

Term Life insurance

with optional Critical Conditions Benefit

Serving the needs of the Defence community



Product Disclosure Statement

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About Asteron

With a long history of operating in Australasia, Asteron's origins trace back to 1833 in Australia and 1878 in New Zealand. Asteron is part of the Suncorp Group. This means being part of an entity with over \$800 million of Life Risk in force premiums and over \$95 billion in assets. Asteron is also part of one of the top 5 life companies (by in force premium) in Australia and New Zealand.

Our goal is to help people secure their financial future so that they can make the most of every stage of their life. Today, we provide life insurance, superannuation, retirement incomes, financial planning and trustee services to around one million clients in Australia and New Zealand.

At Asteron we combine decades of experience, knowledge and integrity with vision, creativity and vitality for a responsive approach that enables us to put the interests of our clients first, so fostering long lasting and mutually rewarding partnerships.

Our broad range of life insurance products has been designed to protect you, your family and your businesses against the financial impacts of death or sickness.

At the end of June 2011, the life insurance portfolio of the Suncorp Group in Australia comprised of more than 330,000 policies and \$700 million of in force annual premium. In the 12 months to 30 June 2011, we paid over \$300 million in claims resulting from death, trauma or disablement, including over \$100 million in disability claims.

About Defence Health

Defence Health is a not-for-profit private health benefits organisation.

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 products.

Defence Health understands the Defence community and the unique requirements of its members. As Defence Health is not a life insurer, it has liaised with Asteron in developing the Defence Health Term Life policy and the optional Critical Conditions Benefit to meet these requirements whenever practicable.

About this Product Disclosure Statement (PDS)

Important disclosure

Suncorp Life & Superannuation Limited (ABN 87 073 979 530, AFSL 229880) (SLSL) is the issuer of this product, under the brand, Asteron. The product is promoted by Defence Health Limited (Defence Health) (ABN 80 008 629 481, AFSL 313890). SLSL and Suncorp-Metway Limited ABN 66 010 831 722 are related bodies corporate of Suncorp Group Limited (ABN 66 145 290 127) (Suncorp).

The obligations of SLSL are not guaranteed by any other company within the Suncorp Group, nor by Defence Health. Except as otherwise stated, Suncorp and its related bodies corporate do not guarantee the repayment of capital. This product is not a bank deposit or other bank liability.

A PDS is an important document that you should consider before deciding whether to buy or keep a financial product.

This PDS contains important information about Defence Health Term Life Insurance (Defence Health Term Life) and the optional Critical Conditions Benefit. It has been prepared for those persons eligible to apply for Defence Health Term Life cover (please refer to page 4 – Who can be insured?).

The policy document contains the full terms and conditions and you can obtain a copy free of charge by contacting us.

The Defence Health Term Life policy is not a savings plan. This means that unless the policy is cancelled during the cooling off period, there will be no refund of monies paid up to the date you cancelled. If you paid premiums beyond the date you cancelled (for example, you pay yearly), a pro-rata refund will apply. The policies are issued from our Number 1 Statutory Fund.

Throughout this PDS where we refer to:

- 'you' or 'your', we are referring to the person to be insured, who need not be the policy owner; and
- 'Asteron', 'we', 'us' or 'our', we are generally referring to Suncorp Life & Superannuation Limited.

How to apply

Information about how to apply for the Defence Health Term Life and the optional Critical Conditions Benefit is set out on page 12 of this PDS. The application form is on pages 17-24 of this PDS.

Please read the duty of disclosure notice on page 13 before applying. There is a risk a benefit will not be paid under a policy if you do not comply with the duty of disclosure. Cover is subject to acceptance of your application.

Cooling off period

If you buy the product referred to in this PDS, you will have a cooling off period to decide whether the product is suitable for your needs. Information about the cooling off period can be found on page 9.

What to do if you have a complaint

Information about what to do if you have a complaint can be found on page 9. This includes the external dispute resolution scheme that is available to you if you are not happy with the way we deal with your complaint or the outcome of the complaint.

Contacting Asteron

You can contact Asteron, via:

Life Customer Service

GPO Box 68

Sydney NSW 2001

Telephone 1800 221 727 (outside Sydney)

02 8275 3999

Fax 1300 766 833

Email life_customerservice@asteron.com.au

Contacting Defence Health

If you wish to discuss taking out a policy you could consider contacting Defence Health via:

Defence Health Limited

PO Box 7518

Melbourne VIC 8004

Telephone 1800 335 425

Why choose Defence Health Term Life

Defence Health Term Life offers many advantages to both serving and non-serving persons.

Defence Health Term Life can help your partner, parents or other loved ones have the means to deal with any debt you might leave behind, and can help provide them with financial security should you die or be diagnosed as terminally ill.

Unlike the death benefits that may be linked to your employment including superannuation or compensation arrangements, your Defence Health Term Life policy will not cease simply because you return to civilian life.

The meaning of 'serving person' and 'terminally ill' can be found in the Glossary on pages 14-16.

For serving persons

No war exclusion

Defence Health Term Life cover will continue even if you are deployed to warlike operations provided we:

- issue the policy to you;
- accept an increase on your policy; or
- reinstate your policy

before you have been notified (orally or in writing) by the Australian Defence Force (ADF) that you are to be deployed to warlike operations.

Don't wait until you are notified of a deployment to an operational area before evaluating the death entitlements provided by your service. Use Defence Health Term Life to top up your cover today.

If you wait until you have been notified of a deployment and apply for Defence Health Term Life, we may decline your application or apply a loading on your premium.

Special premiums for full-time ADF serving persons and Active Reserve members

Premiums for serving persons and Active Reservists are lower than those offered to civilians. The meaning of 'Active Reservist' can be found in the Glossary on page 14.

Life cover after discharging from the ADF

Your cover under Defence Health Term Life can continue when you return to civilian life, at applicable non-serving person's premium rates. You must contact us when you return to civilian life to ensure the correct premium rates apply to your policy.

Your existing Defence Health Term Life cover can be increased up to a total benefit amount of \$400,000 if:

- you are discharged medically fit from the ADF Regular Services;
- you provide a copy of your discharge medical; and
- we receive your application within 90 days after discharge.

For everybody

Low flat rates to age 60 for term insurance

Defence Health Term Life has a flat premium rate, irrespective of age, up to age 60 next birthday. The premiums for the optional Critical Conditions Benefit increase as you move through the age bands (please refer to the tables on page 8).

Indexation benefit to help the policy keep pace with inflation

To help keep cover in line with inflation, you can choose the Indexation Benefit. Details of the Indexation Benefit are explained on page 5.

You can also apply for an increase in cover at any time to match your changing circumstances.

Terminal Illness

If you are diagnosed as being terminally ill (explained in the Glossary on page 16), your Defence Health Term Life policy includes a provision for a lump sum payment equal to the benefit amount up to a maximum of \$2,000,000 (payment for terminal illness). Your Defence Health Term Life benefit amount will be reduced by the payment for terminal illness, your premiums will be changed accordingly and we will pay any remaining balance upon your death during the term of the policy.

Optional Critical Conditions Benefit

This benefit is available for an additional premium. Our optional Critical Conditions Benefit provides extra protection that you can apply for inclusion in your Defence Health Term Life policy in case you should suffer from one of a range of critical medical conditions or procedures we cover.

The benefit amount of the Critical Conditions Benefit cannot exceed the benefit amount of Defence Health Term Life cover. The Term Life cover will be reduced by any amount paid for the Critical Conditions Benefit. The benefit amount of the Critical Conditions Benefit will be reduced by any amount paid for terminal illness. Details of the optional Critical Conditions Benefit are explained on pages 5-6.

Do it yourself

Defence Health Term Life allows you to decide your level of benefits. You can own the policy or it can be owned by another person on your life.

It is important that you understand all information provided in this PDS is general and does not take into account your individual objectives, financial situation or specific needs. You should therefore consider whether the information in this PDS is appropriate, given your circumstances. You should also read this PDS in full before you decide whether to acquire a Defence Health Term Life policy.

You may still wish to take independent advice on how best to include Defence Health Term Life within your financial plan.

