MetLife

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MetLife Protect and MetLife Protect Super

Supplementary Combined Product Disclosure Statement and Policy Terms

Prepared 1 November 2026

MetLife Protect and MetLife Protect Super

Prepared 1 November 2026

This is a Supplementary Combined Product Disclosure Statement and Policy Terms (SPDS) issued by MetLife Insurance Limited ABN 75 004 274 882, AFSL 238096 (MetLife) and Stewarda Pty Ltd (ABN 56 098 527 256, AFSL 236049, RSE Licence L0000185) ("trustee"), as trustee of the Smart Future Trust (ABN 68 964 712 340), through the insurance-only division known as the MetLife Australia Superannuation Fund (USI 68964712340007).

It supplements the MetLife Protect and MetLife Protect Super Combined Product Disclosure Statement and Policy Terms (PDS) prepared 16 November 2025. This SPDS is to be read together with the PDS and any other SPDS that applies to it.

Summary of changes

The purpose of this SPDS is to notify you that, effective 1 November 2026, Stewarda Pty Ltd replaces Equity Trustees Superannuation Limited as trustee of the Smart Future Trust, including the MetLife Australia Superannuation Fund.

This SPDS also sets out changes to the PDS resulting from the change of entity performing the role of trustee of the Smart Future Trust.

The change in the trustee entity does not change the key features of the superannuation product available through the MetLife Australia Superannuation Fund including insured benefits, insurance premiums, eligibility, terms, conditions, limitations and exclusions or any other substantive terms and conditions of insurance cover available through the Fund. The USI for the MetLife Australia Superannuation Fund will not change.



Changes to the PDS

This SPDS makes the following changes to the PDS from 1 November 2026:

PDS page number	What is impacted?	Changes to the PDS
2	About this document	The wording in the 'Product Disclosure Statement' section are deleted and replaced with the following: Product Disclosure Statement The Product Disclosure Statement sets out the key benefits, features, options, risks, fees and costs of the following products: • MetLife Protect – issued by MetLife Insurance Limited (ABN 75 004 274 882, AFSL 238096) ('MetLife'). • MetLife Protect Super - issued by Stewarda Pty Ltd ABN 56 098 527 256, AFSL 236049, RSE Licence L0000185 (the Trustee) as trustee of Smart Future Trust ABN 68 964 712 340, through the insurance-only division known as the MetLife Australia Superannuation Fund USI 68964712340007. MetLife Insurance Limited is the insurer for MetLife Protect Super and the Trustee holds the MetLife Protect Super insurance Policy for members of the MetLife Australia Superannuation Fund. Although the MetLife Australia Superannuation Fund is not a standalone superannuation fund, it is referred to as 'the Fund' in this PDS. Each issuer is jointly responsible for the entire PDS, and wholly responsible for their own products in respect of the described benefits, features, options, risks, fees and costs of such products. Notwithstanding this PDS has two issuers, throughout this PDS, references to 'we', 'us' and 'our' means MetLife Insurance Limited (ABN 75 004 274 882, AFSL 238096), ('MetLife'), not the Trustee. For MetLife Protect, references to 'you' mean the person or persons or the entity that applies for the Policy and becomes the Policy Owner/s when we issue the Policy (and will be named on the Policy Schedule or any other Important Documents). The Policy Owner may or may not be the Life Insured. For MetLife Protect Super, the Policy Owner is the Trustee of the Fund and 'you' includes the member, as the Life Insured. Nevertheless, and for the avoidance of doubt, the Trustee is not a licensed insurer and legally not able to issue insurance Policies and MetLife is not an RSE licensee and legally not able to issue interests in superannuation funds. Please read the PDS carefully before making any decision about MetLife Protect or MetLife Protect Super and the insurance cover you need.
25	Superannuation and non-superannuation policies Insurance inside superannuation	**The wording in the 'MetLife Protect Super' section are deleted and replaced with the following:** MetLife Protect Super You become a member of the Smart Future Trust, through the insurance-only division known as the MetLife Australia Superannuation Fund. This enables you to structure your insurance inside superannuation with a MetLife Protect Super Policy. The owner of your Policy will be the Trustee of the Fund, Stewarda Pty Ltd. Refer to pages 90-97 for details.

88-89	MetLife's Privacy Policy	The wording in the 'Privacy Policy – Trustee' section will be deleted and replaced with the following: Privacy Policy - Trustee *What personal information does the Trustee collect about you* The Trustee needs to collect and hold a range of personal information from you in order to manage your superannuation and provide your benefits, and to comply with various obligations under the Privacy Act 1988 (Cwlth). The types of personal information they may collect include any of the following: • Your name, gender and date of birth; • Your contact details, including telephone number, email and postal address; • Employment details such as your salary, superannuation contributions and employment status; • Your Tax File Number (TFN); • Your bank account details when we pay a benefit to you; and • Details of your nominated beneficiaries and their relationship to you. Your TFN is collected, used and disclosed strictly in accordance with applicable taxation and superannuation laws. The Trustee will only use your TFN for lawful purposes, including to administer your superannuation account, and will take reasonable steps to protect its confidentiality. The Trustee may also hold personal medical information relating to your insurance cover in the Fund, or other information about you if you have asked their service providers for intra-fund advice. If you make a claim for disability benefits from the Fund, we may receive additional medical information about you and information from your employer relating to your employment history and any Workcover or other similar claims you may have made. The Trustee is required to collect and verify (through identification documents such as your passport or driver's licence) your name, address and date of birth under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth). They may also collect other information as may be required from time to time to ensure compliance with the law. *How does the Trustee collect personal information about you* Much of your personal information held by the Fund is provided by you when you fill in a form to join the Fund, or when you make changes to the information provided – such as when you update your nominated beneficiary information. Some information, such as the date you joined your employer (if applicable), and your contribution and salary details, may be supplied by your employer. If you are an employee member and you have given your employer your TFN, your employer is required by law to pass it on to the Fund. You may be asked, at various times, to provide information about your health for the Trustee to assess your eligibility for insurance cover (or any increases in insurance cover) in the Fund. If you wish to make a disability claim: • You will be asked to provide additional health information, and undergo various medical tests and examinations as requested by the Trustee and/or MetLife; and • You will be asked to consent to the disclosure of your personal medical information to various parties involved in assessing your claim, such as the Fund's or MetLife's medical advisers, claims assessors, administrator and legal advisers. You will also be asked to consent to disclosure to the Australian Financial Complaints Authority (AFCA), an alternative dispute resolution scheme or a Court, if a dispute develops.

88-89 continued	MetLife's Privacy Policy	MetLife will always seek your consent before collecting medical or other sensitive information about you. See below for more information on how we handle your sensitive information. In the event of your death while a member of the Fund, your dependants or legal personal representative (the Executor of your estate) may be asked to provide the Trustee with details of your Will and other information regarding your dependants, so that the Trustee can pay your benefit. If you make an enquiry or complaint to the Trustee, we collect your contact details and information on the nature of your complaint so that we can respond to you. Any feedback that you may provide us is also recorded by the Fund's Administrator. *What happens if requested information is not provided* You have the option of communicating with the Trustee anonymously or using a pseudonym in some limited circumstances. For example, you may wish to withhold your personal information when making a general enquiry about the Fund. However, the Trustee must be able to identify you in order to pay your benefits, so it is not possible for you to always deal anonymously with us. In addition, if you do not provide the information required, or if the information provided is incorrect: • you may be refused membership of the Fund, or your benefits and/or terms and conditions of membership may need to be adjusted; • MetLife may refuse to provide you with insurance cover (in which case your death and disability benefits may be reduced); • in the case of a disability claim, the Fund may not be able to progress your claim; and • payment of your benefits may be delayed. If you do not provide your TFN to your employer or the Fund, we will not be able to accept member contributions from you and additional tax may have to be deducted from your employer contributions and benefits. *Unsolicited information* 'Unsolicited' personal information is personal information about an individual which the Trustee has unintentionally received. For example, this may occur when we collect information about your beneficiaries in order to pay your death benefit. Where we obtain unsolicited information, we will protect this personal information with the same rigour as we treat personal information we intended to collect, and will de-identify it or destroy it as soon as practicable if we are reasonably able to do so. *Who may have access to your personal information* Your personal information is kept strictly confidential and is used only in connection with the proper activities of the Fund. The following parties may be given access to your personal information: • members of the Office of the Superannuation Trustee, who assist the Trustee in managing the Fund and complying with its legal obligations; • the Fund's Administrator and their contractors (including mailing housesand affiliated companies; • the Fund's promoter, actuary, auditor, legal advisers, and other consultants; and • the Australian Taxation Office and other statutory or regulatory bodies, where this is required or authorised by law. These disclosures occur for purposes including administering your superannuation account, providing insurance cover, complying with legal and regulatory obligations, and obtaining professional services. We may disclose personal information to overseas recipients, including service providers located outside Australia. We will only do so in compliance with all applicable Australian data protection and privacy laws.

88-89 continued	MetLife's Privacy Policy	We will not disclose your personal information to an overseas recipient unless we have taken reasonable steps to ensure that recipient protects your privacy according to the Australian Privacy Principles. Nor will we sell or trade your personal information to a third party. We have a strict duty to maintain the privacy of all personal information we hold about you. However, certain exceptions may apply. For example, disclosure of your personal information may be authorised or required: • by law (e.g. disclosure to courts under subpoena or to various government departments and agencies such as the Australian Taxation Office); • in the public interest (e.g. where a crime, fraud or misdemeanour may be committed or suspected); or • with your consent - your consent may be implied or express and it may also be verbal or written. *Use of your personal information for marketing* The Trustee may use your personal information, via the Fund's promoter, to send you direct marketing communications about our products and services which we believe may be of interest to you. The Trustee may also use information about you to assist us with internal marketing and research. Any electronic marketing activities will comply with the requirements of the Spam Act 2003 (Cth). This includes communications by telephone, email, post or through use of the Fund's website. If at any time you wish to opt out of receiving these marketing communications, you can use the opt-out facilities provided in our marketing communications, or by contacting us directly using the contact details below (under 'Who to contact for further information' section). Once the Trustee receives your request, they will ensure that your contact details are removed from all databases used for the purposes of direct marketing. *Collection of information through the Fund's website* Information is collected through your use of the Fund's website to tailor your online experience. The type of information that may be collected is information such as: • date and time of visits; • pages you viewed; • type of operating system; • your computer's Internet Protocol address; • the location of your server; • the address of any referring website; and • whether any information has been downloaded. Although much of this information is non-personal, it may constitute personal information when collated, so we will treat it as personal information in this case. This information is collected through identification of cookies that are stored on your device when you access and interact with our website. Cookies are small data files that enable the information you see to be personalised. They cannot read information off your hard drive. You may disable cookies on your internet browser if you wish. Please note that opting out may reduce your ability to take full advantage of the Fund's website and its features. We may also use tracking technologies called web beacons or pixels to collect information about your visit to our sites. Like cookies, this technology enables us to track pages and content accessed and viewed by users on our websites. Also, when we and/or our promoters send HTML-formatted (as opposed to plain text) emails, this technology may be embedded in such emails. Using pixels allows us to determine whether emails have been opened or links were accessed, and identify aggregate trends, individual usage, and generate statistics about how our site is used.

88-89 continued	MetLife's Privacy Policy	You can avoid pixels by choosing to open emails in plain text. You can manage these settings through your email application. *How does the Trustee keep your personal information secure* The Trustee is committed to keeping your personal information secure and will take all reasonable precautions to protect your information from loss, misuse or unauthorised access. The Trustee and its service providers have implemented a range of measures to ensure your personal information is kept secure wherever possible. Access to information is regulated to prevent unauthorised use or disclosure, and security procedures apply including password encryptions, firewalls, and other technological safeguards. Identification and password security (including multi-factor authentication) also applies to online access of personal information. The Trustee also expects relevant staff to be trained on privacy requirements. Commonwealth legislation includes requirements for how long your personal information must be held. The Trustee complies with these requirements. Although we always endeavour to provide a secure environment for your personal information, you should be aware there are inherent risks in storing or transmitting information by electronic means. This includes using online communications such as email, or online application forms. We cannot guarantee information transmitted over the internet will not be intercepted, and any such communication is made at your own risk. When personal information is no longer required for the purposes for which it was collected, and we are not required by law to retain it, the Trustee will take reasonable steps to destroy or de-identify that information. *Sensitive Information* The Trustee will generally seek your consent before collecting sensitive information from you, unless an exception applies under applicable law. Sensitive information will only be collected if it is deemed necessary for the Trustee in performing its activities as trustee of the fund. As noted above, if you do not consent to providing the requested sensitive information this may impact on our ability to meet our obligations under relevant law. For example, this may mean we cannot process your disability claim. Sensitive information is defined in the Privacy Act. It includes, but is not limited to, information about your: • racial or ethnic origin; • political opinions; • memberships of a political association; • membership of a trade union; • sexual orientation or practices; • criminal record; • personal health information; • genetic information about you that is not otherwise health information; • biometric information that is to be used for the purpose of automated biometric verification or biometric identification; or • biometric templates. *Accessing or correcting your personal and/or sensitive information* You can contact the Trustee at any time to request access to your personal, including sensitive, information. If you are seeking access, we ask that you submit your request in writing and provide proof of identity (such as a certified copy of your driver's licence or passport) to the Trustee's Privacy Officer using the contact details below.

88-89 continued	MetLife's Privacy Policy	Subject to some exceptions, you may find out what personal information the Trustee holds about you. However in some circumstances, we may not be able to disclose this information, for example, where we are prohibited from doing so under the Family Law Act. In some circumstances, and subject to the law, medical and other reports relating to a disability claim may not be made available directly to you, but may be released via your treating medical practitioner. If we cannot provide information we hold to you, we will write to you to explain why we cannot do so. If you believe the information we hold about you is incorrect or inaccurate, please notify one of our representatives as soon as you can. As with any access to information we request that you notify us in writing and provide proof of identity. We may also request that you verify the grounds for an amendment. *Who to contact for further information* The Trustee's Privacy Officer can assist you with any enquiries you have about the information that we hold about you. You can contact our Privacy Officer using the contact details below: Post: Attn: Privacy Officer Stewarda Pty Ltd Suite 4:02 175 Pitt St Sydney NSW 2000 Email: privacy@futuregroup.com.au Phone: 1800 940 970 *Complaints or concerns* If you have a complaint or concern about your privacy, please contact our Privacy Officer on the details above. Please mark any written requests or complaints: 'Attention: Privacy Officer'. We will acknowledge your complaint promptly and aim to respond within a reasonable timeframe. If you are not satisfied with our response to your complaint, you may be able to lodge a complaint with an external dispute resolution scheme. The external dispute resolution body is established to assist you in resolving your complaint where you have been unable to do so with us. However, it's important that you contact us first. Stewarda Pty Ltd is a member of the Australian Financial Complaints Authority ("AFCA'). You can contact them with the following details: Online: www.afca.org.au Phone: 1800 931 678 Email: info@afca.org.au Post: GPO Box 3, Melbourne VIC 3001.
90	MetLife Protect Super	**The wording in the 'The Trustee' section are deleted and replaced with the following:** The Trustee Stewarda Pty Ltd (ABN 56 098 527 256, AFSL 236049, RSE Licence L0000185) ('the Trustee') as the trustee for the MetLife Australia Superannuation Fund ('the Fund'), which is a division of the Smart Future Trust (ABN 68 964 712 340), is the issuer of MetLife Protect Super. When you apply for insurance through MetLife Protect Super you are also applying to become a member of the Fund. Once your application for MetLife Protect Super is accepted, MetLife issues a Policy to the Trustee on your behalf, and your membership of the Fund commences.

90 continued	MetLife Protect Super	Your MetLife Protect Super Policy will be owned by the Trustee. All premiums and benefit payments will be made through the Fund within certain restrictions under superannuation law. The terms and conditions of the MetLife Policy(ies) chosen by a member of the Fund apply to the provision of cover and the payment of benefits including eligibility criteria (which may include a member's occupation and age, maximum insured benefits, benefit expiry provisions and exclusions). When applying for insurance through the Fund, you should consider the terms and conditions for insurance cover available inside superannuation summarised in this PDS (and set out in more detail in the Policy Terms).
96	MetLife Protect Super	**The wording in the 'Trustee communications' section are deleted and replaced with the following:** Trustee communications The Trustee produces an annual report for members each year giving important information about the Fund and any relevant changes inside superannuation legislation. You can get a copy of the annual report from the Fund's website at www.smartmonday.com.au and it will be available after the end of each financial year. The Fund's website contains other important information from the Trustee, including this PDS, the Trust Deed and the names of each outsourced service provider to the Fund. Information on the Trustee and executive remuneration and other information or documents required to be disclosed on the Trustee's website are available at stewarda.com.au/documents.
97	Anti-money laundering and counter terrorism financing requirements	**The wording in the 'Anti-money laundering and counter terrorism financing requirements' section are deleted and replaced with the following:** Anti-money laundering and counter terrorism financing requirements As a result of anti-money laundering and counter terrorism financing requirements in government legislation, you may be required to provide proof of identity prior to being able to access your benefits in cash (called "customer identification and verification" requirements). These requirements may also be applied by the Trustee from time to time in relation to the administration of your superannuation benefits as required or considered appropriate under the government's legislation. You will be notified of any requirements when applicable. If you do not comply with these requirements there may be consequences for you, for example, a delay in the payment of your benefits. As a result of the requirements, the Trustee is subject to the supervision of another regulatory body called Australian Transaction Reports and Analysis Centre (AUSTRAC) that has responsibility for the government's legislation. The Trustee is required to provide yearly compliance reports to AUSTRAC and notify AUSTRAC of suspicious transactions. This may involve the provision of personal information about you to AUSTRAC. You must not knowingly do anything to put the Trustee in breach of the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) (AML/CTF Laws) and/or its internal policies and procedures, rules and other subordinate instruments. You undertake to notify the Trustee if you are aware of anything that would put the Trustee in breach of AML/CTF Laws. If requested, you agree to provide additional information and assistance and comply with all reasonable requests to facilitate the Trustee's compliance with Laws in Australia or an equivalent law in an overseas jurisdiction and/or its internal policies and procedures. You undertake that you are not aware and have no reason to suspect that: • the money used to fund the insurance is derived from or related to money laundering, terrorism financing or similar activities (illegal activities); and • proceeds of insurance made in connection with this product will fund illegal activities.

