



ahm Income Protection

Product Disclosure Statement and Policy Document (PDS)

What is this product and who is it issued by?

ahm Income Protection is a salary continuance insurance product issued by Integrity Life Australia Limited ABN 83 089 981 073 AFSL No. 245492 (**Integrity Life**), of Wharf 10, Level 1, 50-52 Pirrama Road, Pyrmont NSW 2009. Integrity Life has sole responsibility for this PDS and the *policy schedule*.

Integrity Life receives insurance premiums and pays claims from its Statutory Fund No. 1.

This *policy* has no surrender value. This means you cannot access any value on cancellation of the *policy* other than a premium refund payable under the terms of this PDS.

Who is NEOS Direct?

NEOS Direct, a registered business name of NDLI Pty Limited ABN 70 665 747 277 AFSL No. 547119, of Tower 3, Darling Park, 201 Sussex Street, Sydney, NSW 2000, is a business focussed on distributing and administering quality life insurance products to Australians. NEOS Direct is the distributor of this insurance product. NEOS Direct is also the administrator of this insurance product. ahm Income Protection is not issued by NEOS Direct.

About ahm

ahm Income Protection is an insurance product promoted by Medibank Private Limited, trading as ahm health insurance ABN 47 080 890 259 Corporate Authorised Representative No. 286089 (**Medibank Private**) of 720 Bourke Street, Docklands, Victoria 3008. In promoting this insurance product, Medibank Private is acting as the authorised representative of NEOS Direct.

This insurance product is not issued, guaranteed or underwritten by ahm health insurance, and ahm health insurance is not involved, nor liable for the assessment and payment of benefits under this insurance product.

Target Market Determination

The Target Market Determination (**TMD**) is provided by Integrity Life which sets out the target market for ahm Income Protection, the conditions under which cover can be sold, and the events or circumstances under which the TMD may be reviewed or updated.

The TMD for ahm Income Protection is available at www.ahmlife.com.au/income-TMD or you can request a free paper copy by contacting ahm life insurance on **1300 508 940** Monday to Friday, between 8am and 8pm (AEST/AEDT).

Life Insurance Code of Practice

Integrity Life is a signatory to the Financial Services Council's Life Insurance Code of Practice (**Code**). This means that we will comply with all our obligations as outlined within the Code as we interact with you. For more information, please refer to www.fsc.org.au/life-code.

Explaining this document

This Product Disclosure Statement and Policy Document (**PDS**) explains what you need to know about the benefits, features, options, risks and costs of ahm Income Protection, to help you make decisions on the types of cover available.

The information and any advice given in this PDS, is general in nature and doesn't take into account your individual objectives, financial situation and needs. You should therefore consider the appropriateness of this information to your situation before acting on it.

The information in this PDS is current as at the date of issue. However, from time to time we may change or update information that is not materially adverse. We'll provide a notice of any such changes at www.ahm.com.au/income-protection-insurance. If you'd like a free printed copy of the updated information, please email ahm life insurance at sales@ahmlife.com.au.

Understanding what we mean

While our aim is to always provide straightforward explanations, some words we use have specific meanings. These words appear throughout the PDS in *italics* and are explained within the text or in the Definitions section. The different types of cover and benefits are capitalised.

In addition, there are some terms used throughout this PDS, which are not capitalised or in italics, but which have a special meaning:

'you' or **'your'** means the *policy owner*.

'us', **'we'**, **'our'** or the **'insurer'** means Integrity Life.

You can change your mind

If for any reason you feel that your *policy* doesn't meet your needs, you can cancel it by notifying us, within 30 days of your *policy* commencement date. This is known as the cooling-off period.

Provided you have not made a claim, if you cancel your *policy* during the cooling-off period, your *policy* will be cancelled from the commencement date and we'll refund any premiums you've paid.

You can also cancel your insurance *policy* at any time after the cooling-off period by calling ahm life insurance on **1300 867 125**. Your insurance will end when we receive your request to cancel your *policy*. Any premium paid by you for a period after that date will be refunded to you.

Contact ahm life insurance

Phone: 1300 508 940

Email: sales@ahmlife.com.au

Website: www.ahm.com.au/income-protection-insurance

Mail: GPO Box 239, Sydney NSW 2001

Hours: Monday to Friday 8:00am – 8:00pm (AEST/AEDT)

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About ahm Income Protection

ahm Income Protection offers a *monthly benefit* if the *insured person* is *disabled* as a result of *illness* or *injury*.

Your insurance *policy*

Your *policy* starts when your application has been assessed and approved by us. Until then, we may ask for more information to fully assess your application.

As soon as your cover is approved, a welcome letter will be sent to you via email, along with a *policy schedule* outlining the full details of your cover, including your *policy's* commencement date.

Your insurance *policy* consists of:

- your most recent *policy schedule*; and
- this policy document/PDS.

Please keep these documents, and all documents we send you, in a safe place for future reference. Your *policy schedule* will outline the specifics of your ahm Income Protection *policy*, including the *insured person*, *policy owner* and *sum insured*.

We reserve the right to accept or decline applications for ahm Income Protection at our reasonable discretion.

Who can apply and who can own the *policy*?

To be eligible for ahm Income Protection Cover, at the time of application the *insured person* must be:

- at least 18 years of age, but no older than 55 years of age; and
- *gainfully employed* for at least 20 hours per week.

Note: those working over 60 hours per week will not be eligible for cover. Those working between 50 and 60 hours per week or in a higher risk occupation may be subject to some cover limitations. These will be advised at the time of application.

The *policy owner* of an ahm Income Protection *policy* will generally be the *insured person*. However if you are also applying for ahm Life Insurance, the *policy owner* may also be the *insured person's* partner or other individual who would be financially impacted by the death, *illness* or *injury* of the *insured person*.

Both the *insured person* and *policy owner* must be an *Australian resident* aged 18 or over.

Any amounts paid under Income Protection Cover will be paid to the *insured person*, except for the Death Benefit which will be paid to the *policy owner* or, if the *policy owner* is the *insured person*, to their estate.

We pay all benefits and amounts payable under your *policy* in Australian dollars.

The application process

During the application process you will be asked for information about the person to be insured's age, gender, occupation and health information.

The person to be insured's:

- Age will determine whether or not you can have cover, how much cover you can have, the types of cover you can have and how much it will cost.
- Occupation will determine what cover types you can have and the applicable cost, and for certain occupations, whether or not you are able to take out cover.
- Gender will influence the cost of the various cover types.
- Health information will determine what cover types you can have and whether any special terms, including exclusions and/or loadings, will apply to your cover.

The amount you can apply for

The *sum insured* available to you is dependent on the *insured person's pre-tax income* at the time of application.

The minimum *sum insured* is \$1,500 per month. The maximum *sum insured* that can be applied for under ahm Income Protection is the lesser of:

- \$10,000 per month; and
- 70% of monthly *pre-tax income*.

Example Case Studies

1 **John** is a 35 year old plumber, working on average 48 hours per week, and has a *pre-tax income* of \$120,000 per year.

70% of John's monthly *pre-tax income* is:

$$70\% \times \$120,000/12 = \$7,000 \text{ per month}$$

Because this is less than \$10,000 per month, John is eligible to apply for a *sum insured* of up to \$7,000 per month.

2 **Jane** is a 52 year old bookkeeper, working on average 35 hours per week, and has a *pre-tax income* of \$175,000 per year.

70% of Jane's monthly *pre-tax income* is:

$$70\% \times \$175,000/12 = \$10,208.33 \text{ per month}$$

Because this is more than \$10,000 per month, Jane is eligible to apply for a *sum insured* of \$10,000 per month.

Benefit periods and waiting periods

You have the ability to select your choice of *benefit period* and *waiting period*.