If you want to discuss taking out a policy you could consider contacting Defence Health on 1800 241 651.

Why you might need life insurance

There are no hard and fast rules on who needs cover and how much is needed. We all have different circumstances and responsibilities. You may be single but responsible for elderly parents, divorced, marrying for a second time, have debts or dependants.

Singles

Even if you have no responsibilities other than borrowings and a limited budget, you could consider applying for Defence Health Term Life cover while you are still healthy. Unfortunately, it tends to be thought about when a health problem emerges and then it's often too late.

Once you qualify, we cannot alter the terms of the policy without your consent even if your health deteriorates or you are posted to a dangerous area while the policy remains in force. While premium rates for all equivalent policies can be changed in some circumstances as explained on page 7, we cannot single out individual policies for premium rate changes.

Married with children

These are the peak insurance years, when expenses and debt are at their highest.

We suggest you do a balance sheet of your assets and liabilities and think of how your dependants will survive after you are gone. Cover of up to 10 times your annual income is a rough rule of thumb.

Cover for your partner could also be considered, whether your partner is working or not. Substantial costs may be incurred in employing a housekeeper, nanny, driver and the like, especially if the children are young. Also, the household may need two incomes to support mortgage repayments and lifestyle.

Older people

While the need for cover may diminish with age as children leave home and there are fewer debts, you may still want cover to tie up loose ends and cover things such as tax liabilities, estate settlement and funeral expenses.

How much is enough?

The following calculator may help as a guide to estimate the amount of cover required:

	Death or Terminal Illness	Critical Conditions Cover
Existing mortgage/ purchase of home/rent		
Housing modifications/ alteration eg installation of ramps or rails.	N/A	
Other debts (eg personal loans, credit cards)		
Maintaining a car		
Superannuation costs		
School fees		
Medical costs		
Funeral expenses		N/A
Income needed (to cover everyday living expenses) multiplied by the number of years to retirement		N/A
Gross cover required		
Less		
Cash/savings/investments		
Current life insurance/ critical conditions cover		
ADF compensation		
Superannuation		
Other surplus assets (eg car)		
Net cover required		

This information is only given as a guide. If you intend to apply for this policy and you have cover elsewhere, you should consider carefully before cancelling existing cover, even if a cheaper rate for similar cover is available.

You may have to undergo a medical, and if your health is not good, we may apply a premium loading.

About Defence Health Term Life

Defence Health Term Life is designed to provide payment of a lump sum benefit if you die or are diagnosed as terminally ill. The meaning of 'terminally ill and terminal illness' can be found in the Glossary on page 16.

For an additional premium, the optional Critical Conditions Benefit can be added to the policy. This benefit provides for payment of a lump sum if you suffer one of the critical medical conditions or procedures listed on pages 5-6 and explained in the Glossary on pages 14-16.

Who can be insured?

The following people are eligible to apply for Defence Health Term Life cover with or without the Critical Conditions Benefit:

- Permanent ADF personnel including ADF Reservists. While you remain a member of the Active Reserve you are eligible for the serving persons premium rate applying to Defence Health Term Life (a definition of Active Reservist can be found in the glossary on page 14);
- Civilians employed by the Department of Defence;
- Ex-serving personnel;
- Employees of Defence Contractors;
- Defence Health members; and
- Other groups of people as may be agreed by us from time to time.

The partner and dependant children of an eligible person may also apply.

All applicants must be Australian residents at the time they apply.

Age limits for who can be insured

The entry and expiry age limits that apply to this policy are shown in the table below:

	Defence Health Term Life	Optional Critical Conditions
Entry ages	11-65 next birthday	17-60 next birthday
Expiry age	90 next birthday	65 next birthday

Cover ends on the policy anniversary at the expiry age indicated.

Who can own the policy?

Care should be exercised in deciding who should own the policy. A policy can be owned by:

- yourself;
- your partner (including your de facto);
- you and your partner jointly (as joint tenants); or
- your child (preferably aged 16 or over).

The policy owner is:

- the person(s) who we communicate with, but does not need to be the person who pays the premium; and
- the legal owner and the only person from whom we can accept any instructions and who will receive any benefit which becomes payable under the policy, including any refunds of premium.

Details of how to apply are on page 12.

The amount we pay

The amount paid under most benefits is called the benefit amount.

The minimum benefit amount for Defence Health Term Life is \$100,000. There is no maximum benefit amount for this type of cover, subject to our normal underwriting limits.

The minimum benefit amount for the optional Critical Conditions Benefit is \$25,000 and the maximum benefit amount is \$1,000,000. The benefit amount for the Critical Conditions Benefit cannot be greater than the Defence Health Term Life benefit amount.

Replacement of existing cover

If this policy is to replace an existing one, either with Asteron or another company, care should be taken to ensure that any differences in the cover provided are understood.

You should not cancel an existing policy until you have confirmation that your new application has been accepted. We suggest you obtain in writing if you are being advised by an adviser, the reasons why a new policy might be better and an explanation of the benefits under the new policy compared to your current policy.

Benefits

This section of the PDS sets out the benefits available under Defence Health Term Life. Benefits are payable if an insured event occurs while cover is in place, except in the circumstances explained on page 6 under the heading 'When a benefit amount will not be paid'. Before we pay a benefit, you must meet our claim requirements which are explained on page 9.

Defence Health Term Life

The policy provides for payment of a lump sum benefit if you die or are diagnosed as terminally ill (as defined in the Glossary on page 16) while cover is in force.

If you become terminally ill, the maximum payment for any one insured person is \$2,000,000. Your Defence Health Term Life benefit amount will be reduced by any payment for terminal illness. Defence Health Term Life can be taken with or without the optional Critical Conditions Benefit (explained on pages 5-6).

Indexation Benefit

To help your policy keep pace with inflation, you can choose to have the benefit amount for Defence Health Term Life and the Critical Conditions Benefit (if applicable) automatically increased on each policy anniversary without any further medical evidence.

The benefit amount will be increased by the change in the Consumer Price Index (CPI) up to our generally published maximum benefit level. This benefit continues up to the annual renewal date prior to your 65th birthday.

Premiums will be recalculated based on the increased level of cover. You can decline an increase in any year without affecting your right to take up future CPI increases in subsequent years.

Leaving Service – Special Arrangement

If you are discharged medically fit from the ADF Regular Services, and you provide a copy of your discharge medical, within 90 days after your discharge:

- the policy owner may increase the amount of the existing Defence Health Term Life cover up to a total benefit amount of \$400,000.
The premium rate used for the existing benefit amount and the increase will be based on the non-serving person's premium rate. Any premium loading or special conditions then applying would continue;
- the Critical Conditions Benefit can be either increased (if applicable) or applied for at this time subject to our normal underwriting requirements.

War cover

For existing policy owners, there is no war exclusion that may limit the benefit under Defence Health Term Life cover. However, for new applicants, increases in cover, applications to add the Critical Conditions Benefit and reinstatements if, before you apply, or after you apply but before the policy is issued, increased or reinstated, you are notified (orally or in writing) that you are to be deployed to warlike operations, you must tell us and we reserve the right to:

- apply a premium loading;
- apply an exclusion; or
- postpone providing cover.

Worldwide cover, 24 hours a day

Once the policy has been issued, cover is provided for worldwide residence and travel, 24 hours a day.

Renewability

Provided premiums are paid within 30 days of being due and all benefits have not been paid, we guarantee to renew your Defence Health Term Life policy up to age 90 next birthday and up to age 65 next birthday for the Critical Conditions Benefit. This is irrespective of any changes in your health, occupation or pastimes.

Guarantee of upgrade

From time to time we may make improvements to Defence Health Term Life. If we do this without any increase in premium we will offer these improvements to the policy owner. Where these offers are made and you are suffering a pre-existing condition at the time of the improvement it will not apply when assessing any claim affected by that pre-existing condition. The definition of 'pre-existing condition' can be found in the Glossary on page 16.

Optional benefit

Critical Conditions Benefit

For an additional premium this optional benefit provides for payment of the Critical Conditions Benefit if you suffer one of the conditions or procedures listed below and on page 6, while cover for that condition or procedure is in force.