97 continued	Anti-money laundering and counter terrorism financing requirements	In making an application pursuant to the PDS, you consent to the Trustee disclosing, in connection with AML/CTF Laws and/or its internal policies and procedures, any of your personal information as defined in the Privacy Act 1988 (Cth). In certain circumstances, the Trustee may be obliged to freeze or block an account where it is used in connection with illegal activities or suspected illegal activities. Freezing or blocking can arise as a result of the account monitoring that is required by AML/CTF Laws and/or its internal policies and procedures. If this occurs, the Trustee is not liable to you for any consequences or losses whatsoever and you agree to indemnify the Trustee if the Trustee or its representatives are found liable to a third party in connection with the freezing or blocking of your account. The Trustee retains the right not to provide services to any applicant that Trustee decides, in its sole discretion, that it does not wish to supply.
98	Policy Terms - Parties to the contract	The wording in the 'Superannuation' section are deleted and replaced with the following: Superannuation MetLife Protect Super is issued by Stewarda Pty Ltd ABN 56 098 527 256, AFSL 236049, RSE Licence L0000185 (the Trustee) as trustee of the Smart Future Trust ABN 68 964 712 340, through the insurance-only division known as the MetLife Australia Superannuation Fund (USI 68964712340007)(the 'Fund'). When you take out MetLife Protect Super you will be provided insurance cover from us through the Fund. The Trustee will be the Policy Owner and is responsible for paying benefits to you (as the Life Insured) out of the Fund.
154	10. Definitions	**The definition for 'Trustee' is deleted and replaced with the following:** Trustee Means Stewarda Pty Ltd as defined on page 98.

If you need assistance

If you have any questions about MetLife Protect or MetLife Protect Super, please contact the Customer Experience Team:

Phone: 1800 523 523 (9.00 am to 5.00 pm ADT/AEST)
Email: auprotect@metlife.com

metlife.com.au

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MetLife

Life, inspired by you.

MetLife Protect and MetLife Protect Super

Combined Product Disclosure Statement and Policy Terms

Prepared 16 November 2025



About this document

Combined Product Disclosure Statement and Policy Terms

This document contains both the Product Disclosure Statement for the MetLife Protect and MetLife Protect Super products and the Policy Terms for the insurance cover available through these products. The whole of this document is referred to as the PDS, unless the context requires reference to the MetLife Protect or MetLife Protect Super Product Disclosure Statement or the Policy Terms separately.

Product Disclosure Statement

The Product Disclosure Statement sets out the key benefits, features, options, risks, fees and costs of the following products:

- MetLife Protect – issued by MetLife Insurance Limited (ABN 75 004 274 882, AFSL 238096) ('MetLife').
- MetLife Protect Super – issued by Equity Trustees Superannuation Limited (ABN 50 055 641 757, AFSL 229757, RSE Licence L0001458) (the 'Trustee') as trustee for the MetLife Australia Superannuation Fund (USI 68964712340007), which is a division of the Smart Future Trust (ABN 68 964 712 340). Although the MetLife Australia Superannuation Fund is not a standalone superannuation fund, it is referred to as 'the Fund' in this PDS.

Each issuer is jointly responsible for the entire PDS, and wholly responsible for their own products in respect of the described benefits, features, options, risks, fees and costs of such products. Notwithstanding this PDS has two issuers, throughout this PDS, references to 'we', 'us' and 'our' means MetLife Insurance Limited (ABN 75 004 274 882, AFSL 238096), ('MetLife'), not the Trustee.

For MetLife Protect, references to 'you' mean the person or persons or the entity that applies for the Policy and becomes the Policy Owner/s when we issue the Policy (and will be named on the Policy Schedule or any other Important Documents). The Policy Owner may or may not be the Life Insured.

For MetLife Protect Super, the Policy Owner is the Trustee of the Fund and 'you' includes the member, as the Life Insured.

Nevertheless, and for the avoidance of doubt, Equity Trustees Superannuation Limited is not a licensed insurer and legally not able to issue insurance Policies and MetLife is not an RSE licensee and legally not able to issue interests in superannuation funds.

Please read the PDS carefully before making any decision about MetLife Protect or MetLife Protect Super and the insurance cover you need.

Policy Terms

The full standard terms of the insurance cover available from MetLife through MetLife Protect and MetLife Protect Super are set out in the Policy Terms. These, together with any special terms and conditions you agreed to, will be used to assess any claim.

Life Insurance Code of Practice

We have adopted the Life Insurance Code of Practice (Code). The Code sets out our key commitments and obligations to you on standards of practice, disclosure and principles of conduct for our life insurance services, such as being open, fair and honest. It also sets out timeframes for us to respond to claims, complaints and requests for information. You can find details on the Code at www.metlife.com.au.

General advice

The information contained in this PDS is of a general nature and does not take into account your individual objectives, financial situation or needs. You should consider how appropriate the product is to your individual objectives, financial situation and needs, and if necessary, seek advice from your Financial Adviser that takes your individual circumstances into account before deciding on whether to acquire the product. Any reference to General Advice throughout the PDS is provided under MetLife's AFSL Licence.

Target Market Determination

MetLife and the Trustee have prepared a Target Market Determination (TMD) for MetLife Protect and MetLife Protect Super to comply with the Design and Distribution Obligations under Part 7.8A of the Corporations Act 2001 (Cth). The TMD is a written document which outlines who the product may be suitable for, and any conditions around how the product can be distributed. You can view the MetLife Protect and MetLife Protect Super TMD at www.metlife.com.au/insurance-solutions/personal-insurance/metlife-protect.

MetLife and the Trustee are committed to a customer-centric approach when designing and distributing products. The TMD supports this commitment to meet the needs of customers by designing products that are consistent with the likely objectives, financial situation and needs of customers for whom they are intended i.e. the target market. However, this is not a guarantee that the products will meet your individual objectives, financial situation and needs, as the TMD has not been formulated with your individual circumstances in mind. As stated above, you should consider your own individual objectives, financial situation and needs.

Changes to information in this PDS

The information in this PDS is current as at the date of preparation. Information in the PDS that is not materially adverse information is subject to change from time to time and MetLife and the Trustee may update such information by providing a notice of any such changes on MetLife's website. If you'd like a free printed or electronic copy of the updated information, please contact MetLife's Customer Experience Team on 1800 523 523 or email auprotect@metlife.com.

Information about law in this PDS is based on the law as at the preparation date of this PDS and the interpretation by MetLife and the Trustee of the laws applicable to each of them at that date.

Your Financial Adviser can help

You can only acquire MetLife Protect and MetLife Protect Super through a Financial Adviser.

If your Financial Adviser provides you with personal financial product advice, their role is to understand your needs, help you to articulate your goals and arm you with financial advice and strategies to turn your aspirations into a reality.

When it comes to applying for insurance cover with MetLife, your Financial Adviser can help you consider your options and assist with deciding on:

- the right type/s of cover for your needs;
- the appropriate amount of cover;
- whether or not to obtain cover through superannuation; and
- how to structure your insurance cost-effectively.

You should consider obtaining personal advice from your Financial Adviser that takes into account your individual circumstances, including your insurance needs, before acquiring a MetLife Protect or MetLife Protect Super product.

You should also review your insurance with your Financial Adviser periodically to ensure it remains appropriate for your insurance needs, your risks and your life stage.

MetLife may pay your Financial Adviser a commission when your Policy starts and in subsequent years. Commission is built into the insurance premiums. Your Financial Adviser will provide you with further details regarding commissions in their Financial Services Guide and Statement of Advice.

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Why choose MetLife?

As a leading provider of life insurance, MetLife's purpose is to help more Australians protect their lifestyle – and provide help when they need it most.

Founded in the United States in 1868, the MetLife group has a global presence giving us scale and experience.

Its long history and financial strength means you can rely on MetLife to be there when it's needed most.





Things you need to know

This section contains important information that will help you understand the insurance Policy you can acquire.



Policy Terms

Your Policy and its terms are introduced on page 98, and include the parties to the contract, the cover provided and other important matters applicable to any Policy issued by us.

Defined terms

There are a number of terms in this PDS that have been capitalised. These terms have particular meanings and are explained in sections 10 (Definitions on pages 144 to 154), and 11 (Medical Definitions on pages 155 to 159).

No-Claim Periods

A key term, which appears in this PDS in relation to certain benefits, is the No-Claim Period.

The No-Claim Period is a specified period of time during which no cover is available and no benefits will be payable for any Illness, Injury or Related Condition that the Life Insured sought or obtained advice or treatment for, or had symptoms of, during that period.

Generally, this period is from Cover Commencement or, where specified, following Reinstatement of cover or when cover is increased (but only on the increased portion).

The No-Claim Period is noted in each cover section for any benefits it applies to.

Waiting Periods

Waiting Period is also a key term in this PDS and when it is noted, it refers to the minimum number of days that must elapse after the Life Insured first suffers a claim event, before entitlement to a benefit payment may accrue. For example, under Standard Income Cover, the Waiting Period is the period of time the Life Insured needs to be unable to work in any capacity, solely due to Illness or Injury before you become eligible for Total Disability Benefits.

Interim Cover

Unless you already have existing cover, which your MetLife Protect or MetLife Protect Super application is intending to replace*, we will provide you with Interim Cover outside superannuation to ensure you have some form of protection while we are considering your application for insurance.

The type of Interim Cover provided will be based upon the Standard Cover that you are applying for; however, it may not be as comprehensive, and no Interim Cover benefit will be paid under any associated Extra Cost Options and/or Extras Cover if they are included in your application with MetLife.

Interim Cover is also subject to maximum limits and additional exclusions.

Benefit Limits

For each individual cover type, the maximum amounts we pay under Interim Cover are the lesser of the Life, TPD and Trauma Cover Amounts, and Income Cover Monthly Cover Amount applied for, and:

- $1 million for Life Cover;
- $1 million for TPD Cover;
- $500,000 for Trauma Cover; and
- $7,500 per month for Income Cover for six months.

Please refer to the Policy Terms at sections 6.2 and 6.3 on pages 127 and 128 for full details.

*Where the cover amounts requested with your MetLife Protect or MetLife Protect Super application is greater than the replaced cover amounts (from another insurer), the Interim Cover will be paid on the difference of the cover amount greater than the replaced cover amount and capped at the maximum Life, TPD, Trauma Cover Amounts, and Income Cover Monthly Cover Amount benefit limits.

For example, if the Life Cover Amount requested with MetLife Protect is for $1.5 million and the replaced cover amount with another insurer was $700,000, an Interim Cover Life Cover benefit available for any future claim will be $300,000.

Policy Schedule

If we accept your application for insurance, we will issue you a Policy Schedule. Your Policy Schedule is an important document, which contains key details of your cover, including:

- the amount/s and type/s of cover/s you have been accepted for;
- your premium amount;
- any amended terms that apply (that are different from or additional to the Policy Terms); and
- when your Policy (including any individual covers within your Policy) starts and ends.

30-day cooling off period

Once we accept your application for MetLife Protect insurance, we will issue you a Policy Schedule or any other Important Documents. You have 30 days from the date the Policy Schedule is issued to check that the insurance meets your needs. This is the cooling off period.

If you wish, you can cancel your Policy during the cooling off period. Provided you have not made a claim, you will receive a full refund of any money you have paid (except any taxation or government charges which we are unable to return). If the Policy was issued to the trustee of a superannuation fund, we will refund the premium to the superannuation fund.

Further information on the cooling off period applicable to MetLife Protect Super can be located on page 97.

Governing law

Our insurance contracts are governed by the law that applies in the State of New South Wales and is subject to the exclusive jurisdiction of the Courts of Australia.

Sanctions

MetLife shall not be deemed to provide cover and MetLife shall not be liable to pay any claim or provide any benefit here under to the extent that the provision of such cover, payment of such claim, or provision of such benefit would expose MetLife to any applicable sanction, prohibition, or restriction including those issued and/or enforced by Australia, the United States Department of Treasury's Office of Foreign Assets Control (OFAC), the United Nations (UN), the European Union (EU), or the United Kingdom (UK).

If MetLife determines that a customer is sanctioned, it may terminate this policy prospectively and will not pay cash value or any other money.

Ongoing coverage

MetLife Protect and MetLife Protect Super provides ongoing coverage. This means that once your Policy has started, we can't adversely alter the terms of your cover unless permitted by law for a failure to comply with the duty to take reasonable care not to make a misrepresentation, even if there is a change in your health, occupation or pastimes while your Policy is in force. Your premiums may be subject to change as described in section 8 on page 140.

Worldwide cover

Once we issue your Policy, you will still be covered if you travel or relocate outside Australia. The Policy provides worldwide insurance cover with the following exceptions:

- Income Cover benefits which are payable for up to six months while residing overseas, with a requirement to return to and remain in Australia for benefits to continue beyond six months; and
- 'Sanctions' – as listed on this page.

Importance of keeping up with your premiums

If your premiums are overdue, we will send you a reminder. If your premium remains unpaid subsequent to that reminder and any others we may issue, your Policy may be cancelled as outlined on page 22.

If we take steps to cancel your Policy, we will provide you with notice of our intention to do so in writing before this occurs. We will also inform you of the cancellation when this has happened.

If your premiums are overdue and a benefit becomes payable before the Policy is cancelled, we will deduct any outstanding premium from the benefit amount.

Cancellation of your MetLife Protect Super Policy will also result in cessation of your membership of the Fund.

Please contact us to discuss the circumstances under which you can Reinstate the Policy. If cancellation of your MetLife Protect Super Policy also resulted in cessation of your membership of the Fund, you must apply for membership again and you must remain eligible to contribute to the Fund (unless premiums are paid via a rollover from another superannuation fund).

If you apply for Reinstatement within one year from the date of lapse, we will ask for other relevant information to assess the Life Insured's eligibility for cover, including health and financial information (for applicable cover types). Additionally, we will ask for payment by you of the premium due from the date of lapse for cover to be continued during the intervening period.

Guaranteed upgrade

If we improve any of the features or benefits available under MetLife Protect or MetLife Protect Super in the future, which don't result in a premium rate increase, we will automatically make these improvements available to your Policy. The advantage of this is that you will receive the new improvements, however, if you believe you are disadvantaged in any way by any changes, we will revert back to the features and benefits available immediately prior to the change to your Policy.

The improvements will apply to future claims only and not to past or current claims, or any claims arising from conditions or circumstances which first occurred, were first Diagnosed, or for which symptoms first became reasonably apparent, before the effective date of those improvements. If certain exclusions, loadings and/or special terms were noted on your Policy Schedule or any other Important Documents previously, these will continue to apply.

No cash value

MetLife Protect and MetLife Protect Super do not include an investment or cash component, nor do they offer a surrender value. They provide risk-insurance only.

Indexation

If Indexation applies to your Policy, we will increase your cover amount each year through Indexation, unless you ask us not to, or choose one of the Fixed Term Options (under which Indexation is not available).

Your premium will then be based on the increased cover and depending on your premium structure, your premium may also be based on other factors such as increased age. Please refer to the Policy Terms in section 7.5 on page 139 for the full details on Indexation.

Exclusions

There are circumstances where we will not pay a claim. We have described standard exclusions that apply for each cover type in this PDS and the Policy Terms.

Additional exclusions may apply if we offer you cover under amended terms as a result of our underwriting assessment, which takes into account the individual circumstances of the Life Insured, including health, occupation, pastimes and other information. This can only occur if you, or your Financial Adviser acting with written authority on your behalf, accept these terms, which are noted on your Policy Schedule or any other Important Documents.

Limitations on what we can pay

We can't make certain payments because of legislation in connection with health insurance including the Private Health Insurance Act 2007 (Cth), National Health Act 1953 (Cth) or the Health Insurance Act 1973 (Cth). We won't make a payment if it would cause us to infringe upon these or any other laws.

Replacing existing cover

If you currently hold another insurance policy, you should carefully consider the terms and conditions of both insurance policies before you replace it with a MetLife Policy under this PDS. Cancelling or replacing your insurance policy may have consequences in that you may lose accrued benefits, waiting periods may start again and there may be implications for any errors or omissions in your new application. You should also ensure that your new cover is in place with us before cancelling your existing cover.

Risks

With any insurance product, you should be aware of the risks when considering whether the product is appropriate for your needs. These risks include:

- the insurance cover you have selected may be inadequate to protect you and your dependants in certain circumstances;
- your claim may not be paid if you or the Life Insured have failed to comply with your duty to take reasonable care not to make a misrepresentation outlined on page 10, or if you have made a fraudulent claim;
- your insurance cover may be cancelled if you fail to pay premiums by the due date, as outlined on page 86;
- conditions and exclusions that apply to insurance cover under the Policy Terms and your Policy Schedule or any other Important Documents, which may affect your entitlement to insured benefits; and
- annual Indexation applies to Income Cover as outlined in section 7.5 on page 139. If your Income Cover is wholly held inside superannuation and the Indexation increase would mean that your Monthly Cover Amount is greater than 100% of your Pre-Disability Income, you will not be eligible to receive the full Monthly Cover Amount, but could be paying premiums for that amount. You can inform us that you reject Indexation to avoid paying unnecessary premiums for benefits you may not be eligible to receive. You should consider if Indexation of your benefit is an appropriate option for you.

