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NOBLEOAK

with you for life

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rewardinsurance

A photograph of a woman with shoulder-length brown hair, smiling warmly. She is wearing a light green cardigan over a white top and a necklace with various beads and pendants. Her arms are crossed.

REWARD PROTECTION PLAN

Product Disclosure Statement

This Product Disclosure Statement contains important information about the Reward Protection Plan

Issue Date: 2 April 2014

About this Document

This document is the Product Disclosure Statement (“PDS”) for the Reward Protection Plan and contains important information about the product, including details of the benefits provided and any applicable exclusions. You should consider its contents carefully before deciding whether you wish to apply for this cover.

This PDS is issued by NobleOak Life Ltd (ABN 85 087 648 708) (AFSL 247302) and the information contained in this document is current at the date of issue. In the event of any omissions or changes to the information in this PDS you will be notified as required by law.

Benefit Fund Rules

Where you have obtained the cover provided by the Reward Protection Plan, the Reward Insurance Benefit Fund Rules together with the most recent Certificate of Membership (or such other documentation that we have issued to you confirming the details of your cover) will form the terms and conditions of your insurance contract with us. Should you wish to obtain a copy of the Reward Insurance Benefit Fund Rules, simply call Reward Insurance on 1300 13 13 20.

Considering Your Personal Circumstances

Any financial advice contained in this document is of a general nature only and does not take into account your financial situation or your personal needs and objectives. If you are unsure whether the cover is right for you, then you should consider obtaining the assistance of an independent financial adviser.

Terminology

Some of the words used in this document have specific meanings which are set out in the Definitions section on page 40. You should make sure that you understand the definitions before making any decisions about the Reward Protection Plan.

About NobleOak

NobleOak Life Limited is a registered life insurer and is the issuer of the Reward Protection Plan.

Established in 1877, NobleOak has been delivering insurance and investment solutions to Australians for over 130 years and is proud to provide simple, competitive insurance products supported by an excellent claims payment record. When you are with NobleOak you can feel secure knowing you're with an experienced insurer whose name over the years has been synonymous with trust and integrity.

NobleOak is regulated by the Australian Prudential Regulatory Authority (APRA) and is an unlisted public company owned by over 3,300 Australians, many of whom are also policyholders. NobleOak is responsible for meeting the terms and conditions of your cover, including the payment of benefits.

In this document any reference to 'we/us/our' is referring to NobleOak Life Limited.

About Reward Insurance

The brand "Reward Insurance" was created to develop a range of quality life insurance solutions to be offered exclusively to customers of Specialty Fashion Group's retail brands. Specialty Fashion Group is the largest retailer of women's fashion in Australia and its brands include Autograph, City Chic, Crossroads, Katies and Millers.

Reward Insurance's objective is to provide Specialty Fashion Group customers with convenient access to affordable life insurance protection with a focus on providing a simple, understandable offer that allows customers to make an informed decision on their need for protection.

The cover is designed to be easy to obtain and relevant to the needs of Specialty Fashion Group customers.

About the Distributor

Reward Protection Plan is distributed exclusively by Freedom Insurance Pty Ltd (ABN 80 138 864 543) (AFSL 341082) and its representatives under the "Reward Insurance" brand.

Freedom Insurance is a 100% Australian owned specialist risk insurance business that holds an Australian Financial Services Licence issued by the Australian Securities and Investment Commission (ASIC). Freedom does not underwrite or in any way guarantee the benefits payable under the Reward Protection Plan.

Enquiries

All enquiries regarding Reward Protection Plan should be directed to Reward Insurance on **1300 13 13 20**.

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REWARD PROTECTION PLAN

Reward Protection Plan provides a range of life insurance benefits designed to help protect your family against the financial impact of a family member dying, suffering a serious medical condition or being involved in an accident. Obtaining protection can help safeguard the lifestyle you and your family have today and the benefits received can be used for any purpose. That might include assisting with the repayment of debts, attending to medical bills or recovering from the serious illness or injury.

Reward Protection Plan is made available exclusively to customers of Specialty Fashion Group's retail brands – Millers, Katies, Autograph, Crossroads and City Chic and has been designed to provide you and your family with access to a range of simple, affordable, value for money life insurance benefits.

Why Choose Reward Protection Plan?

There are a number of great reasons to choose one or more of the benefit options provided by the Reward Protection Plan.

Complimentary Cover

All SFG customers who meet our simple eligibility requirements can obtain \$10,000 of free accidental death cover for 2 years. This offer extends to the partner of the SFG customer and there is no need to take any of the other benefit options to receive this cover. Just call Reward Insurance on **1300 13 13 20** and they can activate your complimentary cover in just a few minutes.

Cover to Suit Your Needs

There is an additional range of 9 different benefit options that allows you to choose the type and level of cover you require.

Affordable Premiums

The premiums are competitive with options to suit almost every budget.

December Reward

To help you stretch your budget over the holiday season, your premiums are waived each December giving you a whole month of free cover every year. The December Reward gives you more to spend on the people you care about at this special time of the year.

Protection Against Inflation

To ensure the value of your benefits are not eroded by inflation we will offer to automatically increase the amount of all of your benefits each year by 5%*.

Cash Back at Age 75

A unique feature of Secure Life Cover is that when the cover expires following the life insured's 75th birthday you will receive a cash payment based on the number of years that the cover was in force.

Cover for Your Children

Protection can be extended to cover your children with a range of benefit options providing cover for up to \$25,000.

Easy Application Process

Applying for Reward Protection Plan could not be easier

- apply over the phone simply by calling Reward Insurance on **1300 13 13 20**
- no complicated forms to complete
- no medicals examinations required
- your protection can be confirmed during the call should you meet our simple eligibility requirements

Extended Cooling-Off Period

We provide an extended cooling-off period to ensure that you get ample time to consider whether the cover is right for you. So even if you have paid some premiums we will refund all amounts paid in respect of any benefits that you cancel within the first 42 days of cover.

All you need to do is tell Reward Insurance within 42 days of commencement in order to receive your refund.

**doesn't apply to the \$10,000 Complimentary Accidental Death Cover*



BENEFITS OPTIONS

Reward Protection Plan makes available a range of optional benefits. The table on the opposite page sets out information about the benefit options available and in general terms the events upon which a benefit is payable.

You may simply wish to activate your *Complimentary Accidental Death Cover* or you may wish to also apply for a combination of the other 9 benefit options that are available. You can also obtain the protection on one or more family members as permitted under the eligibility requirements set out on pages 10 to 11.

Choosing From the Available Benefits

Your ability to obtain the cover provided by some of the extended benefit options is dependent upon you also holding cover for one or more of the other benefits.

Here's how it works.

1. Start by activating your *Complimentary Accidental Death Cover*. You have no obligation to obtain any additional benefits if that is your preference.
2. If you require more extensive cover you can choose from 3 different benefit streams:

Secure Life: *Secure Life Cover* is the only benefit available in this stream.

Premium Life: *Premium Life Cover* is the core benefit for this stream. When you have obtained that cover, you may also obtain either (but not both) of *Accidental Injury Cover* or *Trauma Cover*. You may also obtain *Children's Life Cover* as an option to the core benefit and *Children's Trauma Cover* is then available as a further extension to that.

Accidental Death: *Accidental Death Cover* is the core benefit for this stream and where you have obtained that cover you may also obtain *Accidental Injury Cover*. You may also obtain *Children's Accidental Death Cover* as an option to the core benefit and *Children's Accidental Injury Cover* is then available as a further extension to that.

3. Please remember that the cover provided for certain benefits can often be obtained for more than one family member.

Importantly, Reward Insurance will be able to assist you with all matters regarding benefit selection and the eligibility requirements for each of the benefits.

| | | | |
|-------------------------------------|--|--|--|
| Complimentary Benefit | Complimentary Accidental Death Cover | | |
| | Pays \$10,000 upon accidental death occurring during the 2 year cover period. | | |
| PLUS | Cover can be extended with one of the 3 benefit streams available. | | |
| 3 Core Benefit Options | Accidental Death Cover | Secure Life Cover | Premium Life Cover |
| | Cover of up to \$500,000 payable upon accidental death. | Cover of up to \$50,000 payable upon death (limited to accidental death only in the first 2 years). | Cover of up to \$500,000 payable upon death. |
| PLUS | | | |
| Additional Optional Benefits | Accidental Injury Cover | | Accidental Injury Cover |
| | Cover of up to \$200,000 payable upon the occurrence of a specified accidental injury. Payment operates as an advance of the accidental death benefit. | | Cover of up to \$200,000 payable upon the occurrence of a specified accidental injury. Payment operates as an advance of the death benefit. |
| | | | OR |
| | | Trauma Cover | |
| | | Cover of up to \$500,000 payable upon the occurrence of a specified sickness or injury. Payment operates as an advance of the death benefit. | |
| PLUS | | | |
| Optional Children's Benefits | Children's Accidental Death Cover | Children may be included as additional lives insured under the core <i>Secure Life Cover</i> benefit. | Children's Life Cover |
| | Cover of up to \$25,000 payable upon accidental death. | | Cover of up to \$25,000 payable benefit upon death. |
| | Children's Accidental Injury Cover | | Children's Trauma |
| | Cover of up to \$25,000 payable upon occurrence of a specified accidental injury. Payment operates as an advance of the children's accidental death benefit. | | Cover of up to \$25,000 payable upon occurrence of a specified sickness or injury. Payment operates as an advance of the children's death benefit. |

ELIGIBILITY

To be eligible to apply for the cover provided by any of the benefits available under Reward Protection Plan, you must be:

- a Specialty Fashion Group customer or their partner.
- an Australian Resident (see page 40).
- aged 18 or over at the date of the application.

Life Insured Eligibility

The person that you insure under your Plan must also meet the separate eligibility requirements for the benefits that you request. To be eligible to be a life insured, the person must:

- be an Australian Resident (see page 40).
- meet the age requirements for the requested benefit as set out in the table on the opposite page.
- be the life insured under any other benefit that is required to be held as a precondition to the requested benefit (or otherwise have the required relationship to you or another specified life Insured under the cover held as a precondition). These requirements are also set out in the table on the opposite page

Multiple Lives Insured

You may include more than one person as a life insured under each of the available benefits. The maximum number of lives permitted under each benefit option is set out in the table.

Guaranteed Issue

Where the benefit requested is stated to be “*guaranteed issue*”, there are no underwriting requirements when applying for the cover and therefore no personal medical questions will be asked of any proposed life insured. The

application will be automatically accepted provided all eligibility requirements are met.