Heart

- cardiomyopathy
- coronary artery surgery*
- heart attack*
- heart surgery (open)*
- primary pulmonary hypertension
- repair or replacement of aorta*
- repair or replacement of valves*

Nervous system

- coma
- dementia
- encephalitis
- major head trauma
- Multiple Sclerosis
- paralysis
- Parkinson's Disease
- stroke*

Blood disorders

- aplastic anaemia
- HIV – occupationally acquired

Bodily organs

- blindness
- cancer*
- chronic kidney (renal) failure
- chronic liver failure
- chronic lung failure
- major organ transplant
- severe burns

Miscellaneous

- loss of limbs or sight

Full definitions of these conditions and procedures are included in the Glossary on pages 14-16.

Cover does not start for the conditions and procedures marked * until the date 3 months after:

- the start date of the Critical Conditions Benefit;
- an increase to the Critical Conditions Benefit amount (in respect of the increased portion only); and
- the most recent reinstatement of the policy.

This means that:

- the cancer must first be diagnosed;
- the heart attack or stroke must first occur; or
- the condition or disease which the coronary artery surgery, heart surgery (open), repair or replacement of aorta, repair or replacement of valves is intended to address, must first be diagnosed, after cover for that condition or procedure (or increase in the benefit amount in respect of that portion) starts.

The Critical Conditions Benefit is not available on its own. It can only be added to Defence Health Term Life. The benefit amount cannot exceed the Defence Health Term Life benefit amount. The Critical Conditions benefit amount is paid once for the first of the listed conditions or procedures to occur after cover for the condition or procedure starts. When payment is made, the Defence Health Term Life benefit amount is reduced by the amount paid.

If the amount paid is equal to the Defence Health Term Life benefit amount then the policy will cease. If a benefit is paid because you are terminally ill, the Critical Conditions benefit amount is reduced by the amount paid.

Buy back arrangement

After a Critical Conditions Benefit claim has been paid and:

- the Defence Health Term Life benefit amount has been reduced; and
- you are still alive,

the policy owner may buy back the amount paid under the Critical Conditions Benefit as Defence Health Term Life cover in three equal instalments. The buy back of each instalment must be exercised within 30 days of each of the first three anniversaries of the date the Critical Conditions Benefits was paid.

Adding Critical Conditions Benefit

If you already have a Defence Health Term Life policy you may apply for the Critical Conditions Benefit to be added by completing an Application for increase or addition to Defence Health Term Life. This form can be obtained by contacting us (our contact details are on page 1).

When a benefit amount will not be paid

We will not pay a Defence Health Term Life benefit if the event giving rise to a claim is caused directly or indirectly by an intentional self-inflicted act within 13 months of:

- the policy commencement date;
- the date of the last reinstatement of the policy; and
- an increase to the benefit amount (in respect of the increased portion only).

We will not pay a Critical Conditions benefit if the event giving rise to a claim is caused directly or indirectly by an intentional self-inflicted act.

When cover commences

Cover commences once we have accepted your application and issued the policy (including the policy schedule), subject to payment of the premium. (A delayed start date applies for some critical conditions, if the Critical Conditions Benefit is included in the policy – see pages 5-6 for further information.)

The policy schedule will contain details of the premiums due and insurance cover selected. You should read these documents carefully as they contain important information.

Increasing your cover

Your Defence Health Term Life policy has the facility to increase your level of protection, subject to acceptance by us. This alleviates the need to apply for a new policy when you require extra cover. Details on how to apply for an increase will be included with your policy document.

You will need to complete a special application form, which can be obtained by contacting us (our contact details are on page 1). The form contained in this PDS is not appropriate for applying for increases. Final acceptance of an application for increase rests with us and, if accepted, will be confirmed by us in writing.

How much will the policy cost?

All the charges for the policy are fully described in this section. All policy charges are included in the premium you pay for the insurance cover. There are no additional fees or charges. We will pass on any Government taxes or charges (including stamp duty) relating to this policy. These taxes and charges are outside our control. We may include them as part of the premium or pass them on as a separate charge.

Minimum premium

The minimum annual premium for this policy is \$147.00

This amount refers to a benefit amount of \$100,000 for a serving, non-smoking person.

We provide a variety of ways that you can pay your premiums. These options are shown in the following table:

Method of payment	Frequency			
	Yearly	Half-yearly	Quarterly	Monthly
Cheque	✓	✓	✓	N/A
Direct debit* or credit card*	✓	✓	✓	✓

*your financial institution may impose fees or charges

Premium structure

Premiums are calculated using the table of rates on page 8 and the premiums will generally remain unchanged until:

- you increase the benefit amount by purchasing an increase;
- you choose to have your benefit amount automatically increased each year to keep pace with inflation (please refer to page 5 under the heading 'Indexation Benefit'); or
- a table of the premium rates is amended; and

for Defence Health Term Life:

- if you leave the ADF Regular Services or the Active Reserve, in which case the non-serving persons premium rate then applies (you will need to tell us if this happens or your cover will be reduced to reflect the higher non-serving persons premium rate);
- the anniversary date of the policy after you reach age 60. The premiums will then be re-calculated using the appropriate premium rate for your age from the then current table of premium rates; and
- for the Critical Conditions Benefit, the premium rates alter as you move through the age bands (please refer to the tables on page 8).

Premium guarantee

Premium rates are guaranteed not to change unless, on actuarial advice, we change the rates for all equivalent policies having the same smoking and/or serving/non-serving person status. We cannot single out individual policies for individual premium rate changes. If the rates increase you will be given 30 days notice in writing.

Premium payment obligations

After payment of the first premium we give 30 days grace for payment of any subsequent premium. If the premium is not paid within this grace period, we will send a notice advising that the policy will lapse if the outstanding premium is not paid by the date specified in the notice, and cover will cease on that date.

Payments will be made for any claim that arises before the policy lapses. However, all outstanding premiums will be deducted from the claim proceeds.

Premium Rates

To age 60 next birthday for the Defence Health Term Life Benefit only

Serving Persons (including Active Reservists)				
Benefit Amount	Monthly (\$)		Yearly (\$)	
	Non smoker	Smoker	Non smoker	Smoker
\$100,000	12.25	22.25	147.00	267.00
\$150,000	18.38	33.38	220.50	400.50
\$300,000	36.75	66.75	441.00	801.00
\$500,000	61.25	111.25	735.00	1,335.00
Premium for each additional \$1,000	0.12	0.22	1.47	2.67

Non-serving Persons				
Benefit Amount	Monthly (\$)		Yearly (\$)	
	Non smoker	Smoker	Non smoker	Smoker
\$100,000	14.17	24.75	170.00	297.00
\$150,000	21.25	37.13	255.00	445.50
\$300,000	42.50	74.25	510.00	891.00
\$500,000	70.83	123.75	850.00	1,485.00
Premium for each additional \$1,000	0.14	0.25	1.70	2.97

An extra premium of \$5.00 per year for each \$1,000 of benefit applies to pilots and crew below the rank of Squadron Leader, of jetpropelled fighter or bomber aircraft.

The premium rates for new entrants aged between 61-65 next birthday and for renewals from ages 61-89 next birthday are available on request from us.