You should also consider the information about risks of holding insurance through MetLife Protect Super on pages 95 to 96.

MetLife Protect Super

MetLife Protect Super provides you with the option to set up your insurance cover inside superannuation as a member of the MetLife Australia Superannuation Fund, a division of the Smart Future Trust. If you choose to take out insurance through MetLife Protect Super, there are some key things you should be aware of, including the following:

- by applying for MetLife Protect Super, you are applying to become a member of the MetLife Australia Superannuation Fund. Your insurance Policy will be held by the Trustee of the Fund on your behalf, and your contributions or rollovers into the Fund are used to pay your insurance premiums;
- not all cover types are allowed to be held inside superannuation under superannuation law – see 'Structuring your cover inside and outside superannuation' on page 26; and
- if we pay a claim, benefits are paid to the Trustee. The release of these benefits to you may be subject to certain restrictions under the Trust Deed and superannuation laws.

For further information on MetLife Protect Super refer to pages 90-97.

Types of insurance available

Throughout this PDS, the following symbols will show where a type of cover, benefit, feature, definition, Extra Cost Option or Extras Cover is available inside or outside superannuation, or both:

S SUPER NS NON-SUPER

Product and marketing material

We, and our related companies, may use your personal information to let you know about the products and services we offer. You can opt out of receiving these marketing communications by calling our Customer Experience Team on 1800 523 523 or by sending an email to auprotect@metlife.com.

For information on the Trustee's use of personal information associated with MetLife Protect Super, refer to pages 88-89.

Complaints about MetLife Protect

We are committed to handling your enquiries, feedback and complaints in an objective, reasonable and timely manner. Our internal dispute resolution process is outlined below:

1. First, contact us to tell us about your complaint:
   Customer Experience Team
   GPO Box 3319
   Sydney NSW 2001
   Phone: 1800 523 523
   Email: auprotect@metlife.com
   Your complaint will be acknowledged within 24 hours of our receipt or as soon as practicable.
2. We will look into your complaint and get in touch with you to try and resolve it. If your complaint remains unresolved or requires specialist attention, it can be escalated to the Customer Relations Team (CRT) by us, or at your request. The CRT is also contactable at the same details. Your complaint will be reviewed, and we will respond with an outcome within 30 days.
3. If you aren't satisfied with the outcome or a response is not received within 30 days, you can contact the Australian Financial Complaints Authority (AFCA) and ask that they investigate your complaint on your behalf.

AFCA provides a fair and independent complaint resolution service that is free to consumers. Its purpose is to assist in the resolution of complaints arising out of consumers' interactions with the financial services industry, including the provision of financial advice and financial products and services.

You can contact AFCA at:

Australian Financial Complaints Authority
GPO Box 3, Melbourne VIC 3001
Phone: 1800 931 678
Email: info@afca.org.au
Fax: (03) 9613 6399
Online: www.afca.org.au

The complaints process for MetLife Protect Super is described on page 96. We assist the Trustee of the Fund in handling complaints associated with insurance cover provided through the Fund in a manner that is consistent with our internal dispute resolution process.

If you don't provide correct information

If you don't provide true and correct answers to questions in your application for insurance cover or any variation to your cover, it could result in your claim being rejected or a reduction in your benefit amount. For more information, please refer to the 'Your duty to take reasonable care not to make a misrepresentation' section on the next page.



Your duty to take reasonable care not to make a misrepresentation ('Duty to take Reasonable Care')

When you apply for life insurance, we will ask you a number of questions.

Our questions will be clear and specific. They will be about things such as your health and medical history, occupation, income, lifestyle, pastimes, and other insurance.

The answers given in response to our questions are very important. We use them to decide if we can provide cover to you and, if we can, the terms of the cover and the premium we will charge.

Care must be taken to answer all questions we ask as part of your insurance application honestly and accurately.

Otherwise, you may not be able to rely on your insurance when it's needed the most.

The duty to take reasonable care not to make a misrepresentation

When applying for insurance, there is a duty to take reasonable care not to make a misrepresentation.

A misrepresentation could be made if an answer is given that is false, only partially true, or that does not fairly reflect the truth. This means when answering our questions, you should respond fully, honestly and accurately.

The duty to take reasonable care not to make a misrepresentation applies any time you answer our questions as part of an initial application for insurance, an application to extend or make changes to existing insurance, or an application to reinstate insurance.

This duty continues until MetLife accepts your application for insurance and issues a policy schedule.

You are responsible for all answers given, even if someone assists you with your application.

We may later investigate the answers given in your application, including at the time of a claim.

Consequences of not complying with the duty

If there is a failure to comply with the duty to take reasonable care not to make a misrepresentation, it can have serious consequences for your insurance, such as those explained below:

Potential consequences	Additional explanation	Impact on claims
Your cover being avoided.	This means your cover will be treated as if it never existed.	Any claim that has been made will not be payable.
The amount of your cover being changed.	Your cover level could be reduced.	If a claim has been made, a lower benefit may be payable.
The terms of your cover being changed.	We could, for example, add an exclusion to your cover meaning claims for certain events will not be payable.	If a claim has been made for an event that is now excluded, it will not be payable.

If we believe there has been a breach of the duty to take reasonable care not to make a misrepresentation, we will let you know our reasons and the information we rely on and give you an opportunity to provide an explanation. In determining if there has been a breach of the duty, we will consider all relevant circumstances. The rights we have if there has been a failure to comply with the duty will depend on factors such as what we would have done had a misrepresentation not been made during your application process and whether or not the misrepresentation was fraudulently made.

If we decide to take some action on your cover, we will advise you of our decision and the process to have this reviewed or make a complaint if you disagree with our decision.

Guidance for answering our questions

When answering our questions, please:

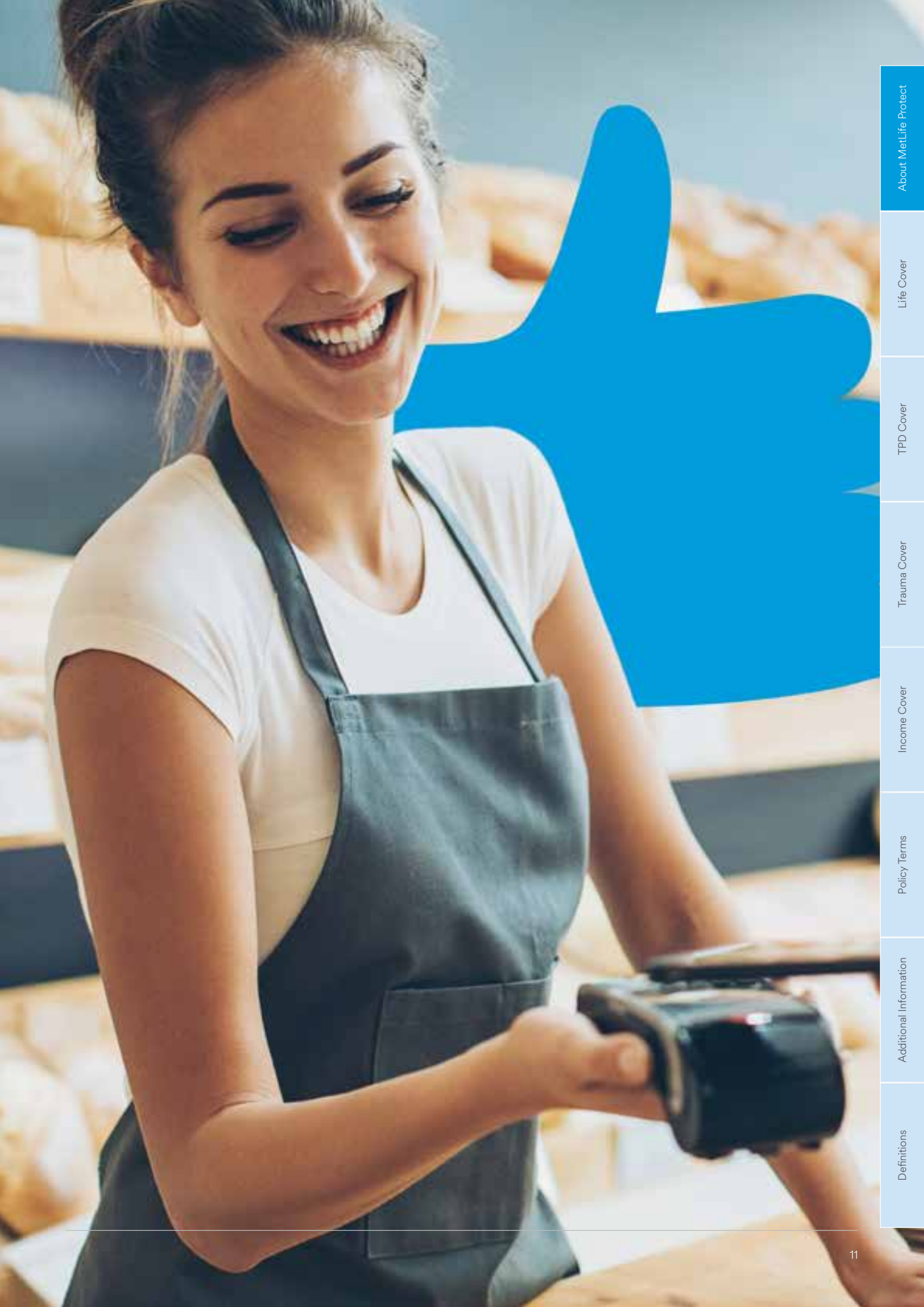
- think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.
- answer every question that we ask you.
- do not assume that we will contact your doctor for any medical information.
- answer truthfully, accurately, and completely. If you are unsure about whether you should include information, please include it or check with us.
- review your application carefully. If someone else helped prepare your application (for example, your Financial Adviser), please check every answer (and make corrections if needed) before the application is submitted.

Other important information

If the application is accepted, the Policy will be a 'consumer insurance contract'.

Before your cover starts, we may ask about any changes that mean you would now answer our questions differently. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

If, after the cover starts, you think you may not have met your duty, please contact us immediately and we will let you know whether it has any impact on your cover.



Support during your time of need



Often at the time a person takes out life insurance, their focus is on protecting what they've worked so hard to achieve, and that can mean a lot more than providing financial protection. The Life Insured's mental and physical wellbeing, their skills and education, the connections they have with friends, loved ones and colleagues – each of these are building blocks in creating the foundation for their success. We understand this at MetLife. That's why we provide more than just financial security when the unexpected occurs. Our approach is designed to support our customers and who they love, to deal with life's challenges when it's needed most.

Holistic support

Our approach aims to understand the Life Insured as a whole person, not just limiting focus to the immediate cause of their situation. We centre on their ability, instead of their disability, by providing access to services including rehabilitation, health services and other third parties that can help get life back on track or at least support the Life Insured in their time of need. Access to these services may be available for TPD Cover and Income Cover customers after considering whether they may be appropriate to the situation and are permitted under relevant laws. Our aim is to support the Life Insured with achieving the best possible health outcome. These services are offered, and may be provided, by MetLife. They are not offered or provided by the Trustee of the Fund.

A holistic approach to claims management



Early support

Support at the first manifestation of symptoms with advice, information and access to services to maintain health, support work and establish management mechanisms.



Care

We offer support, advice and services to you in your time of need.



Skills and retraining

Our approach to occupational rehabilitation includes an assessment of skills, and may involve funding a course of study or retraining.



Connection

There are many services and support groups which we will be able to introduce claimants to for broader support.



Return to health

We focus on your ability and health by providing support and where necessary external rehabilitation services for a return to work.

Full terms and conditions apply as waiting periods may apply and rehabilitation is completely discretionary.

A proactive approach

We believe that receiving the right treatment, at the right time, is crucial in achieving the best recovery. Evidence shows that the longer people wait before seeking help, the harder it can be to return to health.

That's why, once you have notified us of a claim, we can discuss proactive health strategies and services aimed at supporting the best possible health outcome.

Support services

Once you have notified us of a claim, there are a number of services that may be provided at our discretion, to help you or the Life Insured plan ahead and get the Life Insured back on their feet. Whether it is help with personal challenges or planning support, we may be able to help you find the assistance you need. Our service offering includes access to the following, at no additional cost to you:

Early intervention NS

If the Life Insured is struggling with mental health concerns such as depression or anxiety, we may be able to connect them with our partners who offer a functional approach to mental health and can help them on the road to recovery.

Where mutually agreed, we will arrange for the costs of a program to support the Life Insured's recovery to be paid directly to our partners, up to a total maximum of $5,000 across all MetLife Policies, for each Life Insured.

The Life Insured should first speak with their doctor about their situation and consider the support which is appropriate for them.

Grief counselling NS

We may provide short term support services to assist the Life Insured cope with loss.

If the Life Insured is Diagnosed with a Terminal Illness, we can facilitate the Life Insured attending up to 10 grief counselling sessions. The sessions will be arranged by MetLife with an accredited counsellor of the National Association for Loss and Grief (NALAG). The maximum amount we will pay for grief counselling is $1,500 across all Policies for the Life Insured, and payment will be made directly to the provider. Counselling is facilitated at our discretion.

Financial advice after claim NS

If we pay you or your Nominated Beneficiary a benefit under Life Cover, TPD Cover and/or Trauma Cover on a Policy outside superannuation, we will pay up to $5,000 to help cover the fees associated with the preparation of a financial plan, by a Financial Adviser for you or a Nominated Beneficiary (in the event of the Life Insured's death). Payment will be made directly to the provider.

This service remains available for up to 12 months after a claim payment. A detailed invoice must be provided containing the services provided and the costs.

This is available only once for any one Life Insured across all MetLife Protect Policies and is not available for a Policy inside superannuation.

Claims management expenses benefit NS

When you lodge a claim on your Income Cover Policy and seek professional services from an accountant to collate financial evidence to support your claim, we may pay up to the lesser of your Monthly Cover Amount or $3,000 towards those accounting expenses. The reimbursed expenses are limited to those incurred to evidence or support your claim. They specifically exclude expenses that would have been incurred through the regular course of Business (e.g. annual tax returns).

A detailed invoice must be provided outlining the services provided as evidence of the costs incurred. This benefit, up to a maximum of $3,000 is only payable once per Life Insured.

The expenses will only be paid if the claim is accepted by MetLife. Where the associated claim is declined, this benefit will not be paid.

If you need to contact us to make a claim

Your Policy Terms set out your eligibility to claim.

If you are unsure whether you can claim, please speak to your Financial Adviser. Alternatively, let us know and we will see if there is a way your Policy can help you. We aim to provide simplicity, clarity and support when providing our services.

Wherever possible, we will help the Life Insured with any rehabilitation or counselling which may help their recovery. The earlier you contact us, the better we can help you.

If your Beneficiaries or legal representative needs to make a claim under your Policy, contact us as soon as possible by:

Email: auprotect@metlife.com
Phone: 1800 523 523
MetLife Insurance Ltd
GPO Box 3319
Sydney NSW 2001

We will talk you through the claims process and work with you to collect the relevant information we need to assess your claim.

Available cover types

Because people have different goals and objectives, we offer you the choice to build your insurance by making cover selections as described on the next page.

MetLife Protect and MetLife Protect Super lets you build on the four Standard Cover types with a range of Extra Cost Options and Extras Covers. These Extra Cost Options and Extras Covers provide enhanced benefits at an additional cost to you.



Choose your Standard Covers from the top row to support your financial and lifestyle goals. For Life Cover, TPD Cover and/or Income Cover you can decide to structure these Standard Covers inside or outside of superannuation (see page 26). You can then consider if any of the available Extra Cost Options and/or Extras Covers are right for your situation.

Life Cover

Helps manage outstanding debts (i.e. a mortgage or business loan) and protect your family's future.

- Specified Events Option
- Premium Waiver Disability Option
- **Business Extras** — Supports your business succession plan.

TPD Cover

Helps manage outstanding debts (similar to Life Cover) and safeguard against disability which prevents you from working ever again in Any Occupation.

- Life Cover Purchase Option (Standalone TPD)
- Life Cover 14-day Buy Back Option (TPD)
- Life Cover 12-month Buy Back Option (TPD)
- Double Benefit Option (TPD)
- Own Occupation Option
- Premium Waiver Disability Option

Trauma Cover

Provides a financial buffer for the expenses associated with a range of medical conditions.

- Life Cover Purchase Option (Standalone Trauma)
- Life Cover Buy Back Option (Trauma)
- Double Benefit Option (Trauma)
- Trauma Cover Reinstatement Option
- Premium Waiver Disability Option
- **Trauma Plus Extras** — Offers enhanced trauma insurance with a greater degree of financial support for certain cancers and heart conditions.
- **Child Cover Extras** — Covers your children diagnosed with specified serious Illnesses.

Income Cover

Provides replacement for lost income if you are out of action and unable to work due to Illness, Injury or surgery.

- Claim Indexation Option
- Superannuation Contribution Option
- **Disability Extras** — Broadens the definition of Partial Disability and pays an additional benefit when suffering a Trauma Condition. Only available with a 30-day, 60-day or 90-day Waiting Period.

Standard Cover shaded in blue can be provided as non-superannuation or superannuation Policies.

Standard Cover shaded in green is not available inside superannuation and must be provided as a non-superannuation Policy, but can be attached as Super Linked Cover to superannuation.

Extras Covers are not available inside superannuation.

