

**YOUR**

**PRODUCT DISCLOSURE STATEMENT  
AND INSURANCE POLICY**



In arranging this insurance, your financial institution is acting pursuant to an agreement with the Insurer<sup>1</sup>.

<sup>1</sup>Insurer details - see inside back cover.

# ESSENTIAL COVER

## LINE OF CREDIT INSURANCE

Product Disclosure Statement  
and Policy

ESSENTIAL COVER LINE OF CREDIT

This Product Disclosure Statement (PDS) has been designed to help *You* get the most out of *Your policy*.

Use the contents page to help *You* find what *You* are looking for. Important tasks such as taking out insurance or making a claim are explained in easy to follow steps. *We* have included a glossary of words with a special meaning. These words will be shown in italics in this PDS.

When *You* take out an insurance policy with *Us*, the cover *We* agree to provide *You* is set out in *Your* current schedule, and described in this PDS, as well as any Supplementary PDS *We* may issue. Together, they make up the terms and conditions of *Your* insurance contract with *Us*. Read them carefully and store them together in a safe place.

Information in this PDS may need to be updated from time to time where required and permitted by law. *You* can obtain a paper copy of any updated information without charge by calling *Us* on the contact details provided in this document. If the update is to correct a misleading or deceptive statement or an omission that is materially adverse from the point of view of a reasonable person deciding whether to acquire the Policy, *We* will provide *You* with a new PDS or a Supplementary PDS.

If *You* need more information about this PDS, please contact *Us* or *Your* insurance adviser.

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# About This Insurance

## Before you apply for insurance

*You* are not obliged to purchase this insurance and insurance can be arranged through a different insurance company.

This insurance provides Consumer Credit Insurance which has been developed to assist *You* to meet *Your* loan repayments on *Your* behalf in the event of *Your Disablement*, Hospitalisation or *Involuntary unemployment* or to pay the *credit limit* if *You* die, or to pay *You* a benefit if *You* suffer a *Trauma*. The amount paid on a claim is measured by reference to *Your credit limit* and is subject to the benefit limits set out in this PDS.

This insurance has been designed for lines of credit where the *credit limit* does not reduce as each repayment is made.

*We* issue *Your* insurance relying on:

- the information *You* provide in answer to *Our* questions when *You* apply for insurance
- *You* meeting the eligibility conditions when *We* accept *Your* application for insurance
- *You* being engaged in *permanent and gainful employment* and *You* are not under notice of dismissal when *We* accept *Your* application for insurance. This does not apply to Life and *Trauma* covers.

## Who is the insurer

For *Disablement*, Hospitalisation and *Involuntary unemployment*, Insurance Australia Limited ABN 11 000 016 722 AFSL 227681 trading as CGU Insurance is the *insurer* and issuer. In this PDS the *insurer* is called '*We*', '*Us*', or '*Our*'.

For Life and *Trauma* Benefits, *We* hold an insurance policy issued by AMP Life Limited ABN 84 079 300 379 AFSL No. 233671.

# What This Policy Covers

## What you are insured for

Provided *You* have paid the *premium* and *We* have accepted *Your* application, *We* agree to insure *You* during the *period of insurance* for the type of cover selected and stated on the *policy schedule*, subject to the terms, conditions and limits of this PDS.

### 24 hour world wide cover

*You* will be covered 24 hours a day, every day of the year, anywhere in the world. Cover subject to exclusions detailed in the section titled **Exclusions to Your Cover**.

### Who can apply?

*You* can apply for single cover on *Your* own, or *You* can apply for a joint cover to include other parties on *Your* loan obligation.

*You* (and the other parties) must be Australian Permanent Residents.

### The insurance cover you select

When *You* take out *Your* insurance *You* have a choice of covers to select from. Subject to meeting *Our* acceptance criteria, *You* may select the combination of covers that *You* require.

If *You* need cover for *Involuntary unemployment*, *You* must also select *Disablement* and Hospitalisation cover. *Involuntary unemployment* cover is not available as a stand alone cover option.

If *You* have selected Life or *Disablement* cover or both of these covers *You* can add *Trauma* to *Your* policy. *Trauma* cover is not available as a stand alone option.