To age 60 next birthday for the Critical Conditions Benefit only

Monthly (\$)												
Benefit Amount	Age 17-35 next birthday		Age 36-40 next birthday		Age 41-45 next birthday		Age 46-50 next birthday		Age 51-55 next birthday		Age 56-60 next birthday	
	Non smoker	Smoker	Non smoker	Smoker	Non smoker	Smoker	Non smoker	Smoker	Non smoker	Smoker	Non smoker	Smoker
\$25,000	2.71	4.33	4.33	7.04	6.50	11.92	10.29	20.58	16.79	35.21	24.92	47.67
\$50,000	5.42	8.67	8.67	14.08	13.00	23.83	20.58	41.17	33.58	70.42	49.83	95.33
\$100,000	10.83	17.33	17.33	28.17	26.00	47.67	41.17	82.33	67.17	140.83	99.67	190.67
\$250,000	27.08	43.33	43.33	70.42	65.00	119.17	102.92	205.83	167.92	352.08	249.17	476.67
\$500,000	54.17	86.67	86.67	140.83	130.00	238.33	205.83	411.67	335.83	704.17	498.33	953.33
Premium for each additional \$1,000	0.11	0.17	0.17	0.28	0.26	0.48	0.41	0.82	0.67	1.41	1.00	1.91

Yearly (\$)												
Benefit Amount	Age 17-35 next birthday		Age 36-40 next birthday		Age 41-45 next birthday		Age 46-50 next birthday		Age 51-55 next birthday		Age 56-60 next birthday	
	Non smoker	Smoker	Non smoker	Smoker	Non smoker	Smoker	Non smoker	Smoker	Non smoker	Smoker	Non smoker	Smoker
\$25,000	32.50	52.00	52.00	84.50	78.00	143.00	123.50	247.00	201.50	422.50	299.00	572.00
\$50,000	65.00	104.00	104.00	169.00	156.00	286.00	247.00	494.00	403.00	845.00	598.00	1,144.00
\$100,000	130.00	208.00	208.00	338.00	312.00	572.00	494.00	988.00	806.00	1,690.00	1,196.00	2,288.00
\$250,000	325.00	520.00	520.00	845.00	780.00	1,430.00	1,235.00	2,470.00	2,015.00	4,225.00	2,990.00	5,720.00
\$500,000	650.00	1,040.00	1,040.00	1,690.00	1,560.00	2,860.00	2,470.00	4,940.00	4,030.00	8,450.00	5,980.00	11,440.00
Premium for each additional \$1,000	1.30	2.08	2.08	3.38	3.12	5.72	4.94	9.88	8.06	16.90	11.96	22.88

Critical Conditions Benefit renewal premium rates between 61-65 next birthday are available on request from us.

Claim requirements

If you wish to make a claim you should notify us within 30 days of the event. This will enable us to assess your claim promptly and it will also ensure we can make appropriate payments as soon as possible. A delay in notifying a claim may affect the benefit payable if we are disadvantaged by the delay.

Our claim requirements may include (but are not limited to):

- completed claim forms;
- the original policy document and schedule;
- a certified copy of your birth certificate;
- a signed authority to enable us to obtain information from the Medicare Australia and other Government departments; or
- a certified copy of your death certificate (if applicable).

If the claim is for the Critical Conditions Benefit, we may also ask for information relating to:

- your medical history;
- your activities; or
- other insurance policies and claims.

Where a claim is being made for terminal illness or the Critical Conditions Benefit, our requirements include (but are not limited to):

- medical evidence (we may require you to be examined by a medical practitioner, or other health professional, of our choice); and
- proof of diagnosis of condition or occurrence of the procedure for which the claim is being made, including investigations and supporting reports and records.

For further details on our claim requirements, please contact our Claims Department on 1800 024 812.

Taxation impacts

The following information on taxation is based on the tax laws and rulings at the date of this PDS, the continuance of these laws and our interpretation of them.

These are general statements only, which highlight the possible tax implications associated with the payment of premiums and the receipt of benefits.

Individual circumstances may be quite different, therefore we strongly recommend that you consult a taxation adviser in regards to your own personal position.

The premiums you pay are not normally tax deductible, and provided the policy is taken out on your own or your partner's life, tax is not normally payable on benefits.

This general rule does not apply in some circumstances.

Capital Gains Tax may apply in circumstances where the benefits are paid other than to you (the life insured), your partner, children or other dependants.

Cooling off period

After we have accepted your application and issued the policy document and schedule, there is a period of time in which you may cancel the policy and obtain a refund of the premium and other charges you have paid (other than any government taxes and charges for which we are unable to obtain a refund). This is known as the cooling off period. During this time, you should check that the policy meets your needs. The cooling off period is 28 days and commences from the date we issue the policy document and schedule.

Your cooling off rights will not apply if there has been any claim during the cooling off period. If you decide to cancel the policy in the cooling off period, you must return the policy document and schedule to us together with a written request to cancel the policy (our contact details are on page 1 of this PDS).

What to do if you have a complaint

Complaints regarding your policy can be dealt with directly by contacting us on 1800 221 727, or by writing to:

The Manager
Life Customer Service
Suncorp Life & Superannuation Limited
GPO Box 68
Sydney NSW 2001
Fax 1300 766 833

You will receive a response within 10 working days of us receiving your complaint. We will deal with complaints within 45 days.

In the unlikely event that your complaint is not resolved to your satisfaction, you may refer it to the Financial Ombudsman Service Limited (ABN 67 131 124 448) (FOS). FOS is an external dispute resolution scheme that provides free services to customers and is a totally independent and impartial body who will deal with your complaint directly or follow up on the matter on your behalf in accordance with its applicable terms of reference.

Please quote SLSL's FOS number which is 10909.

Their contact details are:

The Manager
Financial Ombudsman Service Limited
GPO Box 3
Melbourne VIC 3001
Telephone 1300 780 808 (for the cost of a local call) or
03 9613 7366
Fax 03 9613 6399
Email info@fos.org.au

Our Privacy Statement

SLSL is a member of the Suncorp Group. The Privacy Act 1988 (Cth) requires us to inform you that:

Purpose of collection

Personal information is information about an identifiable individual and includes facts or an opinion about you which identifies you or by which your identity can be reasonably determined. We collect your personal information so we can conduct our business and offer and provide you with our range of financial products and services.

We collect personal information for the purposes of:

- identifying you when you do business with us;
- protecting your personal information from unauthorised access;
- establishing your requirements and providing, administering and managing the products or services you request;
- assessing and investigating, and if accepted managing a claim made by you under one or more of our products; and
- understanding your circumstances and improving our financial products and related services.

We may be required by taxation and other relevant laws to collect your personal information.

Consequences if personal information is not provided

If we request personal information about you and you don't provide it, we won't be able to provide you with and manage the financial product or service you request, or manage and pay any benefit or insurance claim you make.

Disclosure

We use and disclose your personal information for the purposes we collected it. We may also use and disclose your personal information for a secondary purpose related to the purpose for which we collected it, where you would reasonably expect us to use or disclose your personal information for that secondary purpose. In the case of sensitive information, any secondary purpose, use or disclosure will be directly related to the purpose of collection.

When necessary and in connection with purposes listed above, we may disclose your personal information to and/or collect your personal information from:

- Defence Health, hospitals, medical or health professionals or various professional advisers who assist;
- mail service organisations who create and despatch our documentation and correspondence, including our direct marketing material;
- document storage facility providers;
- information technology providers, including hardware and software vendors and consultants such as programmers;

- claims reference providers and investigative service providers; customer research organisations;
- where required or authorised under our relationship with our joint venture partners; and other companies within the Suncorp Group.

Disclosure overseas

There are also instances where we may have to send your personal information overseas or collect personal information from overseas. These instances include:

- when you have asked us to do so;
- when it is necessary in order to facilitate a transaction on your behalf;
- when we are authorised or required by law to do so;
- when we have outsourced a business activity or function to an overseas service provider with whom we have a contractual arrangement;
- certain electronic transactions; or
- sending your personal information to companies in the Suncorp Group.

We will only send your personal information overseas or collect personal information about you from overseas for the purposes in this statement and in compliance with the privacy regime.

Access

You can ask us to provide you with the personal information we hold about you. In some circumstances, we can deny your request for access. If we deny your request, we will tell you why. If it will take us time to access and supply your personal information, we will inform you of the likely delay. More detailed access requests, eg access to information held in archives, may incur a fee to cover our costs.

Marketing

We would like to use and disclose your personal information to keep you up to date with the range of products and services available from the Suncorp Group. Generally, the companies in our Group will use and disclose your personal information for Suncorp's marketing purposes.

If you do not want us to use and disclose your personal information for these marketing purposes please contact us and tell us.

Contact

Please contact us if you change your mind at any time about receiving marketing material or you want to request access to the personal information we hold about you. If you would like more information about our privacy practices, please ask us for a copy of our Privacy Policy. You can contact us by calling 1800 221 727 (outside Sydney) or 02 8275 3999. Our Privacy Policy can also be found on our website at www.asteronlife.com.au/privacy.