- Standard Cover (Inside and outside super)
- Standard Cover (Outside super)
- Extra Cost Options
- Extras Cover

- Inside super
- Outside super
- Inside and outside super

Applying for cover



General eligibility

To be eligible for insurance cover through MetLife Protect or MetLife Protect Super you and the Life Insured must be an Australian Resident, that is an Australian or New Zealand citizen, or an Australian permanent resident. You and the Life Insured must have received this PDS and be applying for cover while in Australia. Acceptance of the application is at our discretion. To apply for insurance cover through MetLife Protect Super, you (the Life Insured) must also provide your tax file number - please refer to page 93.

Entry age and cover expiry age

Insurance cover is only available if the Life Insured meets entry age criteria. Insurance cover ceases once the Life Insured reaches the expiry age. The Life Insured's entry age and expiry age criteria are shown in the table below.

Table 1: Cover entry and expiry ages for Standard and Extras Cover

Cover type	Premium type	Standard cover		Extras cover[1]
		Entry age	Expiry age	Entry age
Life Cover	Variable Age-Stepped	15-73	130[2]	15-60
	Fixed Term Option (for 5 or 10 years)	15-54		15-54
	Variable (to age 65 or to age 70)	15-59		15-59
TPD Cover	Variable Age-Stepped	15-64	75	15-60
	Fixed Term Option (for 5 or 10 years)	15-54		15-54
	Variable (to age 65 or to age 70)	15-59		15-59
Trauma Cover	Variable Age-Stepped	15-64	75	Trauma Plus Extras – 15-64 Child Cover Extras – 15-60
	Fixed Term Option (for 5 or 10 years)	15-54		15-54
	Variable (to age 65 or to age 70)	15-59		15-59
Income Cover	Variable Age-Stepped	15-59	65	15-59
	Variable (to age 65)			

1. *All Extras Cover (except Trauma Plus Extras Cover) expires when the Life Insured turns 65. Trauma Plus Extras Cover will expire when the Life Insured turns age 70.*
2. *Life Cover in MetLife Protect Super will end at age 75 if you are paying premiums via personal contribution (and are unable to make a change to enable premium payment via rollover). Refer to page 91 for more information.*

Table 2: Extra Cost Options entry and expiry ages

	Extra Cost Options	Premium Type - Entry Ages				Expiry Age
		Variable Age-Stepped	Variable (to age 65)	Variable (to age 70)	Fixed Term Option (for 5 or 10 years)	
Life Cover	Specified Events Option	15-60	15-59	15-59	15-54	65
	Premium Waiver Disability Option	15-60	15-59	15-59	15-54	65
TPD Cover	Life Cover 14-day Buy Back Option (TPD)	15-64	15-59	15-59	15-54	75
	Life Cover 12-month Buy Back Option (TPD)	15-64	15-59	15-59	15-54	75
	Own Occupation Option	15-60	15-59	15-59	15-54	65
	Premium Waiver Disability Option	15-60	15-59	15-59	15-54	65
	Life Cover Purchase Option (Standalone TPD)	15-60	15-59	15-59	15-54	65
	Double Benefit Option (TPD)	15-60	15-59	15-59	15-54	65
Trauma Cover	Life Cover Buy Back Option (Trauma)	15-64	15-59	15-59	15-54	75
	Trauma Cover Reinstatement Option	15-64	15-59	15-59	15-54	75
	Premium Waiver Disability Option	15-60	15-59	15-59	15-54	65
	Life Cover Purchase Option (Standalone Trauma)	15-60	15-59	15-59	15-54	65
	Double Benefit Option (Trauma)	15-60	15-59	15-59	15-54	65
Income Cover	Claim Indexation Option	15-59	15-59	Not available	Not available	65
	Superannuation Contribution Option	15-59	15-59	Not available	Not available	65

What do we mean by an Occupation Class?

When you apply for cover we will assign the Life Insured with an Occupation Class, which is a category based upon the Life Insured's current occupation. If you have TPD Cover and/or Income Cover, the Life Insured's Occupation Class will be shown on your Policy Schedule or any other Important Documents.

The Occupation Class may determine the types of cover the Life Insured is eligible for (detailed in Table 3 below), and may also impact the premium you pay or the Benefit Period applicable to Income Cover.

Table 3 outlines the different Occupation Classes that may be assigned. Please contact us if you need more information on Occupation Classes and how the Life Insured might be classified.

Table 3: Occupation Classes described

Occupation Class	Summary	Description
P	Professionals	Degree-qualified white collar professionals and high income earning senior business executives.
G	Gold	Qualified professionals within the medical and legal profession.
W	White	Clerical and managerial occupations.
L	Light Blue	A broad range of occupations with low physical activity.
B	Blue	Qualified trades with a minimum two years' experience, not working at heights above 10 metres.
D	Dark Blue	A broad range of blue collar occupations, including trades without full qualifications.
R	Red	Other occupations including high risk occupations that are eligible for cover subject to benefit limitations.
O	Orange	Occupations not eligible for Income Cover.

Minimum and maximum cover amounts

Table 4 below lists the minimum and maximum cover amounts available at application depending on the Occupation Class, where the Life Insured's occupation is relevant to determine eligibility for insurance cover.

Once a Policy is in force, cover may exceed the maximums stated below, due to Indexation.

Table 4: Minimum and Maximum Cover[1] Amounts

<table>
<tr><th rowspan="2"></th><th colspan="8">Occupation Class</th></tr>
<tr><th>P</th><th>W</th><th>G</th><th>L</th><th>B</th><th>D</th><th>R</th><th>O</th></tr>
<tr><td>Income Cover[4]</td><td colspan="6">Minimum Monthly Cover Amount $1,500 (excluding superannuation)
Maximum Monthly Cover Amount the lower of $30,000 (excluding superannuation) and:
• 70% of the first $300,000 of the Life Insured's annual Income; plus
• 50% of the next $200,000 of the Life Insured's annual Income; plus
• 25% of the remaining earnings of the Life Insured's annual Income.[1]</td><td colspan="1">Minimum Monthly Cover Amount $1,500 (excluding superannuation)
Maximum Monthly Cover Amount the lower of $5,000 (excluding superannuation) and 70% of the Life Insured's Monthly Income.</td><td>Not eligible for Income Cover</td></tr>
<tr><td>Life Cover</td><td colspan="8">Minimum cover amount $50,000
No maximum for Life Cover[1]</td></tr>
<tr><td>TPD Cover[3]</td><td colspan="8">Minimum cover amount $50,000
Maximum cover amount $5,000,000[1,2]</td></tr>
<tr><td>Trauma Cover</td><td colspan="8">Minimum cover amount $30,000
Maximum cover amount $2,000,000[1,2]</td></tr>
</table>

1. *We may limit the maximum cover amount for each cover further according to financial need and the total insurance cover the Life Insured holds.*
2. *If applying for TPD Cover or Trauma Cover after the Life Insured's 60th birthday, the maximum cover amount is $1,000,000.*
3. *Minimum 15 hours worked per week is required to be eligible for the TPD Cover - Any Occupation Benefit, TPD Cover – Limited Earnings Benefit offered under Standard TPD Cover and/or any TPD Extra Cost Options.*
4. *Additional limitations apply to Income Cover:*
   - *Benefit Period selections are restricted for some Occupation Classes. Table 5 shows more detail around Benefit Period selection criteria.*
   - *Minimum 15 hours worked per week is required when applying for Income Cover.*

Table 5 below lists the Benefit Periods available for Income Cover depending on the Occupation Class.

Table 5: Benefit Period selection criteria

Life Insured's Occupation Class	Income Cover - Benefit Periods available for Occupation Classes			
	1 year	2 years	5 years*	To age 65*
P G W	✓	✓	✓	✓
L B	✓	✓	✓	✓
D	✓	✓	✓	✗
R	✓	✗	✗	✗
O	✗	✗	✗	✗

Income Cover (70 to 60) is only offered with 5 years and To age 65 Benefit Periods.



Eligibility for Extra Cost Options

Table 6 below outlines eligibility criteria for Extra Cost Options.

Table 6: Life Insured eligibility for Extra Cost Options

Note: both Employment Type and Occupation Class criteria must be met to access the specified Extra Cost Options.

	Employment Type				Occupation Class							
	Employee	Business Owner*	Sole Trader*	Non-working	P	W	G	L	B	D	R	O
Life Cover												
Specified Events Option	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓
Premium Waiver Disability Option	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✗	✗
TPD Cover												
Life Cover 14-day Buy Back Option (TPD)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓
Life Cover 12-month Buy Back Option (TPD)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓
Own Occupation Option	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✗	✗
Premium Waiver Disability Option	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✗	✗
Life Cover Purchase Option (Standalone TPD)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓
Double Benefit Option (TPD)	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✗	✗
Trauma Cover												
Life Cover Buy Back Option (Trauma)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Trauma Cover Reinstatement Option	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Premium Waiver Disabilty Option	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✗	✗
Life Cover Purchase Option (Standalone Trauma)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Double Benefit Option (Trauma)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Income Cover												
Claim Indexation Option	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✗	✗
Superannuation Contribution Option	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✗	✗

Business Owner and Sole Trader Employment Type includes self-employed individuals.

Eligibility for Extras Cover

Table 7 below outlines eligibility criteria for Extras Cover.

Table 7: Life Insured eligibility for Extras Cover

Note: both Employment Type and Occupation Class criteria must be met to access the specified Extras Cover.

	Employment Type				Occupation Class							
	Employee	Business Owner*	Sole Trader*	Non-working	P	W	G	L	B	D	R	O
Life Cover Extras												
Business Extras	✗	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✗
Trauma Cover Extras												
Trauma Plus Extras	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Child Cover Extras	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Income Cover Extras												
Disability Extras	✓	✓	✓	✗	✓	✓	✓	✓	✓	✗	✗	✗

Business Owner and Sole Trader Employment Type includes self-employed individuals.

When your Policy ends

Your Policy will end on the earliest of:

- the date you cancel all covers or the Policy;
- the date we cancel the Policy because you have not paid the premiums when due;
- the date that Linked Cover, Extra Cost Option or Extras Cover has ended or been cancelled, if the covers under the Policy are unable to exist separately to those on the Linked Policy (for example, if a Policy with Standard Cover ends, any associated Extras Cover or Extra Cost Options on a separate Policy must also end);
- the date all covers under the Policy end for any reason, including reaching expiry age, benefit payment or cancellation;
- the Policy Expiry Date shown on the Policy Schedule or any other Important Documents (if applicable);
- the date of the Life Insured's death; or
- the date we cancel and/or avoid cover in accordance with our legal rights (such as rights we have under the Life Insurance Act 1995 (Cth) or the Insurance Contracts Act 1984 (Cth).

If your insurance is provided through MetLife Protect Super, your Policy will also end when:

- superannuation law requires us to cease your cover unless you have otherwise elected in writing to maintain your cover;
- you cease to be a member of the Fund; or
- you are no longer eligible to make personal contributions to the Fund as prescribed under superannuation law (unless you are able to meet your premium payments from rollovers from another superannuation fund). In this case, we may accept an application from you, without underwriting, for your cover to continue on the same terms under a non-superannuation Policy, subject to requirements being met.

For MetLife Protect Super, if you are unable to provide a valid TFN for the relevant Life Insured we will treat the cover and any Policy in relation to that Life Insured as never having commenced. This means there will be no cover available for the relevant Life Insured.



Superannuation and non-superannuation policies

MetLife Protect and MetLife Protect Super provide you with the flexibility to structure your insurance cover inside and outside superannuation.





Insurance inside superannuation

Insurance policies within a superannuation fund are owned by the trustee of the superannuation fund. Rollovers (where applicable) and your contributions to the superannuation fund are used to pay your insurance premiums.

All insured benefits that are paid, will be paid to the trustee.

The release of these benefits by the trustee will be subject to the fund's trust deed and eligibility criteria to release the benefits under the relevant superannuation laws.

There may be tax advantages for taking out your insurance cover through a superannuation fund.

Not all cover types are allowed to be held inside superannuation under superannuation law – see 'Structuring your cover inside and outside superannuation' on page 26.

You can still have any other cover you need with a Policy that is held outside superannuation, which you will need to pay for directly.

MetLife Protect Super

You become a member of the Smart Future Trust, through the insurance-only division known as the MetLife Australia Superannuation Fund.

This enables you to structure your insurance inside superannuation with a MetLife Protect Super Policy. The owner of your Policy will be the Trustee of the Fund, Equity Trustees Superannuation Limited.

Refer to pages 90-97 for details.

Self-Managed Superannuation Fund (SMSF)

You are a member of a SMSF and your MetLife Protect Policy is issued to the trustee(s) of your SMSF.

Insurance outside superannuation

Any Policy that is not owned by the trustee of a superannuation fund is referred to as 'non-superannuation'. All cover types are available to be held under a non-superannuation Policy.

A non-superannuation Policy may be self-owned, jointly owned, owned by another individual or by a corporate entity.

You can nominate up to five individual Policy Owners on a jointly owned, non-superannuation Policy. Please note, that joint ownership is not available for policies with Income Cover.

The tax treatment of a Policy may vary depending on whether the Policy is self-owned or if it is owned by a corporate entity or another individual/s.

Benefits will be paid to the Policy Owner/s (or to the Nominated Beneficiaries).

Self-owned

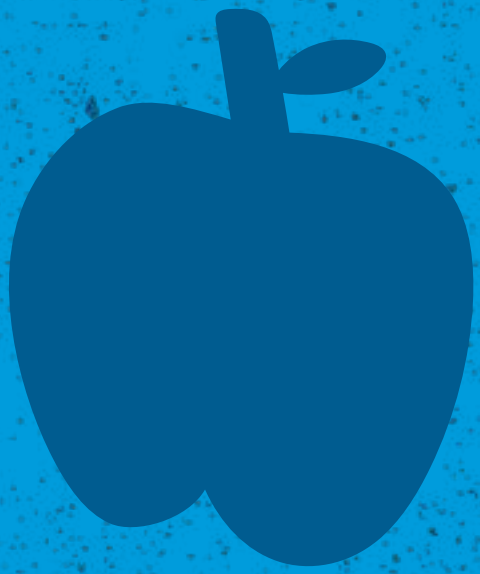
Self-ownership means the Life Insured is the Policy Owner.

Not self-owned

Not self-owned means the Policy is:

- owned by an individual who is not the Life Insured;
- jointly owned by up to five individuals (not available for Income Cover); or
- owned by a corporate entity.

Structuring your cover inside and outside superannuation



Structuring your cover

MetLife Protect and MetLife Protect Super offers multiple ways on how you can structure your cover/s across one or multiple Policies both inside and/or outside superannuation. There are three ways that you can structure your cover/s:

1. **Standalone Cover** (explained on this page and defined on page 151);
2. **Linked Cover** (explained below on pages 26 to 28 and defined on page 147); and
3. **Super Linked Cover** (explained on pages 31 to 33 and defined on page 152).

1. Standalone Cover

Standalone Cover does not require any other covers to be held on the Life Insured. It is not Linked to any other cover inside or outside superannuation and allows benefits to be paid without reducing the benefit amount for any other cover that you may hold.

You can hold Standalone Life Cover, TPD Cover and Income Cover both inside and outside superannuation, however, due to superannuation law, Trauma Cover cannot be held inside superannuation.

Example:

Paul has a Policy with $500,000 Life Cover linked to $500,000 of TPD Cover. He also has a Standalone Trauma Cover of $500,000. Paul has a TPD claim, which when paid out, reduces his Life Cover and TPD Cover Amounts to zero. As Paul also has a Standalone Trauma Cover, the Trauma Cover benefit amount remains unaffected by the TPD claim and does not reduce. In effect, Paul still has his Standalone Trauma Cover in place after the TPD Cover and Life Cover benefit amount reduces to zero.

2. Linked Cover

Under Linking arrangements, claiming under one Linked Cover cancels or reduces any other Linked Cover Amount. For example, a TPD Cover benefit payment would reduce any Life Cover Amount it was Linked to, by the benefit amount paid.

Linking is an important consideration in setting up cover in your Policy/Policies. You can choose to Link your TPD Cover and/or Trauma Cover with your Life Cover.

Linked Cover can save you money on premiums, while still enabling you to protect a broad range of insured events.



Note, that references to Linking in this section do not apply to Extra Cost Options or Extras Covers and their associated Standard Covers, or Super Link structure explained on page 31.

Why choose Linked Cover?

Linking TPD and/or Trauma Cover to Life Cover:

Linking TPD and/or Trauma Cover to Life Cover can be more cost-effective than Standalone Cover, but has limitations after a claim, as described later in this section.

Your Financial Adviser can help illustrate the differences between Linked Cover and Standalone Cover for you.

At MetLife we recognise that once the Life Insured has suffered an Illness or Injury and received a TPD or Trauma Cover benefit payment, the Life Cover you hold becomes even more valuable. Our product design gives you the option to continue Life Cover following a TPD or Trauma Cover benefit payment, where you have purchased the Life Cover 14-day Buy Back Option (TPD), Life Cover 12-month Buy Back Option (TPD), Life Cover Buy Back Option (Trauma), Double Benefit Option (TPD) or Double Benefit Option (Trauma), without a reduction in the Life Cover Amount. Instead, the Life Cover continues with an Accidental Injury Cover definition until the full Life Cover is restored, as described later in this section.

How Linked Cover works

Linking TPD and/or Trauma Cover to Life Cover:

Linking is a relationship between Life Cover and TPD and/or Trauma Cover. In order to Link cover you must first hold Life Cover.

If you choose to Link your cover, you can select to Link TPD Cover or Trauma Cover (or both) to your Life Cover.

Example 1:

Consider a Policy with $1,000,000 Life Cover, $600,000 TPD Cover and $400,000 Trauma Cover.

