increases are only available if all the following conditions are met:

- your life event occurs after the policy start date
- the application to increase the relevant cover is made 30 days before or after either the:
  - occurrence of the life event, or
  - policy anniversary following the life event
- each proposed increase to a relevant cover amount is for a minimum of \$10,000
- you are under age 60
- you have not made or you are not currently entitled to make a claim under this policy or any other policy issued by us
- you are up to date with your premium payments
- you are not on Premium Pause
- your total cover after applying for the additional amount of cover, does not exceed the maximum amount of cover (as specified in the 'How much cover you can apply for' section of this PDS), and
- your cover has not ended.

Any exclusions or loadings that apply to the existing cover will apply to the increased amount. Before we accept your application for an increase under Future Insurability, we will ask you to provide the following certified documentation for the relevant life event:

- your marriage certificate
- your child's birth certificate or adoption papers
- your loan approval
- your partner's death certificate

We give you a quote for your new premium at the time you apply for an increase. We apply any applicable fees and government charges.

If we accept your application for an increase, we will confirm the increase in writing. Your new premium payment amount applies from the date we accept your increase.



### **How to apply for a Future Insurability increase**

You need to complete and submit a Future Insurability Increase Application Form. You can get this form by calling us on 13 16 14. We will provide you a quote with your new premium which you will need to sign and return to us. We will let you know of any other information or evidence you need to provide.

## **WE MAY ASK YOU SOME HEALTH, OCCUPATION AND LIFESTYLE QUESTIONS**

To determine whether to accept your application for cover under this policy, we may ask you some health, occupation and lifestyle questions. The number of questions we ask you may vary depending on the level of cover you select.

If you apply for \$250,000 or less of Critical Illness Cover, a pre-existing medical condition exclusion may apply. We will let you know if this exclusion applies to your policy. This will also be shown on your Policy Schedule. If you apply for more than \$250,000 of Critical Illness Cover, we will ask you additional health, occupation and lifestyle questions.

See the 'When you're not covered under this Policy' section of this PDS for more details on the pre-existing medical condition exclusion and other exclusions that apply.

## **THIS POLICY DOES NOT HAVE A SAVINGS, INVESTMENT, CASH OR SURRENDER VALUE**

You can't redeem this policy for a lump-sum payment, and you don't receive a payment when the policy ends. The only payments you can receive under this policy are claim payments for the Critical Illness Cover. See the 'What you can claim under this insurance' section for more detail.

## **YOU HAVE THE RIGHT TO CANCEL THIS POLICY**

You may cancel this policy at any time by calling us on 13 16 14.

There is a 30 day cooling off period for this policy, commencing on the policy start date. If the policy is cancelled or avoided during the 30-day cooling-off period, we'll return any premiums you've paid, as long as you've made no claims.

If you cancel the policy after the cooling-off period, we won't refund any monthly or fortnightly premiums. If you pay your premiums annually and you cancel the policy before the next annual payment is due, we'll refund any portion of your premium that you've paid in advance for the period after the cancellation date.

## **YOU CAN ONLY BE COVERED BY ONE ANZ RECOVER WELL POLICY AT A TIME**

You can only be covered by one ANZ Recover Well policy at a time. If you purchase this policy while you have another ANZ Recover Well policy, we will cancel or avoid this Policy in accordance with the policy terms or our legal rights. We'll do this to make sure you're not covered for, and are not paying premiums for, more than the maximum cover amounts you're entitled to. See the 'How much cover you can apply for' section of this PDS for the maximum amounts.

If we cancel or avoid your Policy, we will refund any premiums you've already paid for the Policy we cancel or avoid.

## **YOU NEED TO BE AWARE OF INSURANCE RISKS**

The insurance risks you should be aware of include:

- The type or amount of insurance cover you select may not provide the appropriate cover, or be sufficient for your needs.
- We may not assess any claim that arises from an event that occurs before the policy start date or after we cancel the policy in accordance with our legal rights.

## WHAT YOU CAN CLAIM UNDER THIS INSURANCE



- ✓ LUMP SUM PAYMENT
- ✓ PARTIAL PAYMENT

Benefits are paid in Australian currency directly to you. All claims must satisfy our claim requirements and meet the terms and conditions of your policy. Benefits will be paid to the legal representative of your estate if a valid claim is not made or finalised before your death.