Interim Cover

While your application is being considered by us, we provide Interim Cover for you. This cover is issued from the Suncorp Life & Superannuation Limited No 1 Statutory Fund.

The level of Interim Cover and circumstances in which we will pay benefits vary according to the type of cover applied for and whether the application is one which we would normally accept under our standard underwriting guidelines and practices.

Interim Cover is not available if you have ever:

- withdrawn an application; or
- applied for a similar type of policy with any insurer and had your application declined.

Interim Cover is also not available if, at the date of application, you have been notified (orally or in writing) by the ADF that you are to be deployed to warlike operations.

The provision of Interim Cover is dependent upon you and the policy owner (if you are not the policy owner) providing complete and truthful answers in the application for insurance and complying with the Duty of Disclosure as shown on page 13.

Commencement of Interim Cover

If available, Interim Cover commences when your completed application form and initial premium (or completed deduction authority) are received by us (our contact details are on page 1 of this PDS).

We will send you a letter to confirm when your Interim Cover begins and ends.

When Interim Cover ends

Your Interim Cover will end automatically on the earliest of the following:

- 60 days from the date your Interim Cover commences;
- the date your application is accepted or declined;
- the date your application is withdrawn; or
- the date we advise you that your Interim Cover is cancelled.

The application process

If during the application process we decide to offer you a modified policy, your Interim Cover will also be adjusted to incorporate the modified terms. If we require an additional premium due to your medical history, occupation or pastimes, your level of Interim Cover will be recalculated (and hence reduced) based on your proposed premium.

If you are eligible to make a claim under the terms of your Interim Cover then, when we underwrite your application for insurance, we will take into account any change in the state of health as a result of the event entitling you to claim during Interim Cover. The insurance applied for may be declined or have special conditions imposed as a result.

When we will not pay a benefit

We will not pay any benefit if the application is one that we would not normally accept under our standard underwriting guidelines and practices.

A benefit will also not be paid where death or a medical condition (as listed on this page) is caused directly or indirectly by:

- suicide;
- an intentional self-inflicted act;
- any pre-existing condition. For the purposes of Interim Cover, a 'pre-existing condition' is a sickness or physical condition for which, before the Interim Cover start date:
 - symptoms existed that would cause a reasonable and prudent person to seek diagnosis, care or treatment from a medical practitioner; or
 - medical advice or treatment was recommended by or received from a medical practitioner.
- participation in any occupation, sport or pastime which we would not normally cover on Defence Health Term Life Insurance standard terms; or
- any sickness or injury that occurs as a result of your participation in a criminal activity.

Defence Health Term Life

If the application is only for Defence Health Term Life cover, we will pay the benefit if you die during the period of Interim Cover.

The amount paid under Interim Cover will be the lowest of:

- \$250,000;
- the proposed benefit amount; or
- the benefit amount we would accept for you under our normal underwriting guidelines based on the proposed premium.

Critical Conditions Benefit

If the application is for both Defence Health Term Life and the optional Critical Conditions Benefit, we will pay a benefit on the earlier of:

- death; or
- you suffering one of the following medical conditions as a result of an injury*:
 - major head trauma;
 - paralysis;
 - blindness;
 - loss of limbs or sight; or
 - severe burns.

These medical conditions have the meanings set out in the Glossary on pages 14-16.

*For the purposes of Interim Cover, 'injury' means physical injury caused solely and directly by accident while Interim Cover is in force.

The amount paid under Interim Cover will be the lowest of:

- \$250,000;
- the proposed benefit amount; or
- the benefit amount we would accept for you under our normal underwriting guidelines based on the proposed premium.

How to apply

What sections must I complete?

Full-time serving members of the ADF

If you are a full-time serving member of the ADF and are applying for Defence Health Term Life Insurance, you must:

- complete sections A, B, C, D and F;
- complete section E if you are applying for more than \$250,000 of cover;
- complete the Medical Evidence Authority (section G);
- read the Duty of Disclosure on page 13;
- sign and date the Declaration (section H); and
- complete the Method of Payment (section I) – Option 1 or Option 2.

Other applicants

If you are not a full-time serving member of the ADF and are applying for Defence Health Term Life Insurance, you must:

- complete sections A, B, C, D, E and F;
- complete the Medical Evidence Authority (section G);
- read the Duty of Disclosure on page 13;
- sign and date the Declaration (section H); and
- complete the Method of Payment (section I) – Option 1 or Option 2.

Applying for the Critical Conditions Benefit

Any applicant who applies for the Critical Conditions Benefit as well, must also complete:

- section C – ensure that you have indicated the amount of Critical Conditions Benefit cover required.

Once all necessary sections are completed, please send your application to:

Suncorp Life & Superannuation Limited
Reply Paid 68
Sydney NSW 2001

Medical examinations

While medical examinations are not normally required, a medical report may be requested.

If the insurance cover applied for, together with all insurance cover taken out on your life and issued to you by us and/or any other life insurance company, will exceed the value of \$250,000, we will require either an application supplement to be completed and/or a medical examination and blood tests.

We can advise you specifically on the requirements should you fall into this category.

Defence Health Term Life insurance Checklist

- All answers should be clearly written in BLOCK LETTERS
- The personal and medical questions relate to the person to be insured
- Decide if the person to be insured needs Term Life Insurance and the optional Critical Conditions Benefit or just Term Life Insurance
- Work out the amount of insurance you need, the calculator on page 3 may assist
- Now you are ready to complete the application
- For any medical questions answered 'Yes' please provide full details in the space provided. Additional Information pages are provided on page 23-24 if required. Please make sure that you sign and date each page
- Civilians and Active Reservists must complete Section E of the application form
- Policy Ownership – take care in choosing who should be the policy owner of your Defence Health Term Life policy (as explained on page 4)
- Before signing the application, both you and the policy owner should read the Duty of Disclosure on page 13 very carefully
- The policy owner/s and the person to be insured must all sign and date the Declaration
- You have the choice of 2 methods of payment by which to pay your insurance premiums. After choosing your payment option, ensure all required details are completed on the application form
- Premiums for Defence Health Term Life depend on:
 - serving person/non-serving person status, and
 - smoker status,so please ensure that the status applicable to you is shown correctly
- The premium rates for a serving person only applies while you are and remain a full-time serving member of the ADF or the Active Reserve
- Incorrect or incomplete information will delay our assessment of the risk

Applications

Final acceptance of an application rests with us and, if accepted, will be confirmed by us issuing the policy documentation. Variations to the terms and conditions may be offered following assessment of the application. Should an application not be accepted for any reason, we will refund all premiums paid.

If you have paid the first premium with your application, we retain the interest they earn on this money while they consider your application.

The application form attached is for all eligible applicants.

Duty of Disclosure

Before you enter into a contract of life insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

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

Your duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that the insurer knows, or in the ordinary course of its business, ought to know;
- as to which compliance with your duty is waived by the insurer.

This duty continues to apply until the insurer notifies you that the risk has been accepted.

Non-disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within 3 years of entering into it.

If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within 3 years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

Alternative remuneration register

All payments made or received by us will be in accordance with the Financial Services Council (FSC) Industry Code of Practice.

We keep a register of these payments which you can view by contacting us on 1800 221 727 (outside Sydney) or 02 8275 3999.

Glossary

An **Active Reservist** is one who has both a training obligation and is subject to periodic medical examinations and annual physical fitness assessments.

activities of daily living are:

1. bathing and showering
2. dressing and undressing
3. eating and drinking
4. maintaining continence with a reasonable level of personal hygiene
5. getting in and out of bed, a chair or wheelchair or moving from place to place by walking, wheelchair or walking aids.

aplastic anaemia means permanent bone marrow failure that results in anaemia, neutropenia and thrombocytopenia requiring treatment, by at least one of the following:

- blood product transfusion;
- marrow stimulating agents;
- immunosuppressive agents; or
- bone marrow transplantation.

benefit amount is the amount you apply for and we accept as varied (for example, through increases under the Indexation Benefit) by agreement with us.

blindness means the total and permanent loss of sight in both eyes (as currently defined by the Royal Blind Society).

cancer means the presence of one or more malignant tumours including malignant lymphoma, Hodgkin's Disease, leukaemia, malignant bone marrow disorders and melanomas greater than or equal to Clark Level 3 or greater than or equal to 1.5mm depth of invasion as determined by histological examination.

