



DefenceHealth

Injury & Accident Insurance



Combined Product Disclosure Statement and Policy Wording

Injury & Accident Insurance is issued and insured by Chartis and arranged and distributed by Defence Health Ltd.

This document contains your insurance Policy Terms, Provisions and Conditions. It is important that you read and understand it and retain it in a safe place.

This insurance is issued/insured by:
Chartis Australia Insurance Limited (Chartis)
ABN 93 004 727 753 AFSL 381686
Level 12, 717 Bourke Street
Docklands VIC 3008
Telephone: 1800 102 994
Monday to Friday 8am–6pm EST
Facsimile: (03) 9522 4651

Chartis issues / insures this product pursuant to an Australian Financial Services Licence ('AFSL') granted by the Australian Securities and Investments Commission.

Chartis prepares this **Product Disclosure Statement**.

Chartis is a world leader in insurance, with 90 years of proven experience and customer service. Their focus is on commercial and personal insurance, with innovative products and services that are backed by their financial strength. As a result, more than 40 million clients around the world rely on Chartis to meet their insurance needs.

Cover is arranged and distributed by:

Defence Health Limited
ABN 80 008 629 481 AFSL 313890
Level 4, 380 St Kilda Road
Melbourne VIC 3004
Telephone: 1800 335 425
Facsimile: 1300 665 096
Website: www.defencehealth.com.au

Defence Health Limited arranges and distributes the product pursuant to an Australian Financial Services Licence ('AFSL') granted by the Australian Securities and Investments Commission.

Defence Health is a not-for-profit private health insurer for the Defence community.

Founded in 1953, Defence Health has a proud tradition of promoting the health and well being of the Defence community through value for money health care insurance and complementary insurance products.

Defence Health has worked with Chartis in developing the Defence Health Injury & Accident policy to meet the special requirements of ADF members and their families.

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Product Disclosure Statement

1. What is the Product Disclosure Statement?

The Product Disclosure Statement ('PDS') contains information about key benefits and significant features of this Defence Health Injury & Accident Insurance.

The purpose of the PDS is to assist **your** purchasing decision and ability to compare this product with other insurance. This document also contains important information about **your** rights and obligations including the Cooling Off Period. Please retain this document in a safe place.

The terms and conditions of **your** insurance are contained in the **Policy Wording**.

Details about the product issuer can be found on the **inside of the front cover**.

2. Eligibility

This insurance is only available to:

- Members of the Australian Defence Force, both permanent and reservists;
- Employees of the Department of Defence, DFAT and the Attorney General's Department, and other departments that assist or advise the Defence Department or the broader defence community;
- Civilians – whether as individuals, contractors or employees of companies – who work for, advise or assist the broader defence community.





3. Key features of Injury & Accident insurance

- Provides cover if **you** are injured as a result of an accident
- Provides optional cover for accidental death
- Pays out a lump sum benefit for claims on injuries caused by accidents (as defined and covered under the **policy wording – See Section 2, page 15**)
- If **you** take the optional accidental death cover, the policy pays a lump sum benefit for death due to an accident (as defined and covered under the **policy wording – See Section 2, page 15**)
- This insurance covers **you** wherever **you** may be. There is no war zone exclusion.
- If **you** take the optional accidental death cover, there is a waiting period of 12 months if the accidental death occurs whilst on deployment or in a destination for which DFAT has advised against all travel. (Refer to **Optional Plan – Accidental Death on page 9.**)
- Provides insurance for an individual or for the whole family.

4. Key benefits of *your* policy

You can select cover under the following Plans:

- Family Plan** Provides cover for 100% of the number of *basic plan units* purchased for both **you** and **your spouse** and one unit of the selected Basic Plan for each *dependent child* plus the *Optional plan* if purchased for both **you** and **your spouse**.
- Individual Plan** Provides cover for 100% of the number of *basic plan units* purchased plus the *Optional plan* if purchased for **you**.

You can select up to three (3) *basic plan units* of cover under the same Basic Plan (Superior, Premier or Budget) for **you** under Individual Plan or for **you** and **your spouse** under Family Plan for a specified range of Events including:

- **Injury** (as defined) resulting in disability.
- **Injury** (as defined) resulting in fractured bones.
- **Injury** (as defined) resulting in the **permanent** or **total loss** of the use of various senses or body parts.

Dependent children will be covered for only one unit of the nominated Basic Plan regardless of the number of units **you** select for **you** and **your spouse** under the Family Plan. Cover under Event 1 is not available to **dependent children** under the age of seven (7) years.

In addition to the *basic plan units* of cover, **you** have the option to purchase the *Optional plan – Accidental Death Cover* for **you** under Individual Plan or for **you** and **your spouse** under Family Plan. **Dependent children** will be covered up to \$20,000 only under the *Optional plan – Accidental Death Cover* if Family Plan is purchased.

This insurance does not provide weekly benefits for loss of income. Benefits are payable regardless of any Workers Compensation, Medicare, superannuation, private health insurance or third party insurance payouts that **you** may be entitled to. The compensation per *basic plan unit* and the *Optional plan* for each level of cover is as listed in the **Schedule of Benefits** opposite:

Schedule of events – Basic Plan

Events		The compensation		
		Superior	Premier	Budget
<i>Injury, as defined, resulting in:</i>				
*1.	Permanent loss of independent existence	\$375,000	\$187,500	\$75,000
2.	Permanent quadriplegia	\$250,000	\$125,500	\$50,000
3.	Permanent paraplegia	\$250,000	\$125,500	\$50,000
4.	Permanent total loss of entire sight of both eyes	\$250,000	\$125,000	\$50,000
5.	Permanent total loss of use of two limbs	\$250,000	\$125,000	\$50,000
6.	Permanent total loss of use of one limb and the entire sight of one eye	\$250,000	\$125,000	\$50,000
7.	Permanent total loss of use of one limb	\$125,000	\$62,500	\$25,000
8.	Permanent total loss of Hearing in (a) both ears (b) one ear	\$175,000 \$35,000	\$87,500 \$17,500	\$35,000 \$7,000
9.	Permanent total loss of speech	\$175,000	\$87,500	\$35,000
10.	Permanent total loss of entire sight of one eye	\$125,000	\$62,500	\$25,000
11.	Permanent total loss of the lens of one eye	\$50,000	\$25,000	\$10,000
12.	Third degree burns and / or resultant disfigurement received from fire or chemical reaction which extend to cover more than 40% of the total body surface area (TBSA).	\$100,000	\$50,000	\$20,000
13.	Permanent total loss of use of one hand or foot	\$100,000	\$50,000	\$20,000
14.	Permanent total loss of use of one thumb and one finger	\$25,000	\$12,500	\$5,000
15.	Permanent total loss of use of one thumb on either hand	\$20,000	\$10,000	\$4,000

* Event 1 (**permanent loss of independent existence**) is not available to **dependent children** aged under seven (7) years of age.