	Description	Options
Benefit period	Your <i>benefit period</i> is the maximum period that we'll pay a <i>monthly benefit</i> for any one or related <i>illness or injury</i> .	<ul style="list-style-type: none"> - 2 years - 5 years
Waiting period	The minimum period of time the <i>insured person</i> must be <i>totally disabled</i> or <i>partially disabled</i> as a result of the same or related <i>illness or injury</i> before you're eligible to claim a <i>disability</i> benefit.	<ul style="list-style-type: none"> - 30 days - 90 days

When we will pay

Total Disability Benefit

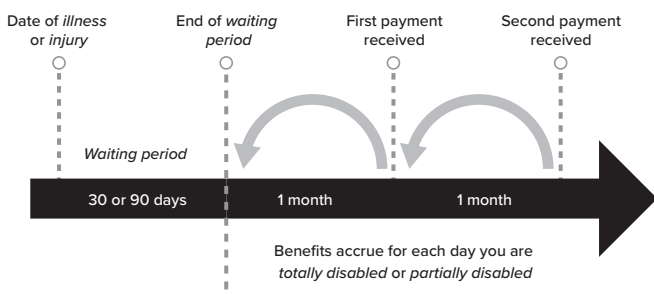
We will pay the *insured person* a *monthly benefit* if, due to an *illness or injury* that occurs while your Income Protection Cover is in place, the *insured person* is:

- *totally disabled* for at least 14 out of the first 19 consecutive days of the *waiting period*;
- either *partially disabled* or *totally disabled* for the rest of the *waiting period*; and
- *totally disabled* after the end of the *waiting period*.

The *insured person* can return to work during the *waiting period*, without the *waiting period* starting again, as long as they are *totally disabled* for 14 days out of the first 19 consecutive days of the *waiting period* and then are *totally disabled* or *partially disabled* for the remainder of the *waiting period*.

The *monthly benefit* starts to accrue the day after the *waiting period* ends. The first benefit payment will be made one month after the *waiting period* ends, and then monthly in arrears thereafter.

For example:



Part months will be paid at the rate of 1/30th of the *monthly benefit* for each day the *insured person* is *disabled*.

How much we'll pay - Total Disability Benefit

The *monthly benefit* payable will be the lesser of:

- the *sum insured* stated on your *policy schedule*;
- and
- 70% of the *insured person's pre-disability income*;

subject to any reductions that apply under 'Benefit adjustments' on page 9.

We'll keep paying the *monthly benefit* each month while the *insured person* is *totally disabled*, for up to the *benefit period* shown in your *policy schedule*, or until one of the events set out under 'How long we'll pay' on page 9 occurs.

If we are paying a Partial Disability Benefit under this cover, the *insured person* will not be eligible for a Total Disability Benefit.

Example Total Disability Benefit:

Xavier has Income Protection Cover and his *sum insured* on his *policy schedule* is \$5,000 per month. At the time of claim, Xavier has a *pre-disability income* of \$4,500 per month and sick leave payments of \$1,000 per month.

<i>Sum insured on policy schedule</i>	\$5,000
<i>Pre-disability income</i>	\$4,500
70% of <i>pre-disability income</i>	\$3,150
Benefit adjustments	
Less: sick leave payments	\$1,000
Total monthly benefit	\$2,150

Xavier meets all the requirements to be paid a Total Disability Benefit. Based on the calculation above, therefore, Xavier will receive a total *monthly benefit* of \$2,150.

Partial Disability Benefit

We will pay the *insured person* a *monthly benefit* if, due to an *illness or injury* that occurs while your Income Protection Cover is in place, the *insured person* is:

- *totally disabled* for 14 out of the first 19 consecutive days of the *waiting period*;
- either *partially disabled* or *totally disabled* for the rest of the *waiting period*; and
- *partially disabled* after the end of the *waiting period*.

The *insured person* can return to work during the *waiting period*, without the *waiting period* starting again, as long as they are *totally disabled* for 14 days out of the first 19 consecutive days of the *waiting period* and then are *totally disabled* or *partially disabled* for the remainder of the *waiting period*.

The *monthly benefit* starts to accrue the day after the *waiting period* ends. The first benefit payment will be made one month after the *waiting period* ends, and then monthly thereafter.

Part months will be paid at the rate of 1/30th of the *monthly benefit* for each day the *insured person* is *disabled*.

How much we'll pay - Partial Disability Benefit

The *monthly benefit* payable will be the lesser of:

- $$\frac{\text{(pre-disability income - post-disability income)}}{\text{pre-disability income}} \times \text{sum insured}$$
- and
- $$\frac{\text{(pre-disability income - post-disability income)}}{\text{pre-disability income}} \times 70\% \text{ of the insured person's monthly pre-disability income}$$

less any reductions that apply under 'Benefit adjustments' on page 9.

We'll keep paying the *monthly benefit* each month while the *insured person* is *partially disabled*, for up to the *benefit period* shown in your *policy schedule*, or until one of the events set out under 'How long we'll pay' on page 9 occurs.

If we are paying a Total Disability Benefit under this cover, the *insured person* will not be eligible for a Partial Disability Benefit.

Example Partial Disability Benefit:

Noah has ahm Income Protection Cover, with a *sum insured* of \$3,000 per month.

Noah injured his arm whilst gardening. Noah works as a child care worker which requires him to regularly pick up children. Prior to his injury, Noah's *pre-disability income* was \$4,000 per month. Noah had surgery on his arm which prevented him from working as a child care worker for a period of time. After meeting the requirements under his *policy*, ahm Income Protection Cover pays Noah his Total Disability Benefit after the end of his *waiting period*.

As time goes by, Noah still can't go back to his occupation as a child care worker due to further issues with his arm. Noah can however, return to some part-time modified duties, earning \$1,000 per month. Noah is paid a Partial Disability Benefit as follows:

The *monthly benefit* payable will be the lesser of:

- $$\frac{\text{(pre-disability income of \$4,000 - post-disability income of \$1,000)}}{\text{pre-disability income of \$4,000}} \times \text{sum insured of \$3,000}$$

= \$2,250 per month

and

- $$\frac{\text{(pre-disability income of \$4,000 - post-disability income of \$1,000)}}{\text{pre-disability income of \$4,000}} \times 70\% \text{ of pre-disability income of \$4,000}$$

= \$2,100 per month

There are no reductions that apply to Noah under 'Benefit adjustments' on page 9.

Therefore, Noah will be paid a *monthly benefit* of \$2,100 per month, being the lesser of the two calculations above.

Death Benefit

If the *insured person* dies while Income Protection Cover is in place, the surviving *policy owner* or, if there isn't one, the *insured person's* estate will receive a payment of \$10,000 as a lump sum.

The Death Benefit is payable in addition to any other benefits that have been paid or are payable. However, if we have paid any *monthly benefits* after the date of the *insured person's* death, we will reduce the Death Benefit by the amount of those payments.

Rehabilitation Benefit

If the *insured person* is *disabled* while your Income Protection Cover is in place, we'll reimburse you for the cost of *occupational rehabilitation services* provided by a third party provider that will directly assist the *insured person* to return to work. We recommend you seek our approval of the *occupational rehabilitation service* prior to incurring any expense otherwise there is the risk that you'll be out of pocket for the costs incurred. We won't unreasonably delay letting you know whether or not we'll reimburse you for the proposed *occupational rehabilitation service*.

The amount payable under the Rehabilitation Benefit is limited to 12 times your Income Protection Cover *sum insured* and is paid in addition to your *monthly benefit* and any other benefits under your *policy*.