Short Form Underwriting

Where the benefit requested is stated to be “*short form underwriting*”, the life insured will be required to answer a series of personal medical questions. Your application will be automatically accepted provided all eligibility requirements have been met and the proposed life insured answers the questions to our satisfaction. Importantly, no medical examinations or reports will be sought at the time of your application.

The eligibility requirements referred to on pages 10 and 11 may be varied or waived at our discretion.

| Benefit Option | Life Insured Eligibility Age | Other Life Insured Eligibility Requirements | Maximum No. of Lives Insured | Underwriting Requirements |
|--------------------------------|------------------------------|---|------------------------------|---------------------------|
| Complimentary Accidental Death | 18 - 70 | Must be an SFG customer or their partner | 2 | Guaranteed Issue |
| Accidental Death | 18 - 70 | Must be an SFG customer or their partner | 2 | Guaranteed Issue |
| Accidental Injury | 18 - 65 | Must also be the life insured under <i>Accidental Death</i> | 2 | Guaranteed Issue |
| Children's Accidental Death | 0 - 17 | Must be a child of the life insured under <i>Accidental Death</i> | 6 | Guaranteed Issue |
| Children's Accidental Injury | 0 - 17 | Must also be the life insured under <i>Child Accidental Death</i> | 6 | Guaranteed Issue |
| Secure Life | 0 - 70 | Must be an SFG customer or a relative | 8 | Guaranteed Issue |
| Premium Life | 18 - 65 | Must be an SFG customer or their partner | 2 | Short Form Underwriting |
| Trauma [^] | 18 - 60 | Must also be the life insured under <i>Premium Life</i> | 2 | Short Form Underwriting |
| Accidental Injury [^] | 18 - 65 | Must also be the life insured under <i>Premium Life</i> | 2 | Guaranteed Issue |
| Children's Life | 0 - 17 | Must be a child of the life insured under <i>Premium Life</i> | 6 | Guaranteed Issue |
| Children's Trauma | 0 - 17 | Must also be the life insured under <i>Children's Life</i> | 6 | Guaranteed Issue |

[^] You can't take **both** Accidental Injury and Trauma under the Premium Life Stream.

BENEFIT LEVELS

Determining Your Benefit Amounts

The benefit amount (sum insured) for each benefit will be the amount that you request at the time of your application. All benefit amounts must be within the minimum and maximum sums insured permitted for the requested benefit as well as meeting any other requirements specific to that benefit option. Unless stated otherwise, different sums insured may be requested for each life insured.

The minimum and maximum benefit amounts and the additional benefit amount requirements are set out in the table opposite.

Existing Insurances

A person may be a life insured under the same benefit option in more than one Plan. However, this is only permitted where at the date of the application the cumulative sums insured across all of the insurances held in respect of that life insured for that benefit does not exceed the maximum amount permitted for that benefit as set out in the table.

Changes to Benefit Amounts

After the commencement of your cover you can request any of your benefit amounts to be changed. Where you request an increase in a non-accident benefit, this change will be subject to our approval and we may require the life insured to undertake an underwriting process to help us decide.

In all cases the requested sum insured must continue to be within the minimum and maximum benefit amounts permitted and must otherwise continue to meet the requirements set out in the "Other Benefit Amount Requirements" column of the table. In certain situations, exclusions may apply to the amount of any increase that is granted (see page 31).

Acceleration of Benefit Payments

Where a benefit is held as a precondition to obtaining another benefit, its benefit amount will be reduced automatically following the payment of a claim under that other benefit. The situations where this will apply are set out in the "Other Comments" column of the table.

Automatic Indexation of Benefits

To ensure the value of your benefits is not eroded by inflation we will automatically increase the amount of all of your benefits each year by 5%. We will do this on each anniversary of the commencement of your Plan and the increase will apply for the next 12 months of cover

This is subject to the following:

- no automatic increase will be applied to the \$10,000 *Complimentary Accidental Death Cover*.
- you may reject an automatic increase in respect of any benefit within 30 days of the Plan anniversary.
- you may request not to be offered the automatic increase in future years in relation to any benefit. Acceptance of any request by you for the automatic increase to be reinstated will be at our discretion.
- any rejection of the automatic increase is subject to the cover continuing to meet the requirements set out in the "Other Benefit Amount Requirements" column of the table.

| Benefit Option | Minimum Benefit | Maximum Benefit | Other Benefit Amount Requirements | Other Comments |
|---------------------------------------|------------------------------------|-----------------|--|---|
| Complimentary Accidental Death | \$10,000 (fixed benefit amount) | | | No automatic increase |
| Accidental Death | \$50,000 | \$500,000 | | Benefit automatically reduced by the amount of any "accidental injury benefit" paid |
| Accidental Injury | \$50,000 | \$200,000 | Benefit amount must not exceed the sum insured under <i>Accidental Death</i> | |
| Children's Accidental Death | \$10,000 | \$25,000 | Benefit amount must be the same for all children insured under the same Plan | Benefit automatically reduced by the amount of any "children's accidental injury benefit" paid |
| Children's Accidental Injury | \$10,000 | \$25,000 | Benefit amount must be equal to the sum insured under <i>Children's Accidental Death</i> | |
| Secure Life | \$5,000 | \$50,000 | | |
| Premium Life | \$50,000 | \$500,000 | | Benefit automatically reduced by the amount of any "trauma benefit" or "accidental injury benefit" paid |
| Trauma | \$50,000 | \$500,000 | Benefit amount must not exceed the sum insured under <i>Premium Life</i> | |
| Accidental Injury | \$50,000 | \$200,000 | Benefit amount must not exceed the sum insured under <i>Premium Life</i> | |
| Children's Life | \$10,000 | \$25,000 | Benefit amount must be the same for all children insured under the same Plan | Benefit automatically reduced by the amount of any "children's trauma benefit" paid |
| Children's Trauma | \$10,000 | \$25,000 | Benefit amount must be equal to the sum insured under <i>Children's Life</i> | |

COMPLIMENTARY ACCIDENTAL DEATH COVER

Complimentary Accidental Death Cover provides \$10,000 cover that is payable upon death by accident occurring within the two year cover period. This cover is made available free of charge to all eligible SFG customers and their partners.

Benefits

Complimentary Accidental Death Benefit

We will pay the accidental death benefit where the life insured dies as a direct result of an accident within two years of the commencement of cover, provided that death occurs within 90 days of the accident.

Benefit Payable

The benefit payable is \$10,000 and this will be paid as a lump sum. The automatic annual increase will not apply to this benefit amount.

Benefit Limits

We will not pay more than one complimentary accidental death benefit in respect of any one life insured.

Premiums

This cover is provided free of charge and there is no premium payable.

Exclusions

We will not pay the benefit if the accident that resulted in the life insured's death occurred before the commencement of the cover. Additionally, we will not pay the benefit if the life insured's death is a direct or indirect result of:

- self-inflicted injury
- criminal activity
- aerial activity
- motorised sport
- war or terrorism
- alcohol or drugs

- specific occupational tasks

The full wording of each of these exclusions is set out on page 44.

Termination of Cover

In addition to the circumstances set out in "When Cover Ends" on page 34, the cover for this benefit option will automatically terminate on the second anniversary of the commencement date of the cover.

This overview should be read in conjunction with the other information contained in this PDS that applies to this benefit option and to the Reward Protection Plan generally.

ACCIDENTAL DEATH COVER

Accidental Death Cover provides cover of up to \$500,000 that is payable upon death by accident.

Benefits

Accidental Death Benefit

We will pay the accidental death benefit where the life insured dies as a direct result of an accident, provided that death occurs within 90 days of the accident.

Benefit Payable

The benefit payable is the amount of the sum insured that applies on the date of death and this will be paid as a lump sum.

Benefit Amount and Limits

The maximum aggregate sum insured that may be provided for all accidental death benefits provided by *Accidental Death Cover* on an individual life insured is \$500,000, irrespective of the number of insurances held in respect of that person. Sums insured over the maximum amount are permitted where it occurs as the result of an automatic annual increase.

Where *Accidental Death Cover* is held as a pre-condition to obtaining *Accidental Injury Cover*, the sum insured for this benefit will be automatically reduced by the amount of any "accidental injury benefit" paid under *Accidental Injury Cover*.

Exclusions

We will not pay the benefit if the accident that resulted in the life insured's death occurred before the commencement of the cover. Additionally, we will not pay the benefit if the life insured's death is a direct or indirect result of:

- self-inflicted injury
- criminal activity
- aerial activity
- motorised sport
- war or terrorism
- alcohol or drugs

- specific occupational tasks

The full wording of each of these exclusions is set out on page 44.

Termination of Cover

In addition to the circumstances set out in "When Cover Ends" on page 34, the cover for this benefit option will automatically terminate:

- on the anniversary date immediately following the life insured's 75th birthday; or
- upon the sum insured for this benefit option being reduced to "nil" as a result of the payment of the "accidental injury benefit" under *Accidental Injury Cover*. That will only occur where the "accidental injury benefit" paid is equal to the sum insured for this benefit.

This overview should be read in conjunction with the other information contained in this PDS that applies to this benefit option and to the Reward Protection Plan generally.

ACCIDENTAL INJURY COVER

Accidental Injury Cover provides cover of up to \$200,000 that is payable upon the occurrence of any one of 10 specified injuries suffered as a result of an accident.

Cover can only be obtained for this benefit option where you also have in-force cover in respect of the same life insured under either *Accidental Death Cover* or *Premium Life Cover*.

Benefits

Accidental Injury Benefit

We will pay the accidental injury benefit where the life insured suffers any one of the following injuries as a direct result of an accident:

- Blindness
- Broken Bone*^
- Burns
- Coma
- Loss of Hearing
- Loss of Independent Existence
- Loss of Speech
- Loss of Use of Limbs
- Major Head Trauma
- Paralysis

An accidental injury benefit is a once only benefit^ and is only payable where the injury suffered by the life insured meets the definition of the relevant injury.

The full definitions of these insured injuries are set out on pages 40 to 43.

* 3 month exclusion applies (see below)

^ Broken Bone only applies to limited serious fractures and pays a partial benefit for a maximum of 3 claims (see below)

Benefit Payable

Other than for a Broken Bone, the benefit payable is the amount of the sum insured that applies on the date of the injury and this will be paid as a lump sum. The payment of this benefit is an automatic acceleration of either the

“accidental death benefit” payable in respect of the life insured under *Accidental Death Cover* or the “death benefit” payable under *Premium Life Cover* (as applicable to the benefit type held as a pre-condition to obtaining this cover).