The Tumour must be characterised by:

- the uncontrolled growth and spread of malignant cells; and
- the invasion and destruction of normal tissue.

The tumour must also:

- require treatment by surgery, radiotherapy, chemotherapy, biological response modifiers, or any other major treatment; or
- be totally incurable.

The following tumours are excluded:

- a) tumours which are histologically described as pre-malignant or show the malignant changes of 'carcinoma in situ';
carcinoma in situ of the breast is not excluded if the entire breast is removed specifically to arrest the spread of malignancy, and this procedure is the appropriate and necessary treatment.
- b) melanomas which are both less than Clark Level 3 and less than 1.5mm depth of invasion as determined by histological examination
- c) all other types of skin cancers unless they have metastasised; and

- d) prostatic cancers which are both histologically described as TNM Classification T1 or lesser (or any other equivalent or lesser classification) and have a Gleason score of 5 or less.

cardiomyopathy means the impaired ventricular function of variable aetiology, resulting in permanent and irreversible physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.

chronic kidney (renal) 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.

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

chronic lung failure means end stage respiratory failure permanently requiring continuous oxygen therapy and with FEV₁ test results of consistently less than one litre.

coma means a state of unconsciousness in which you are incapable of sensing or responding to external stimuli or internal need, resulting in a documented Glasgow Coma Scale of 6 or less, for a continuous period of at least 72 hours.

coronary artery surgery means coronary artery surgery to treat coronary artery disease but does not include angioplasty, intra-arterial procedures or other non-surgical techniques.

dementia means the diagnosis of Alzheimer's disease or other dementias confirmed as permanent irreversible failure of brain function and resulting in significant cognitive impairment.

encephalitis means the unequivocal diagnosis of encephalitis where the condition is characterised by severe inflammation of the brain, that results in you either;

- suffering at least 25% permanent impairment of whole person function*, or
- being permanently unable to perform at least 1 of the numbered activities of daily living without the physical assistance of someone else.

* as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' 5th Edition

heart attack means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The basis for the diagnosis of a heart attack will include either of the following:

- confirmation of new electrocardiogram (ECG) changes or a left ventricular ejection fraction of less than 50%; and
- elevation (other than as a result of cardiac or coronary intervention) of; cardiac enzymes CK-MB above standard laboratory levels of normal, or levels of Troponin I greater than 2.0 ug/l or Troponin T greater than 0.6 ug/l, or their equivalent.

If a diagnosis cannot be made on the basis of that criteria, we will pay a claim based on satisfactory evidence that you have unequivocally been diagnosed as having suffered a heart attack resulting in:

- a reduction in the left ventricular ejection fraction to less than 50%, measured 3 months or more after the event, or
- new pathological Q waves.

heart surgery (open) means the undergoing of open heart surgery for treatment of a cardiac defect, cardiac aneurysm or benign cardiac tumour.

HIV – occupationally acquired means infection with the Human Immunodeficiency Virus (HIV) where the HIV was acquired as a result of:

- an accident arising out of your normal occupation; or
- a malicious act of another person or persons arising out of your normal occupation, and
- sero-conversion to HIV occurs within 6 months of the accident or malicious act.

Any incident giving rise to a potential claim must:

- be reported to the relevant authority or employer within 7 days of the incident,
- be reported to us with proof of the incident within 7 days of the incident; and
- be supported by a negative HIV Antibody test taken within 7 days of the incident.

HIV infection transmitted by any other means including sexual activity or recreational intravenous drug use is excluded.

Indexation factor is the percentage change in the Consumer Price Index (CPI) which is:

- the weighted average of the eight Australian capital cities combined; and
- published by the Australian Bureau of Statistics or any body which succeeds it; and
- in respect of the 12 month period finishing on 30 June.

It will be determined at 31 August each year and applied to benefits for the next year. If the CPI is not published by 31 August, the indexation factor will be calculated based upon a retail price index which we consider most nearly replaces it. If the percentage change in the CPI, or any substitute for it, is negative, the indexation factor will be taken as zero.

injury means physical injury caused solely and directly by accident while the applicable benefit is in force.

loss of limbs or sight means the total and permanent loss of use of:

- both feet;
- both hands;
- the sight in both eyes (to the extent of 6/60 or less); or
- any combination of at least two of: a hand, a foot or sight in an eye (to the extent of 6/60 or less).

major head trauma means that an injury to the head results in you either;

- suffering at least 25% permanent impairment of whole person function*, or
- being permanently unable to perform at least 1 of the numbered activities of daily living without the physical assistance of someone else.

* 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 upon specialist medical advice you are placed on an official Australian acute care hospital waiting list to undergo organ transplant, from a human donor of one or more of the following: kidney, heart, liver, lung, pancreas and bone marrow.

The transplantation of all other organs or parts of any organ or of any other tissue is excluded.

medical practitioner is a medical practitioner who is legally qualified and properly registered other than:

- you or the policy owner; or
- business partners of either you or the policy owner; or
- any members of the immediate family of either you or the policy owner.

If practising other than in Australia, the medical practitioner must have qualifications equivalent to Australian standards.

Multiple Sclerosis means a disease characterised by demyelination in the brain and spinal cord. Multiple Sclerosis must be unequivocally diagnosed. There must be more than one episode of well defined neurological deficit with persisting neurological abnormalities. Neurological investigations such as lumbar puncture, MRI (Magnetic Resonance Imaging) evidence of lesions in the central nervous system, evoked visual responses, and evoked auditory responses are required to confirm diagnosis.

paralysis means the total and permanent loss of use of one or more limbs resulting from spinal cord injury or disease, or from brain injury or disease.

Included in this definition are Paraplegia, Quadriplegia, Tetraplegia, Diplegia, and Hemiplegia.

Parkinson’s Disease means the unequivocal diagnosis of degenerative idiopathic Parkinson’s Disease as characterised by the clinical manifestation of one or more of the following: rigidity, tremor, akinesia, resulting in the degeneration of the nigrostriatal system.

All other types of Parkinsonism are excluded (eg. secondary to medication).

policy is the legal contract with us made up of:

- the policy document including the schedule;
- the application and any associated questionnaire;
- each application supplement; and
- all endorsements.

pre-existing condition is a sickness or physical condition for which, before the relevant benefit start date or the date of a benefit increase or the date an improvement is offered:

- symptoms existed that would cause a reasonable and prudent person to seek diagnosis, care or treatment from a medical practitioner; or
- medical advice or treatment was recommended by or received from a medical practitioner.

primary pulmonary hypertension means primary pulmonary hypertension with right ventricular enlargement established by investigations including cardiac catheterisation resulting in permanent and irreversible physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.

repair or replacement of aorta means surgery to correct any narrowing, dissection, or aneurysm of the thoracic or abdominal aorta but does not include angioplasty, intra-arterial procedures or other non-surgical techniques.

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

Serving person refers to regular or permanent members of either the Australian Army, Air Force or Navy, or an Active Reservist. Otherwise you will be classed as a non-serving person.

severe burns means accidental full thickness burns to:

- at least 20% of the body surface area;
- both hands, requiring surgical debridement and/or grafting; or
- the face, requiring surgical debridement and/or grafting.

Sickness is a sickness or disease you suffer which becomes apparent during the term of the relevant benefit.

significant cognitive impairment means a permanent deterioration or loss of intellectual capacity that requires you to be under continuous care and supervision by someone else.

stroke means any cerebrovascular accident or incident producing neurological sequelae lasting more than 24 hours. This includes infarction of brain tissue, intracranial or subarachnoid haemorrhage, embolisation from an extracranial source, but excludes transient ischaemic attacks and cerebral events and symptoms due to reversible neurological deficits and migraine.

terminal illness and terminally ill means

- in the opinion of a specialist medical practitioner; and
- if we require, in the opinion of one of our approved specialist medical practitioners, your life expectancy is, due to sickness and regardless of any available treatment, not greater than 12 months.