Events		The compensation		
<i>Injury, as defined, resulting in:</i>		Superior	Premier	Budget
16.	Permanent total loss of use of one finger or toe	\$10,000	\$5,000	\$2,000
17.	Broken bones or simple fractures <i>Injuries</i> resulting in breaks or simple fractures to:			
(a)	1 or more vertebrae of the neck or spine	\$12,500	\$6,250	\$2,500
(b)	Hip, pelvis	\$7,500	\$3,750	\$1,500
(c)	Skull, shoulder blade	\$5,000	\$2,500	\$1,000
(d)	Collarbone, upper leg	\$4,000	\$2,000	\$800
(e)	Upper arm, kneecap	\$3,500	\$1,750	\$700
(f)	Forearm, elbow, lower leg, jaw	\$2,500	\$1,250	\$500
(g)	Wrist, cheek, ankle, hand, foot	\$2,000	\$1,000	\$400
(h)	1 or more ribs	\$1,500	\$750	\$300
(i)	1 or more fingers or thumbs, toes	\$500	\$250	\$100
	Maximum amount payable for any one <i>injury</i> under Event 17.	\$12,500	\$6,250	\$2,500
18.	The <i>insured person</i> being a bed care patient .	\$300 per week	\$200 per week	\$100 per week
	If, as a result of <i>injury</i> as defined, an <i>insured person</i> becomes a bed care patient , we will pay a weekly benefit (up to a maximum of four (4) weeks) that the <i>insured person</i> remains a bed care patient beginning with the first day of confinement. A daily rate of 1/7th of the weekly bed care patient Benefit will be paid if an <i>insured person</i> remains a bed care patient for less than seven (7) days.			

Please note: In the event of multiple *injuries* sustained in the same accident, only the Event (Events 1 to 16, 19) insured for the highest amount on the Plan selected will be compensated.

Special provisions – additional benefits

Home Renovation Benefit: If as a result of *injury* resulting in any one of the Events 1 to 6, **we** will pay 80% of the cost incurred for such renovations to a maximum of \$10,000 regardless of the number of units selected as provided in Special Provisions – Additional Benefits 1.

Accidental HIV Infection Benefit: **We** will pay to the *insured person* compensation of \$25,000 regardless of the number of units selected if the *insured person* accidentally contracts the Human Immunodeficiency Virus (H.I.V.) infection as provided in Special Provisions – Additional Benefits 2.

Spouse and Dependent children: Spouse Benefit – \$5,000, **Dependent children** Benefit – \$5,000 for each *dependent child* to a maximum of \$15,000 – regardless of the number of units selected as provided in Special Provisions – Additional Benefits 3.

Optional plan – Accidental Death Cover

Events		The compensation*		
<i>Injury</i> , as defined, resulting in:		Superior	Premier	Budget
**19.	Death	\$500,000	\$250,000	\$125,000

* **A Waiting period** will apply before any Compensation at **your** selected level of cover under this **Optional plan** is payable for Death as a result of an *injury* whilst an *insured person* is:

- (i) on **deployment** (as defined); or
- (ii) in a destination for which the Australian Government Department of Foreign Affairs & Trade advises overall DO NOT TRAVEL.

Waiting period means a period of twelve (12) continuous months commencing from the date **you** purchase or increase **your Optional plan – Accidental Death Cover** and where **you** have selected and maintained the same level of cover (Superior, Premier, Budget) and Plan type (Individual or Family) during this twelve (12) months continuous period. Where **you** increased **your** level of cover, **you** will remain entitled to **your** original qualified level of cover until the new **waiting period** has been served.

** **Dependent children** will be covered up to \$20,000 only under the **Optional plan – Accidental Death Cover** if Family Plan is purchased.

Please note: The **Optional plan – Accidental Death Cover** is only available with purchase of Basic Plan cover. It cannot be purchased in isolation.

The **Optional plan – Accidental Death Cover** level of cover (Superior, Premier or Budget) and Plan type (Individual or Family) purchased must be the same as that selected for the **Basic Plan – Accidental Injury**.

Cover is limited to the benefits and level of cover shown on **your** Policy Schedule and is subject to the terms, conditions and exclusions in the Policy Wording.

4. Important information

Please read the Policy Wording carefully for full details about lodging a claim and the benefits, terms and conditions that apply to this insurance. Take special note of the following:

- The **Policy Wording** contains a **Definitions** section on **pages 16–19** and **Conditions** that apply to this insurance at **pages 22–23**.
- Words that are emphasised by the use of italics have the meaning given to them in **Definitions** section on **pages 16–19**.
- **Special Provisions** apply to this **Policy Wording** that may impact upon the compensation payable. It is important that **you** carefully read the sections of the **Policy Wording** titled '**Special Provisions**' and '**Special Provisions – Additional Benefits**' on **pages 20–22** of the **Policy Wording**.
- There are some circumstances where cover cannot be provided. These are covered in the **Policy Wording**. Please take special note of the **Exclusions** applicable to all sections of the policy listed on **pages 19–20** of the **Policy Wording**.
- **Age limits** apply to this policy. To be eligible for cover under this policy **you** and **your spouse** must not be less than 18 years of age or more than 70 years of age. Full details of age limits can be found on **page 21** of the **Policy Wording**.

This **PDS** also contains important information about the rights and obligations of *insured person(s)* including information about Privacy, and the General Insurance Code of Practice.

5. Costs

Premiums vary depending on the cover **you** select:

- Individual or Family Plan cover; and
- the level of compensation (Superior, Premier or Budget); and
- Basic Plan and the number of units selected; or Basic Plan and the number of units plus **Optional plan** cover.

The Application Form shows the premium rates for:

- Basic Plan – Accidental **Injury** for each **basic plan unit** available for Individual or Family Plan cover; and
- Basic Plan – Accidental **Injury** plus **Optional plan – Accidental Death Cover** for each **basic plan unit** available under the Basic Plan, for Individual Plan or Family Plan cover.

The premium amount will also be shown on **your Policy Schedule** and includes government charges such as Stamp Duty and GST.

Cover is limited to the benefits and maximum sums insured listed in the **Schedule of Benefits** and is subject to the terms, conditions and exclusions in the **Policy Wording**.

6. Cooling off period

You have 14 days after the day **you** receive this Policy to check that the Policy and benefits meet **your** needs. This is known as the cooling off period. Within this period **you** may cancel the Policy and receive the full refund of all premiums paid. To cancel **your** Policy during the cooling off period, please send **us your** written request to cancel the Policy.

The cooling off period ceases if **you** make a claim before the fourteen (14) day cooling off period has expired.

7. How to make a claim

Information on claims can be found under the section titled '**Conditions – 5. Claims Procedure**' in the Policy Wording. Please read this carefully.