The type of cover *You* have is stated on the *policy schedule*.

The cover provided by this insurance may vary from the prescribed standard cover. It is therefore important that *You* read, retain and understand this PDS.

## Life insurance benefit

In event of *Your* death, *We* will pay on behalf of the Life insurer the lesser of:

- *credit limit, or*
- \$500,000.

## Claim payment example

If *Your credit limit* is \$200,000 but *You* have only drawn down \$100,000 and *You* die, *We* will pay *Your creditor* \$200,000.

## Free life insurance benefit

If *You* die, other than by suicide, during the period of time from the date *Your creditor* approves *Your* loan to the date the loan is settled by a first or full advance *We* will pay, on behalf of the Life insurer, the Life Insurance Benefit provided the following has occurred:

- *We* have accepted *Your* application for life cover, **and**
- *Your credit facility* is approved, **and**
- *Your* death occurs within 120 days after the *creditor* approves *Your* loan or *credit facility*.

*You* will not be charged any Life cover *premium* for the period of cover prior to the *commencement date*.

## Claim payment example

If *Your* loan is approved for \$300,000 and *You* die 60 days after *Your* loan has been approved by *Your creditor* and *You* have not settled, *We* will pay *Your creditor* \$300,000.

## Disablement benefit

For each day of *Disablement*, excluding the *waiting period* of 21 days *We* will pay 1/30th of the lesser of:

- the *monthly benefit, or*
- \$3,500.

The most *We* pay per claim is the lesser of:

- a maximum of 30 months per claim **or**
- *Your credit limit* at the date of *Disablement*.

If You return to *permanent and gainful employment*:

- for less than six consecutive months following a period of *Disablement*, any further claim for *Disablement* will be considered as a continuation of the prior period of *Disablement*
- for six consecutive months or more following a period of *Disablement*, any further claim for *Disablement* will be considered as a new separate claim and a new 21 day *waiting period* will apply.

The most We will pay for this *Disablement* Benefit is \$210,000 no matter how many times You become disabled during the *period of insurance*.

If the period of *Disablement* continues beyond the end of the *period of insurance*, We will continue to pay Your claim for up to 30 months from the date of Your *Disablement*, subject to the benefit limit.

### **Claim payment example**

If You are disabled due to an accident and You are unable to work for 45 days and Your *monthly benefit* is \$2,400 We will pay Your creditor 1/30th of \$2,400 for each day after the *waiting period* of 21 days. This means We will pay Your creditor \$80 a day for 24 days which equals a total of \$1920.

### **Hospitalisation benefit**

If You are *hospitalised* due to illness or injury (other than mental illness or injury) excluding the *waiting period* of five days, We will pay 1/30th of Your *monthly benefit* for each day You are *hospitalised*. If Your *Disablement* continues after Your *Hospitalisation*, no additional *waiting period* for *Disablement* will apply. *Disablement* exclusions apply.

The most We will pay under this benefit is \$6000 during the *period of insurance*.

### **Claim payment example**

If You are disabled due to an illness and You are *hospitalised* for 12 days and Your *monthly benefit* is \$2,400 We will pay Your creditor 1/30th of \$2,400 for each day after the *waiting period* of 5 days. This means We will pay Your creditor \$80 a day for 7 days which equals a total of \$560. Once released from hospital if You are still unable to return to work Your *Hospitalisation* Benefits will continue up until day 21. If after day 21 You have not returned to work Your *Disablement* Benefits will be paid and no *Disablement* *waiting period* applies.

## Involuntary unemployment benefit

For each day of *Involuntary unemployment* excluding the *waiting period* of 21 days, We will pay for up to 180 days, the lesser of 1/30th of:

- the *monthly benefit*, **or**
- \$3500.

The most We pay per claim is the lesser of:

- \$7,500, **or**
- Your *credit limit* at the date of unemployment.

No benefit will be paid if the *Involuntary unemployment* occurred within 12 months after the date the last payment was made under a previous *Involuntary unemployment* claim.

The most We will pay under this benefit for the entire *period of insurance* is \$15,000 no matter how many times You become involuntarily unemployed.

