



let's[®]
INSURE

Essentials Life Cover

Product Disclosure Statement Issue 1: 2 January 2018

Let's Insure Essentials Life Cover

Let's Insure Essentials Life Cover 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.

Let's Insure Essentials Life Cover 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 Let's Insure Essentials Life Cover. Helping to protect Australians since 1998, St Andrew's is a leading provider of consumer credit insurance and life insurance products. Each Let's Insure Essentials Life Cover 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 for professional behaviour 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 Let's Insure Essentials Life Cover 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 only and does not take into account your individual objectives or financial situation.

In this PDS, 'we', 'us' and 'our' refer to St Andrew's, the insurer of Let's Insure Essentials Life Cover and issuer of this PDS. 'You' refers to the **Policy Owner** of a Let's Insure Essentials Life Cover 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 31-37.

Let's Insure Essentials Life Cover 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 a Let's Insure Essentials Life Cover 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 Let's Insure Essentials Life Cover 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 Essentials Life Cover

- Up to \$350,000 of life cover.
- Guaranteed renewable for the life of the Policy.
- Family cover available to protect your partner & dependent children, for added peace of mind.

plus...

- Free interim Accidental Death Cover.
- Financial Planning Benefit at no additional cost.
- Financial Assistance Benefit at no additional cost.
- An advance Funeral Benefit of \$16,000 to assist your family in paying for your funeral and other final expenses.
- Early payment on diagnosis of a Terminal Illness.
- Optional Total and Permanent Disability Cover of up to \$350,000.
- Optional Trauma Cover of up to \$350,000 providing cover for the “big 4” critical conditions and 16 other serious conditions.
- Optional Accidental Death Cover up to \$300,000.
- Optional Children's Insurance Cover up to \$60,000.
- Automatic cost of living increases to help your Policy keep up with inflation.
- Premiums are free after age 92.



what is essentials life cover?

Essentials Life Cover 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 will be protected.

WHO CAN APPLY FOR ESSENTIALS LIFE COVER?

You can apply for cover on your own life (Primary **Life Insured**) as well as cover to include your **Partner** or **Relative** (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 Essentials Life Cover **Benefit Amount** you can apply for is \$50,000. The Maximum Essentials Life Cover **Benefit Amount** you can apply for at **Acceptance Date** is \$350,000.

WHEN WILL WE PAY THE ESSENTIALS LIFE COVER BENEFIT AMOUNT?

We will pay the Essentials Life Cover **Benefit Amount** as a lump sum on the death of a **Life Insured** or if the **Life Insured** is diagnosed with a **Terminal Illness** while covered under this **Policy**.

ADVANCE FUNERAL BENEFIT

In the event of a **Life Insured's** death, that is not the result of a self inflicted injury within

the first 13 months of the **Policy Acceptance Date**, we will advance \$16,000 of the Essentials Life Cover **Benefit Amount** whilst we are assessing the claim, to assist with the costs in paying for the funeral and other final expenses. The Advance Funeral Benefit will be made once we receive satisfactory evidence of the deceased **Life Insured's** age and death and any payment made is not an admission of our liability to pay the balance of the Essentials Life Cover **Benefit Amount**, which is subject to the provision of all claim proofs. The Advance Funeral Benefit is not payable if there is reasonable doubt about whether you have complied with your duty of disclosure - Refer to page 29.

MAXIMUM ESSENTIALS LIFE COVER BENEFIT AMOUNT

The total Essentials Life Cover **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 Essentials Life Cover Policy, we will apply this limit to the total of all Essentials Life Cover **Benefit Amounts** under all Let's Insure Essentials Life Cover policies. Any reduction to the total Essentials Life 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 Essentials Life Cover **Benefit Amount** will be refunded.

REDUCTION TO ESSENTIALS LIFE COVER BENEFIT AMOUNT

The Essentials Life Cover **Benefit Amount** for a **Life Insured** will be reduced by the amount of:

- any Total and Permanent Disability **Benefit Amount** paid; and/or
- any Trauma **Benefit Amount** paid; and/or
- any Advance Funeral Benefit paid,

in respect of that **Life Insured**. If we reduce your Essentials Life Cover **Benefit Amount**, we will adjust your premiums to reflect the reduced cover.

WHEN DOES MY ESSENTIALS LIFE COVER START?

If your application for Essentials Life 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**.

Provided you pay all your premiums when due, we guarantee to renew your Essentials Life Cover for life. After age 92 the premium for a **Life Insured** is free.

WHEN DOES MY ESSENTIALS LIFE COVER END?