Claims need to be submitted with original supporting documentation such as doctor's reports and proof of identity. Claims should be delivered to the address shown on the outside cover of this document. Please refer to the **Policy Wording** for further details about the above.

8. Code of practice

Chartis is a signatory to the General Insurance Code of Practice. This aims to raise the standards of practice and service in the insurance industry, improve the way the claims and complaints are handled and help people better understand how general insurance works. Information brochures on the Code are available upon request.

9. Dispute resolution

We are committed to handling any complaints about **our** products or services efficiently and fairly. If **you** have a complaint:

1. Contact **us** on **our** dedicated complaints line – 1800 339 669.
2. If **your** complaint is not satisfactorily resolved **you** may request that **your** matter be reviewed by management by writing to:
The Compliance Manager
Chartis
Level 12, 717 Bourke Street
Docklands VIC 3008
3. If **you** are still unhappy, **you** may request that the matter be reviewed by **our** Internal Dispute Resolution Committee (“Committee”). **We** will respond to **you** with the Committee’s findings within 15 working days.
4. If **you** are not satisfied with the findings of the Committee, **you** may be able to take **your** matter to an independent dispute resolution body, Financial Ombudsman Service (FOS). This external dispute resolution body can make decisions with which Chartis are obliged to comply.

Contact details are:

Financial Ombudsman Service
Phone: 1300 780 808 (local call fee applies)
Email: info@fos.org.au
Internet: www.fos.org.au
GPO Box 3
Melbourne VIC 3001

10. Privacy consent and disclosure

Chartis is bound by the National Privacy Principles that apply to any personal information collected by Chartis.

Purpose of collection

Chartis collects information necessary to underwrite and administer **your** insurance cover, to maintain and to improve customer service. **You** have a duty under the Insurance Contracts Act to disclose certain information. Failure to comply with **your** Duty of Disclosure or to provide certain information may result in Chartis either declining cover, cancelling **your** insurance cover or reducing the level of cover. In the course of administering **your** Policy **we** may disclose **your** information to:

- (a) the entity to which Chartis is related (whether in Australia or overseas), contractors or third party providers providing services related to the administration of **your** Policy.
- (b) banks and financial institutions for the purpose of processing **your** Application and obtaining Policy payments;
- (d) assessors, third party administrators, emergency providers, and medical providers, in the event of a claim.
- (e) other third parties, including mailing houses and marketing companies, to enable **us** to advise **you** of **our** insurance products and services.

In some circumstances Chartis is entitled to disclose **your** personal information to third parties without **your** authorisation, such as to law enforcement agencies or government authorities.

Access to **your** information

You may gain access to **your** personal information by submitting a written request to Chartis.

In some circumstances, Chartis may not permit access to **your** personal information. Circumstances where access may be denied include where it would compromise the privacy of other individuals, or where it would be unlawful.

Complaints

Chartis has also established an internal dispute resolution process for handling customer complaints and an access and correction procedure. Both procedures are generally free of charge however Chartis reserves the right to charge for access requests in certain circumstances.

If **you** feel **you** have a complaint about Chartis' compliance with the National Privacy Principles, require assistance in lodging a privacy complaint or **you** wish to gain access to

the information, **you** may write to:

The Privacy Manager
Chartis
Level 12, 717 Bourke Street
Docklands, VIC 3008

or e-mail australia.privacy.manager@chartisinsurance.com.

Your complaint will be reviewed and **you** will be provided with a written response. If it cannot be resolved, **your** complaint will be referred to Chartis' Internal Disputes Resolution Committee who will respond within 15 working days. In either case the matter will be reviewed by a person or persons with appropriate authority to deal with the complaint.

Should **your** complaint not be resolved by Chartis' internal dispute resolution process, **you** may apply to the Privacy Commissioner for review of the determination.

Consent acknowledgement

By providing **your** personal information to enable completion of the Application of insurance (including any associated form) and paying the premium, **you** consent to the use of **your** personal information stated in the privacy statement above and authorise Chartis to access **your** personal information directly from the Australian Defence Force for the purposes of administering **your** claim(s).

If **you** do not wish **us** to use **your** personal information to keep **you** informed of **our** insurance products and services please contact **us** and let **us** know.

Policy wording

Important notes

1. This document contains **your** Insurance Policy Terms and Conditions. It is important that **you** read and understand it and retain it in a safe place.
2. Please inform **us** immediately of any change in **your**:
 - (a) Address; and/or
 - (b) any other changes affecting the **insured persons** which may require an alteration in the policy.
3. This insurance does not provide weekly benefits for loss of income.
4. **Dependent children** under the age of seven (7) years will not be covered under Event 1 – **Permanent loss of independent existence**.
5. From time to time **we** may vary premium payments for all policies in the Plan selected, such premium variation shall be notified to **you** in writing and will take effect from **your** next **premium due date**.
6. **You** should also note that **we** may elect to no longer provide insurance under the Plan selected, **we** may decline to accept further premium or to renew **your** insurance after the next **premium due date**. In that event **we** shall notify **you** in writing at least sixty (60) days before **your** cover ceases.

Policy conditions

The **insured persons** named in the Policy Schedule are insured against **injury** and, if selected, Death as a result of **injury** on the following terms.

Agreement

All cover is subject to **you** paying or agreeing to pay the premium **we** require, and is subject to all the terms, Conditions, Definitions, Special Provisions and Exclusions of this Policy including the Policy Schedule.

Your duty of disclosure

What **you** must tell **us**

When answering **our** questions, **you** must be honest and **you** have a duty under law to tell **us** anything known to **you**, and which a reasonable person in the circumstances, would include in answer to the question. **We** will use the

answers in deciding whether to insure **you** and anyone else to be insured under the Policy, and on what terms.

Who needs to tell us

It is important that **you** understand **you** are answering **our** questions in this way for *yourself* and anyone else whom **you** want to be covered by the Policy.

If you do not tell us

If **you** do not answer **our** questions in this way, **we** may reduce or refuse to pay a claim, or cancel a Policy. If **you** answer **our** questions fraudulently, **we** may refuse to pay a claim and treat the Policy as never having worked.

Definitions

Words that are emphasised by the use of italics and bold have the meaning given to them in this Definitions section.