Benefit Amount and Limits

The maximum aggregate sum insured that may be provided for all accidental injury benefits provided by *Accidental Injury Cover* on an individual life insured is \$200,000, irrespective of the number of insurances held in respect of that person. Sums insured over the maximum amount are permitted where it occurs as the result of an automatic annual increase.

The sum insured provided under *Accidental Injury Cover* must not exceed the sum insured provided for the life insured under *Accidental Death Cover* or the sum insured under *Premium Life Cover* (as applicable to the benefit option held as a pre-condition to obtaining this cover).

Broken Bone Benefit

The amount of the benefit payable for a Broken Bone is 10% of the sum insured at the date the life insured suffered from the Broken Bone, capped at either \$5,000, \$10,000 or \$20,000 depending upon the fracture suffered (see further the definition of Broken Bone on page 41). Following payment of a benefit for a Broken Bone, the cover will continue with the sum insured being automatically reduced by the amount of the benefit paid for the Broken Bone.

The following additional rules will apply to a claim for a Broken Bone:

- you can claim a maximum of three benefits for a Broken Bone, after which time cover for a Broken Bone will no longer be available under this benefit option.
- only one benefit for a Broken Bone will be paid

where more than one Broken Bone arises from the accident or a series of related accidents, being the higher benefit amount. This applies whether or not they are different bones and whether or not they occurred simultaneously.

- a subsequent claim for a Broken Bone will only be paid where it is new and unrelated to the accident or the series of related accidents which gave rise to a previously paid claim for a Broken Bone.

Exclusions

We will not pay the benefit if the accident that resulted in the life insured's Broken Bone occurred before the date 3 months after the commencement of cover. For the remaining insured injuries, we will not pay the benefit if the accident that resulted in the life insured's injury occurred before the commencement date.

Additionally, we will not pay the benefit if the life insured's injury is a direct or indirect result of:

- self-inflicted injury
- criminal activity
- aerial activity
- motorised sport
- war or terrorism
- alcohol or drugs
- specific occupational tasks

The full wording of each of these exclusions is set out on page 44.

Termination of Cover

In addition to the circumstances set out in "When Cover Ends" on page 34, the cover for this benefit option will automatically terminate:

- on the anniversary date immediately following the life insured's 75th birthday;
- upon the termination of any *Accidental Death Cover* or *Premium Life Cover* held as a

pre-condition to obtaining this cover; or

- upon payment of the accidental injury benefit (other than for a Broken Bone).

This overview should be read in conjunction with the other information contained in this PDS that applies to this benefit option and to the Reward Protection Plan generally.

CHILDREN'S ACCIDENTAL DEATH COVER

Children's Accidental Death Cover provides cover of up to \$25,000 that is payable upon death by accident.

Cover can only be obtained for this benefit option where:

- you also have in-force cover under *Accidental Death Cover*;
- the life insured under that *Accidental Death Cover* is the parent of the life insured; and
- the cover provided by both this benefit option and *Accidental Death Cover* are within the same Plan.

Benefits

Children's Accidental Death Benefit

We will pay the children's accidental death benefit where the life insured dies as a direct result of an accident, provided that death occurs within 90 days of the accident.

Benefit Payable

The benefit payable is the amount of the sum insured that applies on the date of death and this will be paid as a lump sum.

Benefit Amounts and Limits

Where you have obtained insurance cover under *Children's Accidental Death Cover* on more than one life insured under the same Plan, the sum insured provided in respect of each life insured must be the same.

The maximum aggregate sum insured that may be provided for all children's accidental death benefits provided by *Children's Accidental Death Cover* on an individual life insured is \$25,000, irrespective of the number of insurances held in respect of that person. Sums insured over the maximum amount are permitted where it occurs as the result of an automatic annual increase.

Where *Children's Accidental Death Cover* is held as a pre-condition to obtaining *Children's Accidental*

Injury Cover, the sum insured for this benefit will be automatically reduced by the amount of any "children's accidental injury benefit" paid under *Children's Accidental Injury Cover*.

Exclusions

We will not pay the benefit if the accident that resulted in the life insured's death occurred before the commencement date. Additionally, we will not pay the benefit if the life insured's death is a direct or indirect result of:

- self-inflicted injury
- aerial activity
- motorised sport
- war or terrorism
- alcohol or drugs
- intentional act by carer

The full wording of each of these exclusions is set out on page 44.

Termination of Cover

In addition to the circumstances set out in "When Cover Ends" on page 34, the cover for this benefit option will automatically terminate:

- on the anniversary date immediately following the life insured's 18th birthday;
- upon the termination of any *Accidental Death Cover* that was held as a pre-condition to obtaining this cover; or
- upon the sum insured for this benefit option being reduced to "nil" as a result of the payment of the "children's accidental injury benefit" under *Children's Accidental Injury Cover*.

This overview should be read in conjunction with the other information contained in this PDS that applies to this benefit option and to the Reward Protection Plan generally.

CHILDREN'S ACCIDENTAL INJURY COVER

Children's Accidental Injury Cover provides cover of up to \$25,000 that is payable upon the occurrence of any one of 9 specified injuries suffered as a result of an accident.

Cover can only be obtained for this benefit option where you also have in-force cover in respect of the same life insured under *Children's Accidental Death Cover*.

Benefits

Children's Accidental Injury Benefit

We will pay the children's accidental injury benefit where the life insured suffers any one of the following injuries as a direct result of an accident:

- Blindness
- Broken Bone*^
- Burns
- Coma
- Loss of Hearing
- Loss of Speech
- Loss of Use of Limbs
- Major Head Trauma
- Paralysis

A children's accidental injury benefit is a once only benefit^ and is only payable where the injury suffered by the life insured meets the definition of the relevant injury.

The full definitions of these insured injuries are set out on pages 40 to 43.

** 3 month exclusion applies (see below)*

^ Broken Bone only applies to limited serious fractures and pays a partial benefit for a maximum of 3 claims (see below)

Benefit Payable

Other than for a Broken Bone, the benefit payable is the amount of the sum insured that applies on the date of the life insured's injury and this will be paid as a lump sum. The payment of this benefit is an automatic

acceleration of the "children's accidental death benefit" payable in respect of the life insured under *Children's Accidental Death Cover*

Benefit Amount and Limits

The maximum aggregate sum insured that may be provided for all children's accidental injury benefits provided by *Children's Accidental Injury Cover* on an individual life insured is \$25,000, irrespective of the number of insurances held in respect of that person. Sums insured over the maximum amount are permitted where it occurs as the result of an automatic annual increase.

The sum insured provided under *Children's Accidental Injury Cover* must be equal to the sum insured provided for the life insured under *Children's Accidental Death Cover*.

Broken Bone Benefit

The amount of the benefit payable for a Broken Bone is 10% of the sum insured at the date the life insured suffered from the Broken Bone. Following payment of a benefit for a Broken Bone, the cover will continue with the sum insured being automatically reduced by the amount of the benefit paid for the Broken Bone.

The following additional rules will apply to a claim for a Broken Bone:

- you can claim a maximum of three benefits for a Broken Bone, after which time cover for a Broken Bone will no longer be available under this benefit option.
- only one benefit for a Broken Bone will be paid where more than one Broken Bone arises from the accident or a series of related accidents, being the higher benefit amount. This applies whether or not they are different bones and whether or not they occurred simultaneously.

- a subsequent claim for a Broken Bone will only be paid where it is new and unrelated to the accident or the series of related accidents which gave rise to a previously paid claim for a Broken Bone.

This overview should be read in conjunction with the other information contained in this PDS that applies to this benefit option and to the Reward Protection Plan generally.

Exclusions

We will not pay the benefit if the accident that resulted in the life insured's Broken Bone occurred before the date 3 months after the commencement of cover. For the remaining insured injuries, we will not pay the benefit if the accident that resulted in the life insured's injury occurred before the commencement date.

Additionally, we will not pay the benefit if the life insured's injury is a direct or indirect result of:

- self-inflicted injury
- aerial activity
- motorised sport
- war or terrorism
- alcohol or drugs
- intentional act by carer

The full wording of each of these exclusions is set out on page 44.

Termination of Cover

In addition to the circumstances set out in "When Cover Ends" on page 34, the cover for this benefit option will automatically terminate:

- on the anniversary date immediately following the life insured's 18th birthday;
- upon the termination of any *Children's Accidental Death Cover* that was held as a pre-condition to obtaining this cover; or
- upon payment of the children's accidental injury benefit (other than for a Broken Bone).

SECURE LIFE COVER

Secure Life Cover provides cover of up to \$50,000 that is payable upon death, although this cover is limited to death by accident protection in the first two years.

Two unique features of this benefit option are the “cashback” payable to you at the expiry date of the cover and the double benefit for death occurring whilst travelling overseas should this occur within 3 months of leaving Australia.

Benefits

Death Benefit

First 2 Years: We will pay the death benefit where the life insured dies as a direct result of an accident within two years of the commencement of cover, provided that death occurs within 90 days of the accident.

After Year 2: We will pay the death benefit where the life insured dies more than two years after the commencement of cover.

The accidental death limitation for death occurring within two years of the commencement of cover may be waived or reduced by us at our discretion.

Benefit Payable

The benefit payable is the amount of the sum insured that applies on the date of death and this will be paid as a lump sum. However, we will pay **double** the amount of the sum insured where the life insured dies while travelling outside of Australia, provided that at the time of death the life insured had not been outside of Australia for a continuous period of 3 months or longer.

Benefit Amount and Limits

The maximum aggregate sum insured that may be provided for all death benefits provided by *Secure Life Cover* on an individual life insured is \$50,000, irrespective of the number of insurances held in respect of that person. Sums insured over the maximum amount are permitted where it occurs as the result of an automatic annual increase.

Exclusions

We will not pay the benefit if the accident that resulted in the life insured's death occurred before the commencement date. Additionally, we will not pay the benefit if the life insured's death is a direct or indirect result of:

- suicide within 2 years of commencement
- criminal activity
- war or terrorism
- alcohol and drugs

The full wording of each of these exclusions is set out on page 44.

Termination of Cover

In addition to the circumstances set out in “When Cover Ends” on page 34, the cover for this benefit option will automatically terminate on the anniversary date immediately following the life insured's 75th birthday. For the purpose of the cashback payment this will be the “**expiry date**”.

Cashback Payment

We will make a cashback payment to you at the expiry date of this benefit option that is equal to 2% of the sum insured for each and every year that the cover had been in-force.

