

let's[®]
INSURE

Easy Life Insurance

Product Disclosure Statement Issue 4: 2 January 2018

Let's Insure Easy Life Insurance

Let's Insure Easy Life Insurance is distributed and promoted by Let's Insure which is a trading name of Select AFSL Pty Limited ABN 34 151 931 618, Australian Financial Services Licence 408647 (Select AFSL) of PO Box 1192, Chatswood NSW 2057.

Easy Life Insurance is issued by St Andrew's Life Insurance Pty Ltd ABN 98 105 176 243, AFSL 281731 (St Andrew's) of PO Box 7395, Cloisters Square WA 6850.

Let's Insure and St Andrew's

Let's Insure is an Australian-based life insurance specialist, dedicated to distributing high quality life insurance products which are affordably priced and easily available to singles, couples and families all around Australia.

St Andrew's is the insurer of Easy Life Insurance. Helping to protect Australians since 1998, St Andrew's is a leading provider of consumer credit insurance and life insurance products. Each Easy Life Insurance Policy is written out of St Andrew's statutory fund No.1.

Life Insurance Code of Practice

St Andrew's has willingly adopted the Life Insurance Code of Practice. The code has been designed to promote high standards of service to consumers, provide a benchmark of consistency within the industry and establish a framework of professional behavior and responsibilities. It is designed to protect you, the consumer. Please refer to our website www.standrews.com.au or the FSC website www.fsc.org.au if you would like more information about the code.

Explaining this Product Disclosure Statement (PDS)

This PDS has been designed to help you decide if Easy Life Insurance is right for you. It contains important information, including a description of the cover, terms and conditions of the **Policy**, premium information and information on how to make a claim. All information given in this PDS is general information only and does not take into account your individual objectives, financial situation or needs. You should consider how appropriate this advice is with regard to your objectives, financial situation and needs, as well as this PDS, before making a decision whether to buy this product.

In this PDS, 'we', 'us' and 'our' refer to St Andrew's, the insurer of Easy Life Insurance and issuer of this PDS. 'You' refers to the **Policy Owner** of an Easy Life Insurance **Policy**. In addition, some words are bolded and start with a capital letter. These words have defined meanings and these are explained in the definitions on pages 25-29.

Easy Life Insurance is distributed by Let's Insure. Please note, Let's Insure does not guarantee the performance of, nor has any liability for the assessment of payment of claims under an Easy Life Insurance Policy. This is the responsibility of St Andrew's as the Insurer.

Let's Insure has given its consent to being named in the PDS, and to the statements attributed to it, in the form and context in which they appear and has not withdrawn this consent before the date of this PDS.

If your application for Easy Life Insurance is accepted, you will be issued a **Policy Schedule** which provides details of the cover provided. Your **Policy Schedule**, your application, the PDS current at the time of your application as well as any future applications accepted by us, form your insurance contract with us. These documents should be retained for future reference.

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Great reasons to choose Let's Insure Easy Life Insurance

- Up to \$350,000 life insurance benefit.
- Quick, lump sum payment to your family.
- 100% cash payout of your Easy Life Insurance Benefit Amount on your 85th birthday!

plus...

- Early payment on diagnosis of a Terminal Illness.
- Optional Accident Cover up to \$335,000.
- Optional Children's Cover up to \$50,000.
- Automatic cost of living increases to help your Policy keep up with inflation.
- Guaranteed renewable for the life of the Policy.
- Flexible payment options - pay weekly, fortnightly or monthly at no extra cost.
- Family cover available to protect your Partner and dependent children, for added peace of mind.
- Worldwide cover, 24 hours a day, 7 days a week - you're always protected, even when travelling.



what is easy life insurance?

Easy Life Insurance provides a lump sum payment in the event of your death or diagnosis of a **Terminal Illness**. It is designed to give you the peace of mind knowing that if the unexpected happens your family and loved ones' financial future can be protected.

WHO CAN APPLY FOR EASY LIFE INSURANCE?

You can apply for cover on your own life (**Primary Life Insured**) as well as cover to include your **Partner (Secondary Life Insured)**. You (and if applicable, the **Secondary Life Insured**) must be **Australian Resident/s** aged between 18 and 65 years of age. A maximum of two adult lives can be insured under one **Policy**.

WHAT BENEFIT AMOUNT CAN YOU APPLY FOR?

The minimum Easy Life Insurance **Benefit Amount** you can apply for is \$15,000. The maximum Easy Life Insurance **Benefit Amount** you can apply for at the **Acceptance Date** is \$350,000.

WHEN WILL WE PAY THE EASY LIFE INSURANCE BENEFIT AMOUNT?

Subject to the terms of the **Policy**, we will pay the Easy Life Insurance **Benefit Amount** as a lump sum on the earliest of:

- the death of a **Life Insured**; or
- if the **Life Insured** is diagnosed with a **Terminal Illness**; or
- the date the **Life Insured** attains age 85*.

MAXIMUM EASY LIFE INSURANCE BENEFIT AMOUNT

The total Easy Life Insurance **Benefit Amount** payable for a **Life Insured** under the **Policy** cannot exceed \$350,000 plus any **Automatic Sum Insured Increase** under the **Policy**. If the **Life Insured** is covered under more than one Let's Insure policy, we will apply this limit to the total of all Easy Life Insurance **Benefit Amounts** under all Let's Insure policies. Any reduction to the total Easy Life Insurance **Benefit Amount** will be applied to the policy or policies most recently commenced and any overpayment of premiums resulting from any reduction in the Easy Life Insurance **Benefit Amount** will be refunded.

WHEN DOES MY EASY LIFE INSURANCE START?

If your application for Easy Life Insurance is accepted by us, cover starts for a **Life Insured** on the **Acceptance Date** and your first premium is payable on the **First Premium Payment Date** - both of these dates are set out in the **Policy Schedule** that we will send to you.

*Partial payments of your Easy Life Insurance **Benefit Amount** apply from age 81 if your **Policy** is cancelled. Please see the defined percentages set out in the table on page 20.

WHEN DOES MY EASY LIFE INSURANCE END?