Activities of daily living means

- a) Transferring means the ability of the **insured person** to move in and out of a chair or bed without the assistance of another person. The **insured person** will be considered to be able to transfer themselves even if equipment such as canes, quad canes, walkers, crutches or grab bars or other support devices including mechanical or motorised devices are used.
- b) Dressing means the ability of the **insured person** to put on and take off all garments and medical braces or artificial **limbs** usually worn and to fasten and unfasten them, without the assistance of another person. The **insured person** will be considered to be able to dress themselves even if the above tasks can be performed only by using modified clothing or adaptive devices such as tape fasteners or zipper pulls.
- c) Toileting means the ability of the **insured person** to get to and from as well as on and off the toilet, to maintain a reasonable level of personal hygiene and to care for clothing without the assistance of another person. The **insured person** will be considered able to toilet themselves even if they have an ostomy and are able to empty it themselves, or if the **insured person** uses a commode, bedpan or urinal, and are able to empty and clean it without the assistance of another person.
- d) Bathing/Washing means the ability of the **insured person** to wash themselves either in the bath or shower or by sponge bath without the assistance of another person. The **insured person** will be considered to be able to bathe themselves even if the above tasks can only be

performed in the bath or shower by using equipment or adaptive devices.

- e) Eating means the ability of the **insured person** to get nourishment into the body by any means once it has been prepared and made available to the **insured person** without the assistance of another person.

Basic plan unit means

One Unit of Superior Plan or one Unit of Premier Plan or one Unit of Budget Plan as shown in the Schedule of Benefits-Basic Plan. The maximum number of the **basic plan units you** can purchase is three (3) units of the same Basic Plan.

Bed care patient means

An **insured person** who is confined in bed under the regular daily attendance and care of a professional carer (not a family member) directly resulting from a covered **injury** and certified as necessary by a legally qualified medical practitioner. This does not include confinement in any of the following institutions in which an **insured person** resides at the time of the **injury** giving rise to the claim – nursing or convalescent home, a geriatric ward, a mental institution, rehabilitation or extended care facility for the elderly or a place for the care or treatment of alcoholics or drug addicts.

Dependent children mean the unmarried children of the **insured person** who are:

- (a) under nineteen (19) years of age; or
- (b) under twenty-five (25) years of age while they are full-time students at an accredited institution of higher learning;

and at the time of an Event giving rise to a claim are primarily dependent on the **insured person** for maintenance and support.

Dependent children includes step or legally adopted children.

Deployment means participation in overseas Australian Defence Force duty which qualifies as “eligible duty” under the provisions of 7A of the Income Tax Amendment Regulations 2009 (No. 2) and confirmed by Australian Defence Force.

Foot means the entire foot below the ankle joint.

Hand means the entire hand below the wrist joint.

Injury means

A bodily injury to an **insured person** resulting from an accident

caused by violent, external and visible means and occurring solely and directly and independently of any other cause including any pre-existing physical or congenital condition (except sickness or disease directly resulting from medical or surgical treatment rendered necessary by an injury or to infection directly resulting from an injury, provided that in each case the injury itself is covered by this Policy; or to accidental food poisoning), provided the injury:

- (a) occurs on or after the **insured person's** effective date of individual insurance; and
- (b) results in any of the Events specified in the Schedule of Benefits within twelve (12) calendar months from the date of such injury.

Insured person(s) shown on **your** Policy Schedule under the Plan selected, means:

- (a) **you**, if **you** selected "Individual Plan" on **your** Application Form; or
- (b) **you, your spouse** and any **dependent child(ren)**, if **you** selected "Family Plan" on **your** Application Form.

Limb means any part of the arm between the shoulder and the wrist or any part of the leg between the hip and the ankle.

Loss of independent existence means when as a result of an insured Event an **insured person** is unable to perform two (2) or more of the **activities of daily living**.

Optional plan means Superior Plan or Premier Plan or Budget Plan as shown in the Schedule of Benefits for Optional Plan – Accidental Death Cover.

Paraplegia means **permanent** and entire paralysis of both legs and part or whole of the lower half of the body.

Permanent means lasting twelve (12) calendar months from the date of occurrence and at the end of that period being beyond hope of improvement.

Premium due date means, for periodically paid premiums, the end of each period when the premium is payable.

Quadriplegia means **permanent** and entire paralysis of both legs and both arms.

Spouse means the husband or wife or any de-facto partner of the **insured person** who has continuously lived with the **insured person** for at least three (3) calendar months prior to an Event giving rise to a claim under this Policy.

Total loss means, with reference to the body parts listed below:

- (i) Where that body part is a **hand, foot**, finger or toe, **total loss** means the **permanent** and total physical loss or loss of use of that body part referenced in the Schedule of Benefits; or
- (ii) For an eye, entire and irrecoverable loss of sight in that eye; or
- (iii) For an ear, entire and irrecoverable loss of hearing in that ear; or
- (iv) For speech, the entire and irrecoverable loss of speech; or
- (v) For a **limb**, the **permanent** and total physical loss or loss of use of any part of the arm between the shoulder and the wrist or any part of the leg between the hip and the ankle.

We/our/us means Chartis Australia Insurance Limited (**Chartis**), ABN 93 004 727 753 AFSL 381686

You/your means the person who has signed the Application Form.

Exclusions

The Policy shall not apply to any Event arising directly or indirectly out of:

1. Intentional self-injury, suicide, or criminal or illegal act of the **insured person** who is the subject of the claim.
2. Sickness, disease or any kind of infection however contracted. This exclusion however, does not apply to sickness or disease directly resulting from medical or surgical treatment rendered (necessary by an **injury** or to infection directly resulting from an **injury**, provided that in each case the **injury** itself is covered by this Policy; or to accidental food poisoning.
3. Having a blood alcohol content over the prescribed legal limit when driving or operating any motor vehicle, and/or being under the influence of intoxicating liquor and/or being under the influence of any drug other than a drug taken or administered by, or in accordance with the advice of a legally qualified medical practitioner.
4. The **insured person** engaging in any professional sport, meaning his/her livelihood is substantially dependent on income received as a result of him/her playing sport.
5. Racing in or on any motor powered conveyance, excluding social club car rallies.
6. Death as a result of an **injury** whilst an **insured person** is on **deployment** unless the **Optional plan – Accidental Death Cover** has been in force for twelve (12) continuous months at the same level of cover (Superior, Premier,

Budget) other than as provided for under the **Optional plan – Accidental Death Cover** section on page 9.

7. Death as a result of an **injury** whilst an **insured person** is in a destination for which the Australian Government Department of Foreign Affairs & Trade advises overall DO NOT TRAVEL unless the **Optional plan – Accidental Death Cover** has been in force for twelve (12) continuous months at the same level of cover (Superior, Premier, Budget) other than as provided for under the **Optional plan – Accidental Death Cover** section on page 9.

Exposure

If any of the Events occurs as the result of unexpected exposure to the elements following an **injury**, **we** will assume that the **insured person** has sustained **injury** as defined and will pay the compensation for that Event.

Disappearance

If an **insured person** disappears and after twelve calendar months it is reasonable for **us** to believe they have died due to an insured **injury**, **we** will pay the compensation shown for Event 19 (Death Benefit) for the relevant number of Additional Plan Units shown on the Policy Schedule subject to receipt of a signed undertaking by his/her estate that any such compensation shall be refunded if it is later demonstrated that the **insured person** did not die as a result of an **injury**.