If you choose to Link the TPD Cover and Trauma Cover to your Life Cover, the full TPD Cover Amount of $600,000 will be Linked to the Life Cover, along with the full Trauma Cover Amount of $400,000.

If you choose to Link TPD Cover and/or Trauma Cover to your Life Cover and either the TPD Cover and/or Trauma Cover Amounts are greater than your Life Cover Amount, the portion of TPD Cover and/or Trauma Cover Amounts which exceed your Life Cover Amount (or any cover you choose to not Link) will be issued on a Standalone basis.

Example 2:

Consider a Policy with $500,000 Life Cover and $600,000 TPD Cover.

If you choose to Link the TPD Cover to your Life Cover, a maximum TPD Cover Amount of $500,000 will be Linked to your Life Cover and the remaining $100,000 will be Standalone Cover.



While your Linked Covers do not need to have the same Cover Amounts, the Linked portion of your TPD Cover and/or Trauma Cover cannot exceed the Life Cover Amount.

Cover limitations after a claim

Life Cover benefit payment (impact on Linked Cover)

If the Life Insured dies your Life Cover ends. Your entire Policy (including any Linked TPD Cover and/or Linked Trauma Cover) will also end. Note, if the Life Insured is Diagnosed with a Terminal Illness and the total Life Cover Amount is paid, any Standalone TPD Cover and/or Standalone Trauma Cover will continue.

TPD Cover benefit payment (impact on Linked Cover)

If a benefit is paid under TPD Cover (partially or in full), your TPD Cover will either be reduced or it will end. Your corresponding Life Cover and/or Linked Trauma Cover Amounts will also be reduced by an amount equal to the TPD Cover benefit paid.

If you have the Life Cover 14-day Buy Back Option (TPD), Life Cover 12-month Buy Back Option (TPD) or Double Benefit Option (TPD), your corresponding Linked Life Cover Amount will not be reduced. Instead, an Accidental Injury Cover definition will apply to the amount of Life Cover (including any associated Extra Cost Options and/or Extras Cover) that corresponds with the amount of TPD Cover that was paid. Refer to the Accidental Injury Cover definition (on page 144) for details on when this will cease following the TPD Cover benefit payment. For more information on the Accidental Injury Cover definition, see "**What is Accidental Injury Cover?**" on page 30.

Reduction of cover amount on Linked cover

If we pay the claim (partial or full), the cover amount of the Linked cover will be reduced from the Date of Disablement.

Trauma Cover benefit payment (impact on Linked Cover)

If a Tier 1, Tier 2 or Tier 3 Benefit is paid under Trauma Cover and you do not have the Trauma Cover Reinstatement Option, your Trauma Cover will either be reduced or it will end. Your corresponding Life Cover and/or Linked TPD Cover will also be reduced by an amount equal to the Trauma Cover benefit paid.

If you have the Life Cover Buy Back Option (Trauma) or Double Benefit Option (Trauma), your corresponding Linked Life Cover Amount will not be reduced. Instead, an Accidental Injury Cover definition (on page 144) will apply to the amount of Life Cover (including any associated Extra Cost Options and/or Extras Cover) that corresponds with the amount of Trauma Cover that was paid. The Accidental Injury Cover definition (on page 30) will cease to apply for the Life Cover Buy Back Option (Trauma) 12 months following the Trauma Cover benefit payment and for the Double Benefit Option (Trauma) 14 days following the full Trauma Cover benefit payment.

For more information regarding how long Accidental Injury Cover will apply for, see "**Duration of the Accidental Injury Cover definition**" on page 30.

Reduction of cover amount on Linked cover

If we pay the claim (partial or full), the cover amount will be reduced from the date you meet the Trauma Condition for the Linked cover.

Order of claims assessment (Linked and Standalone Covers)

If your TPD Cover is made up of both Linked and Standalone Cover and a benefit is payable, any partial reduction to your TPD Cover Amount (as a result of a benefit payment) will be made from your Standalone TPD Cover first. It is only where a payment also decreases your Linked TPD Cover that there is an impact on any corresponding Life Cover and/or Linked Trauma Cover.

If your Trauma Cover is made up of both Linked and Standalone Cover and a benefit becomes payable, then any benefit payment will be made under your Standalone Cover first. It is only where a benefit payment also occurs from your Linked Trauma Cover that there will be any impact on any corresponding Life Cover and/or Linked TPD Cover.

Example 1 – a partial TPD Cover benefit payment

Consider a Policy with $500,000 Life Cover and $500,000 Linked TPD Cover where the Life Cover 14-day Buy Back Option (TPD) applies.

If a partial benefit payment of $125,000 is made under Linked TPD Cover, the TPD Cover Amount will reduce to $375,000. The Life Cover Amount remains at $500,000; however, $125,000 of this (an amount matching the TPD Cover benefit payment) will be restricted to Accidental Injuries only.



For information regarding the Accidental Injury Cover and how long the limitation will apply for, see "**Duration of the Accidental Injury Cover definition**" on page 30.

Example 2 – a full TPD Cover benefit payment

Consider a Policy with $500,000 Life Cover and $500,000 Linked TPD Cover where the Life Cover 14-day Buy Back Option (TPD) applies.

If a full benefit payment of $500,000 is made under Linked TPD Cover, the TPD Cover subsequently ends. The Life Cover Amount remains at $500,000, however, for the first 14 days the Life Cover benefit payments under Life Cover will be restricted to Accidental Injuries only.

For information regarding the Accidental Injury Cover and how long the limitation will apply for, see "**Duration of the Accidental Injury Cover definition**" later in this section on page 30.



What is Accidental Injury Cover?

Accidental Injury Cover:
Means an amendment to Standard Cover, Extra Cost Options and/or Extras Cover (as specified), whereby benefits will only be payable if a claim arises as a result of suffering a new Accidental Injury (i.e. one which occurs once the Accidental Injury Cover amendment has commenced applying).

Accidental Injury:
Means a bodily Injury sustained during the period of the Policy, solely and directly as a result of external, violent and visible means, arising from an event that is unintended and unexpected.

Suicide, self-inflicted Injury (whether intended or not), Injury arising from Illness, and Injury arising as a direct or indirect result of the Life Insured's criminal activity are excluded.

Accidental Injury Cover will apply as described below where you have purchased the:

- Life Cover 14-day Buy Back Option (TPD);
- Life Cover 12-month Buy Back Option (TPD);
- Life Cover Buy Back Option (Trauma);
- Double Benefit Option (TPD);
- Double Benefit Option (Trauma); and/or
- Trauma Cover Reinstatement Option.

Exceptions

In the event of a Linked TPD Cover benefit payment where the Life Cover 14-day Buy Back Option (TPD), Life Cover 12-month Buy Back Option (TPD) or Double Benefit Option (TPD) applies.

The Accidental Injury Cover definition (following a Linked TPD Cover benefit payment) does not apply to any benefits payable under:

- Child Cover Extras (available with Trauma Cover); and
- the Specified Events Option (available with Life Cover).

In the event of a Linked Trauma Cover benefit payment where the Life Cover Buy Back Option (Trauma) or Double Benefit Option (Trauma) applies.

The Accidental Injury Cover definition (following a Linked Trauma Cover benefit payment) does not apply to any benefits payable under the Specified Events Option (available with Life Cover).

More information on the Accidental Injury Cover definition

Premiums

Your premiums will continue to be payable as your cover continues following a Linked TPD and/or Linked Trauma benefit payment. In addition, your premiums will not be impacted or adjusted as a result of the Accidental Injury Cover definition applying.

Duration of the Accidental Injury Cover definition

Life Cover

The Accidental Injury Cover definition placed upon Life Cover (and any associated Extra Cost Options and/or Extras Cover) following a Linked TPD or Trauma Cover benefit payment will be applicable as follows:

- The limitation applies for 14 days after a Linked TPD Cover benefit payment, provided the Policy for TPD Cover includes the Life Cover 14-day Buy Back Option (TPD) or Double Benefit Option (TPD).
- The limitation applies for 12 months following a Linked TPD Cover claim payment provided the Policy for TPD Cover includes the Life Cover 12-month Buy Back Option (TPD).
- The limitation applies for 12 months following a Linked Trauma Cover claim payment provided the Policy for Trauma Cover includes the Life Cover Buy Back Option (Trauma).
- The limitation applies for 14 days following a full Linked Trauma Cover benefit payment, provided the Policy for Trauma Cover includes the Double Benefit Option (Trauma).

Trauma Cover

The Accidental Injury Cover definition placed upon Trauma Cover (and any associated Extra Cost Options and/or Extras Cover) following a Trauma Cover benefit payment will be applicable as follows:

- The limitation applies for 12 months following a Trauma Cover benefit payment if the Trauma Cover Reinstatement Option is purchased along with Standard Trauma Cover and applies to the Trauma Cover Amount equal to the Trauma Cover benefit paid. Please refer to Trauma Cover on page 54 for full details on how the Accidental Injury Cover definition applies to Trauma Cover following a Trauma claim.

Super Linked Covers

Superannuation law limits the insurance types that you can hold inside superannuation, and the circumstances under which an insurance benefit may be paid to you as the superannuation fund member.

Life Cover, TPD Cover or Income Cover can be purchased inside superannuation. Standard Trauma Cover is not available inside superannuation but may be obtained separately as Standalone or Linked Cover on a Policy held outside superannuation. Extras Covers are not available inside superannuation but may be obtained as attached or associated benefits to Standard Cover held inside or outside superannuation.

Structuring your cover inside and outside superannuation

Table 8: Cover type and ownership structure inside and outside superannuation

Cover type	Ownership structure
Linked TPD Cover	If you have your Life Cover inside superannuation, you can choose to have your Linked TPD Cover inside or outside superannuation. If you hold this cover outside superannuation it must be a self-owned Policy outside superannuation. Your Life Cover will be owned by the trustee of the relevant superannuation fund your Life Cover is held through.
Linked Trauma Cover	If you have your Life Cover inside superannuation, you can only choose to have Linked Trauma Cover outside superannuation. Any Linked Trauma Cover must be held in a self-owned Policy outside superannuation. Your Life Cover will be owned by the trustee of the relevant superannuation fund your Life Cover is held through.
Linked Income Cover	If you have your Income Cover inside superannuation, you can only choose to have Extras Cover outside superannuation. Your Standard Income Cover will be owned by the trustee of the relevant superannuation fund your Income Cover is held through. Any cover held outside superannuation must be a self-owned Policy.
Extra Cost Options	If you have Life Cover, TPD Cover and/or Income Cover inside superannuation, some corresponding Extra Cost Options permitted by superannuation law can be available in a Policy held inside superannuation. For the Extra Cost Options not available inside superannuation, they may be separately held in an associated, self-owned Policy outside superannuation. This ensures you have freedom to choose the Extra Cost Options you need, even when you choose to set up your Standard Cover inside superannuation. Some of the Extra Cost Options that are only available outside superannuation due to superannuation law are: • Own Occupation Option; • Specified Events Option; • Double Benefit Option (Trauma); • Life Cover Purchase Option (Standalone Trauma); • Trauma Cover Reinstatement Option; • Life Cover Buy Back Option (Trauma); and • Premium Waiver Disability Option (Trauma Cover). Where Life Cover and/or TPD Cover is held inside superannuation and corresponding Extra Cost Options have been taken out under a non-superannuation Policy, if entitlement to a benefit exists under both Policies, we will first assess your eligibility to claim under the cover provided inside superannuation before considering your eligibility to claim under the Extra Cost Options outside superannuation. The Extra Cost Options that are available both inside and outside superannuation are: • Life Cover 14-day Buy Back Option (TPD); • Life Cover 12-month Buy Back Option (TPD); • Life Cover Purchase Option (Standalone TPD); • Double Benefit Option (TPD); • Premium Waiver Disability Option (Life Cover and TPD Cover); • Claim Indexation Option; and • Superannuation Contribution Option.

Table 8 (continued): Cover type and ownership structure inside and outside superannuation

Cover type	Ownership structure
Extras Cover	If you have Life Cover, TPD Cover and/or Income Cover inside superannuation, any corresponding Extras Cover will still be available, however, it must be separately held in an associated, self-owned Policy outside superannuation. This ensures you have freedom to choose the Extras Cover you need, even when you choose to set up your Standard Cover inside superannuation. Under this arrangement, where Life Cover, TPD Cover and/or Income Cover is inside superannuation and corresponding Extras Cover has been taken out under a non-superannuation Policy, if entitlement to a benefit exists under both Policies, we will first assess your eligibility to claim under the cover provided inside superannuation before considering your eligibility to claim under the Extras Cover outside superannuation.

How Super Linked Cover works

If you wish to hold your cover inside superannuation (whether the MetLife Australia Superannuation Fund or your SMSF) and still benefit from additional features and benefits that are restricted by superannuation law, Super Linked Cover is your solution. This structure allows you to split your cover across two Policies held inside and outside superannuation.

Super Linked Cover provides access to additional benefits only available outside superannuation, while still funding your primary cover from superannuation. If your primary cover is inside superannuation and you purchase any of the Extras Covers, the Extras Covers will be held in a Policy outside superannuation.

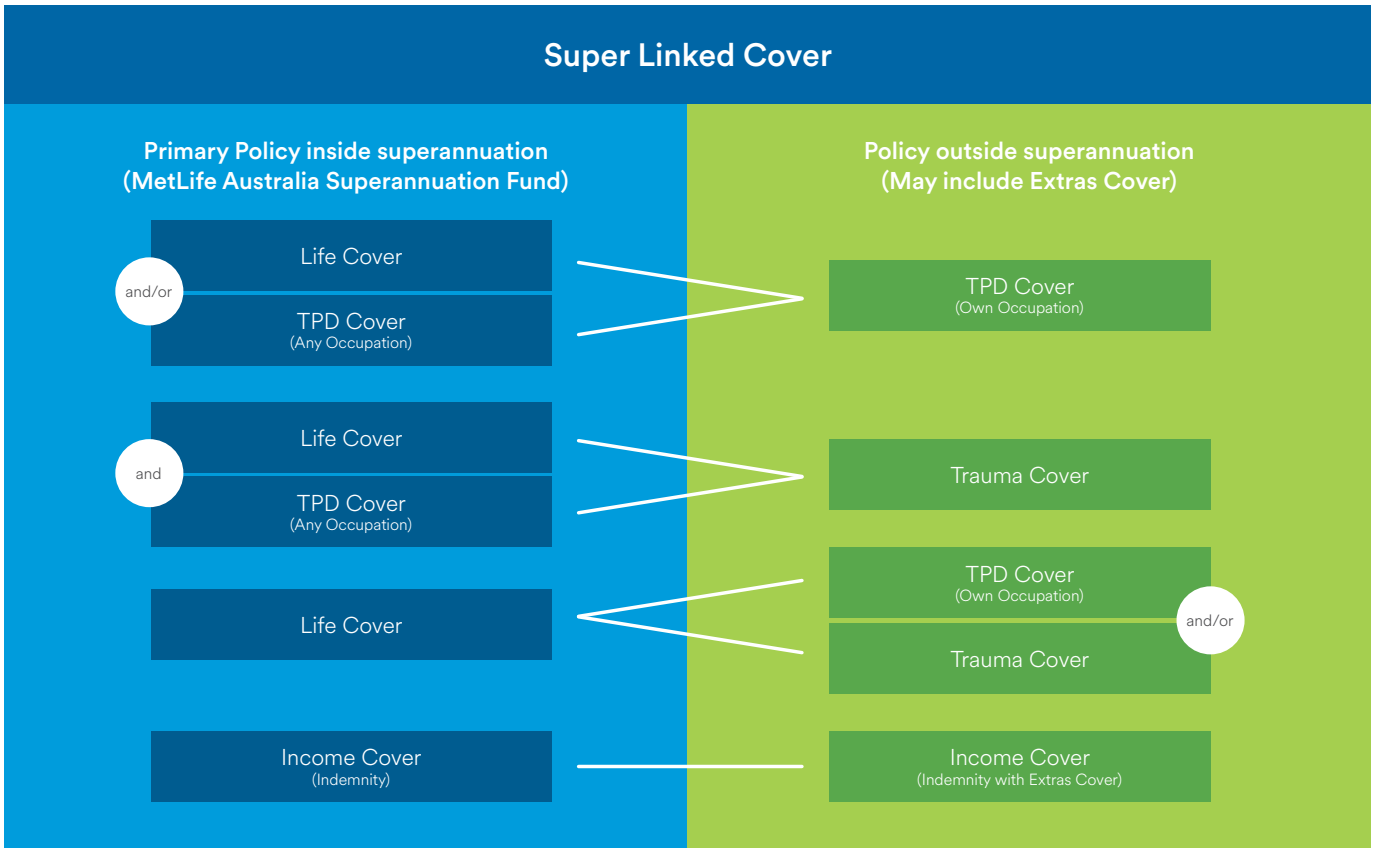
The total premium that you pay for Policies held inside and outside superannuation is the same that you would pay for a Policy wholly held outside superannuation.

The total benefits that you will be paid under both Policies may be the same as the total benefits that would have been paid under a Policy wholly held outside superannuation.

Policy Ownership

There will be two different Policy Owners on the two Policies. Your Policy inside superannuation will be owned by the trustee of the relevant superannuation fund and the Policy outside superannuation will be owned by the Life Insured.

The example below reflects a MetLife Protect Super Policy owned by the Trustee.



Super Linked Life Cover and/or TPD Cover to Trauma Cover

If you have Life Cover inside superannuation and want to structure your TPD Cover and/or Trauma Cover outside superannuation, under the Super Linked structure, your covers will be split across two Policies. Your Standard Life Cover will be held in a Policy inside superannuation and will be Super Linked to a TPD Cover and/or Trauma Cover held in a Policy outside superannuation for the additional benefits and features. Certain benefits and features are restricted under superannuation law, and they will always be structured outside superannuation.