Exclusions

We will not pay any benefit under Income Protection Cover if the event giving rise to the claim is caused by, or contributed to, or due to:

- intentional self-inflicted injury, attempted suicide, or death as a result of suicide;
- normal and uncomplicated pregnancy, miscarriage or childbirth. For the purpose of this exclusion, the following are not considered complications of pregnancy, childbirth or miscarriage:
 - multiple pregnancy;
 - threatened or actual miscarriage;
 - participation in an IVF or similar program; or
 - discomfort commonly associated with pregnancy such as morning sickness, backache, varicose veins, ankle swelling and bladder problems;

- a cessation of or reduction in the *insured person's* performance of all, or some, of the duties of their occupation due to permanent or temporary banning, deregistration, suspension, disqualification or restriction of any license, registration or similar requirement of their employment or profession by any governing or industry body applicable to their trade, employment or profession;
- participation in criminal activity or the result of any period of incarceration;
- travel to an overseas location against the advice issued by the Australian Government to the Australian public. This includes travelling to regions classified by the Department of Foreign Affairs and Trade as Advice Level 3 ('reconsider your need to travel') and Advice Level 4 ('do not travel'). These Advice Levels and destinations they apply to can be found at smatraveller.gov.au/destinations; or
- war or warlike operations (but this doesn't apply to any benefit payable on the *insured person's* death).

In addition, the payment of benefits under the *policy* are dependent upon the *insured person* following the reasonable advice of a *medical practitioner* (for more information see page 23).

We are also unable to pay any benefit where the recipient is subject to sanctions and laws prevent us from paying a benefit. See page 13 for further information.

We will also not pay any benefit under Income Protection Cover for any exclusions specifically stated in your *policy schedule*.

How long we'll pay

We'll pay the *insured person* a *monthly benefit* until the earliest of:

- the end of the *disability*;
- the end of the *benefit period*;
- the *insured person* unreasonably refuses to undergo or comply with recommended medical treatment or rehabilitation to reduce their *disability*;
- the *insured person* has been outside Australia for three continuous months; and
- the occurrence of an event set out under the section, 'When your cover ends' on page 10.

Benefit adjustments

The *monthly benefit* will be reduced if the *insured person* receives any of the following:

- any sick leave payments paid to the *insured person* for the same period that *monthly benefits* are payable; and
- any annual leave payments (including parental leave and long service leave payments) paid to the *insured person* during the period *monthly benefits* are payable.

The *monthly benefit* will be reduced if the *insured person* receives or is entitled to receive, any of the following in respect of the *disability*:

- any amounts payable under workers' compensation or motor accident compensation legislation relating to loss of income or earning capacity due to disability;
- any amounts payable through the Department of Veterans' Affairs relating to loss of income or earning capacity due to disability;
- any benefits payable under any other income protection or similar insurance policy relating to loss of income or earning capacity due to disability except benefits payable under an insurance policy that was disclosed to us when you applied for or increased your cover;
- any payments or entitlement to receive a payment for past or future economic loss in respect of an injury, sickness or disability that arise under statute or common law (whether or not statute modifies those benefits);
- any other payments relating to past or future loss of income or loss of earning capacity due to disability; and
- any other Government payments relating to the *illness* or *injury* where applicable.

How we adjust the benefit when the payment or entitlement is a lump sum

If any of the above amounts are payable as a lump sum, we'll treat the lump sum as though it was paid or payable in equal monthly instalments for eight years from the date paid or payable, for the purpose of calculating the amount of the reduction of the *monthly benefit*.

How the benefit will be reduced

The reduction in the *monthly benefit* will only be made to the extent required to ensure that the *monthly benefit*, when added together with any payments from another source, doesn't exceed:

- 70% of the *insured person's pre-disability income for total disability*; or
- 80% of the *insured person's pre-disability income for partial disability*.

If the entitlement to a payment from another source is in dispute

If the *insured person's* entitlement to payments from another source is in dispute, we will pay the *monthly benefit* which would otherwise be payable on a conditional basis until the dispute is resolved. If the *insured person* is subsequently entitled to the other payments:

- the *insured person* will repay to us the part of any *monthly benefit* which would not have been paid if it were not for the conditional payment; or
- we may at any time reasonably recover this amount by offsetting it against any amounts that may subsequently become due. We will tell you if we do this.

We offset overpayments

Where we identify any over-payments, we'll offset these amounts against any future payments under your ahm Income Protection Cover. We will tell you if we do this.

When your cover ends

Your Income Protection Cover will end on the earlier of:

- the date we receive your request to cancel the cover;
- the date the *insured person* retires or stops doing paid work and doesn't intend to do paid work anymore for reasons other than *disability*;
- the date we cancel your *policy* because your premiums aren't paid when due (see page 19);
- the *insured person's* death; or
- the *policy* anniversary immediately after the *insured person* turns 65.

If we cancel or avoid your *policy*, we will refund the premium received (on a pro rata basis) for cover that has been cancelled or avoided.

Reinstatement of cover

If your *policy* ends due to non-payment of premiums, you can apply to have your cover reinstated within 60 days of your *policy* cancellation date.

If you make this request within 60 days of the cancellation date, your *policy* may be reinstated depending upon your individual circumstances. If your *policy* is reinstated it will be done such that there is no gap in cover. As a result, you will be required to pay all outstanding premiums.

A *policy* cannot be reinstated if more than 60 days have elapsed. If after 60 days you wish to take out cover again, you will need to apply for a new *policy*, where you will need to meet all our underwriting requirements. If the *insured person's* health or occupation status has changed, you may no longer be eligible for the cover amount or types you held previously.

Other features of your policy

Waiver of Premium While on Claim Benefit

Your Income Protection Cover premiums will be waived while the *insured person* is entitled to *monthly benefits*. Any premiums paid while you're entitled to a *monthly benefit*, including premiums paid during the *waiting period*, will be refunded.

Recurrent Disability Benefit

If the *insured person* suffers a recurrence of their *disability*, within six months of the previous *disability* stopping, we'll treat it as a continuation of the previous *disability* (for the purposes of the *waiting period* and determining the *benefit period*).

If the recurrence is a continuation of the previous *disability*, then:

- no *waiting period* will apply to the claim; and
- the *benefit period* for both the previous *disability* and the recurrence combined won't exceed the *benefit period* shown in your *policy schedule*.

Continuation of the *monthly benefit* under this clause is also subject to the section titled 'How long we'll pay' on page 9.

Increasing Claim Benefit

The *monthly benefit* and the amount of the *insured person's pre-disability income* we use to calculate the *monthly benefit* will be increased annually after the *monthly benefit* has been paid continuously for a full year.

The increase will be equal to the lesser of:

- the *consumer price index*; and
- 3%.

Any premium loadings, exclusions, limitations or varied terms that apply to your cover will apply to any increases under the Increasing Claim Benefit.

Future Income Benefit

If the *insured person's* income increases, this benefit allows you to increase your Income Protection *sum insured* by up to 10%, without having to provide further medical evidence to us.

You may increase your Income Protection *sum insured* on each *policy* anniversary, up until the *policy* anniversary immediately after the *insured person* turns 55.

The increase allowed is the lesser of:

- 10% of your Income Protection *sum insured*; and
- the actual increase in the *insured person's* monthly *pre-tax income*;

subject to the limitation that the *sum insured* cannot exceed the maximums set out in 'The amount you can apply for' on page 6.

Once accepted, your premiums will increase in line with the increased level of insurance.

Important things to note: Future Income Benefit

- You must request the increase within 30 days of your *policy* anniversary date.
- Any increase is subject to you providing financial evidence to support the increase amount and confirmation that the *insured person* is actively working at least 20 hours per week at the time of the increase.
- The total of all increases to your *sum insured* over the life of your *policy* cannot exceed the original *sum insured* at your cover commencement date.
- The minimum increase is \$250 per month.
- This benefit can't be exercised if:
 - a claim is being paid under your *policy*, a claim is being assessed under your *policy*, or you're eligible to make a claim under your *policy* or another *policy* on the *insured person*; or
 - your cover is issued with a medical loading or exclusion as stated on your *policy schedule*.