Special provisions

1. (a) Compensation shall not be payable for more than one of the Events 1–16 in respect of the same **injury**.
(b) In the event of multiple Injuries sustained in the same accident, only the Event (Events 1 to 16, 19) insured for the highest amount on the Plan selected will be compensated.
2. Compensation shall not be payable unless as soon as possible after the happening of any **injury** giving or likely to give rise to a claim, the **insured person** obtains and follows proper medical advice from a legally qualified medical practitioner.
3. Compensation owing to the **insured person** at the date of his/her death will be paid in accordance with any beneficiary designation that may be in force at the time of claim, or to his/her estate. All other Compensation will be payable to **you**.

4. Age Limits

We will not be liable for any Event, which happens to an **insured person** aged under eighteen (18) years (except **dependent children**) or aged seventy (70) years of age or over.

5. Event 1 (**permanent loss of independent existence**) is not available to **dependent children** aged under seven (7) years of age.
6. **Dependent children** are covered up to a maximum of \$20,000 for Event 19 (Death benefit).

Special provisions – additional benefits

1. Home renovation benefit

If as a direct result of **injury** resulting in any one of the Events 1 to 6, the **insured person** is required to renovate his or her existing residence (including but not limited to the installation of ramps for external or internal wheel chair access, internal guide rails, emergency alert system and similar disability aids) necessary for the **insured person** to perform daily lifestyle activities (i.e. the ability of the **insured person** to dress, bathe, toilet and feed without any assistance) and to remain in and move around his or her existing residence, **we** will pay 80% of the cost incurred for such renovations to a maximum of \$10,000 regardless of the number of units selected. This Benefit is only payable:

- (a) where such renovations are undertaken with **our** prior written agreement and the agreement of the **insured person's** attending medical practitioner; and
- (b) in respect of one residence only.

2. Accidental H.I.V. infection benefit

We will pay to the **insured person** compensation of \$25,000 regardless of the number of units selected if the **insured person** accidentally contracts the Human Immunodeficiency Virus (H.I.V.) infection:

- (a) as a direct result of **injury** caused by a physical and violent bodily assault by another person on the **insured person** while he or she is covered under this Policy; or
- (b) as a direct result of the administering of medical treatment provided by a registered and legally qualified medical practitioner or registered nurse to an **insured person's** covered **injury** while he or she is insured under this Policy.

Special Conditions

- (i) Compensation will only be payable if the **insured person** is positively diagnosed within 180 days of the event giving rise to the H.I.V. infection.
- (ii) Compensation shall not be payable unless any event leading to or likely to lead to a positive diagnosis of H.I.V. is reported to **us** and medical tests are carried out by a registered and legally qualified medical practitioner no more than forty eight (48) hours from the time and date of the event giving rise to the H.I.V. infection.
- (iii) The medical tests (to be made by recognised laboratory and clinical tests) carried out in connection with this Benefit must prove conclusively that the **insured person** was not H.I.V. positive at the time and date of the event giving rise to the H.I.V. infection. No Compensation is payable if **you** or the **insured person** fail to comply with or to provide the required level of proof.

3. Spouse and dependent children benefit

If an **insured person** has a **spouse** and/or any **dependent children** and he/she suffers an **injury**, which results in Basic Plan, Events 1, 2 or 3, or if selected and shown in the Policy Schedule, **Optional plan – Accidental Death Cover**, Event 19, **we** will pay the following amounts in addition to the Compensation payable for an **insured person**:

- (a) **Spouse** Benefit – \$5,000 – regardless of the number of units selected.
- (b) **Dependent children** Benefit – \$5,000 for each **dependent child** to a maximum of \$15,000 – regardless of the number of units selected.

Please note: This Event is payable regardless of the Plan selected.

Conditions

1. Eligibility

This insurance is only available to:

- Members of the Australian Defence Force, both permanent and reservists;
- Employees of the Department of Defence, DFAT and the Attorney General's Department, and other departments that assist or advise the Defence Department or the broader defence community;
- Civilians – whether as individuals, contractors or employees of companies – who work for, advise or assist the broader defence community.

2. **Cover** This Policy provides the *insured person(s)* with Insurance cover under those Sections of the Policy selected by *you* and/or the *insured person* in *your* and/or the *insured person's* Application Form for this Insurance. The selected cover is shown in the Policy Schedule.
3. **Effective Date Of Individual Insurance** The Insurance of any *insured person* (as specified in the Policy Schedule) will become effective on the latest of the following dates:
- (a) on the commencing date of the Policy Period set out in the Policy Schedule;
 - (b) on the date such *insured person* becomes eligible for insurance under this Policy;
 - (c) where an Application Form is required by *us*, on the date of *our* acceptance of the *insured person's* written Application Form.
4. **Individual Terminations** The Insurance of any *insured person* will immediately terminate on the earliest of the following dates:
- (a) on the date this Policy is terminated;
 - (b) on the date *you* request that such *insured person* be removed as an *insured person*;
 - (c) on the *premium due date* if *you* fail to pay the required premium except as the result of inadvertent error; or
 - (d) on the date such *insured person* ceases to be eligible for insurance under this Policy.

5. Cancellation

- (a) *you* may cancel this Policy at any time by giving *us* written notice of cancellation, in which case *we* will retain *our* usual short-term rate for the time the Policy was in force.
- (b) *We* may cancel or lapse this Policy in the event:
 - (i) *you* fail to make the payment in the manner nominated by *you* on *your* Application Form on the *premium due date*; or
 - (ii) *your* credit provider fails to make payment in the manner nominated by *you* on *your* Application Form; and
 - (iii) the payment is thirty (30) days overdue.

This condition applies as each and every premium becomes due and cannot be disregarded by *you* because *we* have previously accepted a premium thirty (30) days after the *premium due date*. The effect of

this is that **your** insurance may be lapsed by **us** if **your** premium is not received within thirty (30) days of being due and claims for **injuries** occurring after the **premium due date** may be denied. **Your** insurance shall not be prejudiced by failure of **your** credit provider to transmit reports, pay premium or comply with any of the provisions of the Policy, when such failure is due to inadvertent error or clerical mistake.

- (c) **We** may cancel **your** Policy as provided under sub-section 60(1) of the Insurance Contract Act.