With Super Linking, the total benefit amount paid under both Policies inside and outside superannuation may be the same as the total benefit amount that would have been paid under a Policy with the same covers structured wholly outside superannuation.

Super Linked Income Cover

If you have Income Cover inside superannuation and want Disability Extras under the Super Linked structure, your Income Cover will be split across two Policies. Your Standard Income Cover will be held in a Policy inside superannuation which will be Super Linked for additional benefits and features restricted under superannuation law to another Income Cover Policy outside superannuation. Where Income Cover (70 to 60) is Linked to the Standard Income Cover, the Cover can be held in a Policy inside or outside Superannuation.

With Super Linked Income Cover, the total Monthly Benefit paid under both Policies inside and outside superannuation may be the same as the total Monthly Benefit that would have been paid under a Policy with the same covers structured wholly outside superannuation.

There may be tax implications depending on where you hold your Income Cover. The benefit payments that you receive under Income Cover are considered as assessable income. For a MetLife Protect Super Policy, before the benefit is paid to you, tax at Pay As You Go (PAYG) withholding rates from each benefit amount paid will be deducted by (or on behalf of) the trustee of the superannuation fund through which the Policy is held.



Life Cover

Life Cover provides a lump sum benefit that is often used to pay out loans and other liabilities in the event of the Life Insured's death or Terminal Illness. It can also be used to provide for dependants.

Types of insurance available **S** **SUPER** **NS** **NON-SUPER**

The benefits available under Life Cover depend on whether you take out Standard Life Cover only, or if you choose to add Extra Cost Options and/or Extras Cover.

Table 9 below shows the key benefits and amounts payable.

What are the benefits and features of Life Cover?

Standard Life Cover

Table 9: Standard Life Cover benefits and features

Benefits and features	Description	Amount payable
Death Benefit S NS	• Covers death of the Life Insured.	100% of the Life Cover Amount
Life Cover - Terminal Illness Benefit S NS	• Covers a Terminal Illness likely to result in death of the Life Insured within 24 months. *The Illness must be certified by two independent Medical Practitioners, one of whom is a Medical Specialist, and with each Medical Practitioner certifying that the Illness is likely to result in death within 24 months. We will use the date of second certification to calculate the Life Cover Amount to be paid.*	100% of the Life Cover Amount

Table 9 (continued): Standard Life Cover benefits and features

Benefits and features	Description	Amount payable
Life Cover - Immediate Expenses Benefit^ NS	• To help with immediate expenses at the time of the Life Insured's death, we advance $30,000 of your Life Cover Amount, as an upfront payment as soon as we receive the death certificate (or other satisfactory evidence). *The Life Cover Amount is reduced by the amount advanced. Payment of the Immediate Expenses Benefit and Life Cover Amount is subject to the usual claims assessment process.* **^Important: This benefit is not available inside superannuation.** *If you have Standard Life Cover inside superannuation, we will pay any Life Cover Benefits you are entitled to under the Policy inside superannuation, to the extent permitted under superannuation law.* *Given restrictions apply to amounts that can be paid from a superannuation Policy, any benefits or amounts payable in excess of any superannuation law limitations will be paid under any associated Life Cover Extra Cost Options and/or Extras Cover outside superannuation.*	$30,000
Indexation S NS	• At each Policy Anniversary, we will increase your Life Cover Amount by the greater of CPI and 5%, unless you ask us not to. Indexation is not available if your Policy contains a Fixed Term Option, if your Policy is attached to another Policy with a Fixed Term Option, or if we are waiving your premium under the Premium Waiver Disability Option, the Double Benefit Option (TPD), and/or the Double Benefit Option (Trauma). Additional premiums may apply as a result of the increase in your Life Cover Amount.	N/A
Life Cover – Involuntary Unemployment Premium Waiver Benefit S NS	• If the Life Insured becomes Involuntary Unemployed you can request all Life Cover, TPD Cover and Trauma Cover premiums including any corresponding Extra Cost Options and/or Extras Cover premiums (across all MetLife Protect & MetLife Protect Super Policies for the Life Insured) to be waived for up to three months while they are not working. Life Cover, TPD Cover and Trauma Cover (including any corresponding Extra Cost Options and/or Extras Cover) continues and you may be eligible to claim while the Life Cover – Involuntary Unemployment Premium Waiver Benefit applies. *The Life Cover - Involuntary Unemployment Premium Waiver Benefit can be provided once in any 12-month period and for up to six months in total over the life of the Policy/Policies.* **For those who pay their premiums fortnightly or monthly** *We will waive the full premiums with respect to Life Cover, TPD Cover and/or Trauma Cover (including any corresponding Extra Cost Options and/or Extras Cover) that fall due during the period of Involuntary Unemployment up to the maximum described above.* **For those who pay their premiums annually** *We will waive the pro-rated premiums with respect to Life Cover, TPD Cover and/or Trauma Cover (including any corresponding Extra Cost Options and/or Extras Cover) in relation to the period of Involuntary Unemployment.*	N/A
Life Events Increases Feature S NS	**Increases relating to personal events** • The Life Events Increases Feature can allow you to apply to increase your Life Cover Amount and any Linked TPD Cover Amount without further medical underwriting in the event of specified personal life events occurring and you apply for such an increase within 30 days of the Policy Anniversary following the life event occurring. • Each time this feature is exercised, the maximum Cover Amount that you can increase your Life Cover and any Linked TPD Cover Amount to, is capped at the lesser of 25% of the original Life Cover Amount and $200,000, with the exception of increases under the home loan life event which is capped at the lesser of 50% of the original Life Cover Amount and $500,000. Maximum increases allowed throughout the life of the Policy under personal events is capped at $1,000,000. **Increases relating to business events** • Where the Life Insured is a business owner and the business equity increases and/or the Life Insured takes out a new business loan or increases the loan amount, you can increase your Life Cover Amount and any Linked TPD Cover Amount without further medical underwriting. • Each time this feature is exercised, the maximum Cover Amount that you can increase your Life Cover and any Linked TPD Cover Amount to, is capped at the lesser of 50% of the original Life Cover Amount and $500,000. Maximum increases allowed throughout the life of the Policy under business events is capped at $3,000,000. You can increase cover under business events up to six times over the life of the Policy. *Your application to increase cover must be made within 30 days of the Policy Anniversary following the relevant life event. We may ask you to supply additional information and if the application is accepted, your premiums will be adjusted to reflect the increased Life Cover Amount and any Linked TPD Cover Amount. This benefit may be exercised once in any 12-month period and cannot be exercised when we are waiving your Life Cover premiums under the Premium Waiver Disability Option, the Double Benefit Option (TPD) and/or the Double Benefit Option (Trauma).* *This feature expires when the Life Insured turns 55.* **Please refer to the Policy Terms at section 7.1 on page 136 for full details of the applicable Life Events.**	N/A

What else is included?

Nomination of beneficiaries

You may nominate up to five beneficiaries on a non-superannuation Policy to receive the payment if a benefit is payable due to the Life Insured's death.

Nominations of beneficiaries is also available with MetLife Protect Super (see page 92) in respect of superannuation benefits payable from the Fund. We do not accept beneficiary nominations on Policies issued to SMSF Trustees.

Life Cover – Extras Cover

Life Cover – Business Extras

Subject to eligibility criteria defined under section, 'Applying for Cover' on page 17, you may choose Business Extras which provides additional benefits that may be relevant to your insurance needs.

This is available at an additional cost. Business Extras expires when the Life Insured turns 65.

The superannuation law doesn't allow Business Extras inside superannuation, but if your Standard Life Cover is inside superannuation, any corresponding Business Extras will still be available; however, it must be taken out on a self-owned Policy held outside of superannuation. In this case, MetLife will always first assess your eligibility to claim under the Standard Life Cover inside superannuation before considering your eligibility to claim under Business Extras.

Life Cover – Extra Cost Options

Subject to eligibility criteria defined under section, 'Applying for Cover' on page 17, you may choose one or all of these Extra Cost Options which provides additional benefits that may be relevant to your insurance needs:

- Specified Events Option; and
- Premium Waiver Disability Option.

These are available at an additional cost and additional eligibility criteria may apply, noting that not all Extra Cost Options are available within super. The Extra Cost Options expire when the Life Insured turns 65.

Exclusions applicable to Life Cover, associated Extras Cover and Extra Cost Options

13-month suicide exclusion

No benefits are payable if a claim arises as a direct or indirect result of the Life Insured's suicide, attempted suicide, or an intentional, self-inflicted Injury within the first 13 months after Cover Commencement (or Reinstatement of cover or when cover is increased but only on the increased portion). The exclusion will be waived for an equivalent amount of cover that is held with us or another insurer, and is being replaced with a MetLife Policy under this PDS (provided the full exclusion period has already been served under the other cover).

For information on all exclusions that apply to your Life Cover and their associated Extra Cost Options and/or Extras Cover, please refer to the Policy Terms at section 6.4.1 on page 129 of the PDS.

The exclusion does not apply with respect to the following benefits:

- Life Cover - Immediate Expenses Benefit; or
- Life Cover - Immediate Business Expenses Benefit (available under Business Extras).

Accidental Injury Cover definition (for Life Cover increased under the Life Events Increases Feature)

If you increase your Life Cover and any associated Linked TPD Cover as a result of exercising the Life Events Increases Feature, then for the first six months following the increase we will only pay benefits under that increased Cover Amount for claims arising as a direct result of Accidental Injury. After six months has passed, the Accidental Injury restriction is removed.

Benefit payments under Linked Cover

If you have Linked TPD or Trauma Cover to your Life Cover and a TPD or Trauma Cover benefit is paid, your Life Cover and any associated Business Extras will be subject to the following:

1. Accidental Injury Cover definition following a Linked TPD Cover benefit payment with the Life Cover 14-day Buy Back Option (TPD) or Double Benefit Option (TPD)

An Accidental Injury Cover definition will apply to Life Cover and Business Extras, following a Linked TPD Cover benefit payment. This means that claims will only be payable for events that arise as a direct result of an Accidental Injury. The portion of Life Cover subjected to this limitation will directly correspond with the Linked TPD Cover benefit paid.

The Accidental Injury Cover definition remains in place for 14 days following a benefit payment provided the Policy includes the Life Cover 14-day Buy Back Option (TPD) or Double Benefit Option (TPD).

2. Accidental Injury Cover definition following a Linked TPD Cover benefit payment with the Life Cover 12-month Buy Back Option (TPD)

An Accidental Injury Cover definition will apply to Life Cover and Business Extras, following a Linked TPD Cover benefit payment. This means that claims will only be payable for events that arise as a direct result of an Accidental Injury. The portion of Life Cover subjected to this limitation will directly correspond with the Linked TPD Cover benefit paid.

The Accidental Injury Cover definition remains in place for 12 months following a benefit payment provided the Policy includes the Life Cover 12-month Buy Back Option (TPD).

3. Accidental Injury Cover definition following a Linked Trauma Cover benefit payment with the Life Cover Buy Back Option (Trauma) or Double Benefit Option (Trauma)

An Accidental Injury Cover definition will apply to Life Cover and Business Extras, following a Linked Trauma Cover benefit payment. This means that claims will only be payable for events that arise as a direct result of an Accidental Injury. The portion of Life Cover subjected to this limitation will directly correspond with the Linked Trauma Cover benefit paid.

The Accidental Injury Cover definition remains in place for 12 months following a benefit payment provided the Policy includes the Life Cover Buy Back Option (Trauma).

The Accidental Injury Cover definition remains in place for 14 days following a benefit payment provided the Policy includes the Double Benefit Option (Trauma).

4. Terminal Illness exclusion following Linked TPD Cover benefit payment with the Life Cover 14-day Buy Back Option (TPD) or Double Benefit Option (TPD)

For a period of 12 months following the date you receive your TPD claim payment (full or partial), an exclusion period will apply. Once this exclusion period has been removed, you will be able to lodge a claim if you meet our Terminal Illness definition (refer to page 152).

This exclusion does not apply if the cause of Terminal Illness is a new condition and unrelated to the TPD benefit payment.

Please refer to the Policy Terms at section 6.4.1 on page 129 for full details of Policy Exclusions applicable to Life Cover, associated Extra Cost Options and/or Extras Cover.

Maximum Expiry Age

Life Cover expires when the Life Insured turns 130 for Policies held outside superannuation. Life Cover in MetLife Protect Super and Life Cover held in an SMSF will expire when the Life Insured turns 75 if you are paying premiums via personal contribution (unless premiums are being paid via rollover).

However, there may be other options available to you to continue cover - talk to your Financial Adviser.



Specified Events Option

Extra Cost Option

Available with Life Cover.

NS

Non-superannuation policies only: The Specified Events Option is available for customers who might require extra protection to assist with unexpected expenses in case of the Life Insured's Accidental Injury. The Specified Events Option is available to Life Insureds who are employees, business owners, sole traders or non-working individuals in either Occupation Class P, W, G, L, B, D or O and is not available to Occupation Class R.

What are the benefits and features of the Specified Events Option?

The Specified Events Option is available with Standard Life Cover at an additional cost. Table 10 below highlights the benefits and features of the Specified Events Option.

Table 10: Specified Events Option benefits and features

Benefits and features	Description	Amount payable
Specified Events Benefit NS	• Provides a benefit payment if the Life Insured suffers from a Specified Event as a result of an accident as outlined in Table 11 below. A payment under this benefit will be in addition to any benefit payments available under Standard Life Cover. We will not pay any benefits under the Specified Events Option if the Life Insured does not survive for at least 14 days after the date they first meet the definition of the relevant Specified Event.	A specified % of the Life Cover Amount, subject to maximum payment limits. Refer to the Specified Events Option Table below.

Table 11: Specified Events Option Table

Event[1]	Benefit (% of the base Life Cover Amount)	Maximum payment limit (capped)
Loss of limbs/sight		
Blindness, Loss of Use of Limb – *two or more limbs*	75%	$500,000
Blindness – *partial loss*, Loss of Use of Limb – *single limb*	50%	$250,000
Severe Burns		
Severe Burns to at least 20% of body surface or 50% of face	75%	$500,000
Severe Burns to at least 4% but less than 20% of body surface	30%	$200,000
Severe Burns to at least 50% of hand surface of either hand	15%	$100,000

Table 11 (continued): Specified Events Option Table

Event[1]	Benefit (% of the base Life Cover Amount)	Maximum payment limit (capped)
Fracture of		
Hip (incl. neck of femur), pelvis (excl. sacrum), skull (excl. bones of face or nose)	10%	$30,000
Thigh shaft (excl. neck of femur), vertebrae	4%	$10,000
Lower leg (incl. kneecap), arm, sternum	3%	$7,500
Collarbone, foot, hand, jaw, shoulder bone, wrist	2%	$5,000
Coccyx, eye socket, sacrum	1%	$3,000
Dislocation of		
Hip	5%	$15,000
Ankle, elbow, knee, wrist, shoulder	1%	$3,000

1. *These benefits are payable in addition to any other benefit payment (as a result of death) under Life Cover (Standard Cover, Extra Cost Options or Extras Cover).*

Additional Exclusions

In addition to the exclusions that apply to Life Cover, the following exclusions also apply to the Specified Events Option.

Survival period

We will not pay any benefits under the Specified Events Option if the Life Insured does not survive for at least 14 days after the date they first meet the definition of the relevant Specified Event.

Specified Events Option (Osteoporosis)

If the Life Insured has been Diagnosed with Osteoporosis (either before Cover Commencement or afterwards), then following Diagnosis, the maximum number of Specified Events benefit payments that can be made for any listed Fracture over the life of the Policy is two. This includes any benefit payments that immediately preceded or led to the Diagnosis of Osteoporosis.

Specified Events Option (Self-inflicted Injury exclusion)

We won't pay any benefits if the Specified Event occurs as a direct or indirect result of the Life Insured's attempted suicide or an intentional, self-inflicted Injury.

Specified Events Option (Illness exclusion)

We won't pay any benefits if the Specified Event occurs as a direct or indirect result of the Life Insured's Illness. This means that claims will only be payable for events that arise as a direct result of an Accidental Injury.

Specified Events Option (Multiple Dislocation claims)

A benefit for Dislocations of the same body part will only be paid once under the Specified Events Option over the life of the Policy.
Example: If the Life Insured has Dislocated their right shoulder and a payment is made, we won't pay any subsequent claims for a right shoulder Dislocation.

Specified Events Option (Multiple claims originating from the same incident)

If there are multiple Specified Events occurring as a result of a single incident, we will pay for the Specified Event that renders the highest payment. You may claim on the same Specified Event provided they are triggered by different incidents.

The maximum payment limit per event will be the maximum we will pay per Life Insured across all Life Cover Policies that you may hold with MetLife.

Please refer to the Policy Terms at section 6.4.1 on page 129 for full details of Policy Exclusions applicable to Life Cover and associated Extra Cost Options and/or Extras Cover.

Maximum Expiry Age

The Specified Events Option expires when the Life Insured turns 65.

Premium Waiver Disability Option

Extra Cost Option

Available with Life Cover.



Superannuation and Non-superannuation policies: The Premium Waiver Disability Option is available for customers who might require extra protection to assist with insurance costs in case the Life Insured suffers Total Disability. The Premium Waiver Disability Option is available to Life Insureds who are employees, business owners or sole traders in Occupation Class P, W, G, L, B, or D and is not available to Occupation Class R and O.

What are the benefits and features of the Premium Waiver Disability Option?

The Premium Waiver Disability Option is available with Standard Life Cover at an additional cost. Table 12 below highlights the benefits and features of the Premium Waiver Disability Option.