Example Future Income Benefit:

Olivia has a current ahm Income Protection *sum insured* of \$4,000 per month based on her *pre-tax income* at the time of application of \$5,800 per month, and has recently had her *policy* anniversary.

Olivia has started a new role with a higher *pre-tax income* of \$6,500 per month and she would like her Income Protection Cover to be able to cover her new salary. Olivia is able to apply to increase her *sum insured* by the lesser of:

- 10% of her *sum insured* of \$4,000 = \$400; and
- The actual increase in her monthly *pre-tax income* = \$700.

Based on this calculation Olivia applies to increase her *sum insured* from \$4,000 per month to \$4,400 by applying for the Future Income Benefit after checking that the new *sum insured* is no more than 70% of her *pre-tax income*. Olivia provides the necessary financial and hours worked per week evidence required and receives confirmation of her successful application and the effective date of the change and premiums via email after a few days.

Premium and Cover Pause Benefit

If you've held your cover for a continuous period of at least 12 months, you can pause your cover due to hardship for a period of time. During this period, you won't need to pay premiums, however you'll also be unable to make a claim in respect of any event, *illness* or *injury* that occurs during the period the *policy* is paused.

To exercise this benefit:

- you must notify us at least 30 days before the premium due date (fortnightly, monthly or yearly) from which you wish to pause your cover; and
- you acknowledge that both premiums and cover will be paused.

Your cover will be paused for three consecutive months from the date your cover is paid to. At the end of your pause period, we'll continue your cover and your premium payments will resume. If the resumed premiums cannot be collected, then your *policy* will be cancelled (see page 19).

If you choose to pause your cover under this benefit, the pause will apply to all covers on your *policy*.

Please note: where you hold cover under ahm Life Insurance (i.e. Life Cover, TPD Cover, Critical Illness Cover or Child Cover) under the same *policy*, these covers and the premiums will also pause in the same way.

Your cover may be paused under this benefit for a maximum of 12 months in total over the life of your *policy*, and the Premium and Cover Pause Benefit may only be exercised once in any 12 month period.

Interim Accident Cover

Interim Accident Cover is designed to provide you with limited cover while your application is being assessed by us.

This cover is provided at no additional cost.

It applies to your initial application for cover, and for applications to increase your cover.

Interim Accident Cover is payable where the person to be insured is *totally disabled* due to an *injury* which is the result of an *accident*. The *accident* causing the *injury* must have occurred while Interim Accident Cover is in place.

Your Interim Accident Cover will start as soon as we receive your fully completed application form and a completed personal statement.

Your Interim Accident Cover will cease on the earliest of:

- 28 days after commencement of the Interim Accident Cover;
- the date your *policy* is issued;
- when you withdraw your application; or
- when your application for cover is declined by us.

The benefit payable is the lesser of:

- \$5,000 per month;
- the *sum insured* you applied for; and
- the reduced benefit amount that would be offered where, under our underwriting assessment guidelines, we would offer a lower benefit amount than the *sum insured* applied for.

If the cover being applied for is to replace existing cover, we'll reduce the Interim Accident Cover Benefit amount payable by the amount payable under your existing cover.

The person to be insured will receive this benefit each month that they are continuously *totally disabled* after the end of the *waiting period* you applied for, up to the earlier of:

- the end of the *benefit period* you applied for; or
- until one of the events set out under 'How long we'll pay' on page 9 occurs.

An Interim Accident Cover Benefit will not be paid for:

- any *illness*;
- any *accident* that first occurred prior to your application date;
- any reason that would make the person to be insured ineligible for Income Protection Cover under the eligibility requirements applicable at underwriting or within this PDS;
- an *injury* that is the result of war or an act of war (whether declared or not); or
- any *injury* related to any exclusion that we would have applied through our usual underwriting and assessment guidelines.

Other than as varied by these terms, the standard conditions, *waiting periods*, limitations and exclusions, subject to any options you applied for in your application for ahm Income Protection shall apply to this Interim Accident Cover.

Other important information about your *policy*

Sections of this document

This document is not a product disclosure statement for the Interim Accident Cover set out on page 12 or the Direct Debit Service Agreement set out from page 20.

Guaranteed continuity of cover

We guarantee to renew your *policy* each year until your *policy* expires, provided you pay your premiums when due. This means we can't cancel your cover, place further restrictions on it or increase your individual premium (before applicable discounts) because of changes to the *insured person's* health, occupation or pastimes.

Changes to the policy terms and conditions

If we change the terms and conditions of our ahm Income Protection product in the future, and those changes mean your benefits are the same or are improved and where this change does not increase your premiums, we'll pass on the improvements to you by updating the terms of your *policy*. We'll make these changes to your *policy* on the basis that you will not be disadvantaged by the update.

We will provide a notice of any such changes at www.ahm.com.au/income-protection-insurance and tell you of the effective date of any improvements to your *policy* within 12 months of the update. Each new improvement will only apply to claims, where the *illness* or *injury* causing the claim first became *apparent* after the effective date of the change.

This means the improvements won't apply to past or existing claims, or claims resulting from an *illness* or *injury* that first became *apparent* or events which took place before the effective date.

In the event that any changes to our ahm Income Protection product in the future may disadvantage you, we will apply the prior, more favourable terms.

We may also vary your *policy* where:

- the variation is to benefits, the variation improves those benefits and you accept that improvement by continuing to pay your premiums after we notify you of the improvement; or
- the variation is to your premium rates provided that the premium is being varied for all contracts of the same kind on a simultaneous and consistent basis. (If this happens we'll give you notice as set out at page 18).

Sanctions

No benefit is payable if doing so will contravene or violate any sanction, prohibition, restriction, proscription or prevention under any sanctions, laws or regulations, including but not limited to sanctions, laws or regulations of Australia, New Zealand, the European Union, the United Kingdom or the United States of America or those set out in any United Nations resolutions.

Duty to take reasonable care

When applying for insurance, you have a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into. A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty also applies when extending or making changes to existing insurance, and in certain circumstances when reinstating insurance.

If the cover being applied for is not on your life, it is crucial that the person whose life is being insured also reads this 'Duty to take reasonable care' section and gives complete and accurate information to you so you are able to provide the information to us in accordance with your duty to take reasonable care.

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced. We explain below 'What can we do if the duty is not met'.

When you are not the *insured person*, and the *insured person* does not take reasonable care not to make a misrepresentation to us, this may be treated as a failure of your duty to take reasonable care.

Please note that there may be circumstances where we later investigate whether the information given to us was true. For example, we may do this when a claim is made or if you request further underwritten cover.

Guidance for answering our questions

You are responsible for the information provided to us. When answering our questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.
- Answer every question.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, a family member or friend), please check every answer (and if necessary, make any corrections) before the application is submitted.

Changes before your cover starts

Before your cover starts, we may ask about any changes that mean you would now answer our questions differently. Please let us know if you would

answer any of our questions differently. The information might impact how we decide whether we can cover you, and if so on what terms and at what cost. If you do not do this, you may not have met your duty.

About your application

When you apply for life insurance, we conduct a process called underwriting. It's how we decide whether we can cover you, and if so on what terms and at what cost. We will ask questions we need to know the answers to. These will be about the person to be insured's personal circumstances, such as their health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you give us in response to our questions is vital to our decision.

Notifying the insurer

If, after the cover starts, you think you may not have met your duty, please contact us immediately and we'll let you know whether it has any impact on the cover and cost. If we decide that your disclosure has no impact on your cover, we will not change our mind at a later time.

What can we do if the duty is not met?

If the person who answers our questions does not take reasonable care not to make a misrepresentation, there are different remedies that may be available to us. These are set out in the Insurance Contracts Act 1984 (Cth). These are intended to put us in the position we would have been in if the duty had been met.

For example we may, acting reasonably and to the extent permitted by law:

- avoid the cover (treat it as if it never existed);
- vary the amount of the cover; or
- vary the terms of the cover.