6. Claims Procedure

- (a) Please provide **us** with notice of **your** claim and supporting evidence within thirty (30) days of the occurrence of any Event or as soon thereafter as is reasonably possible. Notice may be provided by completing a claim form available at any of **our** Offices, advising **us** by telephone on 1800 331 610 (outside Melbourne area) or 9522 4000 (Melbourne Only) or by submitting a claim over the internet at www.chartisinsurance.com.au. **We** will advise **you** of the additional information required. **You** must provide this information to **us** in a reasonable time. **You** should keep a copy of any documents that may be required to support **your** claim.
 - (b) All certificates and evidence required by **us** shall be furnished at the expense of the **insured person/you** for any claimant hereunder and shall be in such form and of such nature as **we** shall prescribe.
 - (c) **We** may have the **insured person** medically examined at **our** expense when and as often as **we** may reasonably require after a claim has been made, or in the Event of the **insured persons** Death arrange an autopsy unless this is illegal in the country in which the autopsy is to be performed.
7. **Australian Law** This Policy is governed by the Laws of the Australian State or Territory it was issued in and any dispute or action in connection therewith shall be conducted and determined in Australia.
8. **Fraud and Misstatement** Any fraud, misstatement or concealment by the Insured and/or **you** either in **your** completed Application Form on which this insurance is based or in relation to any other matter affecting this insurance or in connection with the making of any claim there under may give **us** certain rights provided for in the Insurance Contracts Act 1984, including the

right to reduce or refuse payment of any claim, cancel or avoid the Policy.

9. **Tax Or Imposts** Where **we** are, or believe **we** will become liable for any tax or other imposts levied by any Commonwealth or State Government, authority or body in connection with this Policy, **we** may reduce, vary or otherwise adjust any amounts (including but not limited to premiums, charges and benefits), under this Policy in the manner and to the extent that **we** determine to be appropriate to take account of the tax or impost.
10. **Currency** All amounts shown in this Policy are in Australian currency (AUD). If expenses or losses are incurred in a foreign currency, then the rate of currency exchange used to calculate the amount payable in Australian currency (AUD) will be the rate at the time of incurring the expense or suffering the loss.
11. **Proof of Loss** After **we** receive notice of a claim **we** will provide **you** and/or the **insured person** with **our** usual claim forms for completion. The claim forms must be properly completed and all evidence required by **us** shall be furnished in a timely manner at the expense of **you** and/or **insured person** and be in such form and of such nature as **we** may require.
12. **Assignability** This Policy and any rights thereunder shall not be assignable without **our** agreement and prior written consent.

Benefits and compensation

This Policy provides cover only in respect of the number of **basic plan units** as selected and stipulated below and **Optional plan** selected by **you** in **your** Application Form and shown on **your** Policy Schedule.

Family Plan Provides cover for 100% of the number of **basic plan units** purchased for both **you** and **your spouse** and one unit of the selected Basic Plan for each **dependent child plus the Optional plan if purchased for both you and your spouse.**

Individual Plan Provides cover for 100% of the number of **basic plan units** and **Optional plan** purchased for **you.**

Schedule of events – Basic Plan

Events		The compensation		
		Superior	Premier	Budget
*1.	Permanent loss of independent existence	\$375,000	\$187,500	\$75,000
2.	Permanent quadriplegia	\$250,000	\$125,500	\$50,000
3.	Permanent paraplegia	\$250,000	\$125,500	\$50,000
4.	Permanent total loss of entire sight of both eyes	\$250,000	\$125,000	\$50,000
5.	Permanent total loss of use of two limbs	\$250,000	\$125,000	\$50,000
6.	Permanent total loss of use of one limb and the entire sight of one eye	\$250,000	\$125,000	\$50,000
7.	Permanent total loss of use of one limb	\$125,000	\$62,500	\$25,000
8.	Permanent total loss of Hearing in (a) both ears (b) one ear	\$175,000 \$35,000	\$87,500 \$17,500	\$35,000 \$7,000
9.	Permanent total loss of speech	\$175,000	\$87,500	\$35,000
10.	Permanent total loss of entire sight of one eye	\$125,000	\$62,500	\$25,000
11.	Permanent total loss of the lens of one eye	\$50,000	\$25,000	\$10,000
12.	Third degree burns and / or resultant disfigurement received from fire or chemical reaction which extend to cover more than 40% of the total body surface area (TBSA).	\$100,000	\$50,000	\$20,000
13.	Permanent total loss of use of one hand or foot	\$100,000	\$50,000	\$20,000
14.	Permanent total loss of use of one thumb and one finger	\$25,000	\$12,500	\$5,000
15.	Permanent total loss of use of one thumb on either hand	\$20,000	\$10,000	\$4,000

* Event 1 (**permanent loss of independent existence**) is not available to **dependent children** aged under seven (7) years of age.

Events		The compensation		
<i>Injury, as defined, resulting in:</i>		Superior	Premier	Budget
16.	Permanent total loss of use of one finger or toe	\$10,000	\$5,000	\$2,000
17.	Broken bones or simple fractures <i>Injuries</i> resulting in breaks or simple fractures to:			
(a)	1 or more vertebrae of the neck or spine	\$12,500	\$6,250	\$2,500
(b)	Hip, pelvis	\$7,500	\$3,750	\$1,500
(c)	Skull, shoulder blade	\$5,000	\$2,500	\$1,000
(d)	Collarbone, upper leg	\$4,000	\$2,000	\$800
(e)	Upper arm, kneecap	\$3,500	\$1,750	\$700
(f)	Forearm, elbow, lower leg, jaw	\$2,500	\$1,250	\$500
(g)	Wrist, cheek, ankle, hand, foot	\$2,000	\$1,000	\$400
(h)	1 or more ribs	\$1,500	\$750	\$300
(i)	1 or more fingers or thumbs, toes	\$500	\$250	\$100
	Maximum amount payable for any one <i>injury</i> under Event 17.	\$12,500	\$6,250	\$2,500
18.	The <i>insured person</i> being a bed care patient .	\$300 per week	\$200 per week	\$100 per week
	If, as a result of <i>injury</i> as defined, an <i>insured person</i> becomes a bed care patient , we will pay a weekly benefit (up to a maximum of four (4) weeks) that the <i>insured person</i> remains a bed care patient beginning with the first day of confinement. A daily rate of 1/7th of the weekly bed care patient Benefit will be paid if an <i>insured person</i> remains a bed care patient for less than seven (7) days.			

Please note: In the event of multiple *injuries* sustained in the same accident, only the Event (Events 1 to 16, 19) insured for the highest amount on the Plan selected will be compensated.

Special provisions – additional benefits

Home Renovation Benefit: If as a result of *injury* resulting in any one of the Events 1 to 6, **we** will pay 80% of the cost incurred for such renovations to a maximum of \$10,000 regardless of the number of units selected as provided in Special Provisions – Additional Benefits 1.

Accidental HIV Infection Benefit: **We** will pay to the *insured person* compensation of \$25,000 regardless of the number of units selected if the *insured person* accidentally contracts the Human Immunodeficiency Virus (H.I.V.) infection as provided in Special Provisions – Additional Benefits 2.

Spouse and Dependent children: Spouse Benefit – \$5,000, **Dependent children** Benefit – \$5,000 for each *dependent child* to a maximum of \$15,000 – regardless of the number of units selected as provided in Special Provisions – Additional Benefits 3.