Application for Defence Health Term Life

with Optional Critical Conditions Benefit

OFFICE USE ONLY

Application
Number

Before you sign this application form, be aware that Suncorp Life & Superannuation Limited (ABN 87 073 979 530 AFSL 229880) is obliged to have provided you with a Product Disclosure Statement dated 1 January 2012. You should consider the Product Disclosure Statement before deciding whether to apply for a policy.

DUTY OF DISCLOSURE

Before you enter into a contract of life insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. Your duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows, or in the ordinary course of their business, ought to know;
- as to which compliance with your duty is waived by the insurer.

NON-DISCLOSURE

If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within 3 years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within 3 years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

This duty continues to apply until the insurer notifies you that the risk has been accepted. It also applies when you extend, vary or reinstate a contract of life insurance.

A Personal details of the person to be insured (Must be fully completed)

Rank/Title	Surname	Place of birth
Given Names	Home Address	
Service number	Postcode	
Email		

Phone Work () Home () Mobile

Date of birth / / Male Female Marital status: Married Single De facto

Military status: Full-time Serving Active Reservist Army Navy Air Force

Are you currently a jetfighter or bomber pilot or crew below the rank of Squadron Leader? Yes No

Please provide details of your occupation and duties below

Asteron and Defence Health would like to keep you informed of other products and services available from Asteron and any other member of the Suncorp Group. If you do not wish to receive these materials, please tick this box

B Policyowner details (Only complete if the policyowner and person to be insured are different)

Policyowner 1

Rank/Title	Surname	Address
Given Names	Postcode	
Email		

Phone Work () Home () Mobile

Date of birth / / Male Female

Relationship to person to be insured (eg. self, spouse, de facto, child, parent)

Asteron and Defence Health would like to keep you informed of other products and services available from Asteron and any other member of the Suncorp Group. If you do not wish to receive these materials, please tick this box

Policyowner 2 (if applicable)

Rank/Title	Surname	Address
Given Names	Postcode	
Email		

Phone Work () Home () Mobile

Date of birth / / Male Female

Relationship to person to be insured (eg. self, spouse, de facto, child, parent)

Asteron and Defence Health would like to keep you informed of other products and services available from Asteron and any other member of the Suncorp Group. If you do not wish to receive these materials, please tick this box

C Details of benefits selected (Critical Conditions Benefit is not available on its own and cannot exceed the Term Life Benefit)

Defence Health Term Life minimum \$100,000	\$100,000	\$150,000	\$200,000	\$300,000	\$500,000	Other	Term Life Premium
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>

Critical Conditions Benefit minimum \$25,000	\$25,000	\$50,000	\$100,000	\$250,000	\$500,000	Other	Critical Conditions Premium
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>

Note: To determine your premium for benefit amounts not listed above, please refer to the Premium Rate tables on page 8 of this PDS.

Total Premium
\$

Do you wish to take up the Indexation Benefit (please refer to page 5 of the PDS for details)? Yes No

D Statement of health of the person to be insured (Must be completed)

If you have any existing insurance providing benefits similar to that being applied for, we will take this insurance cover into account when considering whether or not to accept this application.

- Do you have with us or any other company or are you currently applying to any other company for any type of life, superannuation, sickness, accident, trauma, lump sum disablement or disability insurance? Yes No
If 'Yes' to question 1, please provide details in the table after question 2 below.
- Has any application for insurance ever been refused, postponed, accepted with an increased premium or on modified terms? If 'Yes' to question 2, please provide details below. If additional space is required, please complete Additional Information (Section F) on page 23 of this application form. Yes No

Name of Company	Type of Insurance	Insured Benefit	Details of any declined or modified terms	Is policy to be replaced?
		\$		Yes* <input type="checkbox"/> No <input type="checkbox"/>
		\$		Yes* <input type="checkbox"/> No <input type="checkbox"/>
		\$		Yes* <input type="checkbox"/> No <input type="checkbox"/>

* if you have indicated that it is your intention to replace the insurance you currently have with the cover you are now applying for, the replacement cover under any policy we issue will only start when the insurance which is to be replaced is cancelled.

- Have you received notification (orally or in writing) by the Services to deploy you to warlike operations? Yes No
If 'Yes' to question 3, please provide details below.

Date of Deployment	Region	Operation Name

- Have you ever smoked tobacco or any other substance in the last 12 months? Yes No

If 'Yes' to question 4: Type (eg cigarettes, cigars)? Daily Quantity
Number of Years Date ceased (if applicable)

- Are you suffering from Acquired Immune Deficiency Syndrome (AIDS) or infected with the Human Immune Deficiency Virus (HIV) or are you carrying antibodies to HIV? Also, in the last 3 years have you or do you intend to work as or engage in sexual intercourse with a prostitute, engage in anal sexual intercourse, have sexual intercourse with an intravenous drug user or have sexual intercourse with someone you suspect or know to be HIV positive? If 'Yes' to question 5, an additional Private & Confidential Questionnaire will be forwarded to you. Yes No

- To the best of your knowledge: Have you ever had symptoms of, had or been advised to have treatment for or tests for, or been informed that you have lung disease, asthma, heart or vascular disorder, chest pain, high blood pressure, diabetes, ulcers, bowel trouble, stroke, epilepsy, fits, neurological problems, mental disorder, multiple sclerosis, kidney, liver or bladder disease, arthritis, cancer or abnormal growths, blood disorders, Hepatitis B or C, or is there any other information concerning your health provide details overleaf. If 'Yes' to question 6, please provide details overleaf. If additional space is required, please complete the tables provided under Additional Information (Section F) on page 20. Yes No

Sickness, Injury or Tests

Test Results

Date Commencement Time off work Degree of recovery %

Date of Last Symptoms Treatment received

Full Name and Address of Doctor or hospital

State Postcode

Sickness, Injury or Tests

Test Results

Date Commencement Time off work Degree of recovery %

Date of Last Symptoms Treatment received

Full Name and Address of Doctor or hospital

State Postcode

7. Has your mother or father or any brother or sister had breast, cervical, ovarian, colon or other cancer, diabetes, high blood pressure, heart problems, stroke, mental disorder, haemochromatosis, Huntington's disease, muscular dystrophy, familial adenomatous polyposis, polycystic kidney or any other hereditary disease? Yes No
 If 'Yes' to question 7, please provide details below.

Family Member (relationship to you)	Condition/sickness (for cancer/heart disease, please specify type)	Age at onset (approx)	Age at Death (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

8. Please provide names and addresses of your doctor(s) and/or personal medical attendants.

Surname Initials

Address

State Postcode

Phone

E Information required from non-serving persons and Active Reservists (also by serving members applying for more than \$250,000 of cover)

1. What is your height and weight? Height cm/in Weight kg/lb
2. Do you take any prescribed medication on a regular basis (other than the contraceptive pill)? Yes No
3. During the last 5 years have you been examined or treated by or received advice from any doctor, psychologist, chiropractor, physiotherapist, natural therapist or any other health care professional, been in hospital, had an operation or had any tests (eg. x-ray, ECG, etc)? Yes No
4. Are you considering consulting a doctor, seeking a medical examination, advice, treatment, tests or an operation? Yes No

If 'Yes' to questions 2-4 (in Section E), please complete Additional Information (Section F) on page 20 of this application form.

5. Do you drink alcohol? Number of standard drinks per week? Yes No
 Standard drink = 1 nip spirits, 1 wineglass wine, 1 sherry glass liqueur, port/sherry, 10oz/285ml beer
6. Have you ever used or injected yourself with any illegal or illicit drugs or received advice, counselling or treatment for the use of drugs or alcohol? Yes No
7. Activities, sports and aviation details of the life to be insured: Yes No
 Do you have any occupational or recreational activities of a heavy manual or hazardous nature?
 For example: aviation, motor racing, work underground, working with explosives, hang gliding or scuba diving, sky diving, boxing, mountain climbing or horse riding? If 'Yes' to questions 6 or 7, please provide details below.

F Additional Information

If you answered 'Yes' to question 6 in Section D or to questions 2, 3 or 4 in Section E, please provide additional information below.