If the period of *Involuntary unemployment* continues beyond the end of the *period of insurance*, We will continue to pay Your claim for up to 180 days from the date of Your *Involuntary unemployment* subject to the benefit limits.

### Claim payment example

If You become involuntarily unemployed, and You remain unemployed for 60 days and Your *monthly benefit* is \$2,400 We will pay Your *creditor* 1/30th of \$2,400 for each day after the *waiting period* of 21 days. This means We will pay Your *creditor* \$80 a day for 39 days which equals a total of \$3,120.

## Trauma benefit

In the event of You suffering a covered *Trauma* (*cancer, heart attack, stroke or coronary artery surgery*) We will pay, on behalf of the *Trauma insurer*:

- the amount You have selected up to a maximum of \$50,000.

No *Trauma* Benefit will be paid if death occurs within 14 days after the *date of Trauma*.

### Claim payment example

If You have selected a *Trauma* Benefit of \$30,000 and You suffer a *heart attack*, We will pay You \$30,000.

# Waiting Periods That Apply To Your Cover

A *waiting period* applies if You make a claim for *Disablement*, *Hospitalisation* or *Involuntary unemployment*.

Cover	Waiting period
<i>Disablement</i>	First 21 days
Hospitalisation	First 5 days
<i>Involuntary unemployment</i>	First 21 days

# Exclusions To Your Cover

## This insurance does not cover:

- More than one *monthly benefit* at the same time
- More than one Life Insurance Benefit in total regardless of the number of people named on the schedule
- More than one *Trauma* Benefit under the policy per person named as an insured on the *policy schedule*
- Any benefit as a result of an event or a circumstance indicated by a '●' in the following table:

Event or circumstance	Life	Disablement & Hospitalisation	Involuntary unemployment	Trauma
<i>Suicide occurring within 13 months of the commencement date.</i>	●			
Any illness, injury or condition known to be present in the 12 months preceding the <i>commencement date</i> .	●	●		●
Any illness sustained or manifested within 30 days of the <i>commencement date</i> .		●	●	
Any <i>Trauma</i> that occurs within 90 days of the <i>commencement date</i>				●
An intentionally self-inflicted illness or injury or engaging in a criminal act.		●	●	●

Event or circumstance	Life	Disablement & Hospitalisation	Involuntary unemployment	Trauma
Childbirth, abortion or pregnancy (including conditions accelerated or induced thereby).		●	●	
Alcoholism, drug addiction or the influence of intoxicating liquor or drugs.		●	●	
Lockouts, taking part in riots, strikes.		●	●	
Engaging in motor racing.		●	●	
Flying or taking part in aerial activity except as a passenger in a motor propelled, fixed wing aircraft owned and/or operated by a recognised airline or licensed charter company.		●	●	
Cessation of <i>Your</i> employment within 30 days of the <i>commencement date</i> or failure to provide proof of at least 60 days continuous employment prior to any period of <i>Involuntary unemployment</i> .			●	
More than one claim per 12 month period			●	
<i>War or warlike activities</i>	●	●	●	●
<i>Terrorism</i>		●	●	
<i>Avian influenza, epidemic influenza, pandemic influenza</i>		●	●	

# When Your Policy Will End

## Your cover will end at the earliest of:

- the expiry date of the period of insurance, **or**
- the date on which the *credit facility* or loan obligation is cancelled, discharged, refinanced, foreclosed or terminated, **or**
- the date *We* give *You* notice cancelling this insurance in accordance with relevant legislation, **or**
- for a mortgage loan the 5th anniversary of the *commencement date*, **or**
- for a personal loan the 10th anniversary of the *commencement date*, **or**
- the date *You* reach *Your* 65th birthday. If there are two people named as insured people on the *policy schedule*, cover provided by this insurance will end in respect of a person when they reach their 65th birthday, **or**
- the date a Life Insurance Benefit or *Total benefit* is paid, **or**
- the date *You* request in writing to cancel *Your* cover, **or**
- the date a *premium* instalment remains unpaid for more than 30 days, **or**
- the date *You* cease to be an Australian Permanent Resident, **or**
- the date on which *You* have resided outside Australia for a continuous period exceeding 6 months (unless *You* obtain *Our* prior written consent).