### CRITICAL ILLNESS COVER

We will pay you a lump sum if you are diagnosed with any of the following conditions by a specialist medical practitioner. You must be diagnosed after the policy start date, before the Critical Illness Cover ends, and survive for eight days without life support after the date the critical illness condition occurs or is diagnosed.

The conditions covered are:

- cancer<sup>+</sup>
- chronic kidney failure
- coronary artery by-pass surgery<sup>+</sup>
- heart attack<sup>+</sup>
- loss or paralysis of limb
- multiple sclerosis<sup>+</sup>
- severe burns
- stroke<sup>+</sup>

See the 'Glossary of important terms' section for definitions of these terms.

<sup>+</sup> These specified conditions have a qualifying period of 90 days for this benefit to be payable. Please refer to 'Qualifying period for the Critical Illness Cover' section of this PDS.

## **We pay partial payments for certain conditions**

We pay a partial payment if you are diagnosed with any one of the following conditions by a specialist medical practitioner after the Policy Start Date. The partial payment is 10% of the Critical Illness Cover amount or \$10,000, whichever is greater. The conditions covered are:

- carcinoma in situ<sup>^+</sup>
- angioplasty<sup>+</sup>
- severe endometriosis<sup>+</sup>
- adult Type 1 diabetes mellitus<sup>+</sup>
- burns to a limited extent

See the 'Glossary of important terms' section for definitions of these terms.

We will pay a partial payment for multiple conditions covered, provided the sum of all claims paid does not exceed the Critical Illness Cover amount insured. However, we will only ever pay one claim for each condition, except:

- carcinoma in situ, for which we will pay once for each site
- angioplasty, for which we will pay for multiple occurrences if both:
  - the first angioplasty procedure occurs, and the symptoms leading to the first angioplasty procedure only first become reasonably apparent, after the end of the 90 day qualifying period, and
  - each subsequent angioplasty procedure occurs at least six months after the previous angioplasty procedure.

<sup>+</sup> These specified conditions have a qualifying period of 90 days for this benefit to be payable. Please refer to 'Qualifying period for the Critical Illness Cover' section of this PDS.

<sup>^</sup> refers to carcinoma in situ of the breast, cervix uteri, corpus uteri, fallopian tube, ovary, penis, perineum, prostate, testicle, vagina and vulva only. Please see the 'Glossary of important terms' section of this PDS for more details.

## **Qualifying Period for the Critical Illness Cover**

A condition which is subject to the qualifying period is not covered under this policy if:

- it first occurs or is first diagnosed in the qualifying period,
- the signs or symptoms leading to the condition occurring or being diagnosed first become reasonably apparent in the qualifying period, or
- Medical tests are performed during the qualifying period which results in the condition being diagnosed.

The qualifying period is the first 90 days after any of the following:

- the policy start date, or
- the date of the most recent reinstatement of the cover

The qualifying period does not apply to increases accepted under Future Insurability.

The qualifying period does not apply to Critical Illness Cover claims for loss or paralysis of limb, chronic kidney failure, severe burns or burns to a limited extent. However cover does not apply for any illnesses or injuries if they occurred as a direct or indirect result of conditions subject to the qualifying period. For example, loss or paralysis of limb is not covered if it was the result of a stroke that occurred in the qualifying period.

## **Any partial payment we pay you is deducted from your Critical Illness Cover**

If we pay you any partial payment of the Critical Illness Cover, your Critical Illness Cover will continue. We will reduce your Critical Illness Cover by the amount of the partial payment. In the event this results in your cover amounts being below the minimum cover amounts available under this policy, we will accept this. We also reduce the premium you pay to reflect the reduced amount of cover.

## **Survival Period**

For the benefit for Critical Illness Cover to be payable, you must survive for eight days without life support after the date the critical illness condition occurs or is diagnosed.

## WHEN YOU'RE NOT COVERED UNDER THIS POLICY

### YOU'RE NOT COVERED UNDER CERTAIN CIRCUMSTANCES

We do not pay any claim arising directly or indirectly from:

- you contracting HIV or AIDS
- war (whether formally declared or not), hostilities, civil commotion or insurrection
- your intentional act or omission, or
- you visiting a country for which the Australian Department of Foreign Affairs and Trade (DFAT) has issued a 'Do Not Travel' warning that's in force during the time you stay in that country.

If stated on your Policy Schedule, we also do not pay any claims arising directly or indirectly from a pre-existing medical condition:

- A pre-existing medical condition is an injury, illness, condition or related symptom that, in the 5 years before the policy start date:
  - you (or a reasonable person in your position) were aware of or should have been aware of; or
  - for which you had, or were intending to have, a medical consultation; or
  - for which a reasonable person, in your circumstances, would have had a medical consultation.