The cashback payment is calculated as follows:

- we will determine the sum insured for *Secure Life Cover* for each and every annual period of cover for which the cover had been in-force. Where the sum insured changed within an annual period of cover, the sum insured for that annual period of cover will be adjusted proportionally based upon the number of days in that annual period of cover that each sum insured applied.
- we will then take 2% of each of the sum insureds calculated above and add these amounts together to determine the amount of the cashback payment.

(For example, the cashback payment is 2% of the sum insured in year 1, plus 2% of the sum insured in year 2, plus 2% of the sum insured in year 3, plus 2% for each and every year of cover until the expiry date).

This overview should be read in conjunction with the other information contained in this PDS that applies to this benefit option and to the Reward Protection Plan generally.

The cashback payment is payable as a lump sum and is only payable where:

- the insurance in respect of the life insured was in-force at the expiry date; and
- no premiums were unpaid on that insurance at the expiry date.



PREMIUM LIFE COVER

Premium Life Cover provides cover for up to \$500,000 that is payable upon death.

Benefits

Death Benefit

We will pay the death benefit where the life insured dies.

Benefit Payable

The benefit payable is the amount of the sum insured that applies on the date of the life insured's death and this will be paid as a lump sum.

Benefit Amount and Limits

The maximum aggregate sum insured that may be provided for all death benefits provided by *Premium Life Cover* on an individual life insured is \$500,000, irrespective of the number of insurances held in respect of that person. Sums insured over the maximum amount are permitted where it occurs as the result of an automatic annual increase.

Where *Premium Life Cover* is held as a pre-condition to obtaining either *Trauma Cover* or *Accidental Injury Cover*, the sum insured for this benefit will be automatically reduced by the amount of any "trauma benefit" paid under *Trauma Cover* or any "accidental injury benefit" paid under *Accidental Injury Cover*.

Exclusions

We will not pay the benefit if the life insured's death is a direct or indirect result of:

- suicide with 13 months of commencement
- criminal activity
- aerial activity
- motorised sport
- war or terrorism
- alcohol and drugs

- specific occupational tasks

The full wording of each of these exclusions is set out on page 44.

Termination of Cover

In addition to the circumstances set out in "When Cover Ends" on page 34, the cover for this benefit option will automatically terminate:

- on the anniversary date immediately following the life insured's 75th birthday; or
- upon the sum insured for this benefit option being reduced to "nil" as a result of the payment of either the "trauma benefit" under *Trauma Cover* or the "accidental injury benefit" under *Accidental Injury Cover*. That will only occur where the "trauma benefit" or "accidental injury benefit" paid is equal to the sum insured for this benefit.

This overview should be read in conjunction with the other information contained in this PDS that applies to this benefit option and to the Reward Protection Plan generally.

TRAUMA COVER

Trauma Cover provides cover for up to \$500,000 that is payable upon the occurrence of any one of the 17 specified medical conditions or injuries.

Cover can only be obtained for this benefit option where you also have in-force cover in respect of the same life insured under *Premium Life Cover*.

Benefits

Trauma Benefit

We will pay the trauma benefit where the life insured first suffers any one of the following insured conditions:

- Blindness
- Broken Bone*[^]
- Burns
- Bypass Surgery*
- Cancer*
- Coma
- Heart Attack *
- Kidney Failure*
- Loss of Hearing
- Loss of Independent Existence
- Loss of Speech
- Loss of Use of Limbs
- Major Head Trauma
- Multiple Sclerosis*
- Paralysis
- Pneumonectomy
- Stroke*

A trauma benefit is a once only benefit[^] and is only payable where the condition suffered by the life insured meets the definition of the relevant insured condition. *The full definitions of these insured conditions are set out on pages 40 to 43.*

* 3 month exclusion applies (see below)

[^] Broken Bone only applies to limited serious fractures and pays a partial benefit for a maximum of 3 claims (see below)

Benefit Payable

Other than for a Broken Bone, the benefit payable is the amount of the sum insured that applies on the date the life insured first suffers from the insured condition and this will be paid as a lump sum. The payment of this benefit is an automatic acceleration of the "death benefit" payable in respect of the life insured under *Premium Life Cover*.

Benefit Amounts and Limits

The maximum aggregate sum insured that may be provided for all trauma benefits provided by *Trauma Cover* on an individual life insured is \$500,000, irrespective of the number of insurances held in respect of that person. Sums insured over the maximum amount are permitted where it occurs as the result of an automatic annual increase.

The sum insured provided under *Trauma Cover* must not exceed the sum insured provided for the life insured under *Premium Life Cover*.

Broken Bone Benefit

The amount of the benefit payable for a Broken Bone is 10% of the sum insured at the date the life insured suffered from the Broken Bone, capped at either \$5,000, \$10,000 or \$20,000 depending upon the fracture suffered (see further the definition of Broken Bone on page 41). Following payment of a benefit for a Broken Bone, the cover will continue with the sum insured being automatically reduced by the amount of the benefit paid for the Broken Bone.

The following additional rules will apply to a claim for a Broken Bone:

- you can claim a maximum of three benefits for a Broken Bone, after which time cover for a Broken Bone will no longer be available under this benefit option.

- only one benefit for a Broken Bone will be paid where more than one Broken Bone arises from the one event or a series of related events, being the higher benefit amount. This applies whether or not they are different bones and whether or not they occurred simultaneously.
- a subsequent claim for a Broken Bone will only be paid where it is new and unrelated to the event or a series of related events which gave rise to a previously paid claim for a Broken Bone.

Exclusions

We will not pay the benefit if the insured condition of Cancer, Broken Bone, Bypass Surgery, Kidney Failure, Heart Attack, Multiple Sclerosis or Stroke first occurred before the date 3 months after the commencement of cover or if the insured condition (for the remaining insured conditions) first occurred before the commencement of cover. Where this occurs we will never pay a benefit for that insured condition even if the life insured suffers from it again, unless it is a new and unrelated occurrence of the insured condition.

Additionally, we will not pay the benefit if the event giving rise to the insured condition is a direct or indirect result of:

- self-inflicted injury
- criminal activity
- aerial activity
- motorised sport
- war or terrorism
- alcohol or drugs
- specific occupational tasks

The full wording of each of these exclusions is set out on page 44.

Termination of Cover

In addition to the circumstances set out in “When Cover Ends” on page 34, the cover for this benefit option will automatically terminate:

- on the anniversary date immediately following the life insured’s 65th birthday;
- upon the termination of any *Premium Life Cover* held as a pre-condition to obtaining this cover; or
- upon payment of the trauma benefit (other than for a Broken Bone).

This overview should be read in conjunction with the other information contained in this PDS that applies to this benefit option and to the Reward Protection Plan generally.

CHILDREN'S LIFE COVER

Children's Life Cover provides cover for up to \$25,000 that is payable upon death.

Cover can only be obtained for this benefit option where:

- you also have in-force cover under *Premium Life Cover*;
- the life insured under that *Premium Life Cover* is the parent of the life insured; and
- the cover provided by both this benefit option and *Premium Life Cover* are within the same Plan.

Benefits

Children's Death Benefit

We will pay the children's death benefit where the life insured dies.

Benefit Payable

The benefit payable is the amount of the sum insured that applies on the date of the life insured's death and this will be paid as a lump sum.

Benefit Amount and Limits

Where you have obtained insurance cover under *Children's Life Cover* on more than one life insured under the same Plan, the sum insured provided in respect of each life insured must be the same.

The maximum aggregate sum insured that may be provided for all children's death benefits provided by *Children's Life Cover* on an individual life insured is \$25,000, irrespective of the number of insurances held in respect of that person. Sums insured over the maximum amount are permitted where it occurs as the result of an automatic annual increase.

Where *Children's Life Cover* is held as a pre-condition to obtaining *Children's Trauma Cover*, the sum insured for this benefit will be automatically reduced by the amount of any "children's trauma benefit" paid under *Children's Trauma Cover*.

Exclusions

We will not pay the benefit if the life insured's death is a direct or indirect result of:

- a pre-existing condition
- a congenital condition
- self-inflicted injury
- aerial activity
- motorised sport
- war or terrorism
- alcohol or drugs
- intentional act of carer

The full wording of each of these exclusions is set out on page 44.

Termination of Cover

In addition to the circumstances set out in "When Cover Ends" on page 34, the cover for this benefit option will automatically terminate:

- on the anniversary date immediately following the life insured's 18th birthday;
- upon the termination of any *Premium Life Cover* that was held as a pre-condition to obtaining this cover; or
- upon the sum insured for this benefit option being reduced to "nil" as a result of the payment of the "children's trauma benefit" under *Children's Trauma Cover*.

This overview should be read in conjunction with the other information contained in this PDS that applies to this benefit option and to the Reward Protection Plan generally.

CHILDREN'S TRAUMA COVER

Children's Trauma Cover provides cover for up to \$25,000 that is payable upon the occurrence of any one of the 12 specified medical conditions or injuries.

Cover can only be obtained for this benefit option where you also have in-force cover in respect of the same life insured under *Children's Life Cover*.

Benefits

Children's Trauma Benefit

We will pay the children's trauma benefit where the life insured first suffers any one of the following insured conditions:

- Bacterial Meningitis
- Blindness
- Broken Bone**
- Burns
- Cancer*
- Coma
- Encephalitis
- Loss of Hearing
- Loss of Use of Limbs
- Loss of Speech
- Major Head Trauma
- Paralysis

A children's trauma benefit is a once only benefit^ and is only payable where the condition suffered by the life insured meets the definition of the relevant insured condition. *The full definitions of these insured conditions are set out on pages 40 to 43.*

* 3 month exclusion applies (see below)

^ Broken Bone only applies to limited serious fractures and pays a partial benefit for a maximum of 3 claims (see below)

Benefit Payable

Other than for a Broken Bone, the benefit payable is the amount of the sum insured that applies on the date the life insured first suffers

from the insured condition and this will be paid as a lump sum. The payment of this benefit is an automatic acceleration of the "children's death benefit" payable in respect of the life insured under *Children's Life Cover*.

Benefit Amount and Limits

The maximum aggregate sum insured that may be provided for all children's trauma benefits provided by *Children's Trauma Cover* on an individual life insured is \$25,000, irrespective of the number of insurances held in respect of that person. Sums insured over the maximum amount are permitted where it occurs as the result of an automatic annual increase.

The sum insured provided under *Children's Trauma Cover* must be equal to the sum insured provided for the life insured under *Children's Life Cover*.

Broken Bone Benefit

The amount of the benefit payable for a Broken Bone is 10% of the sum insured at the date the life insured suffered from the Broken Bone. Following payment of a benefit for a Broken Bone, the cover will continue with the sum insured being automatically reduced by the amount of the benefit paid for the Broken Bone.