Whether we can exercise one of these remedies depends on a number of factors, including:

- whether the person who answered our questions took reasonable care not to make a misrepresentation. This depends on all of the relevant circumstances. This includes how clear and specific our questions were and how clear the information we provided on the duty was;
- what we would have done if the duty had been met – for example, whether we would have offered cover, and if so, on what terms;
- whether the misrepresentation was fraudulent; and
- in some cases, how long it has been since the cover started.

Before we exercise any of these remedies, we will explain our reasons, how to respond and provide further information, and what you can do if you disagree.

If you need help

It's important that you understand this information and the questions we ask. Ask us or your adviser for help if you have difficulty understanding the process of buying insurance or answering our questions.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help and can provide additional support for anyone who might need it. If you want, you can have a support person you trust with you.

Notices

Any notice you give us under your *policy* will be effective from the date your call or email is received by a customer service agent. In circumstances where we require you to send us a notice in writing (including via email) we will inform you of this.

Any notice which we give you must be in writing, and will be sent to the last contact address you provided (including email address).

Making changes to your *policy*

If you wish to make changes to your *policy*, including:

- increasing or decreasing your *sum insured*;
- changing the status of the *insured person* from a 'smoker' to a 'non-smoker';
- changing your *waiting period* or *benefit period*; or
- changing the *policy owner*;

please contact ahm life insurance on **1300 867 125** Monday to Friday, between 8am and 8pm (AEST/AEDT).

Any requested variation to your *policy* which affects your benefits, must be agreed to by us and you. If we agree to a variation that affects your benefits, we will provide confirmation by issuing a new *policy schedule*.

We may require that you apply for these changes in writing, specifically where there is a change in ownership or an increase in risk, or where legally required. We will advise you of your increased premium (if any) and if you wish to proceed and we approve the change, we will provide confirmation by issuing a new *policy schedule*.

Risks

Before applying for any form of insurance, it's important to understand the potential risks. You should consider the below risks before making your decision to purchase an ahm Income Protection *policy*.

- The cover type, or amount of cover, may not be appropriate for your needs. You should consider the Target Market Determination (available at www.ahmlife.com.au/income-TMD) and the options you select carefully.

- If the *insured person's* income decreases or they become unemployed after taking out the *policy*, you may be ineligible to receive the full *sum insured* as shown on your *policy schedule*. If the *insured person* is unemployed for more than 12 months, your *monthly benefit* may be zero.
- If you become unable to pay your premium in the future, your cover may be cancelled (see page 19) and, if your circumstances have changed, you may not be able to take out equivalent cover.
- If you and the *insured person* don't take reasonable care not to make a misrepresentation to us we may avoid your cover or reduce the benefit amount payable (refer to page 14 for more information).
- Should an exclusion apply to your *policy*, a benefit will not be paid to you or the *insured person* should the claim relate to the stated exclusion.
- Premium rates are not guaranteed, and we may increase or decrease your premium in the future. The premium rates are influenced by a number of factors including your age and will generally increase as you get older.

ahm Life Insurance

You are able to combine cover offered under our 'ahm Life Insurance' which includes Life Cover, TPD Cover, Critical Illness Cover and Child Cover, with cover under this 'ahm Income Protection' *policy*. If you would like to consider additional cover under ahm Life Insurance you should read and consider the ahm Life Insurance PDS available at www.ahmlife.com.au/PDS and the Target Market Determination (available at www.ahmlife.com.au/TMD), before making any decisions about ahm Life Insurance.

Complaints

If you have a query or complaint about your *policy*, you can contact ahm life insurance on **1300 867 125** or via email at service@ahmlife.com.au. They will acknowledge your complaint in writing and endeavour to resolve your complaint.

If you need additional assistance lodging your complaint, for example due to illness, disability or English as a second language, please contact us and we will assist you through the complaints resolution process.

Your complaint will be assigned to one of our staff who is independent of the cause of complaint, and we will keep you up to date on the progress of your complaint resolution.

We will endeavour to provide you with a written response informing you of our final decision within thirty (30) days of receiving your complaint. If we are unable to resolve your complaint within that period, we will let you know the reasons for the delay and when we expect to be able to provide you with a response.

If your issues are not resolved, or ahm life insurance's resolution to your complaint is not to your satisfaction, you can refer your complaint to the Australian Financial Complaints Authority (AFCA). Contact details for AFCA are:

Australian Financial Complaints Authority

GPO Box 3,
Melbourne VIC 3001
Phone: 1800 931 678
Email: info@afca.org.au
Website: www.afca.org.au

Privacy

Integrity Life Privacy Statement

In this section 'you/your' means an *insured person*, the *policy owner* or a potential *insured person* or *policy owner* as the context indicates.

Your privacy is important to us. We have obligations under the Privacy Act 1998 (Cth) and procedures in place to comply with those obligations.

For more information on Integrity Life's privacy and information handling practices, you should read our Privacy Policy which can be found on our website at www.integritylife.com.au or call **1300 543 366** for a copy.

In order for us to administer insurance under the *policy*, we will need you to provide us with certain personal and sensitive information. If you do not provide all information requested, we may not be able to issue or administer the *policy* including managing any claims. You should be aware of the type of information which we will request from you, in addition to how we will request this information and to whom we may need to disclose it.

Personal information we collect

We collect your personal information including:

- name, address, gender, date of birth and contact details;
- occupation, income, date of commencement and cessation of employment;
- information specific to the product or service you decide to purchase from us; and
- financial details.

We may also collect sensitive information, which includes information about your health. We may be required to collect additional sensitive information when you make an application for certain insurance.

How we collect your personal information

Where possible, we'll collect personal information from you directly either through our online services or in writing, or over the phone. We'll obtain consent before collecting sensitive information, such as health information, unless we're required or permitted by law to collect it without consent.

We may, where required or permitted by law, also collect personal information and sensitive information about you from a third party including, for example when you are applying for a *policy*, increasing or decreasing your *sum insured* or making a claim.

These parties may include:

- our agents and service providers such as financial institutions;
- your family member who applies for a *policy* that covers you or is instructed by you to deal with us;
- people who are involved in a claim or assist us in assessing, investigating, processing or settling claims such as investigators, assessors, witnesses and medical service providers;
- law enforcement, dispute resolution, statutory and regulatory bodies; and
- publicly available sources such as the internet.

Sometimes we may be required to collect sensitive information about you from a third party. If you are providing information about a person who is to be covered by the *policy*, you must show them this document or a copy of our Privacy Policy available on our website at www.integritylife.com.au so they understand how we may use or disclose their personal information in relation to your dealings with us.

What we do with your personal information

We collect, hold, use and disclose personal information in ways people would reasonably expect and where it is reasonably necessary for our business, including:

- issuing, administering and managing insurance policies;
- assessing risk and underwriting insurance;
- processing claims and taking recovery action;
- improving our products and services, and the customer experience;
- handling complaints; and
- working with business partners and insurance intermediaries.

Disclosing personal information

To the extent permitted by law, and where reasonably necessary for the provision and administration of cover under this *policy*, we, or our agents, may disclose personal information to:

- any person authorised by you;
- our related bodies corporate;
- other insurers and reinsurers;
- our distributors and agents;
- mail houses, records management companies or technology services providers for printing and/or delivery of mail and email, including secure storage and management of our records;
- healthcare providers to establish medical status and arrange appropriate treatment and services. In an emergency we may also disclose information to employers and family members;
- organisations that provide banking or transactional services to facilitate payments to and from us;
- our advisers such as legal, actuary and accounting advisers;
- business partners and intermediaries who arrange insurance with us;
- co-insureds to confirm full disclosure has been made to us;
- Government, law enforcement, statutory, regulatory or enforcement bodies and agencies;
- service providers that perform data analytics;
- insurance reference bureaus;
- companies that conduct customer surveys on our behalf; and
- other parties as required by law.