Table 12: Premium Waiver Disability Option benefits and features

Benefits and features	Description	Amount payable
Premium Waiver Disability Benefit 	• If you have Life Cover with the Premium Waiver Disability Option, your premium for your Life Cover and any corresponding Extra Cost Options and/or Extras Cover will be waived if the Life Insured is Totally Disabled for six consecutive months and continues to be Totally Disabled after the end of six consecutive months. • If we waive your premiums under this option, we will also refund any premiums collected on your Life Cover (including any corresponding Extra Cost Options and/or Extras Cover) during the first six consecutive months of the Life Insured's Total Disability. As long as the Life Insured continues to be Totally Disabled, we will continue to waive your premium until the Life Insured reaches age 65, returns to work, or is earning income. If the Policy was issued through MetLife Protect Super, and you paid your premiums by rollover, we will refund the premium to the superannuation fund the rollover came from. If you paid your premiums by personal contributions, any refunded premiums must be rolled over to another complying superannuation fund nominated by you. Please refer to page 91 for full details. **For those who pay their premiums fortnightly or monthly** *We will waive the full premiums with respect to Life Cover (including any corresponding Extra Cost Options and/or Extras Cover) that fall due during your Total Disability period.* **For those who pay their premiums annually** *We will waive the pro-rated premiums with respect to Life Cover (including any corresponding Extra Cost Options and/or Extras Cover) in relation to your Total Disability period.*	N/A

Additional Terms

The Premium Waiver Disability Option is subject to the same terms that apply to Life Cover.

Please refer to the Policy Terms at section 6.4.1 on page 129 for full details of Policy Exclusions applicable to Life Cover, associated Extra Cost Options and/or Extras Cover.

Maximum Expiry Age

The Premium Waiver Disability Option expires when the Life Insured turns 65.

Business Extras

Extras Cover

Available with Life Cover.

NS

Non-superannuation policies only: Business Extras may be suitable for business owners or sole traders looking to protect the share of their interest in their business. Business Extras is available to Life Insureds who are business owners or sole traders in Occupation Class P, W, G, L, B, D or R.

What are the benefits and features of Business Extras?

Business Extras is available with Standard Life Cover at an additional cost. Table 13 below highlights the benefits and features of Business Extras.

Table 13: Business Extras benefits and features

Benefits and features	Description	Amount payable
Life Cover – Business Expenses Benefit NS	• We pay expenses incurred in the running of the business in the event of the Life Insured's death or if they suffer from a Terminal Illness. The benefit is a reimbursement of the following fixed business expenses: rent, utilities, legal, audit and accounting fees incurred in the daily running of the business.	Up to $3,000 (Reimbursed expenses only)
Life Cover – Immediate Business Expenses Benefit NS	• To help with immediate business expenses in the event of the Life Insured's death, such as business loan payments, we advance an additional $20,000 of the Life Cover Amount as an upfront payment as soon as we receive the death certificate (or other satisfactory evidence). This is in addition to the advancement of $30,000 under the Life Cover - Immediate Expenses Benefit, which is available with Standard Life Cover. *Your Life Cover Amount is reduced by the amount advanced. Payment of the remaining Life Cover Amount is subject to the usual claims assessment process.*	$20,000
Life Cover - Business Safeguard Feature NS	• Business Safeguard Feature allows you to increase your Linked or Standalone Life Cover Amount within maximum cover amounts limits, without further medical underwriting when certain business events occur. • The maximum Life Cover Amount increase allowed is the lesser of: – Three times the original Life Cover Amount at application; and – $15 million per Life Insured. *The Business Safeguard Feature is only available for one business event, as underwritten at application time and any increase under the Business Safeguard Feature must relate to the same event.* *Your application to increase cover must be made within either 60 days from the date of the business event or within 30 days of the Policy Anniversary following the relevant business event. We may ask you to supply additional information and if the application is accepted, your premiums will be adjusted to reflect this increased Life Cover Amount. This benefit may be exercised once in any 12-month period and cannot be exercised when we are waiving your Life Cover premiums under the Premium Waiver Disability Option.* *This feature expires when the Life Insured turns 65.* ***Please refer to the Policy Terms at section 2.3.1.3 on page 104 for full details of the applicable business events.***	Capped at the lesser of: three times the original Life Cover Amount or up to $15 million

Additional Exclusions

Business Extras is subject to the exclusions that apply to Life Cover outlined on page 129.

Please refer to the Policy Terms at section 6.4.1 on page 129 for full details of Policy Exclusions applicable to Life Cover and associated Extra Cost Options and/or Extras Cover.

Maximum Expiry Age

Business Extras expires when the Life Insured turns 65.

TPD Cover

TPD Cover provides a lump sum benefit if the Life Insured becomes Totally and Permanently Disabled.



Types of insurance available **S** **SUPER** **NS** **NON-SUPER**



The benefits available under TPD Cover depend on whether you take out Standard TPD Cover only, or if you choose to add any of the Extra Cost Options. Table 14 below highlights the key benefits and amounts payable. It should be noted that for the following TPD Covers:

- TPD Cover – Any Occupation Benefit;
- TPD Cover – Limited Earnings Benefit;
- TPD Cover – Home Duties Benefit;
- TPD Cover – General Disability Benefit, and
- TPD Cover – Loss of Use of Limbs and/or Sight Benefit,

only one of these Benefits will be payable under your Policy. Please refer to section 3 of the Policy Terms on pages 106 to 110 for more details.

What are the benefits and features of TPD Cover?

Standard TPD Cover

Table 14: Standard TPD Cover benefits and features

Benefits and features	Description	Amount payable
TPD Cover – Any Occupation Benefit S NS	• Covers the Life Insured's permanent inability to continue in the workforce in Any Occupation to which they are reasonably suited by education, training or experience, solely as a result of Illness or Injury. • The Life Insured must meet all the criteria in the full definition of TPD Cover - Any Occupation Benefit in order to be considered for a benefit payment. Please refer to the Policy Terms at section 3.1.1 of the Policy Terms on page 106. *This benefit is not available to a Life Insured who is:* – *in Occupation Class R or O;* – *working less than 15 hours per week at time of application, or* – *over the age of 65 and is working less than 15 hours per week on average in the six months immediately prior to the Date of Disablement.*	100% of the TPD Cover Amount
TPD Cover – Limited Earnings Benefit^ NS	• This benefit may be payable in circumstances where the Life Insured is permanently disabled solely due to Illness or Injury but is not entitled to payment under the TPD Cover – Any Occupation Benefit, due to still having a limited capacity for work. The benefit is payable where the Life Insured's earnings are unlikely to ever exceed 25% of their pre-disability earnings. • The Life Insured must meet all the criteria in the full definition of TPD Cover – Limited Earnings Benefit in order to be considered for a benefit payment. Please refer to the Policy Terms at section 3.1.2 of the Policy Terms on page 106. **^Important: This benefit is not available inside superannuation.** *If you have Standard TPD Cover inside superannuation, we will pay any TPD Benefits you are entitled to under the Policy inside superannuation, to the extent permitted under superannuation law.* *Given restrictions apply to amounts that can be paid from a superannuation Policy, any benefits or amounts payable in excess of any superannuation law limitations will be paid under any associated TPD Extra Cost Options outside superannuation.* *This benefit is not available to a Life Insured who is:* – *in Occupation Class R or O;* – *working less than 15 hours per week at time of application, or* – *over the age of 65 and is working less than 15 hours per week on average in the six months immediately prior to the Date of Disablement.*	100% of the TPD Cover Amount
TPD Cover – Home Duties Benefit S NS	**For policies inside superannuation:** • Provides a benefit if the Life Insured has a permanent incapacity to do all of the Home Duties without another person's help and is unlikely to ever be able to work again solely due to Illness or Injury. **For policies outside of superannuation:** • Provides a benefit if the Life Insured has a permanent inability to do all of the Home Duties without another person's help solely due to Illness or Injury. For both Policies inside and outside superannuation, the Life Insured must meet all the criteria in the full definition of TPD Cover – Home Duties Benefit in order to be considered for a benefit payment. Please refer to the Policy Terms at section 3.1.3 of the Policy Terms on page 106. *Home Duties are based on cleaning, shopping, preparing meals, doing the laundry and caring for dependent children.*	100% of the TPD Cover Amount

Table 14 (continued): Standard TPD Cover benefits and features

Benefits and features	Description	Amount payable
TPD Cover – General Disability Benefit S NS	**For policies inside superannuation:** • Provides a benefit if the Life Insured has a permanent inability to do two or more of the Activities of Daily Living without another person's help and is unlikely to ever be able to work again solely due to Illness or Injury. **For policies outside of superannuation:** • Provides a benefit if the Life Insured has a permanent inability to do two or more of the Activities of Daily Living without another person's help solely due to Illness or Injury. For both Policies inside and outside superannuation, the Life Insured must meet all the criteria in the full definition of TPD Cover – General Disability Benefit in order to be considered for a benefit payment. Please refer to the Policy Terms at section 3.1.4 of the Policy Terms on page 107. *The Activities of Daily Living are defined on page 144 and include bathing, dressing, feeding, using a toilet, and mobility.*	100% of the TPD Cover Amount
TPD Cover - Loss of Use of Limbs and/or Sight Benefit S NS	**For policies inside superannuation:** Cover if, as a result of Illness or Injury, the Life Insured suffers: • Loss of Use of Limb – *two or more limbs* (defined on page 158); or • Blindness (defined on page 155); or • Both Loss of Use of Limb – *single limb* (defined on page 158) and Blindness – *partial loss* (defined on page 155); and • is unlikely to ever be able to work again solely due to Illness or Injury. **For policies outside of superannuation:** Cover if, as a result of Illness or Injury, the Life Insured suffers: • Loss of Use of Limb – *two or more limbs* (defined on page 158); or • Blindness (defined on page 155); or • Both Loss of Use of Limb – *single limb* (defined on page 158) and Blindness – *partial loss* (defined on page 155). For both Policies inside and outside superannuation, the Life Insured must meet all the criteria in the full definition of "TPD Cover – Loss of Use of Limbs and/or Sight Benefit" in order to be considered for a benefit payment. Please refer to the Policy Terms at section 3.1.5 on page 107.	100% of the TPD Cover Amount
TPD Cover – Physical Disability Benefit^ NS	Cover if, as a result of Illness or Injury, the Life Insured suffers: • Loss of Use of Limb - *single limb* (defined on page 158), • Blindness – *partial loss* (defined on page 155). The TPD Cover Amount and any Linked Trauma Cover is reduced by the benefit amount paid. Where the Life Cover 14-day Buy Back Option (TPD) or Life Cover 12-month Buy Back Option (TPD) is purchased, any Linked Life Cover will not be reduced, but will be subject to an Accidental Injury Cover definition to the extent of the benefit amount paid, as per the 'What is Accidental Injury Cover?' section on page 30. The Life Insured must meet all the criteria in the full definition of TPD Cover – Physical Disability Benefit in order to be considered for a benefit payment. Please refer to the Policy Terms at section 3.1.6 of the Policy Terms on page 107. **^Important: This benefit is not available inside superannuation.** *If you have Standard TPD Cover inside superannuation, we will pay any TPD Benefits you are entitled to under the Policy inside superannuation, to the extent permitted under superannuation law.* *Given restrictions apply to amounts that can be paid from a superannuation Policy, any benefits or amounts payable in excess of any superannuation law limitations will be paid under any associated TPD Extra Cost Options outside superannuation.*	25% of the TPD Cover Amount *(capped at $500,000)*

Table 14 (continued): Standard TPD Cover benefits and features

Benefits and features	Description	Amount payable
Death Benefit S NS	• Provides a benefit in the event that the Life Insured passes away during the term of TPD Cover. • The Life Insured must meet all the criteria in the full definition of Death Benefit in order to be considered for a benefit payment. This can be found in section 3.1.7 of the Policy Terms on page 107. *If the Life Insured was deemed to have been Totally and Permanently Disabled before passing away and subsequently a full benefit under TPD Cover was paid, or is eligible to be paid, the Death Benefit will not be payable.* *Not available where TPD Cover is Linked to Life Cover.*	$10,000
TPD Cover – Medical Travel and Accommodation Expenses Benefit NS	• Travel and Accommodation expenses for hospital treatment within Australia more than 100km from home for the Life Insured and a family member, Reimbursed only after a benefit has been paid under TPD Cover (including any associated Extra Cost Option). The Reimbursement of travel expenses does not include ambulance expenses. *Reimbursement of $250 per day, payable multiple times over the life of the Policy, up to an overall maximum of $5,000.*	Up to $5,000
Life Events Extras Feature S NS	• If the Life Insured first graduates or obtains professional registration, or attains two years' experience as a qualified tradesperson during the term of cover, you can ask to add the Own Occupation Option outside superannuation, without further medical underwriting of the Own Occupation Option. • The Life Insured must meet all of the criteria in the Policy Terms in order to be considered for this feature. Please refer to the Policy Terms at section 3.5 on page 110 and section 7.2 on page 138. *Your application to add the Own Occupation Option must be made within 30 days of the Policy Anniversary following the relevant life event - i.e. professional registration or two years trade experience and we may ask the Life Insured to supply additional information.*	N/A
Life Events Increases Feature S NS	**Increases relating to personal events** • The Life Events Increases Feature can allow you to apply to increase your TPD Cover Amount and any Linked Life Cover Amount without further medical underwriting in the event of a specified personal life event occurring and you apply for the increase within 30 days of the Policy Anniversary following the life event occurring. Each time this feature is exercised, the maximum Cover Amount that you can increase your TPD Cover and any Linked Life Cover Amount is capped at the lesser of 25% of the original TPD Cover Amount and $200,000 with the exception of increases under the home loan life event which is capped at the lesser of 50% of the original Life Cover Amount and $500,000. Maximum increases allowed throughout the life of the Policy under personal events is capped at $1,000,000. **Increases relating to business events** • Where the Life Insured is a business owner and the business equity increases and/or the Life Insured takes out a new business loan or increases the business loan amount, you can increase your TPD Cover Amount and any Linked Life Cover Amount without further medical underwriting. Each time this feature is exercised, the maximum Cover Amount that you can increase your TPD Cover and any Linked Life Cover Amount, is capped at the lesser of 50% of the original Life Cover Amount, and $500,000. Maximum increases allowed throughout the life of the Policy under business events is capped at $3,000,000. You can increase cover under business events up to six times over the life of the Policy. It is important that you consider all of the criteria outlined in the Policy Terms in order to be considered for this feature. Please refer to the Policy Terms at section 3.5 on page 110 and section 7.1 on page 136. *Your application to increase cover must be made within 30 days of the Policy Anniversary following the relevant life event. We may ask you to supply additional information and if the application is accepted, your premiums will be adjusted to reflect the increased TPD Cover Amount and Linked Life Cover Amount. This benefit may be exercised once in any 12-month period and cannot be exercised when we are waiving your TPD Cover premiums under the Premium Waiver Disability Option.* *This feature expires when the Life Insured turns 55.*	N/A

Benefits and features	Description	Amount payable
Indexation S NS	• At each Policy Anniversary, we will increase your TPD Cover Amount by the greater of CPI and 5%, unless you ask us not to. Indexation is not available if your Policy contains a Fixed Term Option, if your Policy is attached to another Policy with a Fixed Term Option, or if we are waiving your premium under the Premium Waiver Disability Option. Additional premiums may apply as a result of the increase in your TPD Cover Amount. **Please refer to the Policy Terms at section 7.5 on page 139.**	N/A

TPD Cover – Extra Cost Options

Subject to eligibility criteria, you may choose Extra Cost Options, which provide additional benefits that may be relevant to your insurance needs:

- Life Cover Purchase Option (Standalone TPD);
- Life Cover 14-day Buy Back Option (TPD);
- Life Cover 12-month Buy Back Option (TPD);
- Double Benefit Option (TPD);
- Own Occupation Option; and
- Premium Waiver Disability Option.

These are available at an additional cost. For eligibility criteria on the Extra Cost Options, please refer to the 'Eligibility for Extra Cost Options' section on page 21.

The superannuation law doesn't allow the Own Occupation Option inside superannuation, but if your Standard TPD Cover is inside superannuation, the Own Occupation Option will still be available, however, the option must be held on a self-owned Policy outside superannuation. In this case, we will always first assess your eligibility to claim under the Standard Cover inside superannuation before considering your eligibility to claim under the Own Occupation Option.

Exclusions applicable to TPD Cover and associated Extra Cost Options

Suicide exclusion on the Death Benefit

The Death Benefit under TPD Cover will not be payable if the claim arises as a direct or indirect result of the Life Insured's suicide, attempted suicide or an intentional, self-inflicted Injury within the first 13 months of the Cover Commencement or Reinstatement of cover.

The exclusion will be waived for an equivalent amount of cover that is held with us or another insurer and being replaced with a MetLife Policy under this PDS (provided the full exclusion period has already been served under the other cover).

Self-inflicted Injury exclusion

No benefits are payable if a claim arises as a direct or indirect result of the Life Insured's attempted suicide or an intentional self-inflicted Injury. This exclusion does not apply to the Death Benefit which is instead subject to the suicide exclusion detailed above.

Accidental Injury Cover definition (for TPD Cover increased under the Life Events Increases Feature)

If you increase your TPD Cover as a result of exercising the Life Events Increases Feature, then for the first six months following the increase we will only pay benefits under that increased TPD Cover Amount for claims arising as a direct result of Accidental Injury. After six months has elapsed, the Accidental Injury restriction will be removed.

Please refer to the Policy Terms at section 6.4.2 on page 131 for full details of Policy Exclusions applicable to TPD Cover and associated Extra Cost Options.

Maximum Expiry Age

TPD Cover expires when the Life Insured turns 75.