The following additional rules will apply to a claim for a Broken Bone:

- you can claim a maximum of three benefits for a Broken Bone, after which time cover for a Broken Bone will no longer be available under this benefit option.
- only one benefit for a Broken Bone will be paid where more than one Broken Bone arises from the one event or a series of related events, being the higher benefit amount. This applies whether or not they are different bones and whether or not they occurred simultaneously.

- a subsequent claim for a Broken Bone will only be paid where it is new and unrelated to the event or a series of related events which gave rise to a previously paid claim for a Broken Bone.

obtaining this cover; or

- upon payment of the children's trauma benefit (other than for a Broken Bone).

Exclusions

We will not pay the benefit if the insured condition of Cancer or Broken Bone first occurred before the date 3 months after the commencement of cover or if the insured condition (other than Cancer and Broken Bone) first occurred before the commencement of cover. Where this occurs we will never pay a benefit for that insured condition even if the life insured suffers from it again, unless it is a new and unrelated occurrence of the insured condition.

Additionally, we will not pay the benefit if the event giving rise to the insured condition is a direct or indirect result of:

- a pre-existing condition
- a congenital condition
- self-inflicted injury
- aerial activity
- motorised sport
- war or terrorism
- alcohol or drugs
- intentional act of carer

The full wording of each of these exclusions is set out on page 44.

Termination of Cover

In addition to the circumstances set out in "When Cover Ends" on page 34, the cover for this benefit option will automatically terminate:

- on the anniversary date immediately following the life insured's 18th birthday;
- upon the termination of the *Children's Life Cover* that was held as a pre-condition to

This overview should be read in conjunction with the other information contained in this PDS that applies to this benefit option and to the Reward Protection Plan generally.

YOUR PREMIUMS

The premium is the cost of your cover and in order for your Plan to continue your premium must be paid by the due date. Of course, the exception is that no premiums are payable on your *Complimentary Accidental Death Cover*.

The amount of your premium (or the instalment premium) will be provided to you by Reward Insurance at the time that you apply for cover and will otherwise be notified to you as it changes throughout the life of your Plan.

Importantly, where there is more than one life insured under your Plan, the premiums for all life insureds must be paid together so that only one premium payment is made.

Payment Frequency Options

You may choose to pay your premiums:

- annually;
- by monthly instalments. This will be at the rate of 1/12 of the annual premium amount; or
- by fortnightly instalments. This will be at the rate of 1/26 of the annual premium amount.

There is no loading for payment of premiums by monthly or fortnightly instalments and there is no discount for a single annual payment.

Payment Due Date

All premiums are to be paid in advance except where we have agreed to an alternative billing date that you have requested. Reward Insurance will be able to help you select a suitable billing date that is within the range of dates that we permit.

Payment Methods

You can choose any one of a number of simple and convenient payment methods. We currently accept payments by MasterCard, Visa, American Express or by automatic debit from your bank, building society or credit union account. There is no surcharge for credit cards.

You will need to provide us with the authority to obtain the premium payment.

Premium Rates

Separate premium rates apply to each of the respective benefit options.

Accidental Death Cover, Accidental Injury Cover and all 4 Children's benefits: The premium rates for each of these benefits are based on a single flat rate per \$1,000 of the benefit amount.

Secure Life, Premium Life and Trauma Cover:

The premium rates for these benefits are dependent upon the life insured's age, gender and smoking status.

To determine the premium payable for each benefit option, we simply multiply the applicable premium rate by each \$1,000 (or part thereof) of the amount of the cover you have obtained for the respective benefit.

Premium Calculation

Your premium is calculated annually and will apply for the next year of the cover. This calculation is done at the commencement of your Plan and again on each anniversary of your Plan or when there is a change to your cover. The premium amount is calculated separately on a benefit by benefit basis for each life insured under your Plan.

As the annual premium is dependent upon the benefit amount for each of the benefit options that you have chosen and the current age of the lives insured (for some benefits), it will usually change during the life of your Plan.

If there are any changes between anniversary dates to the type of cover provided by your Plan or any of the benefit amounts, this will require the annual premium to be recalculated for the remainder of the current year of cover. A premium adjustment will then be required to take account of the change.

Changes to Premium Rates

The premium rates are not guaranteed and may be changed in accordance with the rules of the Reward Benefit Fund. We will need to give you 30 days advance written notice of any change and (other than in exceptional circumstances) the change will only be effective from the next anniversary date of your Plan.

If premium rates are to be changed, then we must apply the revised rates to all insurances within a defined group and therefore you will not be singled out for an increase irrespective of changes to the life insured's health, occupation or pastimes.

Upon your request we will provide you with the current premium rates for any in-force benefit option that you have.

December Reward

One of the special features of Reward Protection Plan is that no premiums are payable for the month of December. This will apply to the respective premium payment options as follows:

- **Annual:** the annual premium due will be 11/12 of the full annual premium.
- **Monthly:** the monthly premium due in December will be waived.
- **Fortnightly:** the last 2 fortnightly premium instalments due in the calendar year will be waived.

Smoker and Non-Smoker Rates

For some benefit options the premium rates will vary according to whether the life insured is classified as either a smoker or non-smoker. To be classified as a non-smoker, the life insured must not have smoked tobacco or any other substance in the 12 months prior to the application for cover.

If you subsequently inform us in writing that the life insured has given up smoking for more than

12 months, premiums will be reduced to non-smoker rates, effective from the date we receive the notification.

Failure to Pay Premiums

In order to maintain your cover you must pay your premiums when they are due. If for any reason your premium (or premium instalment) is not paid by its due date, we will write to you and remind you of the need to provide us with the payment. We will give you a grace period of at least 28 days in which to pay the overdue amount, but we will cancel your Plan if the overdue amount is not paid by the time required in the notice.

If we cancel your Plan all cover will cease and you will not be able to make a claim under the insurance for events that occurred after it was cancelled. If an event that entitles you to a benefit occurs before the Plan is cancelled, we will pay the benefit amount due less any unpaid premiums.

Where there is more than one life insured covered under the Plan, the non-payment of a premium may result in the cancellation of all insurances provided under the Plan.

Government Charges

The premium rates for all benefits are inclusive of all government charges, taxes, duties and GST ("**government charges**"). In the event that the relevant authority increases the current government charges or new or additional government charges are introduced in connection with your Plan, we may require you to pay these amounts. As a consequence we may increase your premiums to cover these costs. We will tell you in advance if this is required.

We will deduct from the payment of a benefit, such government charges we are required by law to deduct from the payment.

EXCLUSIONS & REDUCTIONS IN BENEFITS

Exclusions

Your cover will be subject to a limited number of exclusions and these differ between the various benefit options. It is important that you are aware of the full list of the exclusions that your cover will be subject to and these are set out in the detailed benefit summaries on pages 14 to 28.

A benefit will not be paid where the insured event occurred either directly or indirectly as a result of any of the exclusions applying to the benefit option in question.

Reduction in Benefit Amount Payable

Where a benefit (or the cumulative amount of benefits payable across all of the insurances held in respect of a life insured) exceeds the maximum amount permitted for that benefit option as set out in this PDS, the amount of that benefit (or the cumulative amount of those benefits) will be reduced by the amount that the payment exceeds that benefit limit.

Exclusions Applying to Benefit Increases & Reinstatements

In addition to any special conditions that we place upon the approval of a benefit increase that you request, the amount of the increase will be subject to the following exclusions and limitations:

- **Secure Life Cover and Premium Life Cover.** The suicide exclusion on these two benefit options will apply equally to the increase in cover for the period of 2 years (*Secure Life Cover*) and 13 months (*Premium Life Cover*) from the date of the increase.
- **Secure Life Cover.** The 2 year accidental death limitation on this benefit option will apply equally to the increase in cover for the period of 2 years from the date of the increase.
- **Trauma Cover.** The 3 month exclusion for the insured conditions of Cancer, Broken Bone, Bypass Surgery, Kidney Failure, Heart Attack, Multiple Sclerosis and Stroke on this benefit option will apply equally to the increase in cover for the period of 3 months from the date of the increase.
- **Children's Trauma Cover.** The 3 month exclusion for the insured conditions of Cancer and Broken Bone on this benefit option will apply equally to the increase in cover for the period of 3 months from the date of the increase.
- **Children's Life Cover and Children's Trauma Cover.** The pre-existing exclusion for these benefit options will apply equally to the increase in cover for any pre-existing conditions occurring prior to the date of the increase.
- **Accidental Injury Cover and Children's Accidental Injury Cover.** The 3 month exclusion for Broken Bone on these benefit options will apply equally to the increase in cover for the period of 3 months from the date of the increase.

These will apply similarly to your cover for these benefit options where we have agreed to reinstate that cover following its cancellation, with the exclusion or limitation to apply for the stated period from the date of the reinstatement of the cover.

BENEFIT PAYMENTS & BENEFICIARIES

Entitlement to a Benefit

Benefits will only be payable:

- for insured events that occur after the commencement of the cover;
 - for insured events that occur prior to the end of the cover; and
 - for those benefits which are in force at the time that the insured event occurs.
- where you are the sole owner of the Plan and no beneficiary has been nominated (or there are no surviving beneficiaries), the benefit will be paid to the executors or administrators of your estate.
 - where you are not the sole owner, the benefit will be paid to the surviving owners(s).

Nominating Beneficiaries

Where you are the sole owner of your Plan and you are also a life insured, you may nominate up to four beneficiaries under a Plan to receive any benefit that is payable upon your death. A beneficiary cannot be nominated where there is more than one owner of the Plan.

For details on how to nominate a beneficiary, please call Reward Insurance on **1300 13 13 20**.

Payment of Benefits

With the exception of the circumstances set out below, all benefits payable under your Plan will be paid to you (where you are the sole owner) or all the owners (where there are joint owners).

Where you are also the life insured under any benefit that becomes payable upon your death, the benefit will be paid as follows:

- where you are the sole owner and you have nominated one or more beneficiaries, the benefit will be paid to the beneficiaries in the nominated proportions. If a beneficiary dies before you and no change in nomination has been made, then that beneficiary's share will accrue to any other surviving beneficiaries in the nominated proportions.

APPLYING FOR COVER

After satisfying yourself that you would like to obtain the valuable cover provided by Reward Protection Plan, you can apply over the telephone simply by calling Reward Insurance. You may also be able to apply for the cover by other methods that we permit from time to time, such as by submitting a paper, electronic or internet application.