See the 'Glossary of important terms' for definitions of the terms in this section.





## PREMIUM PAUSE – IF YOU NEED TO TAKE A BREAK FROM PAYMENTS

If you're not working or are experiencing financial hardship, you can pause your premiums and cover for up to 12 months. You can pause your premiums if:

- you take unpaid leave
- you become unemployed
- you go to work overseas, or
- you are experiencing financial hardship.

Also, if you're on parental leave, you can pause your premiums and cover for up to 24 months.

### **To activate the Premium Pause, contact us on 13 16 14.**

You can't use the Premium Pause Benefit in the first 12 months of your policy. We allow only one Premium Pause Benefit in any 12-month period.

You will not be covered at any time for any illness or injury that occurs or becomes reasonably apparent in the period from the start of your Premium Pause until 90 days after your Premium Pause ends.

During your Premium Pause, if you have chosen the stepped premium option, we continue to recalculate your premiums on your policy anniversary, according to your age and indexation if applicable. See the 'You can choose between two types of premiums' section of the PDS.

To recommence cover at the end of your Premium Pause period, you need to begin paying your premium again. We let you know your new premium, and we will automatically collect premium from your nominated account, starting on the first payment date after the end of your Premium Pause.

You may end your Premium Pause early by asking us to begin collecting your premium again.

You can't make any other changes to your policy while you're on Premium Pause.

If your policy or cover is due to end at the end of your Premium Pause period, your premiums do not recommence and your cover and/or policy ends.

## MAKING A CLAIM

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# NEED TO CLAIM? CALL 13 16 14

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### HOW TO MAKE A CLAIM

To make a claim, call us on 13 16 14 or go to [wealth.anz.com](http://wealth.anz.com). We'll let you or the legal personal representative of your estate know what you need to do and send you the appropriate forms.

The amount of cover you have is specified in the Policy Schedule that is current at the time of your claim event.

#### **Information we require**

When claiming a benefit under this PDS, you or the legal personal representative of your estate must provide us with all the information and details that we reasonably require to assess your claim. This generally includes:

- information we require to verify the event that caused the claim
- proof of your identification
- information relating to your medical history.

If we're required to pay any tax, duty or government charge or levy relating to any amount we pay you under this policy, we may reduce the amount we pay to you by the amount of that tax, duty or government charge or levy.

### WE MAINTAIN AN ALTERNATIVE FORM OF REMUNERATION REGISTER

We maintain an Alternative Form of Remuneration Register to outline alternative forms of remuneration paid and received by givers and receivers of such remuneration. The register is publicly available and you can access it by contacting us.

## ABOUT YOUR PREMIUMS

Premiums are the regular payments you must make to be covered by ANZ Recover Well. The premiums you must pay for the first year of your policy are shown on your Policy Schedule.

### HOW WE CALCULATE YOUR PREMIUMS

We calculate your premiums by taking into consideration a number of significant factors which affect the cost of your policy in the following way:

Factor	How it may affect your premium
Age	<p>Your current age affects your premium. Generally as you get older, your premium will increase.</p> <p>We will send you an anniversary notice each year which will show you your premium for the year ahead.</p>
Gender	<p>Your gender affects your premium due to differing mortality and illness rates. Generally premiums for this product are higher for females than for males.</p>
Smoking status	<p>Premiums for smokers are higher than non-smoker premiums.</p>
Cover	<p>The level of cover you select will affect your premium. Generally the higher the cover amount you select, the higher the premium.</p>
Health, lifestyle & occupation	<p>Generally, if your health, lifestyle or occupation presents a higher risk of illness or injury, your premiums will be higher.</p>
Policy fee	<p>A policy fee applies to your premium. This covers the cost of setting up and administering your policy.</p>

Factor	How it may affect your premium
Stamp Duty and government charges	Your premium is inclusive of any applicable stamp duty or government charge. The total premium you pay is inclusive of applicable stamp duty. OnePath Life reserves the right to alter premium rates or add any new government charges to comply with any change in legislation.

We calculate your premiums at the policy start date, at each policy anniversary, and any time your cover changes.