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

- the date you cancel the **Policy**; or

- the date we cancel or avoid your **Policy**, due to non-payment of premiums or when 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 death or **Terminal Illness** claim for that **Life Insured**; or
- the date of payment of a Total and Permanent Disability Cover benefit, or Trauma Cover benefit, that results in the Essentials Life Cover **Benefit Amount** reducing to nil.

WHAT IS NOT COVERED UNDER ESSENTIALS LIFE COVER?

We will not pay an Essentials Life Cover **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 intentional or deliberate self-inflicted injury, within 13 months of:

- the **Acceptance Date** of the **Policy**; or
- the date of any increase (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**.

We will not pay an Essentials Life Cover **Benefit Amount** where we have agreed a special term with you in respect of your Essentials Life Cover that specifically excludes the event or condition leading to the claim. We will agree any special terms with you before your **Policy** is issued and they will appear on your **Policy Schedule**.

Let's Insure Essentials Life Cover is affordable insurance that's adaptable to your changing circumstances





what is total and permanent disability cover?

Total and Permanent Disability Cover provides a lump sum payment in the event of you suffering a **Total and Permanent Disability** as defined on page 37.

This cover is optional and is only available with Essentials Life Cover. If you apply for Total and Permanent Disability Cover and we accept your application, it will be shown on your **Policy Schedule**.

Total and Permanent Disability Cover is designed to give you the peace of mind knowing that if you were to become permanently disabled and unable to work again, you can receive a lump sum benefit to help you and your family meet your medical and rehabilitation expenses and maintain your current lifestyle.

WHO CAN APPLY FOR TOTAL AND PERMANENT DISABILITY COVER?

You can apply for cover on your own life (Primary **Life Insured**) as well as cover to include your **Partner** or **Relative** (Secondary **Life Insured**). You (and if applicable, the Secondary **Life Insured**) must be **Australian Resident/s** aged between 18 and 60 years of age. A maximum of two adult lives can be insured under one **Policy**.

WHAT BENEFIT AMOUNT CAN YOU APPLY FOR?

The Minimum Total and Permanent Disability Cover **Benefit Amount** you can apply for is \$50,000.

The Maximum Total and Permanent Disability Cover **Benefit Amount** you can apply for at **Acceptance Date** is \$350,000. Your Total and Permanent Disability cover **Benefit Amount** cannot exceed your Essentials Life Cover **Benefit Amount**.

WHEN WILL WE PAY THE TOTAL AND PERMANENT DISABILITY COVER BENEFIT AMOUNT?

We will pay the Total and Permanent Disability Cover **Benefit Amount** as a lump sum if the **Life Insured** suffers a **Total and Permanent Disability** while covered under this **Policy** for this benefit.

MAXIMUM TOTAL AND PERMANENT DISABILITY COVER BENEFIT AMOUNT

The Total and Permanent Disability Cover **Benefit Amount** payable for a **Life Insured** under the **Policy** cannot exceed the Essentials Life Cover **Benefit Amount** or the Maximum Total and Permanent Disability Cover **Benefit Amount** at **Policy Acceptance Date**, plus any **Automatic Sum Insured Increase** under the **Policy**.

If the **Life Insured** is covered for Total and Permanent Disability under more than one Let's Insure Essentials Life Cover Policy, we

will apply this limit to the total of all Total and Permanent Disability Cover **Benefit Amounts** under all Let's Insure Essentials Life Cover policies. Any reduction to the Total and Permanent Disability 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 Total and Permanent Disability Cover **Benefit Amount** will be refunded.

If we pay a Total and Permanent Disability claim, the Essentials Life Cover **Benefit Amount** and, if applicable the Trauma Cover **Benefit Amount**, for the **Life Insured** is reduced by the amount paid. If we reduce your Essentials Life Cover **Benefit Amount** and/or Trauma Cover **Benefit Amount**, we will adjust your premiums to reflect the reduced cover.

WHEN DOES MY TOTAL AND PERMANENT DISABILITY COVER START?

If your application for Total and Permanent Disability 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 the original **Acceptance Date**, and we accept your application, we will advise you of the date your Total and Permanent Disability Cover starts.

Provided you pay all your premiums when due, we guarantee to renew your Total and Permanent Disability Cover until the **Policy Anniversary** following the attainment of age 65.

REDUCTION TO THE TOTAL AND PERMANENT DISABILITY COVER BENEFIT AMOUNT

The Total and Permanent Disability Cover **Benefit Amount** for a **Life Insured** will be reduced by the amount of any Trauma Cover benefit paid in respect of that **Life Insured**. If we reduce your Total and Permanent Disability Cover **Benefit Amount**, we will adjust your premiums to reflect the reduced cover.