Where you apply for the cover by telephone or by submitting it electronically, there is no need to sign any documentation (including your payment authority) in order for the application to be assessed and for us to issue the cover. The same arrangements apply to any subsequent variations that you may request to your cover or where you wish to reinstate a benefit.

Obligation to Answer Questions Correctly

It is essential that all information that is provided in response to any questions asked in the application process is correct and that you and the life insured answer all questions honestly and accurately. This obligation includes any questions asked as part of the underwriting process and also extends to any information provided where you request to vary your cover or reinstate a benefit.

If you don't comply with these obligations and you subsequently make a claim, we may have the right to reduce the benefit payable or avoid paying the claim altogether. In certain circumstances we may have the right to cancel your insurance. Your duty of disclosure is set out in full on 45.

Cooling-Off Period

We have extended the statutory cooling-off period to provide you with a greater opportunity to determine whether the product is suitable to your needs. If you decide that you do not wish to keep all of the benefits that you have

obtained, you may cancel either some or all of the insurances issued under your Plan provided that you request the cancellation during the first 42 days of the cover. The cancellation will take effect from the commencement of your Plan cover and you will receive a full refund of any premium paid in respect of the benefits that you cancel.

The cooling-off period will cease to be available if a claim is made under your Plan during the 42 day period.

YOUR COVER

When Cover Starts

The cover provided by Reward Protection Plan starts when you are told that we have accepted your application. Within a short time of your application being accepted, you will be sent a Certificate of Membership confirming your Plan commencement date along with other details of your cover.

You should always check any documentation sent to you and contact Reward Insurance immediately if any anything needs correcting.

24 Hour Worldwide Cover

Cover will be provided for insured events occurring 24 hours a day anywhere in the world.

Cover is Guaranteed Renewable

All life insurance benefits under Reward Protection Plan are guaranteed renewable. This means that if you pay your premiums by the due date and comply with all other conditions of your Plan, we will continue to provide the cover on the existing terms and conditions until the expiry date of each of the benefits provided under your Plan.

Additionally, we are not permitted to cancel or place additional restrictions on your cover or increase your premium because of any change to the state of health, occupation, smoking status or pastimes of an individual life insured.

Expiry Date

For the *Complimentary Accidental Death Cover*, the cover will expire at the end of the 2 year free cover period. For each of the other benefits, the expiry date is at the next anniversary date of your Plan after the life insured attains the following age:

- age 75 (for *Accidental Death Cover, Accidental Injury Cover, Secure Life Cover and Premium Life Cover*)
- age 65 (for *Trauma Cover*)

- age 18 (for *Children's Life Cover, Children's Trauma Cover, Children's Accidental Death Cover and Children's Accidental Injury Cover*)

When Cover Ends

You can cancel the cover provided for any benefit provided in respect of a life insured at any time. Additionally, the cover for any benefit provided in respect of a life insured under your Plan will terminate in the following circumstances:

- upon the death of the life insured.
- upon us cancelling your Plan where you have failed to pay premiums as required or because the eligibility requirements for that benefit were not met at the commencement date of the cover.
- at the expiry date for the benefit in question.
- upon us cancelling the cover in the limited circumstances permitted by relevant legislation.

In addition to the above, the termination events which are specific to each individual benefit option are set out in the detailed benefit summaries on pages 14 to 28.

Effective Date of Cancellation

Should you cancel your Plan (or any insurance benefit issued under the Plan) after the cooling-off period:

- where your premiums are paid annually, the cover will terminate immediately with a pro-rata rebate of premiums paid to you based on the unexpired period of risk for that annual period of cover.
- where your premiums are paid monthly or fortnightly, cover will continue until the next fortnightly or monthly due date. There will be no refund of premium.

YOUR PLAN

Plan Ownership

The person who successfully applies for cover will be the owner of the Plan and all the insurances provided under the Plan. Being the owner of the Plan will entitle you to the benefits of the Plan and you will also be responsible for making sure that the premiums are paid.

Single Owner

Where you are the sole owner of the Plan and there are lives insured other than yourself under the Plan, then ownership of the Plan will revert to your estate upon your death.

Joint Owners

Where there is more than one person who owns the Plan, then the insurances provided by the Plan are owned jointly by those persons. Where there are lives insured other than yourself under the Plan, ownership of the Plan will revert to the surviving owner(s) upon your death.

Only single ownership of a Plan will be permitted except where specifically agreed to by us.

Cover Issued Under One or More Plans

Insurance cover may be issued under one or more separate Plans. Subject to the eligibility and benefit amount requirements we may issue cover for multiple benefit options and/or multiple lives insured under a single Plan. Where we do so, the premium for all benefits and all lives insured must be made in one consolidated payment.

More Than One Life Insured – Separate Insurances

Where there is more than one life insured covered under a single Plan, the cover provided in respect of each life insured will exist as a separate insurance. This means that:

- the terms and conditions of the Plan apply separately to each life insured.
- the benefits provided by the cover will be payable in relation to each life insured.
- the payment of a benefit in respect of one life insured will not affect the benefits provided in relation to the others.
- the termination of the cover on one life insured does not affect the cover provided in relation to the others.

CLAIMS

Notification of a Claim

If you (or your legal representative) wish to make a claim we must be notified as soon as is reasonably practical of the occurrence of the event that gave rise to the claim. All claims should be notified within one year of such an event. A delay in notifying could affect your entitlement to a benefit if we have been prejudiced by the delay.

Claim Proofs

Before we will pay a claim, we will need to be provided with proof to establish that the insured event has occurred and that you are entitled to be paid a benefit. We may refuse to pay a claim if there is insufficient evidence provided.

In all cases we will need to be provided with a completed claim form and such other documentation and evidence that we request. This may include a report from a registered medical practitioner or a post mortem examination. The documentation and evidence that we require is to be obtained by you and the cost of this is your responsibility.

Additional Evidence

We may require additional information as part of our consideration of the claim and this may include having the life insured examined by a registered medical practitioner or other health care practitioner that we choose.

Where we require a life insured to undergo a medical examination, we will pay for that examination. Without cost to us, we may also require the life insured to return to Australia to undertake the examination.

Making a Claim

We are committed to paying valid claims as quickly as possible and will start processing your claim as soon as all of the required

documentation has been received.

If you or your legal representative wish to make a claim, please call Reward Insurance on **1300 13 13 20**. Reward Insurance will inform you of our requirements and assist you through the claim process.

OTHER IMPORTANT INFORMATION

Currency

All payments to be made in connection with Reward Protection Plan (including premium and benefits payments) are payable in Australia in Australian currency.

Reward Benefit Fund

Reward Protection Plan is issued from the Reward Insurance Benefit Fund. All premiums received in relation to your Plan are paid into this fund and this is also the fund from where all the insurance benefits are paid. Your Plan (and the insurances issued under your Plan) are non-participating and do not participate in the profits of our company or the Reward Insurance Benefit Fund.

Taxation

Generally the premiums paid for your cover are not tax deductible and the benefits you receive are not assessable for income tax purposes. This is a general statement and is based on the continuance of taxation laws and their interpretation that were current at the date this document was prepared. You should seek advice from a suitably qualified taxation professional in relation to your particular circumstances.

No Surrender Value

Reward Protection Plan provides risk insurance cover only and neither your Plan nor any of the insurances issued under your Plan has a surrender value. All premiums paid are used to provide life insurance cover and you will not receive a refund of any premiums if your Plan is cancelled after the cooling-off period has expired, except where you are entitled to pro rata refund of any annual premiums paid on your Plan where you cancelled the cover (see page 34).

Privacy

We are committed to protecting and maintaining the privacy, accuracy and security of our customer's personal information. Further details

regarding the collection, use and disclosure of your personal information is set out in our Privacy Notification Statement on page 46. If you have any questions about the handling of your personal information please contact Reward Insurance and they will be able to assist.

You can also find a copy of our full Privacy Policy at www.rewardinsurance.com.au

Distributor Obligations

The licensed distributor of Reward Protection Plan and its representatives have no responsibility to you in connection with the provision of insurance benefits under your Plan (including the payment of any benefit).

Risks Associated With Life Insurance

Reward Protection Plan provides life insurance cover only and can be cancelled at any time without penalty. This is unlike some other types of life insurance that have savings and investment components.

However, there are some risks associated with life insurance including:

Not selecting the right type and amount of cover

Not having cover that meets your specific needs can be a risk. You should read this PDS carefully to ensure that the benefit options and the level of cover you choose suit your financial situation and your personal needs and objectives.

Benefits only available whilst cover in-force

To be entitled to claim a benefit under Reward Protection Plan the insured event must occur whilst the cover is in force. Importantly, your cover will be cancelled if you do not pay your premium when required.

Failure to answer questions truthfully

A claim may be rejected or a benefit amount reduced if we have not received true and correct answers to the questions which we ask when considering whether to issue, increase or vary your cover.

No cash value

Other than for the cashback payment that is payable upon the expiry date of *Secure Life Cover*, your Plan has no cash or surrender value. This means that if you cancel your Plan (after the 42 day cooling-off period) you will not receive anything back.

Correspondence

All correspondence (including your Certificate of

Membership) will be sent to you at the address you last told us. If you provide us with an email address, we may send correspondence to you by email (where the law permits).

It is essential that you tell Reward Insurance of any change in your postal or email addresses.

Instructions

We may accept instructions from you by telephone or such other electronic means as permitted by us from time to time. Only you (as the owner of the Plan) can make changes to your cover.



CUSTOMER SERVICE

Contacting Us

All enquiries regarding Reward Protection Plan should be directed to Reward Insurance.

Phone 1300 13 13 20
9.00 am to 6.00 pm (Sydney time)
Monday to Friday

Full contact details are set out on the back cover of this PDS.

Complaints

If you have any concerns about your Plan or the service provided and wish to make a formal complaint, you should contact Reward Insurance on **1300 13 13 20**. They will do their best to resolve all complaints as soon as possible and are normally able to resolve all complaints within 45 days of receipt.

If the complaint cannot be resolved to your satisfaction or if it is not dealt with within 45 days, you can then raise the matter directly with the Financial Ombudsman Service. They can be contacted as follows:

Financial Ombudsman Service
GPO Box 3
Melbourne VIC 3001

Telephone 1300 780 808
(9am to 5pm Monday to Friday).
Facsimile (03) 9613 6399
Email info@fos.org.au

The Financial Ombudsman Service is an independent complaints resolution scheme established to provide advice and assistance to consumers in resolving disputes. This service is provided to you free of charge but before you ask them to help, you must first try to resolve the issue with us. For more information, please visit their website at www.fos.org.au

Changes to Your Cover

You should contact Reward Insurance if you wish to change something about your cover. For example, you may want to:

- request additional benefit coverage
- increase or decrease your benefit amounts
- nominate a beneficiary or vary a nomination
- change your address and/or contact details
- transfer ownership of your Plan to another person
- cancel any of your benefits
- reinstate the cover after its cancellation
- reinstate the automatic annual increases (where you had previously cancelled it)

Reward Insurance can tell you of any special requirements that you will need to meet in order for your request to be processed, including asking you to provide us with information to help us decide whether to agree to the change.