In the case of a claim we may also disclose personal information to:

- investigators and assessors to investigate and assess claims and related matters;
- lawyers and recovery agents, to defend actions by third parties, to recover our costs (including amounts owed to us) or to seek a legal opinion;
- witnesses, to obtain witness statements;
- experts to provide us with opinions; and
- other parties to a claim to obtain statements from them, seek recovery or defend an action.

We also collect personal information from these people and organisations.

We do not store or disclose personal information outside of Australia or the United States of America. However, from time to time we may engage a service provider who does. You can find further information in our Privacy Policy available on our website at www.integritylife.com.au.

Disclosure to business partners and intermediaries

When you buy a *policy* arranged by one of our business partners or intermediaries, such as NEOS Direct, you consent to us providing all of your personal information to that business partner or intermediary, which may include sensitive information and claim information. That business partner or intermediary will also provide us with personal information that they have collected from you.

You should read the Privacy Policy of that business partner or intermediary to find out how they collect, hold, use and disclose your personal information. The NEOS Direct privacy policy is available at www.neosgroup.com/privacy-policy.

We may also disclose your personal information (but not sensitive information) to Medibank Private who may use that information to assist them in planning, researching, developing, identifying and notifying you of products and services which may be of interest to you. You may call or write to us or Medibank Private at any time to let us know that you do not want to receive any further communications from us.

Access, corrections and complaints

Our aim is to always have accurate, complete, up-to-date and relevant personal information. If you would like to seek access to, or revise, your personal information, or feel that the information we currently have on record is incorrect or incomplete or wish to make a complaint about privacy, please contact ahm life insurance on **1300 867 125**, by email service@ahmlife.com.au or by writing to **GPO Box 239 Sydney NSW 2001**.

You may also elect to contact the Office of the Australian Information Commissioner if you have a complaint about the way we handle your personal information on 1300 363 992 or by writing to GPO Box 5288 Sydney NSW 2001.

Premiums and other costs

How much will it cost?

The cost of your *policy* depends on a range of factors, including:

- your *sum insured* (the higher the *sum insured*, the higher the premium);
- the options you choose, including the *waiting period* and *benefit period* (the shorter the *waiting period*, the higher the premium; the longer the *benefit period*, the higher the premium);
- the *insured person's* gender;
- the *insured person's* age;
- whether or not the *insured person* smokes (smokers will have a higher premium than non-smokers);
- the *insured person's* health (adverse health may result in a higher premium);
- the *insured person's* family history (adverse family history may result in a higher premium);
- the *insured person's* occupation (occupations deemed as higher risk, for example those involving manual labour, may result in a higher premium);
- your premium frequency (the total premium paid in a year is lower if you pay yearly than if you pay monthly or fortnightly);
- whether you qualify for a discount (if you qualify for a discount, the premium will be reduced);
- stamp duty and any other Government charges (the greater the stamp duty rate or Government charges applicable to the premium, the higher the total cost of the *policy*); and
- the Future Income Benefit.

During the assessment of your application, we may apply a premium loading (such as a percentage on top of the standard premium rate) as a result of the *insured person's* state of health, family history or pastimes at that time.

Each year we'll send you a *policy* anniversary notice outlining your premium payable. As noted on page 3, you may cancel your *policy* and your insurance will end when we receive your request to cancel your *policy*. Any premium paid by you for a period after that date will be refunded to you.

Your premium type

We calculate your premium on each *policy* anniversary based on the *insured person's* age at that anniversary, the amount of cover held and your continued eligibility for discounts. Premiums will generally increase each year in line with the increase in age and any increase in your *sum insured* as a result of the Future Income Benefit. These types of premiums are called 'stepped premiums'.

Can premium rates change?

The premium you pay may increase each year due to a range of factors including regular age increases (as described above), if you increase your *sum insured* (including through the Future Income Benefit), and as a result of any increase in tax, duty or charge introduced by Government.

However, premium rates are not guaranteed, and as such we may increase or decrease your premium in the future. We may change our premium rates in the future if it is reasonably necessary including to reflect our insurance business experience, like the cost of claims, which will change the premiums you pay. Any change to premium rates will apply to all policies in a defined group (as discussed on page 18). We'll not single out an individual *policy*.

If we change the premium rates, we'll write to you to let you know at least 30 days before the change takes effect.

Premium discounts

If the *insured person* is an ahm health member, you may be eligible for a 10% discount on your premium whilst the *insured person* remains a member.

The benefit of any discount will be reflected in your *policy schedule* and *policy* anniversary notice. We don't guarantee premium discounts, and we may remove or vary the discounts applicable during the term of your *policy*.

We will provide you with at least 30 days prior notice of a removal of a premium discount. You may cancel your *policy* at any time.

Paying your premium

You have the option to pay your premium fortnightly, monthly or yearly. Premiums may be paid by credit card or direct debit. If you choose to pay by direct debit, the Direct Debit Service Agreement in this PDS will apply.

If you pay your premiums fortnightly or monthly, we'll apply a premium frequency loading to your premium. This loading is a percentage of the annual premium and helps cover the costs of collecting your premium on a more frequent basis.

If you stop paying your premiums

To ensure your cover continues, you must pay your premium when it's due. If you don't pay your premium within 30 days of the due date, we'll write to advise that your cover will be cancelled. If we cancel your *policy*, all cover will cease, and you'll be unable to make a claim for any event which occurs after the date cover stopped.

Government charges and tax

The information provided in this section is general in nature, and based on our interpretation of the tax laws and rulings current at the date this PDS was prepared. Individual circumstances can be quite different, and the law may change, so we recommend that you speak with a taxation professional with respect to your own situation.

Your premium may include allowances for current Government charges and taxes including stamp duty. Stamp duty is either incorporated into your base premium rate or added as an additional charge. If it's an additional charge, it will be shown on your *policy schedule*.

We may pass on to you any applicable new, or increased, Government taxes or charges. If this happens, we'll write to you to let you know at least 30 days before the change takes effect.

Premiums for Income Protection Cover are generally tax-deductible and tax will generally be payable on any benefit paid under your Income Protection *policy*. We will send you a statement each year outlining the ahm Income Protection premiums paid, and any benefits received. You do not have to pay GST on your premiums or any benefits you receive.

Direct Debit Service Agreement

Definitions

The following special terms are capitalised and apply to this Direct Debit Service Agreement only:

Account means the account held at Your Financial Institution from which we're authorised to arrange for your Premium to be debited.

Agreement means the direct debit service agreement between you and us.

Banking Day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

Debit Day means the day that your Premium payment is due to us.

Debit Payment means a particular transaction where a debit is made to your Account.

Direct Debit Request means the direct debit request you've provided to us.

Premium means the premium payable for the cover provided by your ahm Income Protection policy at the Debit Day.

Your Financial Institution is the financial institution where you hold the Account that you have authorised us to debit.

The following terms also have a special meaning but are not capitalised:

we/us/our means Integrity Life Australia Limited ABN 83 089 981 073.

you/your means the person who provided the Direct Debit Request to us.

Debiting your Account

By providing a Direct Debit Request, you have authorised us to arrange for funds to be debited from your Account for the purpose of paying the Premium on your ahm Income Protection policy. You should refer to the Direct Debit Request and this Agreement for the terms of the arrangement between us and you.

We will only arrange for funds to be debited from your Account for payment of the Premium as authorised in the Direct Debit Request. The amount of the Premium may vary from time to time. We will not notify you of this variation unless we're required to do so under the terms and conditions of your ahm Income Protection policy.

We will not issue a billing notification prior to debiting your Account. If the Debit Day falls on a day that is not a Banking Day, we may direct Your Financial Institution to debit your Account on the following Banking Day. If you're unsure about which day your Account has or will be debited, you should ask Your Financial Institution.