Easy Life Insurance for a **Life Insured** ends upon the first of the following events occurring:

- the date you cancel the **Policy**; or
- the date we cancel your **Policy** due to non-payment of premiums; or
- the date we cancel your **Policy** when we are entitled to do so under the Insurance Contracts Act 1984 (Cth) or the Life Insurance Act 1995 (Cth); or
- the date the **Life Insured** attains age 85; or
- the date of payment of a death or **Terminal Illness** claim for that **Life Insured**.

Provided the Easy Life Insurance for a **Life Insured** has not ended in accordance with the above and you pay all your premiums when due, we guarantee to renew your Easy Life Insurance until you turn 85.

If the **Primary Life Insured** dies while owning the **Policy** leaving a **Secondary Life Insured**, the **Policy** will continue in the name of the **Secondary Life Insured** as the new **Policy Owner**.

WHAT IS NOT COVERED UNDER EASY LIFE INSURANCE?

In the first five years

We will not pay an Easy Life Insurance **Benefit Amount** in respect of a **Life Insured**, if the **Life Insured** dies, or has a **Terminal Illness**, directly or indirectly as a result of:

- suicide or intentional or deliberate self-inflicted injury; or
- a **Pre-Existing Medical Condition**,

within 5 years of:

- the **Acceptance Date** of the **Policy**; or
- the date of any increase of the **Benefit Amount** (but only in respect of the increase), which is not an **Automatic Sum Insured Increase**; or
- where we have agreed to reinstate the **Policy** after it was cancelled, the date on which we reinstate the **Policy**.

At any time

We will not pay an Easy Life Insurance **Benefit Amount** if the **Life Insured** dies, or has a **Terminal Illness** at any time directly or indirectly as a result of:

- engaging in criminal activity or illegal acts; or
- a **Dangerous Occupation** or **Pastime**; or
- any of the following conditions where the **Life Insured** had symptoms, was diagnosed or a reasonable person would have sought a diagnosis, advice, care or treatment from a **Medical Practitioner** prior to the **Policy Acceptance Date**:
 - hiv infection; hepatitis c; multiple sclerosis; cancer; polycystic kidney disease; familial adenomatous polyposis; huntington's disease; cystic fibrosis or muscular dystrophy.

See over page for examples of medical conditions and claim eligibility.

With cover in place, you can relax knowing your family will still have a measure of financial support if the worst happens to you.

With Let's Insure,
it's easy to help
protect your family's
tomorrow



EXAMPLES OF MEDICAL CONDITIONS AND CLAIM ELIGIBILITY

The following table provides examples of scenarios where medical conditions are present before the **Acceptance Date**, and shows under which scenario these medical conditions will be covered as eligible claims.

● = occurrence of medical condition ✕ = not covered ✓ = covered

Example scenario	Occurrence of medical condition	
	5 or more years before Acceptance Date	less than 5 years before Acceptance Date
A Life Insured is diagnosed with emphysema 3 years before the Acceptance Date . After the Acceptance Date the Life Insured passes away as a result of emphysema.		●
A Life Insured is diagnosed with cancer 10 years prior to the Acceptance Date . After the Acceptance Date the Life Insured suffers a recurrence of the cancer and subsequently passes away.	●	



Occurrence of death

less than 5 years after
Acceptance Date

5 or more years after
Acceptance Date



Reasoning

As the **Life Insured** was first diagnosed with emphysema within 5 years prior to the **Acceptance Date**, it is considered a **Pre-Existing Medical Condition**, so is not covered in the first 5 years of cover. However a claim arising from emphysema 5 or more years after the **Acceptance Date** would be covered.

Death as a result of cancer is excluded from cover when it is directly or indirectly related to a cancer first diagnosed at any time prior to the **Acceptance Date**.



what is accident cover?

Accident Cover provides a lump sum payment in the event of your **Accidental Death** (in addition to the Easy Life Insurance **Benefit Amount**), or a lump sum payment in the event of your **Accidental Serious Injury** as defined on Page 25.

This cover is optional and is only available with Easy Life Insurance.

If you apply for Accident Cover and we accept your application, it will be shown on your **Policy Schedule**.

WHO CAN APPLY FOR ACCIDENT COVER?

You can apply for cover on your own life (**Primary Life Insured**) as well as cover to include your **Partner (Secondary Life Insured)**. You (and if applicable, the **Secondary Life Insured**) must be **Australian Resident/s** aged between 18 and 65 years of age. A maximum of two adult lives can be insured under one **Policy**.

WHAT BENEFIT AMOUNT CAN YOU APPLY FOR?

You can apply for an Accident Cover **Benefit Amount** between \$15,000 and \$335,000. The combined Easy Life Insurance and Accident Cover **Benefit Amount** cannot exceed \$350,000.

WHEN WILL WE PAY THE ACCIDENT COVER BENEFIT AMOUNT?

We will pay the Accident Cover **Benefit Amount** as a lump sum if the **Life Insured** suffers an **Accidental Death** or **Accidental**

Serious Injury while covered under this **Policy** for this benefit. Where we pay an **Accidental Serious Injury** benefit then we won't also pay an **Accidental Death** benefit and likewise if we have paid an **Accidental Death** benefit then we won't also pay an **Accidental Serious Injury** benefit.

The following are **Accidental Serious Injuries** which are covered under this benefit:

- **Blindness**
- **Coma**
- **Loss of Hearing**
- **Loss of or Paralysis of 2 or more Limbs**
- **Loss of Speech**
- **Major Burns**
- **Major Head Trauma**
- **Paralysis**

Please ensure you read and understand the definitions for these conditions as set out on pages 25-29.

MAXIMUM ACCIDENT COVER BENEFIT AMOUNT

The Accident Cover **Benefit Amount** payable for a **Life Insured** under the **Policy** cannot exceed \$335,000 plus any **Automatic Sum Insured Increase** under the **Policy**. The combined Easy Life Insurance Cover and Accident Cover **Benefit Amount** cannot

exceed \$350,000 plus any **Automatic Sum Insured Increase**. If the **Life Insured** is covered for Accident Cover under more than one Let's Insure policy, we will apply this limit to the total of all Accident Cover **Benefit Amounts** under all Let's Insure policies.