## Total Benefit

The most *We* will pay in total for Life, *Disablement*, Hospitalisation and *Involuntary unemployment* cover collectively is \$500,000.

Any *Trauma* Benefits are paid in addition to the *Total benefit*.

# Your Responsibilities To Us

## Your responsibilities when you are insured with us

### **You must tell Us if:**

- *You* change *Your* name or address
- *You* plan to live overseas for more than 6 months
- *You* are no longer an Australian Resident
- *Your* loan obligation is cancelled, discharged, refinanced, foreclosed or terminated.

When *You* tell *Us* any of the above, *We* may need to alter *Your* policy, recalculate *Your* premium, impose special conditions or cancel *Your* policy.

### **In addition, You must also:**

- be truthful and frank in any statement *You* make in connection with *Your* policy
- pay *Your* premium, including paying instalments regularly
- take reasonable precautions to avoid a claim being made
- obey all laws and make sure anyone acting on *Your* behalf obeys all laws
- follow the conditions of this policy
- not make a fraudulent claim under this insurance policy or any other policy.

# Your responsibilities when you are making a claim

When *You* make a claim *You* must meet a number of responsibilities.

## **You must:**

- be truthful and frank in any statement *You* make in connection with a claim
- take safe and reasonable steps to prevent any further loss, damage or liability occurring
- give *Us* any information or assistance *We* require to investigate and process *Your* claim.

## **In addition, you also give us your rights to claim from anyone else**

- If *You* have a right to claim from anyone else for an event covered by *Us*, *You* give *Us* *Your* rights to make that claim, to conduct, defend or settle any legal action and to act in *Your* name – *You* must not do anything which prevents *Us* from doing this and *You* must give *Us* all the information and cooperation that *We* require.

## If you do not meet your responsibilities

If *You* do not meet *Your* responsibilities, *We* may refuse or reduce a claim, cancel *Your policy*, or do both. If *We* cancel *Your policy* *We* will advise *You* in writing.

# Our Commitment To You

## The General Insurance Code of Practice

The purpose of the Code is to raise the standards of practice and service in the general insurance industry.

### **The objectives of the Code are:**

- to commit us to high standards of service
- to promote better, more informed relations between us and you
- to maintain and promote trust and confidence in the general insurance industry
- to provide fair and effective mechanisms for the resolution of complaints and disputes between us and you, and
- to promote continuous improvement of the general insurance industry through education and training.

### **Our commitment to you**

We have adopted and support the Code and are committed to complying with it.

Please contact *Us* if *You* would like more information about the Code.

## Our guarantee

*Our* guarantee assures *You* of quality insurance and service at all times.

### **Fair dealing guarantee**

We will meet any claims covered by *Your policy* fairly and promptly.

## Money back guarantee

If *You* change *Your* mind, *We* provide a cooling-off period which lets *You* cancel *Your* policy within 28 days of the commencement date of *Your* policy with a full refund of *Your* premium. However, *Your* cooling-off period no longer applies if *You* make a claim within this time.

## Service guarantee

*We* will provide *You* with the highest standard of service.

## Financial Claims Scheme

*You* may be entitled to payment under the Financial Claims Scheme in the event that Insurance Australia Limited trading as CGU Insurance becomes insolvent. Access to the scheme is subject to eligibility criteria. Information about the scheme can be obtained from <http://www.fcs.gov.au>

## Intermediary remuneration

Insurance Australia Limited trading as CGU Insurance pays remuneration to insurance *Intermediaries* when *We* issue, renew or vary a policy the *Intermediary* has arranged or referred to *Us*.

The amount of remuneration varies and may include commission and other payments of up to 20% of *Your* premium (excluding government charges) to the seller of the product. If *You* require more information about remuneration *We* may pay *Your* *Intermediary*, *You* should ask *Your* *Intermediary*.

## How CGU protects your privacy

We use information provided by *Our* customers to allow *Us* to offer *Our* products and services. This means *We* may need to collect *Your* personal information, and sometimes sensitive information about *You* as well (for example, health information for travel insurance). *We* will collect this information directly from *You* where possible, but there may be occasions when *We* collect this information from someone else.