## YOU CAN CHOOSE BETWEEN TWO TYPES OF PREMIUMS

You can choose between two premium types:

- **Stepped Premium**

- We re-calculate the premium on each policy anniversary based on your age on that anniversary.
- Stepped premiums are likely to increase as you get older.
- The premium will also change when Cover changes. This includes changes to the amounts insured, including indexation (if applicable).

- **Level Premium**

- We calculate your premium based on your age at the policy start date.
- Your premiums will stay the same, unless we change the premium rates as described in the 'We can change premium rates' section of this PDS. From the policy anniversary after you turn 65 your policy reverts to the Stepped Premium option.
- Indexation does not apply to your cover while you're on Level Premium.
- Under level premiums, if you increase your cover under Future Insurability, the premium for the increase depends on your age when the amount insured increases and the level premium rate for that age.

## HOW YOU CAN PAY YOUR PREMIUMS

You can pay your premiums fortnightly, monthly or annually, by direct debit from your credit card or your bank account in accordance with the Direct Debit Servicing Agreement. Your premiums cannot be paid by a Superannuation fund, e.g. a Self-Managed Superannuation Fund (SMSF).



FORTNIGHTLY (\$)

OR



MONTHLY (\$)

OR



ANNUALLY (\$)

## DIRECT DEBIT SERVICING AGREEMENT

### Our commitment to you

We will:

- arrange for funds to be debited from your account as authorised in the Direct Debit Request
- give you at least 14 days' notice in writing before changing the terms of the debiting arrangements, unless the changes are made at your request, and
- keep information relating to your Direct Debit Request private and confidential.

### Your commitment to us

It is your responsibility to:

- ensure your nominated account can accept Direct Debits and that all account holders on the nominated account agree to the debiting arrangements
- ensure that the account details that you have provided are correct by checking them against a recent account statement
- advise us if the nominated account is transferred or closed, or the account details have changed
- ensure there are sufficient funds available in the nominated account to meet each Direct Debit, and
- check with your financial institution before completing the Direct Debit Request, in the event that you have any queries about how to complete the Direct Debit Request.

If there are insufficient funds in your account, you may be charged a fee by your financial institution. We will not charge a fee.

### **Your rights**

You may defer, alter or cancel the debiting arrangements you hold with us at any time by providing notice to us.

Such notice should be received at least 14 days before the next debit is due. When you consider that a debit has been initiated incorrectly, you should contact OnePath directly. We will then investigate your query.

If we find that your account has been incorrectly debited, we will arrange for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.

If we find your account has not been incorrectly debited, we will provide you with reasons and any evidence for this finding.

If we cannot resolve this matter, you can still refer it to your financial institution.

## **WHAT WE DO WITH YOUR PREMIUMS**

We put your premiums into our No. 1 Statutory Fund.

## **WHY IT'S IMPORTANT TO KEEP UP TO DATE WITH YOUR PREMIUMS**

You need to pay your premiums when due to keep your policy in force except when a Premium Pause applies. Your policy will end if you do not pay your premiums when due, except if your policy is reinstated.

## **WE CAN INCREASE YOUR PREMIUMS WITH 30 DAYS' NOTICE**

We can increase the premiums at any time, but only after giving you 30 days' notice. Any change takes effect from the policy anniversary after the change. We cannot increase premiums for an individual policy within a defined risk group unless we increase all premium rates for all policies in that defined risk group.

## REINSTATEMENT OF YOUR POLICY

If your policy ends because you cancel it or we do not receive your premiums when due, it can be reinstated at our sole discretion. All outstanding premiums must be paid by you, and we may ask for information relating to your health and occupation.

Reinstatements are not guaranteed, and if approved, will be confirmed in writing. To the extent permitted by the law, we treat the reinstated policy as a continuation of the original policy.

## YOU MAY BE ELIGIBLE FOR A DISCOUNT OR OTHER BENEFITS

You get a discount for paying your premium annually. We include the discount in the calculation of your annual premium amount.

You may get a discount if your partner also holds an ANZ Recover Well policy issued on or after 21 May 2016. Call us on 13 16 14 to find out if you're eligible.

You may be entitled to earn Qantas Frequent Flyer points on the premiums you pay for this policy. Visit [onepath.com.au/qff-terms-conditions](http://onepath.com.au/qff-terms-conditions) for details.

## HOW TAX RELATES TO YOUR BENEFITS AND PREMIUM PAYMENTS

Generally, premiums paid for critical illness insurance cover are not tax deductible, nor should the benefit payments be assessable as income.