Any reduction to the Accident Cover **Benefit Amount** will be applied to the policy or policies most recently commenced and any overpayment of premiums resulting from any reduction in the Accident Cover **Benefit Amount** will be refunded.

WHEN DOES MY ACCIDENT COVER START?

If your application for Accident Cover is accepted by us, cover starts for a **Life Insured** on the **Acceptance Date** and your first premium is payable on the **First Premium Payment Date** - both these dates are set out in the **Policy Schedule**. If you apply to add this cover subsequent to your original **Acceptance Date**, and we accept your application, we will advise you of the date your Accident Cover starts.

WHEN DOES MY ACCIDENT COVER END?

Accident Cover for a **Life Insured** ends upon the first of the following events occurring:

- the date you cancel the **Policy**; or
- the date you cancel this cover; or
- the date we cancel your **Policy** due to non-payment of premiums; or
- the date we cancel your **Policy** when we are entitled to do so under the Insurance Contracts Act 1984 (Cth) or the Life Insurance Act 1995 (Cth); or

- the date of payment of an **Accidental Death** or **Accidental Serious Injury** claim; or
- the date of payment of a death or Terminal Illness claim for that **Life Insured**; or
- the **Policy Anniversary** following the attainment of age 75.

Provided the Accident Cover for a **Life Insured** has not ended in accordance with the above and you pay all your premiums when due, we guarantee to renew your Accident Cover until the **Policy Anniversary** following the attainment of age 75.

WHAT IS NOT COVERED UNDER ACCIDENT COVER?

We will not pay an Accident Cover **Benefit Amount** in respect of a **Life Insured** if the claim is directly or indirectly as a result of;

- natural causes, illness, an intentionally self-inflicted injury, suicide or attempted suicide; or
- war (whether declared or not), war-like activity or taking part in a riot or civil commotion; or
- engaging in criminal activity or illegal acts; or
- consumption of intoxicating liquor (including having a blood alcohol content over the prescribed legal limit whilst driving) or drugs (unless as directed by a **Medical Practitioner** but not in connection with treatment for substance abuse, drug addiction or dependence); or
- a **Dangerous Occupation** or **Pastime**; or

- being a pilot or crew member of any aircraft, or engaging in any aerial activity, except being a fare-paying passenger on a recognised airline which is not listed as an airline banned or restricted by the European Commission.

With Let's Insure Easy Life Insurance,
on your 85th birthday
we'll reward you by paying out 100%
of your Easy Life Insurance Benefit Amount
for you to enjoy!





what is children's cover?

Children's Cover provides a lump sum payment up to \$50,000 if an **Insured Child** suffers an **Accidental Death** or one of the child trauma events listed below. This cover is optional and is only available with Easy Life Insurance.

If you apply for Children's Cover and we accept your application, it will be shown on your **Policy Schedule**.

The following are child trauma events which are covered under this benefit:

- **Bacterial Meningitis**
- **Encephalitis**
- **Loss of Hearing**
- **Loss of Sight**
- **Major Head Trauma**
- **Major Burns**
- **Paralysis**
- **Specified Cancer** (Children's Cover only)

Please ensure you read and understand the definitions for these conditions as set out on pages 25-29.

WHO CAN APPLY FOR CHILDREN'S COVER?

You can apply for cover on your children and/or your **Partner's** children if they are **Australian Resident/s** aged between 2 and 18 years of age and you and/or your **Partner** are either the parent or legal guardian of the children.

WHAT BENEFIT AMOUNT CAN YOU APPLY FOR?

You can apply for a Children's Cover **Benefit Amount** of between \$10,000 and \$50,000 for each **Insured Child** on the **Policy**.

WHEN WILL WE PAY THE CHILDREN'S COVER BENEFIT AMOUNT?

We will pay the Children's Cover **Benefit Amount** shown in your **Policy Schedule** as a lump sum if the **Insured Child** suffers an **Accidental Death** or one of the child trauma events listed on the left while covered under this **Policy** for this benefit. Where we pay a child trauma benefit then we won't also pay an **Accidental Death** benefit in respect of that **Insured Child** and likewise if we have paid an **Accidental Death** benefit then we won't also pay a child trauma benefit in respect of that **Insured Child**.

MAXIMUM CHILDREN'S COVER BENEFIT AMOUNT

The Children's Cover **Benefit Amount** payable for an **Insured Child** under the **Policy** cannot exceed \$50,000 plus any **Automatic Sum Insured Increase** under the **Policy**. If the **Insured Child** is covered for Children's Cover under more than one Let's Insure **Policy**, we will apply this limit to the total of all Children's Cover **Benefit Amounts** under all Let's Insure **Policies**. Any reduction to the Children's Cover **Benefit Amount** will be applied to the **Policy** or **Policies** most recently commenced and any overpayment of premiums resulting from any reduction in the Children's Cover **Benefit Amount** will be refunded.

WHEN DOES MY CHILDREN'S COVER START?

If your application for Children's Cover is accepted by us, cover starts for an **Insured Child** on the **Acceptance Date** and your first premium is payable on the **First Premium Payment Date** - both of these dates are set out in the **Policy Schedule**. If you apply, and we agree to accept your application to add Children's Cover to your **Policy** after the **Acceptance Date**, we will advise you of the date your Children's Cover starts.

WHEN DOES MY CHILDREN'S COVER END?

Children's Cover for an **Insured Child** ends upon the first of the following events occurring:

- the date you cancel the **Policy**; or
- the date you cancel this cover; or
- the date we cancel your **Policy** due to non-payment of premiums; or
- the date we cancel your **Policy** when we are entitled to do so under the Insurance Contracts Act 1984 (Cth) or the Life Insurance Act 1995 (Cth); or
- the date of payment of a Children's Cover **Benefit Amount**; or
- the date when there is no **Life Insured** on this **Policy**; or
- the **Policy Anniversary** following the attainment of age 21 for an **Insured Child**.

Provided the Children's Cover for an **Insured Child** has not ended in accordance with the above and you pay all your premiums when due, we guarantee to renew your Children's Cover until the **Policy Anniversary** following the **Insured Child's** attainment of age 21.

WHAT IS NOT COVERED UNDER CHILDREN'S COVER?