Changes by us

We may vary any details of this Agreement or a Direct Debit Request at any time by giving you at least 14 days written notice.

Changes by you

You may change the arrangements under a Direct Debit Request by contacting us subject to:

- if you wish to stop or defer a Debit Payment you must notify us at least seven days before the next Debit Day. This notice should be given to us in the first instance; and
- you may also cancel your authority with us to debit your Account at any time by giving us at least seven days' notice before the next Debit Day. This notice should be given to us in the first instance.

You may also cancel a Direct Debit Request by contacting Your Financial Institution.

Your obligations

It's your responsibility to ensure that there are sufficient clear funds available in your Account to allow a Debit Payment to be made in accordance with the Direct Debit Request.

If there are insufficient clear funds in your Account to meet a Debit Payment:

- you may be charged a fee and/or interest by Your Financial Institution;
- you may also incur fees or charges imposed or incurred by us in relation to an unsuccessful direct debit, such as fees charged to us by Your Financial Institution; and
- you must arrange for the Debit Payment to be made by another method, or arrange for sufficient clear funds to be in your Account by an agreed time, so that we can process the Debit Payment.

You should check your Account statement to verify that the amounts debited from your Account are correct.

If we're liable to pay goods and services tax ("GST") on a supply made in connection with this Agreement, then you agree to pay us on demand an amount equal to the consideration payable for the supply, multiplied by the prevailing GST rate.

Disputes

If you believe that there has been an error in debiting your Account, you should notify us as soon as possible so that we can resolve your query.

If we conclude as a result of our investigations that your Account has been incorrectly debited, we will respond to your query by arranging for Your Financial Institution to adjust your Account (including interest and charges) accordingly. We will also notify you of the amount by which your Account has been adjusted.

If we conclude as a result of our investigations that your Account has not been incorrectly debited, we will respond to your query by providing you with reasons and any evidence for this finding.

Any queries you may have about an error made in debiting your Account should be directed to ahm life insurance (contact details below) so that they can attempt to resolve the matter. In addition, you may contact Your Financial Institution, who will obtain details from you of the disputed transaction and may lodge a claim on your behalf.

Accounts

You should check:

- with Your Financial Institution whether direct debiting is available from your Account, as direct debiting is not available on all accounts offered by financial institutions;
- your Account details which you provided to us are correct by checking them against a recent Account statement; and
- with Your Financial Institution before completing the Direct Debit Request if you have any queries about how to complete the Direct Debit Request.

Confidentiality

We will keep any information (including your Account details) in your Direct Debit Request confidential.

We will make reasonable efforts to keep any such information that we have about you secure, and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.

We will only disclose information that we have about you:

- to the extent specifically required by law; or
- for the purposes of this Agreement (including disclosing information in connection with any query or claim).

Notices

If you wish to notify us about anything relating to this Agreement, our contact details are below.

Where we're providing you with notification in writing, we'll send the notice via email.

Providing instructions

Your Direct Debit Request may be provided to us in writing, by calling us or by such other electronic means that we choose to accept from time to time.

Instructions from you in connection with this Agreement (including any change to the Account to which your Direct Debit Request applies) may be provided to us in writing, by calling us, or by e-mail.

Contact ahm life insurance

Phone: 1300 867 125

Email: service@ahmlife.com.au

Website: [www.ahm.com.au/
income-protection-insurance](http://www.ahm.com.au/income-protection-insurance)

Mail: GPO Box 239, Sydney NSW 2001

Hours: Monday to Friday 8:00am – 8:00pm (AEST/AEDT)

Making a claim

Notifying us of a claim

We're here to support you through the claims process. If you, or your legal personal representative, are eligible to make a claim or are unsure and would like some assistance, it's important that you contact us as soon as possible. We'll then explain the claims process and requirements, so we can get your claim underway as soon as possible.

You should notify us of a claim in a timely manner. If our assessment has been compromised by a delay in you notifying us of your intention to claim, your claim or benefit payment may be delayed or reduced. If we reduce your claim or benefit payment due to a delay in your claim notification, we will do so by an amount that proportionally represents the extent to which our interests were prejudiced as a result of the delay.

Payment of premiums

An event giving rise to a claim must occur while your cover is in place. Benefit payments will only be made in relation to an insured event that occurs, when cover is in place.

It's important to continue paying your premiums while your claim is being assessed to ensure your cover is not cancelled. If you pay premiums during a period you are eligible for the Waiver of Premium While on Claim Benefit, these premiums will be refunded to you.

General claim requirements

Our assessment of your claim will involve us, acting reasonably and to the extent permitted by law, determining whether your claim meets all relevant *policy* terms and conditions and any applicable special terms shown on your *policy schedule*.

To enable us to assess liability for your claim and your ongoing eligibility for benefits, we may, acting reasonably and to the extent permitted by law, need financial, medical, vocational and other relevant information, or an examination or assessment of the *insured person* by a person reasonably nominated by us. Where we reasonably require information, an examination or assessment, we will confirm the need and purpose of the request with you and will require your, and the *insured person's*, reasonable cooperation.

To help support your claim we may also need the following (including certified copies where appropriate):

- a completed claim form;
- proof of the event which resulted in a claim being made;
- proof of payment, when a claim for reimbursement is being made;
- proof of age (unless previously provided);
- medical information (for example, reports from your treating doctors, Medicare/Pharmaceutical Benefits Scheme and private health insurance records);
- the *insured person* to attend medical examinations by a *medical practitioner* arranged by us, undertaking functional capacity tests; and/or undertaking vocational assessments;
- proof of probate and a death certificate for all Death Benefit claims; and/or
- an interview with our representative.

You'll need to provide documents verifying the *insured person's* income as stated in the application and other relevant financial information for periods before and after the event which gave rise to your claim, as often as is reasonably required for us to confirm our liability for your claim. Financial information we may require includes:

- verification of *insured person's pre-tax income* stated in the application;
- verification of the *insured person's pre-tax income* in the period before and after the event giving rise to your claim; and/or
- an audit of the *insured person's* business and personal financial circumstances as often as is required. This may include auditing documents that constitute a legal requirement such as business and personal taxation returns and profit and loss statements.

We will require you to provide us with copies of the tax returns lodged with the Australian Taxation Office (ATO) or other financial documentation which verifies the *insured person's pre-tax income* and any income during the period for which we have paid an Income Protection Cover benefit.

Our assessment of your claim may also require obtaining reasonable information relating to lifestyle and pastimes so that we can make our decision. Following a reasonable assessment of your claim, we must be satisfied of our initial and ongoing liability to pay a benefit. We will tell you if we need any of the above outlined information.

If we need an examination or assessment, we'll pay for the cost. However, costs which you may incur as a result of completing claim forms or providing other information to us, are payable by you.

Following the advice of a *medical practitioner*

The payment of benefits under your Income Protection *policy* will be dependent on the *insured person* following the reasonable advice of a *medical practitioner*. This includes reasonably:

- following, and actively participating in, a recommended course of treatment and rehabilitation for any conditions for which the claim is being made;
- complying with reasonable requests for occupational therapy, retraining and accepting reasonable job modifications that would allow a return to work; and
- actively participating in recommended return to work trials or job placements.

Confirmation of information provided in your application for insurance

In the assessment of your claim, we may, acting reasonably and to the extent permitted by law, confirm the accuracy of information you provided in:

- your application for insurance;
- a request to reinstate your insurance; or
- a request to make any other changes to your insurance;

in order to verify your entitlement to the insurance cover, re-instatement of cover, or other change to cover. This may include reasonable information that relates to previous medical, employment, lifestyle, pastime or financial history, to determine whether you and the *insured person* took reasonable care not to make a misrepresentation when you applied for, reinstated or changed the *policy*. We will advise you if this is required.