CGU will only use *Your* information for the purposes for which it was collected, other related purposes and as permitted or required by law. *You* may choose not to give *Us* *Your* information, but this may affect *Our* ability to provide *You* with insurance cover.

*We* may share this information with companies within *Our* group, government and law enforcement bodies if required by law and others who provide services to *Us* or on *Our* behalf, some of which may be located outside of Australia.

For more details on how *We* collect, store, use and disclose *Your* information, please read *Our* Privacy Policy located at [cgu.com.au/privacy](http://cgu.com.au/privacy). Alternatively, contact *Us* at [privacy@cgu.com.au](mailto:privacy@cgu.com.au) or 13 15 32 and *We* will send *You* a copy. *We* recommend that *You* obtain a copy of this policy and read it carefully.

By applying for, using or renewing any of *Our* products or services, or providing *Us* with *Your* information, *You* agree to this information being collected, held, used and disclosed as set out in this policy.

*Our* Privacy Policy also contains information about how *You* can access and seek correction of *Your* information, complain about a breach of the privacy law, and how *We* will deal with *Your* complaint.

# How To Take Out Insurance

## How to apply for insurance

1. Provide required information to *Us* or *Your Intermediary* to apply for cover. If *We* accept *Your* application for insurance, *We* will send *You* a *policy schedule* that confirms cover options and sets out the details of the insurance *You* have selected.
2. Check *Your policy schedule* carefully to ensure the cover is what *You* need and pay *Your premium*.
3. If more than one person is named as the insured, *We* will treat a statement, act, omission or claim by any one of these people as a statement, act, omission or claim by them all.

## How to cancel your policy

If *You* want to cancel *Your policy*, contact *Us* or *Your Intermediary*. *You* may cancel this insurance at anytime by requesting *Us* to do so in writing.

If *You* do request cancellation after 28 days from the *commencement date*, *We* will retain the amount of used *premium* in accordance with relevant legislation and *We* will refund any unused *premium*.

If *We* receive *Your* cancellation request within 28 days from the *commencement date* and *You* have not made a claim on this policy, *We* will refund *Your premium* in full.

*You* must notify *Us* immediately if *Your* loan ends earlier than the term specified in the *period of insurance* on *Your policy schedule*. This brings *Your policy* to an end. If *We* are not notified of *Your* loan ending, *We* will continue to deduct *premium* payments.

## Cancellation by us

We may cancel this insurance where circumstances described in insurance legislation allow Us to do so.

If We cancel this insurance, We will retain an amount from the *premium* in accordance with relevant legislation. We will refund the balance to the *creditor* to apply to the loan.

In the event of a Life Insurance Benefit payment, We will not refund any *premium* for this benefit and this insurance will end. If You are paying Your *premium* by instalments We will deduct all remaining instalment amounts for Your Life Insurance Benefit from Our payment.

In the event of a Trauma Benefit payment, We will not refund any *premium* for this benefit.

If You are paying Your *premium* by instalments We will deduct all remaining instalment amounts for Your Trauma Benefit from Our payment.

## How to change your policy

### 1. Contact us or your intermediary to change or vary your policy

You will be sent an *endorsement schedule* that includes any changes or variations You have requested and We have agreed to, and any *special conditions* We may have applied to that agreement.

### 2. Check the changes

### 3. Pay any additional premium due

We will tell You if Your *premium* has increased. If You pay Your *premium* by instalments, We will adjust Your instalments and deduct the new amount on-going from Your nominated account. If You pay Your *premium* in one lump sum, We must receive Your payment within 30 days.

# Your premium

## 1. How we calculate your premium

The *premium* payable by *You* will be shown on *Your policy schedule*.

The key factors that influence the *premium* calculations are reflected in the questions asked, and information sought, at the time of *Your* enquiry or application for insurance.

These include factors relating to:

- the particular cover or combination of covers *You* select
- the frequency claims occur
- the term of *Your* loan
- the amount of *Your* loan or line of credit and its repayments
- the expected mortality rates for life cover
- payment of *Your* premiums by instalments for *Trauma* and Life cover only
- number of insured's listed on the *policy schedule*.