We will not pay the Children's Cover **Benefit Amount** in respect of an **Insured Child** if the claim is directly or indirectly as a result of;

- a congenital condition, being a condition which was present at birth as a result of either hereditary or environmental influences; or
- the intentional act of the **Policy Owner** or any person who will otherwise be entitled to all or part of the **Benefit Amount**; or
- a condition, injury or illness for which the **Insured Child** has;
 - a. experienced signs or symptoms or a reasonable person or guardian would have been aware of the existence of such signs or symptoms, or
 - b. has been under the care of a **Medical Practitioner** or for which medical advice, treatment or investigation was recommended or received by a **Medical Practitioner**,

at any time prior to, or within 90 days after, any of the following:

- the **Acceptance Date** of the Children's Cover; or;
- the date of any increase (but only in respect of the increase), which is not an **Automatic Sum Insured Increase**; or
- the date the cover is reinstated,
- consumption of intoxicating liquor (including having blood alcohol content over the prescribed legal limit whilst driving) or drugs (unless under the direction of a **Medical Practitioner** but not in connection with treatment for substance abuse, drug addiction or dependence).



other great features

30 DAY COOLING-OFF PERIOD

You have 30 days from the **First Premium Payment Date** of your **Policy** (your “cooling-off” period) to ensure the cover meets your insurance needs and to decide whether you want to keep your **Policy**. You can cancel your **Policy** during this time if you have not made, and are not intending to make, a claim under the **Policy**, and receive a full refund of premiums paid. To cancel your **Policy** during the cooling-off period, please notify Let’s Insure in writing within the 30 day cooling-off period requesting your **Policy** to be cancelled. Write to Let’s Insure at PO Box 1192, Chatswood NSW 2057.

AUTOMATIC SUM INSURED INCREASES

To assist you in maintaining the real value of your insurance, your **Benefit Amount** will be automatically increased by 5% on each **Policy Anniversary**. A new **Policy Schedule** will be issued prior to your **Policy Anniversary** outlining your new **Benefit Amount** and premium.

You can choose not to accept an **Automatic Sum Insured Increase** by advising Let’s Insure in writing at PO Box 1192, Chatswood NSW 2057. You will be sent a replacement **Policy Schedule**. If you choose not to accept an increase in any given year, you will not be entitled to an **Automatic Sum Insured Increase** in the future. The **Automatic Sum Insured Increase** will end on the **Policy Anniversary** after the **Life Insured** reaches age 66.

FLEXIBLE PAYMENT OPTIONS

For your convenience and to make budgeting easy, you can select to pay your premiums weekly, fortnightly, monthly or yearly. You can also select which day in the month you would like your premiums to be deducted from your nominated credit card or bank or credit union account. You can change your nominated account or preferred billing frequency at any time by calling Let’s Insure on 1300 355 355.

general information

PREMIUMS

Premiums are the cost of your insurance and are shown in your **Policy Schedule**. The premiums you are required to pay are calculated at your **First Premium Payment Date** and on each **Policy Anniversary** based on:

- The benefits and **Benefit Amount** chosen for each **Life Insured** and **Insured Child**; and
- The age of each **Life Insured** - premiums are generally lower for younger lives; and
- The gender of each **Life Insured** - premiums are generally lower for females; and
- The smoker status of each **Life Insured** - premiums are lower if you do not smoke.

Your premium will be determined each year at your **Policy Anniversary** to reflect your age plus the 5% increase in your benefit level (**Automatic Sum Insured Increase** explained on page 18), unless you decline the **Automatic Sum Insured Increase**.

Generally, premiums increase each year as your age increases.

Premium rates are not guaranteed. We may change the amount we charge for your cover under this **Policy**, but only if we change the premium rate applying to all Easy Life Insurance policy owners (or all Easy Life Insurance policy owners in the same group). If we make a change to your premium rate we will send you a written notice at least 30 days prior to the effective date of the change and that change will only

be effective from the next anniversary date of your **Policy**.

In the event that the **Policy** ends beyond the 30 day cooling off period, there is no return of premiums. Let's Insure aims to keep your premiums as low as possible by excluding such benefits.

Premiums are payable in advance in Australian dollars. You can obtain a quote for Let's Insure Easy Life Insurance very quickly by calling 1300 355 355 or by visiting letsinsure.com.au

ADDITIONAL INSURANCE BENEFITS

From time to time we may give you the option to apply to add additional benefits to your **Policy** or to increase the amount of cover under your **Policy**. If your application for any additional benefits or increased cover is accepted by us, you will be sent a replacement **Policy Schedule** outlining the details of your new cover.

CHANGING YOUR COVER

We understand that your insurance needs or budget may change. You can decrease the **Benefit Amount** for a **Life Insured** at any time by calling Let's Insure on 1300 355 355 or by writing to PO Box 1192, Chatswood NSW 2057.

In the event that you want to increase a **Benefit Amount** (up to the maximum benefit level) or add additional benefits for a **Life Insured**, or add a **Partner** or **Insured Child** to your **Policy**, you can call Let's Insure on

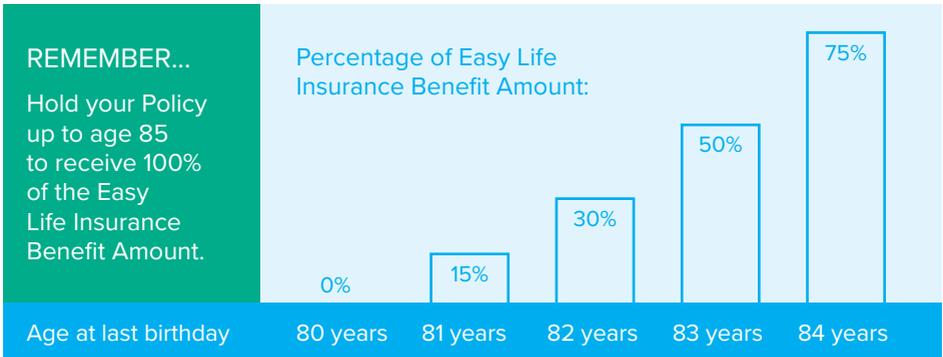
1300 355 355 to apply. Any increased or new cover in the Easy Life Insurance **Benefit Amount** is subject to the exclusions specified on page 6.