This information is a guide only and does not represent tax advice. We recommend you seek professional tax advice from an independent tax adviser or registered tax agent, specific to your individual circumstances.

## OUR SANCTIONS POLICY

You agree that we may delay, block or refuse to process any transaction without incurring any liability if we suspect that the transaction:

- may breach any laws or regulations in Australia or any other country
- involves any person (natural, corporate or governmental) that is sanctioned (or is connected, directly or indirectly, to any person that is sanctioned)
- under economic and trade sanctions imposed by the United States, the European Union or any country, or
- may directly or indirectly involve the proceeds of, or be applied for the purposes of, conduct that is unlawful in Australia or any other country.

You must provide all information which we reasonably require in order to manage money laundering, terrorism financing or economic and trade sanctions risk or to comply with any laws in Australia or any other country.

You warrant that you are acting on your own behalf in entering into this agreement.



## HOW YOU CAN CONTACT US FOR MORE INFORMATION

### HOW YOU CAN FIND OUT ABOUT ANY CHANGES TO THIS PDS

The information in this PDS may change from time to time. You can get updated information free of charge from:

- onepath.com.au/important-information (online copy)
- 13 16 14 (call us for a paper copy).

If there is a materially adverse change to or omission from the information in the PDS, we'll send you a supplementary or replacement PDS.

### HOW YOU CAN CONTACT US

#### Write to us at:

OnePath Life Limited  
GPO Box 4148  
Sydney NSW 2001

#### Phone us on:

13 16 14 weekdays  
8:30am to 6pm (Australian Eastern Standard Time)

#### Email us at:

Customers.di@onepath.com.au

### HOW YOU CAN MAKE A COMPLAINT

#### Customer enquiries and concerns

Our commitment to ensuring our products and services meet your expectations means we value your feedback regarding how we are performing.

Our customer service team is your first point of contact for enquiries, complaints or feedback. Call, email or write to us using the following contact details and we'll do our best to resolve your concerns quickly and fairly.



13 16 14 weekdays  
from 8.30am to 6pm (Australian Eastern Standard Time)



yourfeedback@onepath.com.au



Wealth Complaints Resolution Centre  
GPO Box 4028, Sydney NSW 2001

## **Escalating your complaint**

If you are not satisfied with the response to your complaint or feedback, you can contact our Wealth Complaints Resolution Centre. Our specialists will work closely with you to resolve any complaint you may have quickly and amicably.

### **Financial Services Dispute Resolution Scheme – Financial Ombudsman Service Ltd (FOS Australia)**

If you are not satisfied with the outcome of your complaint, you can contact the Financial Ombudsman Service Australia (FOS), which is a free dispute resolution service external to ANZ.

There are time limits for lodging a dispute with FOS. In most cases, you have two years to lodge a dispute with FOS from the date of our final response. Please note that before the Financial Ombudsman can investigate your complaint, they generally require you to have first provided us with the opportunity to address the complaint.

Phone: 1300 780 808, weekdays 9am – 5pm  
(Australian Eastern Standard Time)

Email: [info@fos.org.au](mailto:info@fos.org.au)

Fax: +61 3 9613 6399

Mail: GPO Box 3, Melbourne VIC 3001

Website: [www.fos.org.au](http://www.fos.org.au)

Call us if you're dissatisfied with anything relating to your policy or the way a claim is handled.

If you're not happy with our response, you can contact the Financial Ombudsman Australia Service. This is an independent body whose services are free.

# WHAT YOU MUST TELL US AND WHAT WE DO WITH YOUR INFORMATION



## WHAT YOU MUST TELL US

### **Your Duty of Disclosure**

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

You have this duty until we agree to insure you.

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

You do not need to tell us anything that:

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

### **If you do not tell us something**

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

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

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

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

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

## WHAT WE DO WITH YOUR PERSONAL INFORMATION - PRIVACY STATEMENT

### Privacy

In this section 'we', 'us' and 'our' refers to OnePath Life Limited and other members of the ANZ Group. 'You' and 'your' refers to the policy owner.

We collect your personal information from you in order to manage and administer our products and services. Without your personal information, we may not be able to process your application or provide you with the products or services you require.

We are committed to ensuring the confidentiality and security of your personal information. Our Privacy Policy details how we manage your personal information and is available on request or may be downloaded from [anz.com/privacy](http://anz.com/privacy).

In order to undertake the management and administration of our products and services, it may be necessary for us to disclose your personal information to certain third parties.