Optional plan – Accidental Death Cover

Events		The compensation*		
Injury, as defined, resulting in:		Superior	Premier	Budget
**19.	Death	\$500,000	\$250,000	\$125,000

* **A Waiting period** will apply before any Compensation at *your* selected level of cover under this **Optional plan** is payable for Death as a result of an *injury* whilst an *insured person* is:

- (i) on **deployment** (as defined); or
- (ii) in a destination for which the Australian Government Department of Foreign Affairs & Trade advises overall DO NOT TRAVEL.

Waiting period means a period of twelve (12) continuous months commencing from the date *you* purchase or increase **your Optional plan – Accidental Death Cover** and where *you* have selected and maintained the same level of cover (Superior, Premier, Budget) and Plan type (Individual or Family) during this twelve (12) months continuous period. Where *you* increased **your** level of cover, *you* will remain entitled to **your** original qualified level of cover until the new **waiting period** has been served.

** **Dependent children** will be covered up to \$20,000 only under the **Optional plan – Accidental Death Cover** if Family Plan is purchased.

Please note: In addition to the **basic plan units** of cover, **you** have the option to purchase the **Optional plan – Accidental Death Cover** (Superior, Premier or Budget) for **you** under Individual Plan or for **you** and **your Spouse** under Family Plan.

The **Optional plan – Accidental Death Cover** level (Superior, Premier or Budget) and Plan type (Individual or Family) purchased must be the same as **you** have selected for the Basic Plan. Please note that **you** cannot purchase the **Optional plan – Accidental Death Cover** in isolation.

This Policy shall not be binding unless a valid Policy Schedule is issued.

How to apply

Complete the application attached to this PDS or go to **www.defencehealth.com.au** to apply online instantly.

Easy steps to apply for Defence Health Injury & Accident Insurance

1. Read the Injury & Accident Insurance Product Disclosure Statement and Policy Wording to make sure this cover meets your needs and objectives. Make sure you know what's included and what's excluded.
2. Refer to Section 3 – Application Form for information on Premium rates.
3. Look up the schedule of benefits compensation table and select your preferred level of cover – Superior, Premier or Budget.
4. Choose the individual or the family plan.
5. Choose accidental injury alone or combine it with accidental death.
6. Complete your personal details as set out in the application form provided in this booklet.
7. Confirm preferred payment method.
8. Sign the application form.
9. Please return the application form to:
The Manager
Customer Service Department
Chartis
GPO Box 4588
Melbourne VIC 8060
or fax (03) 9522 4651





**Chartis Australia Insurance Limited
(Chartis)**

ABN 93 004 727 753 AFSL 381686

Level 12, 717 Bourke Street,
Docklands VIC 3008.

Defence Health Injury & Accident Insurance – Application Form

Title/Rank _____

First name _____

Surname _____

Address _____

Suburb _____

State _____ Postcode _____

Email _____

Home telephone () _____

Work telephone () _____

Mobile number _____

Date of birth / / _____

Gender Male Female

Status Military Civilian

Applicant Signature _____

Date / / _____

Choose from **ONE** of the following four plans and then **TICK ONE BOX ONLY**

	Individual Plan – Accidental Injury					
	MONTHLY Premium – Basic Plan					
		Superior		Premier		Budget
1 Unit	\$30.75	<input type="checkbox"/>	\$15.15	<input type="checkbox"/>	\$6.05	<input type="checkbox"/>
2 Units	\$61.50	<input type="checkbox"/>	\$30.30	<input type="checkbox"/>	\$12.10	<input type="checkbox"/>
3 Units	\$92.25	<input type="checkbox"/>	\$45.45	<input type="checkbox"/>	\$18.15	<input type="checkbox"/>

	Family Plan – Accidental Injury					
	MONTHLY Premium – Basic Plan					
		Superior		Premier		Budget
1 Unit	\$49.10	<input type="checkbox"/>	\$23.90	<input type="checkbox"/>	\$9.50	<input type="checkbox"/>
2 Units	\$83.60	<input type="checkbox"/>	\$41.80	<input type="checkbox"/>	\$16.70	<input type="checkbox"/>
3 Units	\$122.20	<input type="checkbox"/>	\$59.80	<input type="checkbox"/>	\$23.80	<input type="checkbox"/>

	Individual Plan – Accidental Injury & Accidental Death					
	MONTHLY Premium – Basic Plan + Optional Plan					
		Superior <small>Includes \$500,000 Accidental Death Cover</small>		Premier <small>Includes \$250,000 Accidental Death Cover</small>		Budget <small>Includes \$125,000 Accidental Death Cover</small>
1 Unit	\$86.75	<input type="checkbox"/>	\$43.15	<input type="checkbox"/>	\$20.05	<input type="checkbox"/>
2 Units	\$117.50	<input type="checkbox"/>	\$58.30	<input type="checkbox"/>	\$26.10	<input type="checkbox"/>
3 Units	\$148.25	<input type="checkbox"/>	\$73.45	<input type="checkbox"/>	\$32.15	<input type="checkbox"/>

	Family Plan – Accidental Injury & Accidental Death					
	MONTHLY Premium – Basic Plan + Optional Plan					
		Superior <small>Includes \$500,000 Accidental Death Cover</small>		Premier <small>Includes \$250,000 Accidental Death Cover</small>		Budget <small>Includes \$125,000 Accidental Death Cover</small>
1 Unit	\$122.10	<input type="checkbox"/>	\$60.90	<input type="checkbox"/>	\$28.50	<input type="checkbox"/>
2 Units	\$156.60	<input type="checkbox"/>	\$78.80	<input type="checkbox"/>	\$35.70	<input type="checkbox"/>
3 Units	\$195.20	<input type="checkbox"/>	\$96.80	<input type="checkbox"/>	\$42.80	<input type="checkbox"/>

Tick one box and complete all details for your preferred payment method.

Monthly direct debit from Credit Card

I wish to pay by: Mastercard Visa Amex

Credit card number:

Card Expiry Date / / _____

Cardholder name _____

Cardholder
Signature _____

Date / / _____

This authorisation will remain in force until I advise Chartis in writing to cancel this authority and applies to all future periods of cover.

Monthly direct debit payment authority from Bank Account

To the Bank Manager, I/We (Surname and first names)

request Chartis Australia Insurance Limited ABN 93 004 727 753 (user ID 000909) to debit funds from my/our nominated account at the financial institution shown. This consent applies to all future periods of Cover. I hereby authorise my bank to advise Chartis of any change in my address or contact details. The Direct Debit Request is subject to the terms and conditions governing the debit arrangements between me/us and Chartis as set out in this Request and in the Direct Debit Service Agreement which is available on our website at www.chartisinsurance.com.au or upon request.