WHEN DOES MY TOTAL AND PERMANENT DISABILITY COVER END?

Total and Permanent Disability 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 or avoid your **Policy**, due to non-payment of premiums or when 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 death or **Terminal Illness** claim for that **Life Insured**; or
- the date of payment of a Total and Permanent Disability Cover **Benefit Amount**; or
- the date of payment of a Trauma Cover benefit, that results in the Total and Permanent Disability Cover **Benefit Amount** reducing to nil; or
- the **Policy Anniversary** following the attainment of age 65.

WHAT IS NOT COVERED UNDER TOTAL AND PERMANENT DISABILITY COVER?

We will not pay a Total and Permanent Disability Cover **Benefit Amount** in respect of a **Life Insured**, if the claim is a result, directly or indirectly, of an intentional or deliberate self-inflicted injury.

We will not pay a Total and Permanent Disability Cover **Benefit Amount** where we have agreed a special term with you in respect of your Total and Permanent Disability Cover that specifically excludes the event or condition leading to the claim. We will agree any special terms with you before your **Policy** is issued and they will appear on your **Policy Schedule**.



what is trauma cover?

Trauma Cover provides a lump sum payment in the event of you suffering a Trauma event specified in this PDS.

This cover is optional and is only available with Essentials Life Cover. If you apply for Trauma Cover and we accept your application, it will be shown on your **Policy Schedule**.

The following “big 4” trauma events are covered under Trauma Cover:

- **Cancer***
- **Coronary Artery Bypass Surgery***
- **Heart Attack***
- **Stroke***

as well as the following additional serious trauma events:

- **Benign Brain or Spinal Cord Tumour***
- **Coma**
- **Heart Valve Surgery***
- **Kidney Failure**
- **Liver Failure**
- **Loss of Hearing**
- **Loss of Independent Living**
- **Loss of or Paralysis of 2 or more Limbs**
- **Loss of Sight**
- **Loss of Speech**
- **Lung Failure**
- **Major Burns**
- **Major Head Trauma**
- **Major Organ Transplant**
- **Paralysis**

- **Triple Vessel Coronary Angioplasty for Coronary Artery Disease***

These trauma events are defined under “Definitions” on pages 31 - 37.

WHO CAN APPLY FOR TRAUMA COVER?

You can apply for cover on your own life (Primary **Life Insured**) as well as cover to include your **Partner** or **Relative** (Secondary **Life Insured**). You (and if applicable, the Secondary **Life Insured**) must be **Australian Resident/s** aged between 18 and 60 years of age. A maximum of two adult lives can be insured under one **Policy**.

WHAT BENEFIT AMOUNT CAN YOU APPLY FOR?

The Minimum Trauma Cover **Benefit Amount** you can apply for is \$50,000.

The Maximum Trauma Cover **Benefit Amount** you can apply for at **Acceptance Date** is \$350,000. Your Trauma Cover **Benefit Amount** cannot exceed your Essentials Life Cover **Benefit Amount**.

WHEN WILL WE PAY THE TRAUMA COVER BENEFIT AMOUNT?

We will pay the Trauma Cover **Benefit Amount** as a lump sum if the **Life Insured** suffers one of the listed Trauma events

above (on page 13) while covered under this **Policy** for this benefit.

MAXIMUM TRAUMA COVER BENEFIT AMOUNT

The Trauma Cover **Benefit Amount** payable for a **Life Insured** under the **Policy** cannot exceed the Essentials Life Cover **Benefit Amount** or the Maximum Trauma Cover **Benefit Amount** at **Policy Acceptance Date** plus any **Automatic Sum Insured Increase** under the **Policy**.

If the **Life Insured** is covered for Trauma under more than one Let's Insure Essentials Life Cover Policy, we will apply this limit to the total of all Trauma Cover **Benefit Amounts** under all Let's Insure Essentials Life Cover policies. Any reduction to the Trauma 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 Trauma Cover **Benefit Amount** will be refunded.

If we pay a Trauma claim, the Essentials Life Cover **Benefit Amount** and, if applicable the Total and Permanent Disability Cover **Benefit Amount**, for the **Life Insured** is reduced by the amount paid. If we reduce your Essentials Life Cover **Benefit Amount** and/or Total and Permanent Disability Cover **Benefit Amount**, we will adjust your premiums to reflect the reduced cover.

WHEN DOES MY TRAUMA COVER START?

If your application for Trauma 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 Trauma Cover starts.