Sickness, Injury or Tests

Test Results

Date Commencement

Time off work

Degree of recovery

 %

Date of Last Symptoms

Treatment received

Full Name and Address of Doctor or hospital

 State Postcode

Sickness, Injury or Tests

Test Results

Date Commencement

Time off work

Degree of recovery

 %

Date of Last Symptoms

Treatment received

Full Name and Address of Doctor or hospital

 State Postcode

Sickness, Injury or Tests

Test Results

Date Commencement

Time off work

Degree of recovery

 %

Date of Last Symptoms

Treatment received

Full Name and Address of Doctor or hospital

 State Postcode

Additional Information from the Person to be Insured

G Medical Evidence Authority (Must be completed)

ADF Health Records

Doctor(s)

I authorise Suncorp Life & Superannuation Limited to request information about my medical history from ADF Health Records, any doctors, hospitals, clinics and other medical or related facilities and personnel and for them to provide such information to Suncorp Life & Superannuation Limited on its request. A photocopy of this authorisation shall be as valid as the original.

ACT residents please note: This authority allows us to obtain information from people and facilities named in this form only. You have the right to request a copy of any report we obtain from a health service provider in the ACT under the Health Records (Privacy and Access) Act. Medical information is collected to assist us in processing applications for insurance and assessing claims. This information may be disclosed in strictest confidence to our staff, consultants, reinsurance company, your doctor or other qualified medical personnel.

Full Name of the person to be insured

Service number

Signature of the person to be insured

Date

 / /

Discharge Date (if applicable)

 / /

H Declaration (Must be completed)

I, the person to be insured, declare that all answers to the questions and statements concerning myself made in this Application are true and complete, and I am not aware of any other circumstances which might affect the risk of any insurance on my life. If any answer is not in my handwriting I declare that it has been correctly written down at my dictation.

I/We have read and understood the Product Disclosure Statement.

I/We have read the Duty of Disclosure and the statement on Non-Disclosure and understand the contents. I/We further declare that all statements contained in the Application are true and that no material information has been withheld.

I/We consent to the use of my personal information by Suncorp Life & Superannuation Limited for the purpose outlined in the Privacy Statement in this Product Disclosure Statement.

I/We consent to the disclosure of my personal information to, and obtaining information, from other parties (including parties listed in the Privacy Statement) for these purposes.

I/We understand that the obligations of Suncorp Life & Superannuation Limited are not guaranteed by Defence Health Limited.

I/We have attached a separate statement(s) concerning the person to be insured

Signature of the person to be insured Date / /

Signature of Policyowner 1 Date / /

Signature of Policyowner 2 (If applicable) Date / /

I Method of Payment (Must be completed)

SELECT ONE METHOD FROM 1 OR 2 BELOW

1. DIRECT DEBIT REQUEST

Personal details

Frequency: Monthly Quarterly Half Yearly Yearly
Phone (Work)
Phone (Home)
Phone (Mobile)

PART A – DIRECT DEBIT (BANK, BUILDING SOCIETY, CREDIT UNION)

Details of account to be debited

This form is to authorise Suncorp Life & Superannuation Limited (user ID 367806) to debit premiums from your account with another financial institution.

Name of Financial Institution
Name of Account to be debited
BSB number – Account number

I/We acknowledge that this direct debit arrangement is governed by the terms of the Direct Debit Request Service Agreement attached and the terms and conditions of my Suncorp Life & Superannuation Limited Policy.

Account holder's signature Date / / First payment
Account holder's signature Date / / All payments

PART B – CREDIT CARD (Only Mastercard and Visa Available)

I authorise Suncorp Life & Superannuation Limited to charge my:

(Tick one): Visa Mastercard

Card holder's name First payment All payments

Card number Expiry Date /

Card holder's signature Date / /

Frequency: Monthly Quarterly Half yearly Yearly

2. CHEQUE

Please make all cheques payable to Suncorp Life & Superannuation Limited.

My cheque for \$ is attached Quarterly Half yearly Yearly

Direct Debit Service Agreement

This Direct Debit Service (DDR) Agreement is only applicable if you choose to authorise Suncorp Life & Superannuation Limited to debit premiums in relation to your policy from your nominated financial institution account. This agreement must be read when completing the DDR Form on the previous page.

This DDR Service Agreement is issued by Suncorp Life & Superannuation Limited ABN 87 073 979 530 (SLSL). You should direct all enquiries about your direct debit to Customer Service on (02) 8275 3999 or if outside Sydney on 1800 221 727.

Our commitment to you

- a. Asteron will give you at least 14 days notice in writing before changing the terms of the debiting arrangements unless you agree to an earlier change.
- b. Asteron will keep information relating to your nominated financial institution account confidential except where required for the purposes of conducting direct debits with your financial institution.
- c. Where the debiting date is not a business day, Asteron will draw from your nominated financial institution account on the next business day.

Your commitment to us

It is your responsibility to:

- Ensure your nominated financial institution can accept direct debits.
- Ensure there are sufficient funds available in the nominated financial institution account to meet each instalment.
- Advise us if the nominated account is transferred or closed, or the account details change.
- Ensure that all account holders on the nominated financial institution account agree to the debiting arrangement.

Your rights

- a. Subject to the terms and conditions of your policy you may alter the debiting arrangement. Such advice should be received by us at least 7 working days before the debiting date for any of the following:
 - altering the DDR.
 - deferring a drawing.
 - suspending the DDR.
 - cancelling the debiting arrangement completely.

If you do any of these things, you must make alternative arrangements to pay outstanding amounts and, if applicable, future amounts.

Alternatively, you may request a stop or cancellation by contacting your financial institution. If you take this course of action you may incur a fee from your financial institution.

- b. Where you consider that a debit has been initiated incorrectly, you should contact:

Suncorp Life & Superannuation Limited on (02) 8275 3999
or if outside Sydney on 1800 221 727.

In the unlikely event of a complaint not being resolved satisfactorily, you can address a formal complaint addressed to:
The Manager, Life Customer Service
Suncorp Life & Superannuation Limited
GPO Box 68
Sydney NSW 2001

Other information

- a. The details of your debiting arrangements are contained in the DDR.
- b. We reserve the right to ask that instructions from a customer, to stop or in any way alter the debiting arrangements are in a written, verbal or electronic form.
- c. The terms and conditions of your policy govern your instalments. The policy allows us to cancel it after writing to you if debits are dishonoured by your financial institution and your premium is overdue by 30 days or more.
- d. We may vary the amount subject to the terms and conditions of your policy to be deducted from the account or the frequency of future debits by giving at least 14 days notice to you in writing. All future amounts payable by you under the policy will be debited to the bank account shown in the DDR unless you tell us you wish to cancel the arrangement.
- e. Financial Institution fees (including dishonour charges) may also apply to this debiting arrangement.

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Defence Health Limited

ABN 80 008 629 481

AFSL 313890

PO Box 7518

Melbourne VIC 8004

Telephone 1800 335 425

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**Suncorp Life &
Superannuation Limited**

ABN 87 073 979 530

AFSL 229880

Level 18, Suncorp Centre

36 Wickham Terrace

Brisbane QLD 4000

**Contact details for Suncorp Life &
Superannuation Limited are:
Life Customer Service**

GPO Box 68

Sydney NSW 2001

Telephone: 02 8275 3999

Freecall: 1800 221 727

Facsimile: 1300 766 833

Financial Services Guide

1 January 2012

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 are available?

Defence Health can only advise on, arrange or deal in life and general insurance products that are selected from its approved product list. These products are underwritten and issued by 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.

Defence Health is not the issuer of these products.

What financial services do we offer?

General advice

Defence Health can provide you with general advice regarding any insurance product on the approved product list.

This means that we can provide you with information about the products and their key features as well as providing 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 - commission only

Defence Health receives commission payments from the product issuers in the range of 12% to 20% of the premiums you pay to the insurer (excluding GST).

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.

Personal advice - fee for service

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.

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 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 on our approved product list. 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 (ABN 80 008 629 481)
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

DH0103C/FSG/0317/01-2012