You can also apply to change the status of a **Life Insured** from smoker to non-smoker to receive a reduction in your premium rating. You must advise us in writing in such instance and complete the relevant form.

CANCELLING YOUR POLICY

You can cancel your **Policy** within the first 30 days by written notice (per page 18) and after that at any time by writing to Let's Insure and providing 30 days' notice. Write to Let's Insure at PO Box 1192, Chatswood NSW 2057. It is important you consider your insurance needs before you do this, as you will need to reapply for cover if you change your mind at a later date. We can cancel your **Policy** when we are entitled to do so under the Insurance Contracts Act 1984 (Cth) or the Life Insurance Act 1995 (Cth). If you don't pay your premium when it is due and it remains unpaid for more than one month, we may also cancel your **Policy**. However, in this event we will notify you in writing of our intention to cancel and give you the opportunity to rectify this situation. If we cancel due to non-payment of premiums or if you cancel outside of the 'cooling-off' period no refund of premiums will be paid.

If either you or we cancel your **Policy** prior to age 85 you will receive a percentage of your Easy Life Insurance **Benefit Amount** as set out in the table below:



Financial Hardship

In the event that you are facing financial hardship and have difficulties meeting your premium payment obligations please contact us on 1300 355 355 to discuss what options are available to you.

INSURANCE RISKS

When you take out cover under this **Policy**, please be aware that:

- Your **Policy** may not suit your needs. You are responsible for ensuring you choose the appropriate type and amount of cover for your insurance needs;

- If you currently hold another insurance policy, you should carefully consider the terms and conditions of both policies before you replace it with this **Policy**;
- The type of cover or the **Benefit Amount** payable may be insufficient for your individual needs;
- A benefit may not be paid if, in the event of a claim, an exclusion applies;
- This **Policy** does not have any savings or investment value and is designed only as protection insurance. If you cancel your **Policy** (other than during the cooling-off period) you will not receive a refund of premiums paid.
- Receiving claim payments may impact your entitlement for other benefits or income you may receive including but not limited to the following:
 - Where we pay an **Accidental Serious Injury** benefit then we won't also pay an **Accidental Death** benefit under this **Policy** and vice versa.
 - Other insurance policies you have may reduce any benefit amounts payable to you if a claim is paid under this **Policy**.
 - Benefits received under this **Policy** may reduce any entitlement to workers compensation claims.
 - where we pay a child trauma benefit we won't also pay an **Accidental Death** benefit for the **Insured child** and vice versa.

MAKING A CLAIM

How to make a claim

Your **Policy** must be in force at the time the insured event occurs. If you, your nominated

beneficiary, or your legal representative, need to make a claim under your **Policy**, you or they should contact Let's Insure by one of the following:

Phone: 1300 355 355

(Mon-Fri, 9am-5pm AEST)

Email: claims@letsinsure.com.au

Mail: Claims Manager, Let's Insure, PO Box 1192, Chatswood NSW 2057

A claim form can be downloaded at letsinsure.com.au or if requested, we will send one to the claimant. We may also require the following, at the claimant's expense, in support of the claim:

- the treating doctor or, if requested, specialist in the relevant medical field to complete a form; and/or
- relevant medical information, including any tests or medical results that we request; and/or
- sufficient proof (to our satisfaction) of the claim, supported by appropriate certification e.g. death certificate and/or a confirmed diagnosis of death/injury by a **Medical Practitioner** who is a specialist in the field and approved by us; and/or
- any other information such as occupational or financial details.

We reserve the right to require the **Life Insured** or **Insured Child** to undergo any medical tests or, be examined by a **Medical Practitioner** of our choice, or to request any additional information we may require. If we request any of the aforementioned information, it will need to be provided to us as part of the assessment of a claim. Any unpaid premium due to us will be deducted from any benefit payment made.

Who do we make claims payments to?

If we pay a claim, the **Benefit Amount** will be paid in Australian dollars to you as follows:

- The Easy Life Insurance **Benefit Amount** and/or Accident Cover **Benefit Amount** for the **Policy Owner (Primary Life Insured)** will be paid on the death of the **Primary Life Insured** in the following order:
 - to any nominated beneficiaries (where there is a valid nomination of beneficiaries - see page 22);
 - to the **Policy Owner's** estate or personal legal representative or other person that we are permitted to pay under the Life Insurance Act 1995.
- The Accident Cover **Benefit Amount** for the **Primary Life Insured** will be paid to the **Policy Owner** in the event of an Accidental Serious Injury claim;
- The Easy Life Insurance **Benefit Amount** and/or Accident Cover **Benefit Amount** for the **Secondary Life Insured** will be paid to the **Policy Owner**;
- The **Terminal Illness Benefit Amount** will be paid to the **Policy Owner**;
- The Children's Cover **Benefit Amount** will be paid to the **Policy Owner**.

STAMP DUTY AND TAX

Your premium includes amounts for stamp duty and any other taxes that may be imposed by State, Territory or Federal Governments. GST is not charged on your premiums. In the event that any of these amounts are altered, we reserve the right to alter your premium amount to reflect this and will advise you of such in writing.

Generally no tax is payable on benefits paid under this **Policy** and your premiums will not be tax deductible. Any tax information given is of a general nature only and is based on current tax laws and our interpretation of them. We recommend you consult a professional taxation adviser for information on your own tax situation or if you are purchasing this cover for business purposes.

NOMINATION OF BENEFICIARIES

As the **Policy Owner**, you have the option to nominate a beneficiary or beneficiaries to receive benefits payable under your **Policy** on your death.

The following conditions apply to your nomination:

- Nominations can only be made in the initial application or by subsequently completing a Nomination of Beneficiaries Form; and
- You can nominate a maximum of 5 beneficiaries (who must be natural persons); and
- Payment of the benefits will be made on the basis that the latest valid nomination has been received and processed by Let's Insure; and
- If a nominated beneficiary is a minor when the payment is made, it will be made to the minor's legal guardian; and
- If a nominated beneficiary pre-deceases the **Policy Owner**, their share is payable to the **Policy Owners** legal representative, or such other person that we are permitted to pay under the Life Insurance Act 1995.