Unless you consent to such disclosure we will not be able to consider the information you have provided.

### Providing your information to others

The parties to whom we may routinely disclose your personal information include:

- ANZ
- an organisation that assists us and/or ANZ to detect and protect against consumer fraud
- any related company of ANZ which will use the information for the same purposes as ANZ and will act under ANZ's Privacy Policy

- an organisation that is in an arrangement or alliance with us and/or ANZ to jointly offer products and/or to share information for marketing purposes (and any of its outsourced service providers or agents), to enable them or us and/or ANZ to provide you with products or services and/or to promote a product or service
- organisations performing administration and/or compliance functions in relation to the products and services we provide
- organisations providing medical or other services for the purpose of the assessment of any insurance claim you make with us (such as reinsurers)
- our solicitors or legal representatives
- organisations maintaining our information technology systems
- organisations providing mailing and printing services
- persons who act on your behalf (such as your agent or financial adviser), and
- regulatory bodies, government agencies, law enforcement bodies and courts

We will also disclose your personal information in circumstances where we are required by law to do so. For example, there are disclosure obligations to third parties under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

### **Information required by law**

We or ANZ may be required by relevant laws to collect certain information from you. Details of these laws and why they require us to collect this information are contained in our Privacy Policy at [anz.com/privacy](http://anz.com/privacy).

### **Life risk – sensitive information**

For life risk products, where applicable, we may collect health information with your consent. Your health information will only be disclosed to service providers or organisations providing medical or other services for the purpose of underwriting, assessing the application or assessing any claim.

### **Privacy consent**

We and other members of the ANZ Group may send you information about our financial products and services from time to time. ANZ may also disclose your information to its related companies or alliance partners to enable them or

ANZ to tell you about a product or service offered by them or a third party with whom they have an arrangement.

If you do not want us, ANZ or our alliance partners to tell you about products or services, phone Customer Services on 13 16 14 to withdraw your consent.

Where you wish to authorise any other parties to act on your behalf, to receive information and/or undertake transactions please notify us in writing.

If you give us or ANZ personal information about someone else, please show them a copy of this document so that they may understand the manner in which their personal information may be used or disclosed by us or ANZ in connection with your dealings with us or ANZ.

### **Privacy Policy**

Our Privacy Policy contains information about:

- when we or ANZ may collect information from a third party
- how you may access and seek correction of the personal information we hold about you, and
- how you can raise concerns that we or ANZ has breached the Privacy Act or an applicable code and how we and/or ANZ will deal with those matters.

You can contact us about your information or any other privacy matter as follows:

GPO Box 75  
Sydney NSW 2001

Email: [privacy@onepath.com.au](mailto:privacy@onepath.com.au)

We may charge you a reasonable fee for this.

If any of your personal information is incorrect or has changed, please let us know by contacting Customer Services on 13 16 14.

### **Overseas Recipients**

We or ANZ may disclose information to recipients (including service providers and related companies) which are (1) located outside Australia and/or (2) not established in or do not carry on business in Australia. You can find details about the location of these recipients in ANZ's Privacy Policy at [anz.com/privacy](http://anz.com/privacy).



## GLOSSARY OF IMPORTANT TERMS

**Adult Type 1 diabetes mellitus:** The diagnosis of Type 1 insulin dependent diabetes mellitus after age 30 by an appropriate consultant physician.

**Angioplasty:** The undergoing of angioplasty (with or without an insertion of a stent or laser therapy) that is considered necessary on the basis of angiographic evidence to correct a narrowing or blockage of one or more coronary arteries.

**ANZ Life Insurance:** A life insurance policy with an optional Critical Illness cover, issued by OnePath Life.

**Australian permanent resident:** "Australian permanent resident" has the meaning under the *Migration Act 1958* at the time you apply for cover.

**Burns to a limited extent:** Tissue injury caused by thermal, electrical or chemical agents causing full thickness burns to either:

- at least 9%, but less than 20%, of the body surface area as measured by the 'Rule of Nines' or the Lund and Browder Body Surface Chart
- the whole of one hand or 50% of the surface area of both hands combined, requiring surgical debridement and/or grafting
- the whole of one foot or 50% of the surface areas of both feet combined, requiring surgical debridement and/or grafting, or
- burns requiring escharotomy surgery.