Provided you pay all your premiums when due, we guarantee to renew your Trauma Cover until the **Policy Anniversary** following the attainment of age 65.

REDUCTION TO THE TRAUMA COVER BENEFIT AMOUNT

The Trauma Cover **Benefit Amount** for a **Life Insured** will be reduced by the amount of any Total and Permanent Disability Cover benefit paid in respect of that **Life Insured**. If we reduce your Trauma Cover **Benefit Amount**, we will adjust your premiums to reflect the reduced cover.

WHEN DOES MY TRAUMA COVER END?

Trauma 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 or avoid your **Policy**, due to non-payment of premiums or when 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 death or **Terminal Illness** claim for that **Life Insured**; or
- the date of payment of a Trauma Cover **Benefit Amount**; or
- the date of payment of a Total and Permanent Disability Cover benefit, that

results in the Trauma Cover **Benefit**

Amount reducing to nil; or

- the **Policy Anniversary** following the attainment of age 65.

WHAT IS NOT COVERED UNDER TRAUMA COVER?

We will not pay a Trauma Cover **Benefit Amount** in respect of a **Life Insured**, if the claim is a result, directly or indirectly, of an intentional or deliberate self-inflicted injury. In addition, Trauma events with an asterisk (*) will not be payable if the condition resulting in the claim was diagnosed, or the circumstances leading to diagnosis became apparent within 90 days after:

- the **Acceptance Date** of the **Policy**; or
- the date of any increase (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**.

We will pay for any new and unrelated occurrence of a condition marked with an asterisk (*) that occurs after this 90 day period. We will not pay a Trauma Cover **Benefit Amount** where we have agreed a special term with you in respect of your Trauma Cover that specifically excludes the event or condition leading to the claim. We will agree any special terms with you before your **Policy** is issued and they will appear on your **Policy Schedule**.

what is accidental death cover?

Accidental Death Cover provides a lump sum payment, in addition to the Essentials Life Cover **Benefit Amount**, in the event of your **Accidental Death** as defined on page 31.

This cover is optional and is only available with Essentials Life Cover. If you apply for Accidental Death Cover and we accept your application, it will be shown on your **Policy Schedule**.

WHO CAN APPLY FOR ACCIDENTAL DEATH COVER?

You can apply for cover on your own life (Primary **Life Insured**) as well as cover to include your **Partner** or **Relative** (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 Accidental Death Cover **Benefit Amount** between \$50,000 and \$300,000. The combined Essentials Life Cover and Accidental Death Cover **Benefit Amount** cannot exceed \$350,000.

WHEN WILL WE PAY THE ACCIDENTAL DEATH COVER BENEFIT AMOUNT?

We will pay the Accidental Death Cover **Benefit Amount** as a lump sum if the **Life Insured** suffers an **Accidental Death** while covered under this **Policy** for this benefit.

MAXIMUM ACCIDENTAL DEATH COVER BENEFIT AMOUNT

The Accidental Death Cover **Benefit Amount** payable for a **Life Insured** under the **Policy** cannot exceed \$300,000 plus any **Automatic Sum Insured Increase** under the **Policy**. The combined Essentials Life Cover and Accidental Death Cover **Benefit Amount** cannot exceed \$350,000 plus any **Automatic Sum Insured Increase**.

If the **Life Insured** is covered for **Accidental Death** under more than one Let's Insure Essentials Life Cover Policy, we will apply this limit to the total of all Accidental Death Cover **Benefit Amounts** under all Let's Insure Essentials Life Cover policies. Any reduction to the Accidental Death 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 Accidental Death Cover **Benefit Amount** will be refunded.

WHEN DOES MY ACCIDENTAL DEATH COVER START?

If your application for Accidental Death 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 **Accidental Death** Cover starts.

Provided you pay all your premiums when due, we guarantee to renew your Accidental Death Cover until the **Policy Anniversary** following the attainment of age 75.

WHEN DOES MY ACCIDENTAL DEATH COVER END?

Accidental Death 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 or avoid your **Policy**, due to non-payment of premiums or when 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 death or **Terminal Illness** claim; or
- the **Policy Anniversary** following the attainment of age 75.

WHAT IS NOT COVERED UNDER ACCIDENTAL DEATH COVER?

We will not pay an Accidental Death Cover **Benefit Amount** in respect of a **Life Insured** if the claim is the direct or indirect result of:

- natural causes, illness, an intentionally self-inflicted injury 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

- engagement in any professional sport (where livelihood is substantially dependent upon income received as a result of playing such sport) or any motor sport as a rider, driver or passenger; 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.