DEFINITIONS

Eligibility & Benefits - Definitions

accident means an unexpected event occurring while the insurance is in force resulting in bodily injury, where the injury is directly and solely caused by accidental, violent, external and visible means without any other contributing causes.

Australian Resident means a person who is an Australian or New Zealand citizen, an Australian permanent resident or holder of a temporary 457 working visa or equivalent (as approved by the Department of Immigration and Citizenship), who is residing in Australia at the time of the application.

de facto partner means someone who has been in a relationship with and living with that person for a period of at least 12 months.

life insured means the person that has been accepted by us as the "Life Insured" under the insurance and is the person that you have insured against injury, illness or death (as applicable to the chosen benefit type). For all "Children's" benefit options, the life insured will be a child of the person who is the life insured under the benefit option held as precondition of obtaining cover under the "Children's" benefit option.

partner means a legally married partner or de facto partner.

relative means:

- (a) your parent, grandparent, brother, sister, uncle, aunt, nephew, niece, lineal descendent or adopted child;
- (b) your partner; or
- (c) the partner of a person referred to in (a).

Specialty Fashion Group customer means a customer of Specialty Fashion Group Ltd, a related body corporate to Specialty Fashion Group Ltd or any of the brands operated by any

of those companies (including Autograph, City Chic, Crossroads, Katies and Millers).

suffered an insured condition: the time that a life insured will be deemed to have suffered from an insured condition is:

- (a) he case of an insured condition which requires a diagnosis, at the date of diagnosis;
- (b) in the case of an insured condition which involves a medical procedure, at the date that the disease or condition which the procedure is intended to address was first diagnosed (provided the life insured subsequently undertakes the procedure as required by the relevant insured condition definition); and
- (c) in the case of the other insured conditions, at the date of the medical trauma.

sum insured means the agreed dollar amount of the insurance cover provided to you for the benefit type in question (as increased or reduced in accordance with the terms of the cover).

Insured Conditions - Definitions

Activities of Daily Living

The five "*Activities of Daily Living*" are as follows:

1. **Bathing** means the ability to wash either in the bath or shower or by sponge bath without the assistance of another person. The life insured will be considered to be able to bathe themselves even if the above tasks can only be performed by using equipment or adaptive devices.
2. **Dressing** means the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn, and to fasten and unfasten them, without the assistance of another person. The life insured will be considered able to dress themselves even if the above tasks

can only be performed by using modified clothing or adaptive devices such as tape fasteners or zipper pulls.

3. **Eating** means the ability to get nourishment into the body by any means, once it has been prepared and made available to the life insured, without the assistance of another person.
4. **Toileting** means the ability to get to and from and on and off the toilet, to maintain a reasonable level of personal hygiene, and to care for clothing without the assistance of another person. The life insured will be considered able to toilet themselves even if they have an ostomy and is able to empty it themselves, or if the life insured uses a commode, bedpan or urinal, and is able to empty and clean it without the assistance of another person.
5. **Transferring** means the ability to move in and out of a chair or bed without the assistance of another person. The life insured will be considered able to transfer themselves even if equipment such as canes, quad canes, walkers, crutches or grab bars or other support devices including mechanical or motorized devices is used.

Bacterial Meningitis means the unequivocal diagnosis by a consultant neurologist of bacterial meningitis where the condition is characterised by severe inflammation of the meninges of the brain that results in *Permanent Neurological Deficit* and has required hospitalisation of at least 5 consecutive days. (See definition of *Permanent Neurological Deficit* - below)

Blindness means that as certified by an ophthalmologist, the:

- (a) visual acuity on the Snellen Scale after correction by suitable lenses is less than 6/60 in both eyes;

- (b) field of vision is constricted to 20 degrees or less of arc around central fixation in the better eye irrespective of corrected visual activity (equivalent to 1/100 white test object); or
- (c) the combination of visual defects results in the same degree of vision impairment as that occurring in (a) or (b) above.

Broken Bone means one of the following fractures:

- (a) a fracture of the skull, neck, spine, hip, thigh (above the knee) or pelvis. The benefit will be a maximum of \$20,000;
- (b) a fracture of the leg (below the knee), knee cap, upper arm, shoulder bone or jaw. The benefit will be a maximum of \$10,000; or
- (c) a fracture of the forearm (above the wrist), collarbone or heel. The benefit will be a maximum of \$5,000.

"fracture" means the disruption in continuity of bone, with or without displacement. The fracture must be shown by radiographic or scanning techniques and must be diagnosed within 30 days of the incident giving rise to the fracture. Fracture does not include:

- (d) a compression fracture to the spine;
- (e) an avulsion fracture; or
- (f) an un-displaced and/or a hairline fracture.

A fractured nose or cheek bone does not qualify as a fractured skull.

Burns means full thickness burns to at least 20% of the body surface area as measured by the 'Lund & Browder Body Surface Chart'.

Bypass Surgery means the undergoing of coronary artery by-pass surgery that is considered necessary to treat coronary artery disease causing

inadequate myocardial blood supply. Surgery does not include angioplasty, intra-arterial procedures or non-surgical techniques.

Cancer means the diagnosis of a malignant tumour characterised by the uncontrolled growth and spread of malignant cells with invasion of normal tissue. The diagnosis of cancer must be verified by provision of the histopathological report. Cancer includes: Leukaemia, Hodgkins disease, malignant bone marrow disorders, sarcoma and malignant lymphoma including cutaneous lymphoma.

The following are excluded:

- (a) 'carcinoma in situ' or 'cancer in situ', dysplasia, and all pre-malignant conditions;
- (b) prostate cancer unless having progressed to at least TNM classification T2N0M0;
- (c) any primary skin cancer other than malignant melanoma that has invaded beyond the epidermis (outer layer of skin);
- (d) papillary cancer of the thyroid gland that is organ confined; and
- (e) all HIV/AIDS related tumours and cancers.

Coma means a state of unconsciousness with no reaction to external stimuli or internal needs, persisting continuously with the use of a life support system for at least 72 hours. Excluded from this definition is coma induced medically or resulting from alcohol or drug misuse or any illicit drug use.

Encephalitis means the unequivocal diagnosis of encephalitis by a consultant neurologist where the condition is characterised by severe inflammation of the brain substance resulting in Permanent Neurological Deficit and has required hospitalisation of at least 7 consecutive days. (See definition of *Permanent Neurological Deficit* - below)

Heart Attack means death of heart muscle caused by obstruction of blood supply evidenced by typical rise and/or fall of cardiac biomarkers with at least one value above the 99th percentile of the upper reference limit, and at least one of the following:

- (a) acute cardiac symptoms and signs consistent with heart attack;
- (b) new, serial ECG changes with the development of any of the following:
 - (i) Acute injury type ST elevation or ST depression;
 - (ii) Coronary pattern T wave inversions;
 - (iii) Pathological Q waves; or
 - (iv) Left bundle branch block; or
- (c) imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.

The diagnosis must be confirmed by a cardiologist and must not be as a result of a medical intervention or procedure. Other acute coronary syndromes, including but not limited to angina, are not covered under this definition.

Kidney Failure means end stage renal failure which presents as chronic irreversible failure of both kidneys to function as a result of which regular renal dialysis is initiated or renal transplant is performed.

Loss of Hearing means complete and irrecoverable loss of hearing, both natural and assisted, from both ears as certified by an appropriate medical specialist.

Loss of Independent Existence means the life insured is totally and irreversibly unable to perform at least two of the five *Activities of Daily Living*. (See definition of the *Activities of Daily Living* - above)

Loss of Speech means the complete and

irrecoverable loss of the ability to speak, which must be established and the diagnosis reaffirmed after a continuous period of 90 days of such loss by an appropriate medical specialist.

Loss of Use of Limbs means the complete and irreversible loss of the use of two limbs, where limb means the whole hand, whole foot, whole arm or whole leg. Total and permanent loss of function of limbs must be established for a continuous period of at least six months.

Major Head Trauma means a head injury resulting in Permanent Neurological Deficit, resulting in the life insured being totally and permanently unable to perform any one of the five *Activities of Daily Living* [See definitions of *Permanent Neurological Deficit* (below) and *Activities of Daily Living* (above)].

Multiple Sclerosis means the unequivocal diagnosis of multiple sclerosis made by a consultant neurologist on the basis of confirmatory neurological investigation. There must be more than one episode of confirmed neurological deficit.

Paralysis means the life insured is diagnosed as suffering from either:

- (a) **Diplegia:** the total and permanent loss of function of both sides of the body;
- (b) **Hemiplegia:** the total and permanent loss of function of one side of the body;
- (c) **Paraplegia:** the total and permanent loss of function of the lower limbs; or
- (d) **Quadriplegia:** the total and permanent loss of function of the lower and upper limbs.

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

- (a) include numbness, paralysis, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma; and
- (b) exclude an abnormality seen on brain or other scans without definite related clinical symptoms, neurological signs occurring without symptomatic abnormality (e.g. brisk reflexes without other symptoms), lesser symptoms such as lethargy, localised weakness, hyperaesthesia (increasing sensitivity), and symptoms of psychological or psychiatric origin.

Pneumonectomy means undergoing a surgical procedure in which an entire lung is removed due to underlying lung disease or disorder.

Stroke means an acute neurological event caused by a cerebral or subarachnoid haemorrhage, cerebral embolism or cerebral thrombosis, where the following conditions are met:

- (a) there is an acute onset of objective and ongoing neurological signs that last more than 24 hours, and
- (b) findings on magnetic resonance imaging, computerised tomography, or other reliable imaging techniques, demonstrate a lesion consistent with an acute haemorrhage, embolism or thrombosis.

Brain damage due to an accident, infection, reversible ischaemic neurological deficit, transient ischaemic attack, vasculitis or an inflammatory disease is excluded.

Exclusions - Full Wording

Self-inflicted injury means a deliberate self-inflicted injury, suicide or attempted suicide.

Suicide within (2 years or 13 months)

of commencement means a deliberate self-inflicted injury, suicide or attempted suicide within (2 years or 13 months) of the commencement of the cover.