**Carcinoma in situ (partial payment):** Means you are confirmed by biopsy to have localised pre-invasive or low level cancer in one or more of the following sites:

- breast including, but not limited to, pre cancer of the milk ducts or lobules
- cervix uteri
- corpus uteri
- fallopian tube
- ovary
- penis
- perineum
- prostate
- testicle
- vagina
- vulva.

The pre-invasive or low level cancer must have a grading of at least CIN-3, TNM classification of Tis or FIGO Stage 0

This definition applies only in relation to the partial payment of Critical Illness Cover, and does not apply to the definition of Cancer.

**Cancer:** The presence of one or more malignant tumours – including leukaemia, lymphoma and Hodgkin’s disease – characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue.

- Melanomas are covered if they:
  - have evidence of ulceration
  - are at least Clark Level 3 depth of invasion, or
  - are at least 1.0mm Breslow thickness, as determined by histological examination.
- Prostatic cancer is covered if it is:
  - a TNM classification of at least T1c
  - a Gleason score of at least 6, or
  - required to have ‘major interventionist treatment’ to arrest the spread of malignancy.

‘Major interventionist treatment’ includes removal of the entire prostate, radiotherapy, chemotherapy, hormone therapy or any other similar interventionist treatment.



- Carcinoma in situ\* of the breast is covered if:
  - treatment requires the removal of the entire breast, or
  - treatment requires surgery and adjuvant therapy (such as radiotherapy and/or chemotherapy)
- Carcinoma in situ\* of the testicle is covered if treatment requires the removal of the testicle.

\* Carcinoma in situ is covered where the procedures need to be performed specifically to arrest the spread of malignancy and are considered the appropriate and necessary treatment.

The following cancers are not covered:

- all hyperkeratoses or basal cell carcinomas of the skin
- all other melanomas
- all other prostatic cancers
- all squamous cell carcinomas of the skin unless there has been a spread to other organs
- chronic lymphocytic leukaemia less than Rai Stage 1
- all other 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, or which are classified as FIGO Stage 0, or which have a TNM classification of Tis. 'FIGO' refers to the staging method of the International Federation of Gynaecology and Obstetrics

**Chronic kidney failure:** End stage renal disease requiring permanent dialysis or renal transplantation.

**Coronary artery by-pass surgery:** The undergoing of coronary artery by-pass surgery that is considered necessary to treat coronary artery disease causing inadequate myocardial blood supply. Surgery does not include angioplasty, intra-arterial procedures or non-surgical techniques.

**Heart attack:** Death of a portion of heart muscle arising from inadequate blood supply to the relevant area. The diagnosis must be supported by the following being present and consistent with acute myocardial infarction (and not due to medical intervention):

- rise and/or fall of cardiac biomarkers (such as Troponins or cardiac enzyme CK-MB), with at least one value above the 99th percentile of the upper reference range of laboratory normal; and
- one of the following:
  - new cardiac symptoms and signs consistent with myocardial infarction
  - new ST elevation
  - new T wave changes
  - new Left bundle branch block (LBBB)
  - new pathological Q waves.

If the above test results are inconclusive, not undertaken or the tests are superseded due to technical advances, we will consider other appropriate and medically recognised tests that unequivocally diagnose myocardial infarction of the same degree of severity, or greater, as outlined above.

The following are not covered under this definition:

- other acute coronary syndromes including but not limited to angina pectoris, myocardial infarctions arising from elective percutaneous coronary interventions or coronary bypass grafting that do not satisfy the requirements of the ESC/ACCF/AHA/WHF 3rd Edition of the 'universal definition of myocardial infarction', and
- elevations of troponins in the absence of overt ischaemic disease (for example but not limited to, myocarditis, apical ballooning, cardiac contusion, pulmonary embolism or drug toxicity).

**Immediate family member:** Your partner, son, daughter, father, mother, father-in-law or mother-in-law, brother or sister, brother-in-law or sister-in-law.

**Indexation factor:** Determined each year based on the percentage increase in the consumer price index (CPI) – the weighted average of eight capital cities combined – as published by the Australian Bureau of Statistics (or its successor) for the 12 month period ending on 31 December each year. If the CPI decreases over the relevant period, the indexation factor will be zero.

Any subsequent increases in the CPI will first be offset against previous reductions in the CPI when we determine the next indexation factor. If the CPI is not published, we will calculate the indexation factor from another retail price index which, in our actuary's opinion, is the closest to it.

Indexation is only available where the Stepped Premium payment option is selected.

**Loss or paralysis of limb:** Total and permanent loss of use of a whole hand or foot, as a result of illness or injury, or the total and permanent loss of the use of one arm or one leg as a result of paralysis.