You can make a new nomination at any time by completing the Nomination of Beneficiaries Form, on page 32 of this PDS, or by downloading a form at letsinsure.com.au or by calling 1300 355 355, then sending it to Let's Insure at PO Box 1192, Chatswood NSW 2057. Your new nomination takes effect when a properly completed and signed Nomination of Beneficiaries Form is received and processed by Let's Insure.

PRIVACY

In this section 'we' refers to St Andrew's, St Andrew's Australia Services Pty Ltd ABN 75 097 464 616 and Let's Insure.

We collect personal information about you so that we can assess your application for insurance and administer any insurance products that we issue to you. For some applications or in relation to any claim made, we may collect sensitive information related to your health.

We may use your personal information to let you know about some products and services provided by Let's Insure, which we think may be of interest to you. If you do not want your personal information to be used in this way, you can always let us know by contacting Let's Insure via the contact details on page 23. Subject to the Privacy Act 1988 (Cth), you can have access to your personal information by using these same contact details. We also need to let you know that without your personal information we cannot process your application for insurance or a claim. By applying for Easy Life Insurance, you consent to this. We may exchange your personal information with each other, third parties such as those that may assist

with insurance administration, product development and marketing of our products and services. Those third parties may include agents, representatives, organisations or contractors who provide services to us in connection with the marketing and administration of products or services and for the purpose of customer satisfaction surveys. We do not send your personal information offshore.

The St Andrew's Privacy Policy (also applicable to St Andrew's Australia Services Pty Ltd) is available at www.standrews.com.au. If you have any query in relation to your privacy please contact St Andrew's on 1300 363 159, standrews@standrews.com.au or PO Box 7395, Cloisters Square WA 6850. The Let's Insure Privacy Policy is available at www.letsinsure.com.au. These Privacy Policies contain information about how you can have access to your personal information and seek the correction of your personal information, and how you can complain about a breach of the privacy laws that bind us and how your complaint will be handled. If you have any query in relation to your privacy please contact Let's Insure by one of the following:

Phone: 1300 355 355

(Mon-Fri, 9am-5pm AEST)

Email: customerservice@letsinsure.com.au

Mail: Customer Service, Let's Insure, PO Box 1192, Chatswood NSW 2057

QUESTIONS OR COMPLAINTS

If you need to make a complaint, please contact Let's Insure's Customer Service Manager, who will work with you to resolve

your concerns by one of the following:

Phone: 1300 355 355

(Mon-Fri, 9am-5pm AEST)

Email: complaints@letsinsure.com.au

Mail: Customer Service Manager,
Let's Insure, PO Box 1192, Chatswood
NSW 2057

Receipt of your complaint will be acknowledged within 2 business days. If additional information is required, it will be requested in writing. If your complaint remains unresolved within 45 business days, you can contact the Financial Ombudsmen Service (FOS) Australia by one of the following:

Phone: 1800 367 287

Email: info@fos.org.au

Mail: GPO Box 3, Melbourne VIC 3001

Web: fos.org.au

The FOS is a free service to you and its independent assessment of your complaint is binding on St Andrew's and Let's Insure.

GOVERNING LAW

Your **Policy**, including this PDS, is governed by the law that applies in the State of Western Australia, Australia.

OTHER INFORMATION YOU SHOULD KNOW

- You may not transfer your rights under this **Policy**.
- Any notices we send to you regarding this **Policy** will be sent to the address you last notified to us. If you change your address you must notify Let's Insure by calling 1300 355 355 or writing to PO Box 1192, Chatswood NSW 2057.
- When you apply for an Easy Life Insurance **Policy**, you agree to comply with your obligations set out in this PDS and to take all reasonable steps to minimise our risk under your **Policy**.
- The entire contract of insurance between you and us is comprised of this document (the PDS), your application and the current **Policy Schedule** we send you.
- Nothing in this **Policy** may be waived or modified except in writing by an authorised officer on our behalf.
- The **Policy** has no prescribed minimum surrender value.



definitions

In this PDS and the **Policy** some words have defined meanings as explained below:

Acceptance Date means the date your application is accepted and your cover begins as set out in the **Policy Schedule**.

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

Accidental Death means death that occurs as a direct result of an **Accident**, and within 90 days of that **Accident**.

Accidental Serious Injury means any of the following serious injuries which occur as a direct result of, and within 12 months of, an **Accident**:

- **Blindness**
- **Coma**
- **Loss of Hearing**
- **Loss or Paralysis of 2 or more Limbs**
- **Loss of Speech**
- **Major Burns**
- **Major Head Trauma**
- **Paralysis**

Australian Resident means a person who currently resides in Australia and holds either an Australian or New Zealand citizenship, an Australian permanent residency visa or has been in Australia continuously for 6 months or more on a temporary work visa.

Automatic Sum Insured Increase means your **Benefit Amount** will be automatically increased by 5% on each **Policy Anniversary**. The **Automatic Sum Insured Increase** will end on the **Policy Anniversary** after the **Life Insured** reaches age 66.

Bacterial Meningitis means inflammation of the covering of the brain and spinal cord, caused by a bacterial infection proven on cerebrospinal fluid analysis. The meningitis must produce **Permanent Neurological Deficit** causing significant functional impairment as confirmed by a **Medical Practitioner** approved by us.

Benefit Amount means the amount payable on the applicable insured event covered under this **Policy** and is shown in your current **Policy Schedule** that we send to you.

Blindness means the complete and irrecoverable **Loss of Sight** in both eyes.

Coma means a state of unconsciousness with no reaction to external stimuli or internal needs, persisting continuously with the use of a life support system for at least 4 days, but excluding comas which are medically induced or resulting from alcohol or drug abuse.

Dangerous Occupation or **Pastime** means a work or a lifestyle activity that involves explosives, weapons, heights above 20m, depths below 30m underground or underwater or speeds above 130km per hour

(other than as a fare-paying passenger on commercial transportation). The following occupations are also considered dangerous: fire-fighter; on active duty in the armed services; or participating as a professional sports person.