We, acting reasonably and to the extent permitted by law, may require written authorities from the *insured person*, permitting third parties, (e.g., other insurers, doctors, medical practices, hospitals, other health service providers, accountants, former employers, Medicare and other relevant third parties) to provide us with reasonable information to confirm your original entitlement to the insurance cover, re-instatement of cover, or other change to cover, when we are assessing your claim. We will advise you if this is required.

Fraudulent claims

If you fraudulently make a claim we may reduce or decline to pay you benefits and we may cancel your *policy*.

Payment of claims

If you make a claim and the claim is approved, all benefits will be paid to either the *insured person* (for all benefits excluding the Death Benefit), or the *policy owner* or their legal personal representative (for Death Benefit payments).

Definitions

<i>accident</i>	Means a random and unforeseen event independent of all other causes.
<i>apparent</i>	Means the person was aware of, or a reasonable person in the circumstances could be expected to have been aware of, the <i>illness</i> or <i>injury</i> .
<i>Australian resident</i>	Means a person that permanently resides in Australia and: <ul style="list-style-type: none"> – holds an Australian or New Zealand citizenship; – holds an Australian permanent residency visa; or – is eligible to apply for an Australian permanent residency visa and will submit an application within the next 12 months.
<i>benefit period</i>	Means the maximum period that we'll pay a <i>monthly benefit</i> for any one or related <i>illness</i> or <i>injury</i> .
<i>consumer price index</i>	Means the consumer price index as defined and published by the Australian Bureau of Statistics (or any body which succeeds it), being a weighted average of the eight Australian capital cities combined, for successive 12-month periods, finishing on 30 September each year and applicable from the next calendar year. Where the published rate is negative, it will be considered to be zero for the purposes of your <i>policy</i> .
<i>disability and disabled</i>	This refers to <i>total disability</i> or <i>partial disability</i> as the context requires.
<i>gainfully employed</i>	Means to be employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment.
<i>illness</i>	Means an illness or disease.
<i>immediate family member</i>	Means spouse, child, sibling, parent, father in-law or mother in-law, de facto partner, or a person in an interdependent relationship. An interdependent relationship exists where two people have a close personal relationship, live together, one or each of them provides the other with financial support, and one or each of them provides the other with domestic support and personal care.
<i>injury</i>	Means an injury to the body caused by an <i>accident</i> .
<i>insured person</i>	Means the person whose life is insured under your <i>policy</i> . The insured person is shown on your <i>policy schedule</i> .
<i>material and substantial duty</i>	Means all the duties of the <i>insured person's</i> occupation which can be considered primarily essential to producing their income and which: <ul style="list-style-type: none"> – are normally required for the purposes of the <i>insured person's</i> occupation; – do not include exceptional duties which are not normally required to perform the <i>insured person's</i> occupation; and – cannot be reasonably omitted, modified or substituted by you, the <i>insured person</i> or, where applicable, their employer.

medical practitioner	<p>Means a medical practitioner who is legally qualified and registered to practice in Australia (or for overseas practitioners, have the equivalent medical qualifications and are approved by us, acting reasonably, as having such qualifications) that is not the <i>insured person</i>, the <i>policy owner</i> or an <i>immediate family member</i>, business partner, employee or employer of the <i>insured person</i> or the <i>policy owner</i>.</p> <p>Note: for the avoidance of doubt, persons qualified in occupations such as (but not limited to) chiropractic, physiotherapy, psychology and alternative therapies are not regarded as medical practitioners.</p>
monthly benefit	<p>Means the actual amount payable to the <i>insured person</i> each month during a <i>disability</i> claim in accordance with the terms of the <i>policy</i>. The monthly benefit is payable monthly in arrears.</p>
occupational rehabilitation services	<p>Means rehabilitation services, retraining courses or specialist equipment that directly assists in the return to work.</p> <p>Occupational rehabilitation services do not include programs that:</p> <ul style="list-style-type: none"> – involve ‘treatment’ as defined by the Life Insurance and Health Insurance Acts; – provide ongoing services that do not have the specific and stated objective of leading to an increase in function; – do not have the primary purpose of returning the <i>insured person</i> to paid employment; – do not have goals incorporated into the plan that can be measured; or – are of a type ordinarily engaged in for general health and wellbeing.
partial disability and partially disabled	<p>Means for the <i>waiting period</i> and the duration of the <i>benefit period</i>, partially disabled and partial disability means solely due to <i>illness</i> or <i>injury</i> the <i>insured person</i>:</p> <ul style="list-style-type: none"> – is either: <ul style="list-style-type: none"> - working in some capacity, but not capable of working at full capacity in their occupation; or - not working at all, but capable of working in some capacity in their occupation; <p>(where full capacity is a maximum of 40 hours per week regardless of the <i>insured person’s</i> usual hours); and</p> – is regularly attending and following the advice and recommendations for treatment (as appropriate to their condition) by an appropriately qualified <i>medical practitioner</i>; and has a <i>post-disability income</i> that is less than 80% of their <i>pre-disability income</i>.
passive income	<p>Means income such as interest, dividends from shares, net rental income, ongoing contractual royalties, annuities, or other similar income.</p>
policy	<p>Means our contract of insurance with you, which provides one or more cover types to you. Your policy consists of this PDS and your <i>policy schedule</i>.</p>
policy owner	<p>Means the person who owns the <i>policy</i>. The policy owner is shown on your <i>policy schedule</i>.</p>
policy schedule	<p>Means the most recent schedule to the <i>policy</i> which outlines the types of cover that you have and other details of your specific cover. The policy schedule forms part of your <i>policy</i>.</p>
post-disability income	<p>Means the <i>pre-tax income</i> earned by the <i>insured person</i> during the month whilst <i>partially disabled</i> for which a <i>monthly benefit</i> is being calculated.</p>
pre-disability income	<p>Means the <i>insured person’s</i> average <i>pre-tax income</i> in the 12 months immediately prior to their <i>disability</i>.</p>

<i>pre-tax income</i>	<p>Means:</p> <ul style="list-style-type: none"> – where the <i>insured person</i> is self-employed or a working director, their share of the gross income generated by the business or professional practice, less their share of the eligible business expenses necessarily incurred in generating that income; or – where the <i>insured person</i> is not self-employed or a working director (i.e. they do not directly or indirectly own part of or all of a business or practice), the total remuneration package paid by the employer to the <i>insured person</i> including salary, commissions, fees, regular bonuses, regular overtime, fringe benefits and salary sacrifice amounts. <p>Superannuation Guarantee and additional Employer (non salary sacrifice) contributions as well as <i>passive income</i> are excluded for all <i>insured persons</i>.</p>
<i>sum insured</i>	Means the amount of cover you're insured for, as shown in your <i>policy schedule</i> .
<i>total disability and totally disabled</i>	<p>For the <i>waiting period</i> and the duration of the <i>benefit period</i>, totally disabled and total disability means, solely due to <i>illness</i> or <i>injury</i> the <i>insured person</i> is:</p> <ul style="list-style-type: none"> – not capable of performing each and every <i>material and substantial duty</i> of their occupation; – not working in any occupation for earnings, payment or profit; and – regularly attending and following the advice and recommendations for treatment (as appropriate to their condition) by an appropriately qualified <i>medical practitioner</i>.
<i>waiting period</i>	Means the minimum period of time the <i>insured person</i> must be <i>totally disabled</i> or <i>partially disabled</i> as a result of the same or related <i>illness</i> or <i>injury</i> before you're eligible to claim a <i>disability</i> benefit.
we, us, our, or insurer	Means Integrity Life.
you or your	Means the <i>policy owner</i> .



To find out more about ahm Income Protection, please visit the website at:
www.ahm.com.au/income-protection-insurance

For assistance, please contact ahm life insurance on the below details:

Phone: 1300 867 125

Email: service@ahmlife.com.au