**Medical consultation:** Any activity for the detection, treatment or management of an illness, injury, medical condition or related symptom. This includes but is not limited to the application of prescribed drugs or therapy (whether conventional or alternative).

**Multiple sclerosis:** The unequivocal diagnosis of multiple sclerosis made by a specialist medical practitioner who is a consultant neurologist on the basis of confirmatory neurological investigation. There must be more than one episode of confirmed neurological deficit with persisting neurological abnormalities.

**Partner:** A spouse, de-facto spouse or person living in a bona fide domestic living arrangement with you, no matter what their gender is, where either or both provides the other with financial support, domestic support and personal care.

**Policy:** The contract between you (the policy owner), and OnePath.

**Policy anniversary:** The anniversary date of the policy start date.

**Policy start date:** The date we accept your application and cover starts, as set out in the Policy Schedule.

**Policy owner:** The owner of the policy, as named in the Policy Schedule.

**Policy Schedule:** The document entitled 'Policy Schedule' issued by OnePath, which confirms the details of your insurance cover under the policy.

**Pre-existing medical condition:** An injury, illness, condition or related symptom that, in the 5 years before the Policy Start Date:

- you (or a reasonable person in your position) were aware of or should have been aware of; or
- for which a you had, or were intending to have, a medical consultation or
- for which a reasonable person, in your circumstances, would have had a medical consultation.

**Premium payment option:** Either one of two premium payment options: Stepped Premium or Level Premium. Indexation is only offered on Stepped Premium. Policies with the Level Premium payment option revert to the Stepped Premium payment option on the policy anniversary after your 65th birthday.

**Reasonably apparent:** A reasonable person in the circumstances could be expected to be aware of the symptoms.

**Severe burns:** Tissue injury caused by thermal, electrical or chemical agents causing full thickness burns to:

- 20% or more of the body surface area as measured by the 'Rule of Nines' or the Lund and Browder Body Surface Chart
- 50% or more of both hands, requiring surgical debridement and/or grafting
- 50% or more of both feet, requiring surgical debridement and/or grafting
- 50% or more of the face, requiring surgical debridement and/or grafting, or
- the whole of the skin of the genitalia, requiring surgical debridement and/or grafting.

**Severe endometriosis:** The presence of endometrial tissue (normal lining of the uterus) outside the uterus, usually in the pelvic cavity. Severe endometriosis is a partial or complete obliteration of the cul-de-sac (Pouch of Douglas) by endometriotic adhesions, and/or the presence of endometriomas (cysts containing endometriotic material), and/or the presence of deep endometriotic deposits involving the pelvic side wall, cul-de-sac and broad ligaments, or involving the wall of the bladder, ureter and bowel.

Severe endometriosis requires the surgical mobilisation of the rectum, excision of deposits from the rectum and other parts of the pelvis, and freeing of adhesions. Mild and moderate endometriosis and adenomyosis are excluded.

**Specialist medical practitioner:** A registered and qualified medical practitioner in Australia or in another country, approved by us, who is not you, or a business partner or other immediate family member of yours.

**Stroke:** Means the diagnosis of a stroke that meets all of the following:

- Cerebrovascular incident producing neurological deficits lasting more than 24 hours; and
- Evidenced by acute onset of new objective neurological signs and symptoms; and
- Evidenced by neuro-imaging changes consistent with the signs and symptoms of the cerebrovascular incident; and
- Confirmed by a specialist medical practitioner who is a neurologist.

Includes where there is infarction of brain tissue, intracranial or subarachnoid haemorrhage or embolisation from extracranial source.

Transient ischaemic attacks, migraine, vascular disease affecting the eye, optic nerve or vestibular functions, and incidental imaging findings (CT or MRI brain scans without clearly related clinical symptoms (silent stroke)), or as a result of hypoxia and trauma are excluded.

If neuro-imaging is unavailable, then we will consider a claim based on conclusive evidence of unequivocal diagnosis by two specialist consultant neurologists.

**We:** References to 'we', 'our' and 'us' refer to OnePath Life, except where otherwise stated.

**You:** References to 'you' and 'your' refer to the policy owner, who is the person whose life is insured, as named in the Policy Schedule.

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## WHAT ARE THE NEXT STEPS?

Once you're ready to talk about insurance, we're ready to help.

If you'd like more information, please feel free to:



Call 13 16 14



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