Premiums are also subject to Commonwealth and State taxes and/or charges. These include the Goods and Services Tax (GST) and stamp duty. *Your premium* including any taxes and/or charges will be listed on *Your policy schedule*.

## 2. How to pay your premium

*You* can pay *Your premium* by instalments or funding it into *Your* loan obligation.

If *You* fund the *premium* into *Your* loan obligation, *Your* loan obligation will increase by the amount of *Your premium*.

If *You* pay *Your premium* by instalments, *You* can pay by direct debit from a nominated account.

We may cancel *Your policy* if:

- *You* do not pay *Your premium*, **or**
- *You* pay *Your premium* by instalments and *You* are more than 30 days behind.

We may refuse to pay a claim if:

- You pay by instalments and at least one instalment of the *premium* has remained unpaid for a period of at least 14 days.

If You pay Your *premium* by instalments an administration charge will apply if You select a Life Insurance Benefit and/or *Trauma* Benefit. This charge reflects the costs We incur in managing multiple payments We receive over the period of Your insurance cover. When You commence this insurance the administration charge is fixed and will not change during the *period of insurance*. The administration charge is included in the *premium* shown on Your *policy schedule*.

### **3. Interest on unallocated premium**

If We are unable to issue Your insurance when We receive Your application, We are required to hold Your *premium* in a trust account on Your behalf until Your insurance can be issued. We will retain any interest payable by Our bank to meet, among other things, bank fees and other bank costs We incur in operating the account.

# How To Make A Claim

Contact *Us* on 1800 CGU CCI (1800 248 224) for a claim form as soon as an event occurs that *You* believe *You* can claim for.

*You* must complete the claim form and return it to *Us* immediately following an event occurring that may result in a claim on this insurance.

*You* must give *Us* written statements and any other information *We* ask for to support *Your* claim and provide assistance when required.

## How we settle a life claim

*We* will require proof of death, age, identity and amount to be claimed for.

In the case of *Your* death, the Life Insurance Benefit will be paid to the *creditor* shown on *Your policy schedule*, or as directed by the *creditor* to pay off *Your* loan.

## How we settle disablement, hospitalisation or trauma claims

*We* will require evidence from a *medical practitioner* of the *Disablement*, *Hospitalisation* or *Trauma*. *We* will also need evidence that *You* have obtained and are following the advice of the *medical practitioner*.

For *Disablement* and *Hospitalisation* *Your* benefit excluding any applicable *waiting period* will be paid to the *creditor* shown on *Your policy schedule*, or as directed by the *creditor*.

The *Trauma* Benefit will be paid to *You*, the insured.

## How we settle an involuntary unemployment claim

If *You* were employed, *We* will require certification of registration as unemployed by the appropriate Australian government agency or job agency.

If *You* were self employed or in a partnership *We* will require documentation from *Your* accountant providing details of *Your* business ceasing to operate.

The Involuntary unemployment benefit excluding any applicable *waiting period* will be paid to the *creditor* shown on *Your policy schedule*, or as directed by the *creditor*.

## Claiming on a previous policy

If *You* cannot claim under this policy due to the *period of insurance* or policy terms and conditions, *You* may be able to claim under a previous policy issued by *Us*.

*You* will only be able to do this if:

- this policy replaced the policy *You* wish to claim under, **and**
- *You* replaced *Your* previous policy before the expiry of that policy.

The amount paid for a claim will be as per terms and conditions of *Your* previous policy.

No claim will be paid under any previous policy where the expiry date of that policy was reached and *You* purchased this new replacement policy at *Our* invitation.

## Claim recovery

If for any reason *We* pay benefits to which *You* are not entitled, *We* shall have a right to recover those benefits from *You* or the *creditor*.

# How to resolve a complaint or dispute

## 1. Talk to us first

If *You* have a complaint, the first thing *You* or *Your* insurance adviser should do is speak to one of *Our* staff. If *Your* complaint relates specifically to a claim speak with the claims officer managing *Your* claim.