We will not pay an Accidental Death Cover **Benefit Amount** where we have agreed a special term with you in respect of your Accidental Death Cover that specifically excludes the event or condition leading to the claim. We will agree any special terms with you before your **Policy** is issued and they will appear on your **Policy Schedule**.



what is children's cover?

Children's Cover provides a lump sum payment up to \$60,000 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 Essentials Life Cover. If you apply for Children's Cover and we accept your application, it will be shown on your **Policy Schedule**.

The following Child Trauma events are covered under Children's Cover:

- **Bacterial Meningitis**
- **Cancer**
- **Encephalitis**
- **Loss of Hearing**
- **Loss of Sight**
- **Major Head Trauma**
- **Major Burns**
- **Paralysis**

The definitions for these conditions are set out on pages 31 - 37.

WHO CAN APPLY FOR CHILDREN'S COVER?

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

WHAT BENEFIT AMOUNT CAN YOU APPLY FOR?

You can apply for a **Benefit Amount** of

between \$10,000 and \$60,000 for each **Insured Child** on the **Policy**.

| Current Age | Maximum Benefit Amount |
|-------------|------------------------|
| 2 - 18 | \$60,000 |

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

We will pay the Children's Cover **Benefit Amount** 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.

MAXIMUM CHILDREN'S COVER BENEFIT AMOUNT

The Children's Cover **Benefit Amount** payable for an **Insured Child** under the **Policy** cannot exceed \$60,000 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 Essentials Life Cover Policy, we will apply this limit to the total of all Children's Cover **Benefit Amounts** under all Let's Insure Essentials Life Cover 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 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.

Provided 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.

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 or avoid your **Policy**, due to non-payment of premiums or when 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 Insurance **Benefit Amount**; or
- the date when there are no Lives Insured on this **Policy**; or
- the **Policy Anniversary** following the 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 the direct or indirect 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.



other great features

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.

INTERIM ACCIDENTAL DEATH COVER - FREE!

If you apply for insurance over the phone, and we require further information to assess your application, you will automatically be provided with FREE interim Accidental Death Cover for up to 30 days. The amount of the interim Accidental Death Cover is equal to the Essentials Life Cover **Benefit Amount** you have applied for and is subject to the terms and conditions explained in this PDS. Your Interim Accidental Death Cover, which is provided at no additional cost to you, is temporary and will cease after 30 days, or on the date on which we have notified you that we have accepted or declined your application, whichever occurs first.

Accidental Death is defined on page 31.

FINANCIAL PLANNING BENEFIT - NO ADDITIONAL COST!

If you have continuously held your **Policy** for 3 years, we will reward you by automatically upgrading your **Policy** to include the Financial Planning Benefit at your 3rd year **Policy Anniversary**. Under this benefit, which is at no extra cost to you, we will reimburse up to \$3,000 for financial planning advice received from a licensed financial planner within 12 months of an accepted claim under the Essentials Life Cover benefit. This will allow you or your beneficiaries to best utilise the proceeds received. This benefit is only payable once per policy.

FINANCIAL ASSISTANCE BENEFIT - NO ADDITIONAL COST!

If you have continuously held your **Policy** for 12 months, your **Policy** will automatically be upgraded to include a Financial Assistance Benefit. The Financial Assistance Benefit, which is at no extra cost to you, will allow for up to 3 months premiums to be waived on your **Policy** if you are experiencing **Financial Hardship** (as defined on page 33). This will allow you to retain the valuable cover and benefits this **Policy** provides during a period of financial difficulty. Only one Financial Assistance Benefit is available in any 3 year period.

STEPPED PREMIUM OR FIXED PREMIUM OPTIONS

For your convenience and depending on your and your family’s individual needs, you

can apply for either the Stepped Premium or Fixed Premium options for your Let's Insure Essentials Life Cover **Policy**.

Stepped Premium option

If you select the Stepped Premium option, 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 the right), unless you decline the **Automatic Sum Insured Increase**.

Generally, premiums increase each year as your age increases.

Fixed Premium option

If you select the Fixed Premium option, your premium rate will be determined by your age at the date of your **Policy** application and your premium will remain fixed for the life of your **Policy**. Under this option, your **Benefit Amounts** will decrease every year to cater for the increased cost of your cover due to your increase in age. We will send you a renewal notice every **Policy Anniversary** to advise you of your changes in **Benefit Amounts**.

Under both the Stepped Premium option and the Fixed Premium option, premiums are free after you attain age 92.