(Note: this exclusion will also apply as and from the date of an approved increase or reinstatement – see page 31)

Criminal activity means the life insured participating in a criminal activity or engaging in any unlawful act.

Aerial activity means the life insured flying or otherwise engaging in any aerial activity except as a fare paying passenger in a fixed wing, motorised aircraft that is operated by a licensed airline or charter company.

Motorised sport means the life insured participating in any motorised sport, as a rider, driver, passenger or crew.

War or terrorism means war (whether declared or not), an act of terrorism, a riot or civil commotion.

Alcohol or drugs means the effects of alcohol or drug misuse or any illicit drug use.

Specific occupational exclusions means the life insured carrying out the duties of their occupation where at the time of (the accident or the event giving rise to the insured condition) the life insured was:

- (i) working above 10 meters from the ground;
- (ii) working underground;
- (iii) working offshore on a boat (outside

Australian waters) or on an oil or gas rig or platform;

- (iv) underwater diving;
- (v) working with explosives; or
- (vi) on active duty in the armed forces.

Intentional act by carer means an intentional act by the life insured's parent, guardian or relative or someone who lives with or cares for the life insured.

Congenital condition means a condition which is present at birth as a result of either hereditary or environmental influences.

Pre-existing condition means a pre-existing medical condition for which the life insured has been under the care of a medical practitioner or undergone a medical related investigation before the commencement date of the insurance or symptoms existed that would cause a reasonable person to seek the advice, care or treatment from a medical practitioner.

(Note: this exclusion will also apply as and from the date of an approved increase or reinstatement – see page 31)

DUTY OF DISCLOSURE

Before you enter into a contract of life insurance with us, both you and the proposed life insured have a duty under the Freedom Insurance Benefit Fund Rules to disclose to us every matter that:

- you or the proposed life insured know to be a matter relevant to our decision whether to accept the risk and, if so, on what terms; or
- a reasonable person in the circumstances could be expected to know to be a matter that is relevant to our decision whether to accept the risk and, if so, on what terms.

This duty of disclosure continues until we accept your application and issue your policy. The same duty to disclose these matters applies before you vary or reinstate the insurance. This duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by us;
- that is of common knowledge;
- that we know or, in the ordinary course of our business, ought to know; or
- in respect of which we have waived in writing the requirement to comply with the duty of disclosure.

Non-disclosure

If you or the life insured fail to comply with the duty of disclosure or provide us with incorrect information, we may cancel your plan or any insurance issued thereunder, decline a claim or otherwise reduce the amount we have to pay in the event of a claim.

PRIVACY NOTIFICATION STATEMENT

We recognise the importance of protecting your personal information that is collected and used by us and will follow privacy practices and procedures to maintain your privacy and protect your information. At all times we will safeguard your personal information and that of any lives insured under your Plan as required by the Privacy Act 1988.

Your Consent

By applying for the Reward Protection Plan or being nominated to be a life insured under any insurance issued under the Reward Protection Plan, you will be consenting to the collection, use and disclosure of your personal information in the manner set out below. If we are not provided with the required information, we will not be able to provide you with a quote for the insurance, consider your application or provide you with any insurance cover.

Collection of Personal Information

We collect your personal information that is necessary for the purposes of:

- providing premium quotes.
- assessing and processing your application.
- managing and administering the products and services you obtain.
- assessing and processing any claims made under your insurance.
- identifying you and protecting against fraud.
- improving our insurance products.
- advising you about other products or services that we or the licensed distributor of your insurance may offer.

The type of personal information we may collect

includes your name, date of birth, address, banking details, beneficiaries, health and employment information.

In most instances your personal information is collected directly from you when you apply for cover or request a variation in your cover. In some situations we may collect your personal information from a third party, such as the licenced distributor of the insurance, any person we have appointed to administer your cover, a health professional or an organisation that we have an arrangement for the promotion and sale of our insurance products.

To help us keep the information that we hold about you up-to-date, we ask that you advise Reward Insurance promptly of any changes to your name or contact details, or if you are concerned that any information that we hold about you is inaccurate, incomplete or outdated.

Disclosure and Use of Personal Information

The personal information that we collect from (or about you) may be disclosed by us to the following parties:

- to any doctor, hospital, clinic or other medical service in respect of whom you have provided us with an medical authority for the purpose of obtaining details about your medical history.
- to the Reinsurer and any medical practitioners, legal advisers, claims investigators or other professionals that we may appoint to consider your application or to assess or provide assistance in determining any claim.
- to any person we consider requires access to your information in order to process your application, manage or administer your plan, assess any claim or resolve any complaint.

- to any person or entity to whom we outsource tasks or who do something on our behalf.
- the licensed distributor of your insurance and Specialty Fashion Group Ltd.
- to your legal adviser or any other representative acting on your behalf (including your financial planner or adviser or any insurance broker).
- to any person as is required or authorised by law or where you have given consent to the disclosure.

All persons engaged to do something on our behalf (and any other person that we are authorised to provide your personal information) will be required to ensure our privacy requirements are met when using this information and they will only be permitted to use the information to perform the tasks which we have asked them.

We are unlikely to disclose your personal information to overseas recipients.

Marketing

We may also use your information to inform you about any other products and services offered or promoted by us or the licensed distributor of your insurance. In order to do this we may disclose your personal information on a confidential basis to the licenced distributor of your insurance or such other licensed distributor that we may choose to do this through.

You may tell Reward Insurance at any time that you do not want to receive any further marketing communications from either us or the licensed distributor.

Privacy Policy

Our Privacy Policy contains information about how you may access personal information held by us and how you can seek correction of such information. It also contains information about how you may complain about a breach of the Australian Privacy Principles and how we will deal with such a complaint.

You may obtain a copy of our Privacy Policy at www.rewardinsurance.com.au or by calling Reward Insurance.

Contacting Reward Insurance

If you have any questions about our handling of your personal information please contact Reward Insurance as follows:

Email: service@rewardinsurance.com.au

Telephone: 1300 13 13 20

(Monday to Friday 9:00am - 6:00pm Sydney time)

Mail: GPO Box 3553, Sydney NSW 2001

DIRECT DEBIT REQUEST SERVICE AGREEMENT

Definitions

account means the account held at your financial institution from which we are authorised to arrange for the insurance premium to be debited.

agreement means the Direct Debit Request 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 payment by you 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 have provided to us.

insurance premium means the premium payable for the life insurance cover provided under Reward Protection Plan at the debit day.

we/us/our means NobleOak Life Limited (or any subsequent insurer of the insurance product).

you/your means the customer who provided the direct debit request to us.

your financial institution is the financial institution where you hold the account that you have authorised us to debit.

1. Debiting your account

1.1 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 the life insurance cover provided by Reward Protection Plan. You should refer to the direct debit request and this agreement for the terms of the

arrangement between us and you.

1.2 We will only arrange for funds to be debited from your account for payment of the insurance premium as authorised in the direct debit request. The amount of the insurance premium may vary from time to time and we will not notify you of this variation unless we are required to do so under the terms and conditions of the Reward Protection Plan.

1.3 We will not issue a billing notification prior to debiting your account.

1.4 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 are unsure about which day your account has or will be debited, you should ask your financial institution.

2. Changes by us

2.1 We may vary any details of this agreement or a direct debit request at any time by giving you at least fourteen (14) days' written notice.

3. Changes by you

3.1 Subject to 3.2 and 3.3, you may change the arrangements under a direct debit request by contacting us on **1300 13 13 20**. However this is subject to:

3.2 If you wish to stop or defer a debit payment you must notify us at least seven (7) days before the next debit day. This notice should be given to us in the first instance.

3.3 You may also cancel your authority for us to debit your account at any time by giving us at least seven (7) days' notice before the next debit day. This notice should be given

to us in the first instance.

- 3.4 You may also cancel a direct debit request by contacting your own Financial Institution.

4. Your obligations

- 4.1 It is 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.

- 4.2 If there are insufficient clear funds in your account to meet a debit payment:
- (a) you may be charged a fee and/or interest by your financial institution;
 - (b) you may also incur fees or charges imposed or incurred by us; and
 - (c) 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.

- 4.3 You should check your account statement to verify that the amounts debited from your account are correct.

- 4.4 If we are 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.

5. Disputes

- 5.1 If you believe that there has been an error in debiting your account, you should notify us on **1300 13 13 20** and confirm that notice in writing with us as soon as possible so that we can resolve your query.
- 5.2 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.

- 5.3 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.
- 5.4 Any queries you may have about an error made in debiting your account should be directed to us in the first instance so that we can attempt to resolve the matter between us and you. If we cannot resolve the matter you can still contact your financial institution, which will obtain details from you of the disputed transaction and may lodge a claim on your behalf.

6. Accounts

- 6.1 You should check:
- (a) 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;
 - (b) your account details which you provided to us are correct by checking them against a recent account statement; and
 - (c) with your financial institution before completing the direct debit request if you have any queries about how to complete the direct debit request.

7. Confidentiality

- 7.1 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.

- 7.2 We will only disclose information that we have about you:
- (a) to the extent specifically required by the law; or
 - (b) for the purposes of this agreement (including disclosing information in connection with any query or claim).

8. Notice

- 8.1 If you wish to notify us in writing about anything relating to this agreement, you should call **1300 13 13 20** to obtain our appropriate mailing address and/or fax number.
- 8.2 Where we are providing you with notification in writing we will send the notice in the ordinary post to the address you have given us in the direct debit request. Any notice will be deemed to have been received on the third banking day after it is posted.

9. Change of Life Insurer

- 9.1 If we cease to be the “insurer” of the life insurance cover provided by Reward Protection Plan as a result of the insurance being transferred to another registered life insurer, then in order for premium payments to continue, the authorities provided to us under your direct debit request will be transferred to the new insurer without the need for your consent.

10. Providing Instructions

- 10.1 Your direct debit request may be provided to us in writing, by calling us

on **1300 13 13 20** or by such other electronic means that we choose to accept from time to time.

- 10.2 Unless we require otherwise, 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 on **1300 13 13 20** or by such other electronic means that we choose to accept from time to time.



All enquiries regarding
Reward Protection Plan should
be directed to Reward Insurance.

Phone:

1300 13 13 20

Fax:

1300 98 67 95

Email:

service@rewardinsurance.com.au

Postal address:

PO Box 3553, Sydney NSW 2001

www.rewardinsurance.com.au

Reward Protection Plan is issued by NobleOak Life Limited of Suite 4.05, 89 York Street, Sydney NSW 2000 and is distributed by Freedom Insurance Pty Ltd and its representatives trading as "Reward Insurance".