If the staff member or claims officer are unable to resolve the matter for *You*, *You* or *Your* insurance adviser may speak to a manager. If *You* are not satisfied with the decision *You* can go to step 2.

## 2. Seek a review

If the matter is still not resolved the manager will refer *You* or *Your* insurance adviser to the relevant internal dispute resolution area who will conduct a review of *Your* dispute.

If *You* are still not satisfied with the decision *You* can go to step 3.

## 3. Seek an external review

*You* are entitled to seek an external review of the decision. The dispute resolution area will provide *You* with information about the option(s) available to *You*, such as, referring *You* to the external dispute resolution scheme administered by the Financial Ombudsman Service Australia (FOS).

Further information about the complaint or dispute resolution procedures is available by contacting *Us*.

# Glossary

Some of the words in this PDS have special meanings. These words and their meanings are listed below.

## **avian influenza**

An influenza virus that occurs naturally among birds and can be transmitted to humans. Avian influenza is commonly called bird flu.

## **cancer**

The first unequivocal diagnosis of any internal malignant tumour requiring treatment by surgery, radiotherapy, hormone therapy or chemotherapy. Included will be any malignant tumour considered to be too advanced or too serious for specific treatment to be warranted.

Excluded are:

- tumours treated by endoscopic procedures alone and tumours classed as carcinoma in situ and urinary bladder tumours that have not invaded the muscle layer.
- tumours of the skin with the exception of malignant melanoma where there is evidence of spread to lymph nodes or distant tissues.
- kaposi's sarcoma and other tumours caused by AIDS.

## **commencement date**

The start date of *Your policy* which is the later of the date the *credit facility* has commenced or the date We accepted Your application for insurance.

## **coronary artery surgery**

Coronary artery bypass grafting surgery performed via a thoracotomy.

## **credit facility**

A facility provided by *Your creditor* which allows *You* to establish a line of credit.

## **credit limit**

The maximum amount of credit that *Your creditor* has made available to *You* when *You* take out this insurance.

## **creditor**

The financial institution to whom money is owed for your loan obligation that this insurance covers.

## **date of Trauma**

The date on which the *Trauma* has been proved to have occurred.

## **Disablement**

For the first 12 months of a claim, *Your* total and continuous inability due to illness or injury to perform the duties of *Your* usual occupation. After the first 12 months of a claim, *Your* total and continuous inability to perform an occupation for which *You* are reasonably qualified by education, training or experience. This must be certified by a legally qualified *medical practitioner* and *You* must not be engaged in work or an occupation for remuneration or profit.

## **endorsement schedule**

A document that includes any information from the existing schedule that has not changed or varied, and confirms any alteration to the coverage, terms and conditions of *Your policy*.

## **epidemic influenza**

A widespread outbreak of an influenza virus.

**heart attack**

A diagnosed acute myocardial infarction that has been documented by the occurrence of chest pain and electro cardiographic evidence and appropriate elevation in cardiac enzymes.

**hospitalised**

Being admitted as an in-patient to a hospital, but does not include being admitted to a facility for the care of mental or nervous illness or convalescence.

**insurer**

- *Disablement, Hospitalisation and Involuntary unemployment* cover underwritten by Insurance Australia Limited ABN 11 000 016 722 AFSL 227681 trading as CGU Insurance is the insurer and issuer
- Life and *Trauma* Benefits, We hold an insurance policy issued by AMP Life Limited ABN 84 079 300 379 AFSL No. 233671.

**Intermediary/ Intermediaries/ Intermediary's**

The company or individual through which *You* purchased this insurance or the company named on the front cover of this booklet.

**Involuntary unemployment**

If *You* are:

- Working for wages or income, *Your* involuntary termination from *permanent and gainful employment* and being certified as unemployed by the appropriate government agency or job agency. This also means *Your* termination was not due to voluntary unemployment, voluntary redundancy, misconduct, resignation or reaching retirement.