Premium rates

Premium rates under both options 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 Let's Insure Essentials Life Cover policy owners (or all Let's Insure Essentials Life Cover policy owners in the same group). If we make a change to your premium rate we will send you 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 and no cash value to be paid. Let's Insure aims to keep your fortnightly or monthly premiums as low as possible by excluding such benefits.

AUTOMATIC SUM INSURED INCREASES

To assist you in maintaining the real value of your insurance, your benefit levels will be automatically increased by 5% on each **Policy Anniversary** under the Stepped Premium Option. A new **Policy Schedule** will be issued prior to your **Policy Anniversary** outlining your new **Benefit Amounts** 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, it will not affect your entitlement 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 75.

FLEXIBLE PAYMENT OPTIONS

For your convenience and to make budgeting easy, you can select to pay your premiums 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 Amounts** chosen for each **Life Insured** and **Insured Child**;
- The age of each **Life Insured** - premiums are generally lower for younger lives; and
- Various other factors which affect the premium rating for each **Life Insured** such as gender, smoking status, state of health, family history, occupation and participation in hazardous activities.

Premiums are payable in advance in Australian dollars. You can obtain a quote for Let's Insure Essentials Life Cover in less than a minute 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** or add additional benefits for a **Life Insured**, or add a **Partner, Relative** or **Insured Child** to your **Policy**, you can call Let's Insure on 1300 355 355.

Any insurance already in place will not be affected by future applications for increases, even where we decline the increase or agree to cover subject to special terms.

You can also apply to change the status of a **Life Insured** from smoker to non-smoker, or notify us of a reduction in the **Life Insured's** weight, to bring about a reduction in the premium rating. You must advise us in writing in such instances and complete the relevant forms.

CANCELLING YOUR POLICY

You can cancel your **Policy** within the first 30 days by written notice (per page 22) 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** if you don't pay your premium when it is due and it remains unpaid for more than one month. 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 you 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;
- 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 a Total and Permanent Disability Claim, the Essentials Life Cover **Benefit Amount** and, if applicable the Trauma Cover **Benefit**

Amount, for the **Life Insured** is reduced by the amount paid.

- Where we pay a Trauma claim, the Essentials Life Cover **Benefit Amount** and, if applicable the Total and Permanent Disability Cover **Benefit Amount**, for the **Life Insured** is reduced by the amount paid.
 - 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.
- If we issue any cover under this **Policy**, we do so based on the disclosure/s provided by the **Life Insured/s** made at the time of application, any increases or cover reinstatement.

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

Fax: Claims Manager, Let's Insure
1300 361 097

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 above 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 Essentials Life Cover and **Accidental Death Benefit Amount** for the **Policy Owner** (Primary **Life Insured**) will be paid in the following order:
 - To any nominated beneficiaries

(where there is a valid nomination of beneficiaries - see below);

- 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 Essentials Life Cover and Accidental Death **Benefit Amount** for the Secondary **Life Insured** will be paid to the **Policy Owner**;
- The **Terminal Illness**, Total and Permanent Disability, Trauma benefits 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 39 of this PDS, or 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 below. 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 Let's Insure Essentials Life Cover 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 Ombudsman 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.

YOUR DUTY OF DISCLOSURE

In this section "you" includes yourself and anyone else to be covered by the **Policy**.

What you must tell us

Before you enter into a contract of life insurance with us, you have a duty to disclose to us every matter that you know, or could reasonably be expected to know, is relevant to our decision to insure you and on what terms.

Your duty of disclosure continues until we agree to insure you.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of life insurance.

Your duty however does not require disclosure of anything that:

- reduces the risk to be undertaken by us;
- is common knowledge;
- we know or, in the ordinary course of our business, ought to know;
- we waive your duty to disclose to us.

Who needs to tell us

If another person to be covered by the **Policy** does not tell us everything he or she should have, this may be treated as a failure by you to tell us something that you must tell us.

If you do not tell us

In exercising our rights, we may consider whether your cover is constituted by separate contracts of life insurance and apply our rights separately to each type of cover.

If you do not tell us anything you are required to, and we would not have insured you if you had told us, we may avoid the contract within 3 years of entering into it. If we choose not to avoid the contract, we may, at any time, reduce the amount you have been insured for by using a formula that takes into account the premium that would have been payable if you had told us everything you should have. If the contract provides cover on death, we may only exercise this right within 3 years of entering into the contract.

If we choose not to avoid the contract or reduce the amount you have been insured for, we may, at any time, vary the contract which may reduce our liability under the contract in respect of a claim. This right does not apply if the contract provides cover on death.

If you fail to comply with your duty of disclosure and the failure was fraudulent, we may refuse to pay a claim and treat the **Policy** as never having existed.