Encephalitis means severe inflammation of the brain caused by a viral infection and supported by cerebrospinal fluid analysis. The encephalitis must produce **Permanent Neurological Deficit** causing significant functional impairment as confirmed by a **Medical Practitioner** approved by us.

First Premium Payment Date means the date on which your first premium payment is deducted for your cover and is set out in your **Policy Schedule**.

Insured Child means a child insured under the Children's Cover, as noted on the **Policy Schedule**.

Life Insured means, as the context requires, the **Primary Life Insured** and, if applicable, the **Secondary Life Insured** and who is/are accepted for cover under the **Policy** and who is/are named as such on the current **Policy Schedule**.

Loss of Hearing means complete and irrecoverable loss of hearing, both natural and assisted, from both ears as measured by an audiogram.

Loss of or Paralysis of 2 or more Limbs means total and irrecoverable loss of any of the following:

- a. Use of both hands;
 - b. Use of both feet; or
 - c. Use of one hand and one foot;
- which is of a permanent and disabling nature.

Loss of Sight means that as a result of disease or accident and certified by an ophthalmologist:

- a. the visual acuity on the Snellen Scale and correction by suitable lenses is less than 6/60 in both eyes; or the
- b. the field of vision is constricted to 20 degrees or less of arc around central fixation in the better eye irrespective of corrected visual activity (equivalent to 1/100 white test object);
- c. the combination of visual defects results in the same degree of vision impairment as that occurring in (a) or (b) above.

Loss of Speech means damage to the larynx or its nerve supply, or to the speech centres of the brain, that results in the total and permanent loss of the ability to produce intelligible speech confirmed by a **Medical Practitioner**.

Major Burns means third degree burns to 20% or more of the body surface as measured by 'Rules of Nines' or the Lund and Browder Body Surface Chart; or to the whole of the face or the whole of both hands requiring surgical debridement and/or grafting.

Major Head Trauma means cerebral injury leading to neurological deficit causing permanent impairment of at least 25% whole person function (as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 5th Edition).

Medical Practitioner means a qualified, practicing medical specialist, licensed to practice their medical specialty within Australia or New Zealand, and whose

specialty qualifies them to diagnose an injury or illness covered under this **Policy**. The **Medical Practitioner** must not be you or your partner, or your relative or business associate.

Paralysis means any of the following:

- a. Diplegia which means the total and permanent loss of function of both sides of the body; or
- b. Hemiplegia which means the total and permanent loss of function of one side of the body; or
- c. Paraplegia which means the total and permanent loss of use of both legs; or
- d. Quadriplegia which means the total and permanent loss of use of both arms and both legs; or
- e. Tetraplegia which means the total and permanent loss of use of both arms and both legs, together with loss of head movement, due to brain injury or spinal cord injury.

Partner means a legal husband or wife, or someone living with you as your de-facto spouse regardless of gender, as noted on the **Policy Schedule**.

Permanent Neurological Deficit means symptoms of dysfunction of the nervous system that are present on clinical examination and expected to last throughout the person's life. These:

- include numbness, **Paralysis**, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of co-ordination, tremor, seizures, dementia, delirium and **Coma**; and

- exclude an abnormality seen on brain or other scans without definite related clinical symptoms, neurological signs occurring without symptomatic abnormality (e.g. Brisk reflexes without other symptoms), lesser symptoms such as lethargy, localised weakness, hyperaesthesia (increasing sensitivity), and symptoms of psychological or psychiatric origin.

Policy means the legal contract between you (the **Policy Owner**) and us. The PDS current at the time you applied, your application, any future application accepted, the current **Policy Schedule**, and any special conditions, amendments or endorsements make up the **Policy**.

Policy Anniversary means the anniversary of the **First Premium Payment Date** of your **Policy**.

Policy Owner means the person noted on the **Policy Schedule** as the **Policy Owner**. This is the **Primary Life Insured** on the **Policy**. If the **Primary Life Insured** dies while owning the **Policy** leaving a surviving **Secondary Life Insured**, the **Policy** will continue in the name of the **Secondary Life Insured** as the new **Policy Owner** as if they were the **Primary Life Insured**.

Policy Schedule means the schedule issued with this **Policy** and any replacement schedules that are issued to you throughout the life of your **Policy**. A new schedule will be issued when the details of the cover provided under your **Policy** change. A new schedule replaces any previous schedule issued from the date specified on the schedule.

Pre-Existing Medical Condition means a sickness, injury or disability, which during the Relevant Period:

- a. the **Life Insured** has been subject to; or
- b. the **Life Insured** experienced signs or symptoms leading to diagnosis of the sickness, injury or disability (whether such diagnosis occurred before or after the **Acceptance Date**), or that the **Life Insured** or a reasonable person would have been aware of the existence of such signs or symptoms; or
- c. medical advice, treatment or medical investigation was recommended by, or received from a registered doctor/ health professional.

Without in any way limiting the wording above, claims resulting from the **Life Insured** suffering a stroke, brain haemorrhage, heart attack or coronary heart disease will be deemed to be a **Pre-Existing Medical Condition** where, during the Relevant Period:

- the **Life Insured** had a Body Mass Index of 40 or greater; or
- the **Life Insured** had a total blood cholesterol above 7.0 mmol/L; or
- the **Life Insured** had a resting systolic blood pressure above 160 mmHg and resting diastolic blood pressure above 100 mmHg on 3 separate assessments from a health care provider; or
- the **Life Insured** was a diabetic suffering proteinuria, kidney disease, retinopathy, neuropathy or were admitted to hospital for treatment of diabetes or any condition resulting from diabetes.

For the purposes of this definition, the

“Relevant Period” is the 5 year period prior to any of the following:

- i. the **Acceptance Date** of the **Policy**; or
- ii. the **Acceptance Date** of any increase in cover requested by you, (but only with respect to the increase) which is not an **Automatic Sum Insured Increase**; or
- iii. any reinstatement date of the **Policy**.

Primary Life Insured means **Policy Owner** noted as the **Primary Life Insured** in the **Policy Schedule**.

Secondary Life Insured means the **Partner** of the **Primary Life Insured** noted in the **Policy Schedule**.