- Self employed or in a partnership, *Your* termination from *permanent and gainful employment* arising from the business ceasing to operate due to:
  - actual or imminent insolvency, or
  - business factors beyond *Your* reasonable control, or
  - the business being placed in the control of an insolvency or bankruptcy administrator, or
  - the business is being wound up

**medical practitioner**

A person qualified and registered to practise medicine in Australia, who has examined *You* and who is acceptable to *Us*. This cannot be *You*, or a member of *Your* immediate family.

**monthly benefit**

The amount of *Your* monthly repayment required for *Your* loan obligation at the *commencement date* of *Your* policy.

**pandemic influenza**

An influenza that spreads through an entire continent.

**period of insurance**

The length of time between the start date and end date of *Your* policy, as listed on *Your* policy schedule.

**permanent and gainful employment**

*You* are:

- Working on a permanent and continuous basis for wages or income for a minimum of 20 hours every week and *You* are not in employment of a seasonal, temporary or non renewable contract nature, or

- Self employed, or in a partnership, working on a permanent and continuous basis for wages or income for a minimum of 20 hours every week and *You* are not in employment of a seasonal, temporary or non renewable contract nature.

### **policy schedule**

The most recent schedule *We* give *You* describing the terms and conditions that are specific to *Your* insurance. This also includes any endorsement schedules *We* send *You* in writing.

### **premium**

The amount *You* pay for the insurance that includes applicable Government taxes such as GST and any duties or charges payable by *You*. It is shown on *Your policy schedule*.

### **special conditions**

Additional exclusions, restrictions or extensions to cover that are imposed on *Your policy*.

### **stroke**

Any infarction of brain tissue due to cerebro-vascular incident and which is associated with evidence of a neurological deficit that creates permanent functional impairment. It does not mean infarction of brain tissue as a result of bodily injury caused by violent, accidental, external and visible means.

### **terrorism**

Any act which may involve the use of, or threat of, force, violence or biological warfare, or nuclear pollution or contamination or explosion where the purpose of the act is to further a political, religious, ideological aim, or to intimidate or influence a government or any section of the public.

### **Total benefit**

The most *We* will pay in total for *Life*, *Disablement*, *Hospitalisation* and *Involuntary unemployment* cover collectively. The total benefit excludes any payments made under the *Trauma* Benefit.

### **Trauma**

*A heart attack, coronary artery surgery, stroke, or cancer* which occurs during the *period of insurance* beyond 90 days of the *commencement date*.

### **Us, We and Our**

Refers to:  
Insurance Australia Limited  
ABN 11 000 016 722  
AFSL 227681  
trading as CGU Insurance.

### **waiting period**

The period of time between the date of the incident and the date *Your* benefits come into effect and for which no benefit is payable. Waiting periods apply to claims made for *Disablement*, *Hospitalisation* and *Involuntary unemployment* cover types.

### **war or warlike activities**

War (including war service), an act of a foreign enemy, hostilities or war like operation (whether war is declared or not), civil commotion, civil war or rebellion.

### **You and Your**

The person/s named as the insured on your current schedule.

### **Your policy**

The contract between *You* and *Us* which provides *You* with insurance cover in exchange for a *premium*. *Your* policy is made up of 2 documents: *Your* current schedule and this Product Disclosure Statement and policy booklet (PDS).

# Notes

# Notes



## POLICY ENQUIRIES

**Phone** 1800 CGU CCI (1800 248 224)

**Fax** 03 8804 9009

**Email** [ccioperations@cgu.com.au](mailto:ccioperations@cgu.com.au)

### Postal address

GPO Box 2261 Melbourne VIC 3001

## CLAIMS

**Phone** 1800 CGU CCI (1800 248 224)

**Fax** 1800 032 535

**Email** [cciclaims@cgu.com.au](mailto:cciclaims@cgu.com.au)

### Postal address

GPO Box 2177 Melbourne VIC 3001



[CGU.COM.AU](http://CGU.COM.AU)

**Preparation date** 01/05/2017

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Life and Trauma Insurer  
**AMP Life Limited**  
ABN 84 079 300 379  
AFSL No. 233671.

Insurer  
**Insurance Australia Limited**  
ABN 11 000 016 722  
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backed by 



Insurer details – see inside back cover.



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The 'iag' logo consists of the lowercase letters 'iag' in white, set within a dark purple circle.