Name of Financial Institution _____

Account name _____

BSB _____ Account number _____

Accountholder
Signature _____

Date / / _____

Note: Direct Debiting is not available on the full range of accounts. If in doubt, please refer to your Financial Institution I/We understand that my Insurance will lapse if the instalment premium is not received within one month of the relevant Premium Due Date.

By signing this application form you consent to the use of your personal information as disclosed to Defence Health. We or our business partners may write to you for direct marketing purposes. If you would prefer not to receive these mailings simply tick the box and your name will be deleted from our mailing list.

Financial Services Guide

1 April 2011

This Financial Services Guide (FSG) is an important document which we are required to give to you under the requirements of our Australian Financial Services Licence (AFSL 313890).

The FSG serves several purposes:

- provides you with information about Defence Health to help you decide whether to use the financial services we provide;
- explains the services we can offer and who provides the services;
- explains how we are remunerated in relation to those services; and
- includes details of our internal and external complaints handling procedures and how you can access them.

Throughout this FSG, where we refer to 'we', 'us', 'our' or 'Defence Health' we are referring to Defence Health Limited (ABN 80 008 629 481).

Who is Defence Health?

Defence Health is a registered not-for-profit private health insurer which has been serving the Defence community since 1953.

Defence Health's AFSL authorises Defence Health to: (a) provide general and personal financial product advice in respect of selected life risk insurance products and general insurance products; and (b) arrange for you to apply for, acquire, vary or dispose of those financial products.

What products can be recommended?

Defence Health Term Life Insurance with Optional Critical Conditions Benefit, underwritten by Asteron Life Limited (Asteron) ABN 64 001 698 228, AFSL 237903 .

Defence Health Injury & Accident Insurance, underwritten by Chartis Australia Insurance Limited (Chartis), ABN 93 004 727 753, AFSL 381686.

Defence Health Travel Insurance, underwritten by Chartis.

Defence Health is not the issuer of these products. The product issuer is Asteron in the case of *Defence Health Term Life Insurance with Optional Critical Conditions Benefit* and Chartis in the cases of *Defence Health Travel Insurance* and *Defence Health Injury & Accident Insurance*.

Defence Health may also recommend other insurance products which will be selected from its approved product list. These products are underwritten and issued by other life insurance and general insurance companies. The approved product list can be obtained on request. Defence Health does not provide financial services in relation to any other financial products.

What financial services do we offer?

General advice

Defence Health can provide you with general advice regarding *Defence Health Term Life Insurance with Optional Critical Conditions*, *Defence Health Travel Insurance*, *Defence Health Injury & Accident Insurance* and any other insurance product on the approved product list.

This means that we can provide you with information about the products and their key features and quotes. We can also tell you how you can apply for them and how you can obtain a Product Disclosure Statement (PDS). A PDS contains important information which you need in order to make an informed decision about the particular product. We can also assist you with the purchase of these products.

Personal advice

Personal advice takes into account one or more of your personal objectives, financial situation and needs.

If you require personal advice, you will be referred to a Defence Health employee representative who is authorised to provide personal advice (adviser). You will be asked to provide information of a personal nature to enable the adviser to provide advice that meets with your personal objectives, situation and needs. You are not required to provide this information; however, if you do not or if you provide incomplete information, the advice we give you may not be suitable for your personal circumstances.

Where we provide you with personal advice, we will give you a *Statement of Advice* (SOA). The SOA will confirm the discussions held with the adviser, what our recommendations are, the basis for the advice, any risks associated with our advice and specific information about the remuneration we receive in relation to the advice and any associations your adviser may have with a product issuer.

If you seek further advice and there have been no significant changes in your circumstances and the basis for the advice has not changed significantly, you will receive a written *Record of Advice* (ROA).

Copies of SOAs and ROAs are available on request within seven years of receiving the original or further advice.

If you require broader financial planning services, you are encouraged to seek professional advice from an appropriately licensed financial services provider.

How do you do business with us?

Defence Health provides the financial services described in this FSG through its employee representatives. We are responsible for the conduct of our representatives when they provide financial services to you.

How are we paid for the services we provide?

General advice

Defence Health receives commission payments from the product issuers:

- for life insurance products, we receive commissions of up to 20% of the premiums you pay to the insurer;
- for travel insurance products and any product sold in conjunction with them, we receive commissions of up to 20% of the premiums you pay to the insurer;
- for general insurance products, we receive commissions of up to 15% of the premiums you pay to the insurer;

Our employee representatives receive salaries only. We do not pay our representatives any commission or bonuses calculated by reference to product sales.

Other than the premiums for the respective products, you pay no other charges or fees for the general advice provided by Defence Health.

Defence Health may pay remuneration or provide other benefits to third parties from time to time; for example, to third parties for referring customers to Asteron or Chartis. Any such remuneration and payments will not directly affect the premium you pay for a life or general insurance product.

Personal advice

Defence Health charges you a fee for the provision of personal advice and does not receive commission on any products purchased arising from that advice.

Fee for service

The fee for the collection of data and the provision of a Statement of Advice including recommendations is \$200. The fee for any of the following is \$150 - implementation of advice, provision of an ROA or the optional annual review. All fees are inclusive of GST.

Do we have any associations that influence us?

Defence Health does not have any ownership interests or other associations with Asteron, Chartis or any other insurer on our approved product list that might influence the financial services we provide.

What compensation arrangements are in place?

Defence Health has adequate professional indemnity insurance to cover the activities of Defence Health, its staff and representatives with respect to the provision of financial product advice for the life insurance and general insurance products referred to in this FSG. This insurance complies with the requirements of the Corporations Act and Regulations.

How do we safeguard your private information?

The privacy of your personal information is important. We have systems and processes in place to protect your privacy. We need to collect personal information to administer our customer relationships and to provide appropriate advice. We may also need to disclose your personal information to the relevant product insurer if we assist you to put insurance in place.

For detailed information on how we handle your personal information, please read our Privacy Policy which you can download from www.defencehealth.com.au or request a copy from us by calling **1800 335 425**.

What should you do if you have a complaint?

We have established procedures to ensure that all enquiries and complaints are properly considered and dealt with. If you have an enquiry or complaint about the operation or management of our services, please call our Complaints Manager on **1800 335 425** or write to our Complaints Manager at our address below.

In the event that your complaint is not resolved to your satisfaction, you may refer it to the Financial Ombudsman Service (FOS). Please quote Defence Health's FOS number which is 12585.

Their contact details are:

The Manager
Financial Ombudsman Service
GPO Box 3
Melbourne VIC 3001
Telephone: 1300 780 808
Fax: 03 9613 6399
Web: www.fos.org.au
Email: info@fos.org.au

What are our contact details?

Defence Health Limited
Phone: **1800 335 425**
Fax: 1300 665 096
Post: PO Box 7518, Melbourne, Victoria, 8004
Web: www.defencehealth.com.au
Email: info@defencehealth.com.au