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

- 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.
- The **Policy** has no surrender value.
- When you apply for Let's Insure Essentials Life Cover 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 **Policy Schedule** we send you.
- Nothing in this policy may be waived or modified except in writing by an authorised officer on our behalf.
- We will not pay a **Benefit Amount** for a medical condition, injury, sickness or symptom(s) that occurred before the **Acceptance Date**, unless we have been notified during the application process and we agreed to accept it before your **Policy** was issued.
- You may not transfer your rights under this **Policy**.

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**.

Activities of Daily Living means:

- **Bathing** means the ability of the **Life Insured** to wash him/herself either in the bath or shower or by sponge bath without the assistance of another person. The **Life Insured** will be considered to be able to bathe him/herself even if the above tasks can only be performed by using equipment or adaptive devices.
- **Dressing** means the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn, and to fasten and unfasten them, without the assistance of another person. The **Life Insured** will be considered to be able to dress him/herself even if the above tasks can only be performed by using modified clothing or adaptive devices such as tape fasteners or zipper pulls.

- **Eating** means the ability to get nourishment in to the body by any means, once it has been prepared and made available to the **Life Insured**, without the assistance of another person.

- **Toileting** means the ability to get to and from and on and off the toilet, to maintain a reasonable level of personal hygiene without the assistance of another person. The **Life Insured** will be considered able to toilet him/herself even if he or she has an ostomy and is able to empty it him/herself, or if the **Life Insured** uses a commode, bedpan or urinal, and is able to empty and clean it without the assistance of another person.

- **Transferring** means the ability to move in and out of a chair, wheelchair or bed without the assistance of another person. The **Life Insured** will be considered able to transfer him/herself even if equipment such as canes, quad canes, walkers, crutches or grab bars or other support devices including mechanical or motorised devices is used.

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 75.

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 the last **Policy Schedule**.

Benign Brain or Spinal Cord Tumour means a non-cancerous tumour in the brain or spinal cord giving rise to characteristic symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment as confirmed by a **Medical Practitioner** who is a consultant neurologist, approved by us. The tumour must result in permanent neurological deficit:

- causing at least a permanent 25% impairment of whole person function (as defined in the edition of the American Medical Association's publication 'Guides to the Evaluation of Permanent Impairment' current as at the preparation date of the Let's Insure Essentials Life Cover PDS) or
- requiring cranial surgery for its removal.

The presence of the underlying tumours must be confirmed by imaging studies such as CT Scan or MRI. Cysts, granulomas, malformations in or of the arteries or veins of the brain, haematomas and tumours in the

pituitary gland or spine are excluded.

Cancer 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.

Cognitive Impairment means a total and permanent deterioration or loss of intellectual capacity that has been clinically observed and evidenced by a Modified Mini Mental Exam (3MS) score <48, that has been present for a period of at least six consecutive months and that requires the **Life Insured** to be under the ongoing continuous care and supervision by another adult person to perform the **Activities of Daily Living**.

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 72 hours, but excluding comas which are medically induced or resulting from alcohol or drug abuse.

Coronary Artery Bypass Surgery means the undergoing of coronary artery bypass surgery which is considered medically

necessary to correct or treat coronary artery disease. Surgery does not include angioplasty, or other intra-arterial and non-surgical procedures.

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.

Financial Hardship means you are either away from work on maternity or paternity leave or have been made involuntarily unemployed through no fault of your own.

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**.

Heart Attack means the death of a portion of the heart muscle as a result of inadequate blood supply, where the diagnosis is supported by the detection of a rise and/or fall of cardiac biomarker values with at least one value above the 99th percentile upper reference limit (URL) and with at least three of the following:

- a. Symptoms of ischaemia.
- b. New significant ST-segment–T wave (ST–T) ECG changes or new left bundle branch block (LBBB).
- c. Development of new pathological Q waves in the ECG.
- d. Imaging evidence of new regional wall motion abnormality present at least six weeks after the event.

If the tests specified in a) to d) above are inconclusive or unable to be met, then

the definition will be met if at least three months after the event the Life Insured's left ventricular ejection fraction is less than 50 per cent.

The following are not covered:

- A rise in biological markers as a result of an elective percutaneous procedure for coronary artery disease.
- Other acute coronary syndromes including but not limited to angina pectoris.

Heart Valve Surgery means undergoing surgery to replace or repair a cardiac valve as a consequence of heart valve defects or abnormalities but does not include angioplasty, intra-arterial procedures or non surgical techniques.

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

Kidney Failure means end stage renal failure presenting as chronic irreversible failure of the function of both kidneys, as a result of which regular renal dialysis is instituted.