Specified Cancer (for Children’s Cover only) means any malignant tumour diagnosed with histological confirmation and characterised by:

- a. the uncontrolled growth of malignant cells; and
- b. invasion and destruction of normal tissue beyond the basement membrane.

The term malignant tumour includes leukaemia, sarcoma and lymphoma.

The following are not covered:

- All tumours which are histologically classified as any of the following:
 - i. pre-malignant;
 - ii. non-invasive;
 - iii. high-grade dysplasia;
 - iv. borderline or low malignant potential.
- Carcinoma in situ except carcinoma in situ of the breast where a total mastectomy with full removal of the breast has been undertaken and was considered by

treating doctors to be the appropriate and necessary treatment.

- All cancers of the prostate unless:
 - i. histologically classified as having a Gleason score of 7 or above; or
 - ii. having progressed to at least clinical stage T2bN0M0 on the TNM clinical staging system; or
 - iii. where a total prostatectomy has been undertaken where the procedure was specifically to arrest the spread of malignancy and was considered by treating doctors to be the appropriate and necessary treatment.
- All cancers of the thyroid unless:
 - i. having progressed to at least TNM classification T2N0M0; or
 - ii. where a total thyroidectomy has been undertaken and was considered by treating doctors to be the appropriate and necessary treatment.
- All cancers of the bladder unless having progressed to at least TNM classification T1N0M0.
- Cutaneous lymphoma confined to the skin.
- Chronic lymphocytic leukaemia unless having progressed to at least Rai stage I.
- All non-melanoma skin cancers unless having spread to the bone, lymph node, or an other distant organ.
- All melanoma skin cancers unless having progressed to at least TNM classification T2bN0M0.

Terminal Illness means a confirmed diagnosis by a **Medical Practitioner** approved by us of a terminal illness where life expectancy, after taking into account all reasonably available treatment, is 12 months or less.

direct debit service agreement

1. St Andrew's Life Insurance Pty Ltd ABN 98 105 176 243 ('Debit User') will initiate direct premium debit payments in the manner referred to in the Schedule (contained in the Direct Debit Request).
2. Debit payments will be made when due. The Debit User will not issue individual confirmation of payments made.
3. The Debit User will give you at least 14 days' written notice if the Debit User proposes to vary details of this arrangement, including the amount and frequency of debit payments.
4. If you wish to defer any payment or alter any of the details referred to in the Policy Schedule, you must either contact the Debit User on 1300 355 355 or write to the Debit User at PO Box 1192, Chatswood NSW 2057.
5. Queries concerning disputed debit payments must be directed to the Debit User in the first instance. Details of the dispute resolution process that applies to the Debit User are described in this PDS on page 23. Queries about claims in regards to disputed debit payments should also be directed to the Debit User and may also be directed to your financial institution nominated in the Schedule.
6. Direct payment debiting is not available on the full range of accounts at all financial institutions. If in doubt, you should check with your financial institution before completing the Direct Debit Request.
7. You should ensure that your account details given in the Policy Schedule are correct by checking against a recent statement from your financial institution at which your account is held.
8. It is your responsibility to have sufficient cleared funds available, by the premium due date, in the account to be debited to enable debit payments to be made in accordance with the Direct Debit Request.
9. By authorising the Direct Debit Request, you warrant and represent that you are duly authorised to request and instruct the debiting of premium payments from the account described in the Policy Schedule.
10. If a debit payment falls due on any day which is not a business day, the payment will be made on the next business day. If you are uncertain as to when a debit payment will be processed to your account, you should make enquiries directly with the financial institution nominated in the Policy Schedule.
11. If a debit payment is returned unpaid, you may be charged a fee by the financial institution nominated in the Policy Schedule for each returned item.
12. If you wish to cancel the Direct Debit Request or to stop individual payments you must give at least 7 days' written notice to the Debit User at PO Box 1192, Chatswood NSW 2057.
13. Except to the extent that disclosure is necessary in order to process debit payments, investigate and resolve disputed transactions or is otherwise required by law, the Debit User and its service providers will keep details of your account and debit payments confidential.

nomination of beneficiaries

As the **Policy Owner**, you have the option to nominate a beneficiary or beneficiaries to receive benefits payable under your **Policy**, upon your death. The option to nominate a beneficiary is subject to the completion and return of this Nomination of Beneficiaries Form to Let's Insure and to the conditions listed below.

CONDITIONS

The following conditions apply:

- Nominations must be in writing on a Nomination of Beneficiaries Form;
- There can be up to 5 nominees and nominations must be of a natural person;
- You may vary the nomination at any time by completing and signing a new Nomination of Beneficiaries Form and forwarding it to Let's Insure at PO Box 1192, Chatswood NSW 2057. The variation takes effect when it is received and processed by Let's Insure;
- Payment of benefits will be made on the basis of the latest valid nomination received and processed by Let's Insure;
- If a nominated beneficiary is a minor when the payment is made, it will be made to the minor's legal guardian; and
- If a nominee pre-deceases the **Policy Owner**, that nominee's share is payable to the **Policy Owner's** legal personal representative, or such other person that we are permitted to pay under the Life Insurance Act 1995.

Where no valid nomination applies:

- Benefit payments will be made to you, the **Policy Owner**; or
- If you (the **Policy Owner**) die, the **Benefit Amount** will be paid to your legal personal representative, or other person that we are permitted to pay under the Life Insurance Act 1995.

See over for form.

NOMINATION OF BENEFICIARIES FORM



Policy number				
Name of Policy Owner				
Full name of Beneficiary	Address	Date of birth	Relationship to Policy Owner	Proportion of Benefit Amount
Signature of Policy Owner				Date / /

PLEASE RETURN YOUR COMPLETED FORM TO LET'S INSURE. YOU CAN:

1. Scan and email (with your name and Policy Number as the subject line) to customerservice@letsinsure.com.au
2. Mail to PO Box 1192, Chatswood NSW 2057

This cover is issued by St Andrew's Life Insurance Pty Ltd ABN 98 105 176 243, AFSL 281731 and is subject to the terms and conditions as set out in the Product Disclosure Statement which was current at the Acceptance Date.

plan for the future
live for **today**

letsinsure.com.au

1300 355 355

Monday to Friday 9am - 5pm

let's[®]
INSURE