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

Liver Failure means end stage liver failure resulting in permanent jaundice, ascites and/or encephalopathy.

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

Loss of Independent Living means the **Life Insured** is unable to perform any two of the **Activities of Daily Living** without the physical assistance of someone else or the **Life Insured** has suffered **Cognitive Impairment** that is established by a **Medical Practitioner** approved by us. Loss of independent living due to 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) is specifically excluded.

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

- a. visual acuity on the Snellen Scale and correction by suitable lenses is less than 6/60 in both eyes; or the
- b. 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. 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.

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.

Lung Failure means end stage respiratory failure permanently requiring continuous oxygen therapy and with FEV 1 test results of consistently less than one litre.

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).

Major Organ Transplant means you either undergo the organ transplant, or have been placed on an official Australian acute care hospital waiting list to undergo organ transplant, from a human donor of one or more the following:

- Kidney
- Heart
- Lung
- Liver
- Pancreas
- Small bowel
- The transplant of bone marrow

This treatment must be considered medically necessary and the condition affecting the organ deemed untreatable by any other

means other than organ transplant, as confirmed by a specialist physician.

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 and or business associate.

Normal Domestic Duties means the tasks performed on an unassisted basis by the **Life Insured** whose sole occupation is to maintain their family home, including:

- cooking of meals for their family;
- cleaning of the home;
- shopping for their family's food;
- doing their family laundry; and
- taking care of dependent children (if applicable).

Normal Domestic Duties relate only to duties performed within the person's home for no salary, reward or profit.

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 (eg. 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 **Partner Life Insured**, the **Policy** will continue in the name of the **Partner Life Insured** as the new owner of the **Policy**.

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.

Regular Remuneration Work means an Insured Person is engaged in regular remuneration work if they are doing, or are capable of, work in any employment, business or occupation. They must be doing, or capable of, work for reward - or the hope of reward - of any type.

Relative means a person who is covered under this **Policy** and who is:

- a. The parent, grandparent, brother, sister, uncle, aunt, nephew, niece, lineal descendant or adopted child of the **Policy Owner** or of the **Policy Owner's** spouse; or
- b. The spouse of the person referred to in (a).

Stroke means an acute infarct or non-traumatic haemorrhage of the central nervous system, in which both:

- a. the diagnosis has been confirmed unequivocally either by neuro-imaging

or the independent, clinical assessment of a consultant neurologist; and

- b. there is new objective residual neurological deficit that in the opinion of a consultant neurologist is attributable to a vascular event.

Infarcts caused by systemic hypoxia or hypotension, and infarcts or haemorrhages affecting the eye, optic nerve or peripheral vestibular functions are excluded.

Terminal Illness means a confirmed diagnosis by a **Medical Practitioner**, approved by us, who is a specialist in the field, of a terminal illness that is likely to lead to the death of the **Life Insured** within 12 months or less as a result of acquiring the illness.

Total and Permanent Disability means a **Life Insured** who is under the regular care and following the advice of a medical practitioner and:

- a. who was gainfully employed for at least 20 hours per week in the six months prior to ceasing work and who for six consecutive months has been absent from work and unable to follow his or her usual occupation solely by reason of an accident or illness and who in our opinion, after consideration of evidence satisfactory to us, is unable ever to engage in any **Regular Remuneration Work** for which he or she is reasonably fitted by education, training or experience; or

- b. who suffers the total and permanent loss of use of:
 - two limbs (where 'limb' is defined as the whole hand or the whole foot); or
 - the sight in both eyes; or
 - one limb and the sight in one eye; or
- c. who solely by reason of an accident or illness has suffered the **Loss of Independent Living** for six consecutive months and who in our opinion, after consideration of evidence satisfactory to us, has permanently and irreversibly suffered the **Loss of Independent Living**; or
- d. who was not engaged in any other occupation and was the full-time provider of **Normal Domestic Duties** within the family home in the six months prior to disablement and who for six consecutive months has been unable to engage in **Normal Domestic Duties** solely by reason of an accident or illness and who in our opinion, after consideration of evidence satisfactory to us, is unable ever to engage in the **Normal Domestic Duties** he or she was undertaking before suffering the accident or illness or to engage in any other occupation for which he or she is reasonably fitted by education, training or experience.

Triple Vessel Coronary Angioplasty for Coronary Artery Disease means the undergoing of an angioplasty to three or more coronary arteries during a single surgical procedure that is considered necessary on the basis of angiographic evidence to correct narrowing or obstruction of three or more coronary arteries.

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 29. 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