Life Cover Purchase Option (Standalone TPD)

Extra Cost Option

Available with TPD Cover.

Superannuation and non-superannuation policies: The Life Cover Purchase Option (Standalone TPD) is available to Life Insureds who are employees, business owners, sole traders or non-working in Occupation Class P, W, G, L B, D or O.

What are the benefits and features of the Life Cover Purchase Option (Standalone TPD)?

The Life Cover Purchase Option (Standalone TPD) is available with Standard TPD Cover at an additional cost. Table 15 below highlights the benefits and features of the Life Cover Purchase Option (Standalone TPD).

Table 15: Life Cover Purchase Option (Standalone TPD) benefits and features

Benefits and features	Description	Amount payable
Life Cover Purchase Benefit (Standalone TPD) S NS	• With this option, the Policy Owner will automatically receive Life Cover up to the amount of the full TPD Cover Amount paid under their Standalone TPD Cover, without the need of medical evidence. We will automatically provide Life Cover for the Life Insured, 12 months after the full TPD Cover benefit payment. *This option can only be exercised once. The Life Events Increases Feature and Premium Waiver Disability Option are not available under the new Life Cover. Indexation will apply to the newly purchased Life Cover. The premium type of the new Life Cover will be the same premium type as the Life Cover Purchase Option (Standalone TPD) for the life of the Policy.*	N/A

Additional Terms

The Life Cover Purchase Option (Standalone TPD) is subject to the same terms that applied to the Standalone TPD Cover. The Life Cover you receive under this option is subject to the same terms and conditions that apply to Life Cover as outlined in the Policy Exclusions.

Please refer to the Policy Terms at section 6.4.2 on page 131 for full details of Policy Exclusions applicable to TPD Cover and associated Extra Cost Options.

Maximum Expiry Age

The Life Cover Purchase Option (Standalone TPD) expires when the Life Insured turns 65.

Life Cover 14-day Buy Back Option (TPD)

Extra Cost Option

Available with TPD Cover.

Superannuation and non-superannuation policies: The Life Cover 14-day Buy Back Option (TPD) is available to Life Insureds who are employees, business owners, sole traders or non-working in Occupation Class P, W, G, L, B, D or O.

What are the benefits and features of the Life Cover 14-day Buy Back Option (TPD)?

The Life Cover 14-day Buy Back Option (TPD) is available with Standard TPD Cover at an additional cost. Table 16 below highlights the benefits and features of the Life Cover 14-day Buy Back Option (TPD).

Table 16: Life Cover 14-day Buy Back Option (TPD) benefits and features

Benefits and features	Description	Amount payable
Life Cover 14-day Buy Back Benefit (TPD) S NS	• This feature restores your Linked Life Cover 14 days following a Linked TPD Cover benefit payment. Following a full or partial Linked TPD Cover benefit payment, Linked Life Cover is not cancelled or reduced. Instead, the cover is subject to an Accidental Injury Cover definition – meaning, benefits under Life Cover will only be payable if they arise as a direct result of an Accidental Injury. *The Life Cover 14-day Buy Back Option (TPD) enables this Accidental Injury Cover definition to be removed 14 days following the Linked TPD Cover benefit payment.*	N/A

Additional Terms

In addition to the terms and conditions that apply to TPD Cover and Life Cover, the following exclusions also apply to the Life Cover 14-day Buy Back Option (TPD).

Survival Period

We will not pay any Life Cover benefits if the Life Insured does not survive without the use of a life support system for at least 14 days following the Linked TPD Cover benefit payment.

Life Cover Restoration

If the Life Insured has previously been paid a Terminal Illness benefit, are in the process of making a Terminal Illness claim or are eligible for a Terminal Illness benefit at the time of your TPD Cover claim, we will not restore the Life Cover under the Life Cover 14-day Buy Back Option (TPD).

Terminal Illness Benefit Exclusion Period

We won't pay a Terminal Illness Benefit if the Life Insured is Diagnosed as Terminally Ill within 12 months for the same or Related Condition following their Linked TPD Cover benefit payment. This exclusion does not apply if the cause of Terminal Illness is a new condition and is unrelated to the TPD Cover benefit payment.

Please refer to the Policy Terms at section 6.4.1 and 6.4.2 on page 129 and 131 for full details of Policy Exclusions applicable to TPD Cover and associated Extra Cost Options.

Maximum Expiry Age

The Life Cover 14-day Buy Back Option (TPD) expires when the Life Insured turns 75.

Life Cover 12-month Buy Back Option (TPD)

Extra Cost Option

Available with TPD Cover.

Superannuation and non-superannuation policies: The Life Cover 12-month Buy Back Option (TPD) is available to Life Insureds who are employees, business owners, sole traders or non-working in Occupation Class P, W, G, L, B, D or O.

What are the benefits and features of the Life Cover 12-month Buy Back Option (TPD)?

The Life Cover 12-month Buy Back Option (TPD) is available with Standard TPD Cover at an additional cost. Table 17 below highlights the benefits and features of the Life Cover 12-month Buy Back Option (TPD).

Table 17: Life Cover 12-month Buy Back Option (TPD) benefits and features

Benefits and features	Description	Amount payable
Life Cover 12-month Buy Back Benefit (TPD) S NS	• This restores your Linked Life Cover 12 months following a Linked TPD Cover benefit payment. Following a full or partial Linked TPD Cover benefit payment, Linked Life Cover is not cancelled or reduced. Instead, the cover is subject to an Accidental Injury Cover definition – meaning, benefits under Life Cover will only be payable if they arise as a direct result of an Accidental Injury. *The Life Cover 12-month Buy Back Option (TPD) enables this Accidental Injury Cover definition to be removed 12 months following the Linked TPD Cover benefit payment.*	N/A

Additional Terms

In addition to the terms and conditions that apply to TPD Cover and Life Cover, the following exclusions also apply to the Life Cover 12-month Buy Back Option (TPD).

Life Cover Restoration

If the Life Insured has previously been paid a Terminal Illness benefit, are in the process of making a Terminal Illness claim or are eligible for a Terminal Illness benefit at the time of your TPD Cover claim, we will not restore the Life Cover under the Life Cover 12-month Buy Back Option (TPD).

Please refer to the Policy Terms at section 6.4.1 and 6.4.2 on page 129 and 131 for full details of Policy Exclusions applicable to TPD Cover and associated Extra Cost Options.

Maximum Expiry Age

The Life Cover 12-month Buy Back Option (TPD) expires when the Life Insured turns 75.

Double Benefit Option (TPD)

Extra Cost Option

Available with TPD Cover.

Superannuation and non-superannuation policies: The Double Benefit Option (TPD) is available to Life Insureds that are employees, business owners or sole traders in Occupation Class P, W, G, L, B, or D.

What are the benefits and features of the Double Benefit Option (TPD)?

The Double Benefit Option (TPD) is available with Standard TPD Cover at an additional cost. Table 18 below highlights the benefits and features of the Double Benefit Option (TPD).

Table 18: Double Benefit Option (TPD) benefits and features

Benefits and features	Description	Amount payable
Double Benefit (TPD) S NS	• This option restores your Linked Life Cover 14 days following a full Linked TPD Cover benefit payment without any further evidence of health, occupation or pursuits. Following a full Linked TPD Cover benefit payment, Linked Life Cover is not cancelled or reduced. Instead, the cover is subject to an Accidental Injury Cover definition. This means that the benefit under Life Cover will only be payable if death is the direct result of an Accidental Injury. The Accidental Injury Cover definition will be removed 14 days following the Linked TPD Cover benefit payment. • We will waive future premiums for the restored Life Cover benefit amount under this option until the Life Insured turns 65. *Indexation, the Life Events Increases Feature and Premium Waiver Disability Option are not available on the restored Life Cover.*	N/A

Additional Terms

In addition to the terms and conditions that apply to TPD Cover and Life Cover, the following exclusions also apply to the Double Benefit Option (TPD).

Survival Period

We will not pay any Life Cover benefits if the Life Insured does not survive without the use of a life support system for at least 14 days after they satisfy the TPD Definition.

Life Cover Restoration

If the Life Insured has previously been paid a Terminal Illness benefit, are in the process of making a Terminal Illness claim or are eligible for a Terminal Illness benefit at the time of your TPD Cover claim, we will not restore the Life Cover under the Double Benefit Option (TPD).

Terminal Illness Benefit Exclusion Period

We won't pay a Terminal Illness Benefit if the Life Insured is Diagnosed as Terminally Ill within 12 months for the same or Related Condition following their Linked TPD Cover benefit payment. This exclusion does not apply if the cause of Terminal Illness is a new condition and is unrelated to the TPD Cover benefit payment.

Please refer to the Policy Terms at section 6.4.1 and 6.4.2 on page 129 and 131 for full details of Policy Exclusions applicable to TPD Cover and associated Extra Cost Options.

Maximum Expiry Age

The Double Benefit Option (TPD) expires when the Life Insured turns 65.

Own Occupation Option

Extra Cost Option

Available with TPD Cover.

NS

Non-superannuation policies only: The Own Occupation Option is available to Life Insureds who are employees, business owners or sole traders in Occupation Class P, W, G, L, B, or D.

What are the benefits and features of the Own Occupation Option?

The Own Occupation Option is available with Standard TPD Cover at an additional cost. Table 19 below highlights the benefits and features of the Own Occupation Option.

Table 19: Own Occupation Option benefits and features

Benefits and features	Description	Amount payable
Own Occupation Benefit NS	• Covers the Life Insured's permanent inability to ever work again in their Own Occupation, trade or profession solely due to Injury or Illness. • If you have Standard TPD Cover inside superannuation, we will pay any TPD Benefits you are entitled to under the Policy inside superannuation, to the extent permitted under superannuation law. Given restrictions apply to amounts that can be paid from a superannuation Policy, any benefits or amounts payable in excess of any superannuation law limitations will be paid under your Own Occupation Option cover outside superannuation. *This Extra Cost Option is not available to a Life Insured who is working less than 15 hours per week at time of application.*	100% of the TPD Cover Amount

Additional Exclusions

In addition to being subject to the exclusions that apply to TPD Cover, the following exclusions apply to the Own Occupation Option.

Accidental Injury Cover definition (after exercising the Life Events Extras Feature under TPD Cover)

If you add the Own Occupation Option to your TPD Cover as a result of exercising the Life Events Extras Feature, then for the first six months following the addition, we will only pay benefits under the Own Occupation Option for claims arising as a result of Accidental Injury. After six months has elapsed, this Accidental Injury limitation will be removed.

Please refer to the Policy Terms at section 6.4.2 on page 131 for full details of Policy Exclusions applicable to TPD Cover and associated Extra Cost Options.

Maximum Expiry Age

The Own Occupation Option expires when the Life Insured turns 65.

Premium Waiver Disability Option

Extra Cost Option

Available with TPD Cover.

Superannuation and non-superannuation policies: The Premium Waiver Disability Option is available for customers who might require extra protection to assist with insurance costs in case the Life Insured suffers Total Disability. The Premium Waiver Disability Option is available to Life Insureds who are employees, business owners or sole traders in Occupation Class P, W, G, L, B, or D and is not available to Occupation Class R and O.

What are the benefits and features of the Premium Waiver Disability Option?

The Premium Waiver Disability Option is available with Standard TPD Cover at an additional cost. Table 20 below highlights the benefits and features of the Premium Waiver Disability Option.

Table 20: Premium Waiver Disability Option benefits and features

Benefits and features	Description	Amount payable
Premium Waiver Disability Benefit S NS	• If you have TPD Cover with the Premium Waiver Disability Option, your premium for your TPD Cover and any corresponding Extra Cost Options will be waived if the Life Insured is Totally Disabled for six consecutive months and continues to be Totally Disabled after the end of the six consecutive months. • If we waive your premiums under this option, we will also refund any premiums collected on your TPD Cover and any corresponding Extra Cost Options during the first six consecutive months of the Life Insured's Total Disability. As long as the Life Insured continues to be Totally Disabled, we will continue to waive your premium until the Life Insured reached age 65, returns to work, or is earning income. If the Policy was issued through MetLife Protect Super, and you paid your premiums by rollover, we will usually refund the premium to the superannuation fund the rollover came from. If you paid your premiums by personal contributions, any refunded premiums must be rolled over to another complying superannuation fund nominated by you. Please refer to page 91 for full details. **For those who pay their premiums fortnightly or monthly** *We will waive the full premiums with respect to TPD Cover (including any corresponding Extra Cost Options) that fall due during your Total Disability Period.* **For those who pay their premiums annually** *We will waive the pro-rated premiums with respect to TPD Cover (including any corresponding Extra Cost Options) in relation to your Total Disability Period.*	N/A

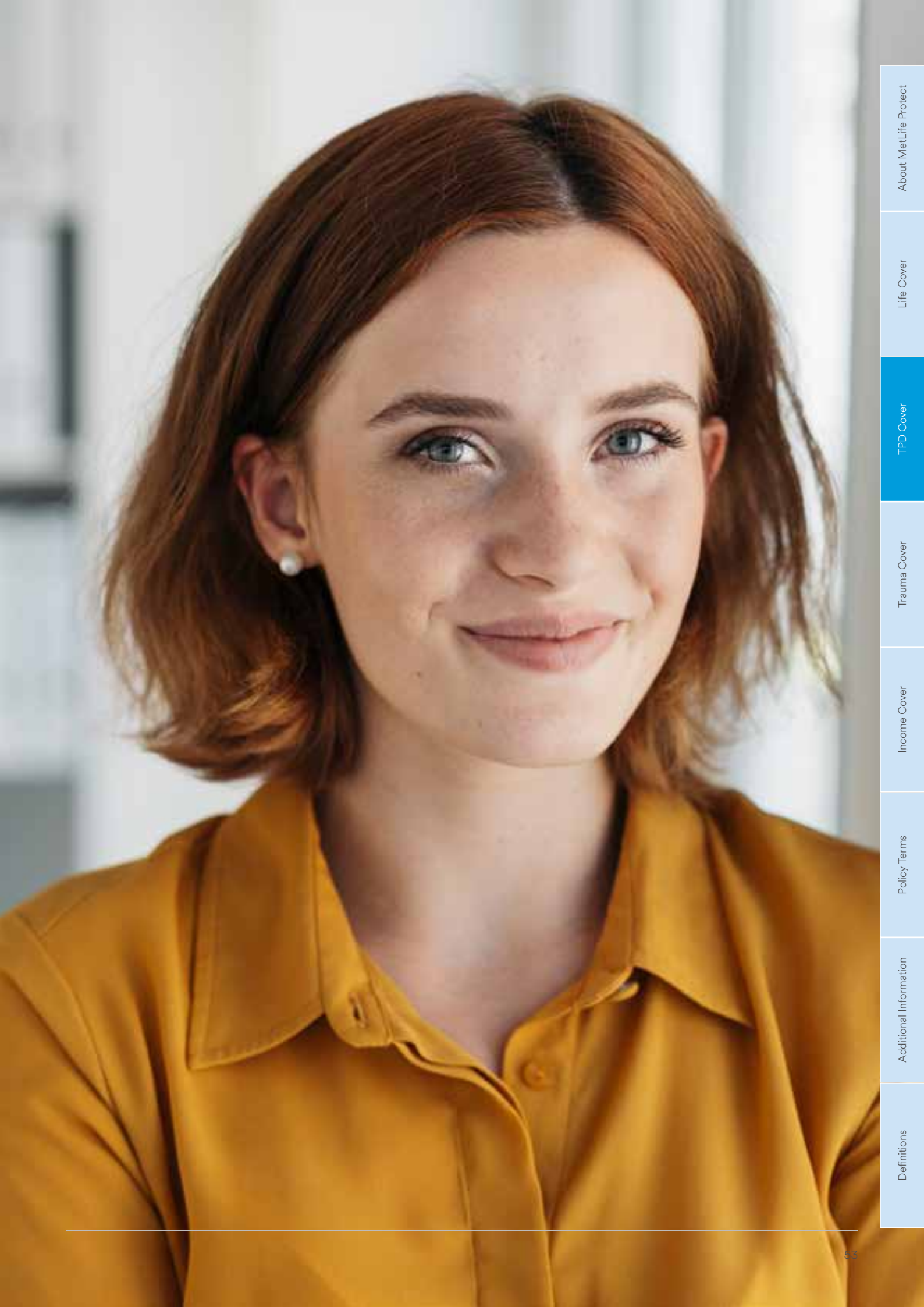
Additional Terms

The Premium Waiver Disability Option is subject to the same terms that apply to TPD Cover.

Please refer to the Policy Terms at section 6.4.2 on page 131 for full details of Policy Exclusions applicable to TPD Cover and associated Extra Cost Options.

Maximum Expiry Age

The Premium Waiver Disability Option expires when the Life Insured turns 65.



Trauma Cover

Trauma Cover provides you with financial assistance if the Life Insured is Diagnosed with a medical condition that meets the criteria of one of our Trauma Conditions. It can help with expenses that arise from seeking out the most relevant medical treatment possible, paying off debts or offsetting lost earnings potential while the Life Insured is on the road to recovery.

We have used a tiered-based design that gives you access to multiple benefit payments. In addition to our Standard Trauma Cover, we also offer optional benefits that ensures that the Trauma Cover and any Linked Life Cover do not reduce after the Trauma Cover claim payment.

Types of insurance available NS **NON-SUPER**



What are the benefits and features of Trauma Cover?

The benefits available under Trauma Cover depend on whether you take out Standard Cover only or choose to add Extra Cost Options and/or Extras Cover. Trauma Cover (and any associated Extra Cost Option and/or Extras Cover) is not available inside superannuation. The table below highlights the benefits and features of Trauma Cover.

Standard Trauma Cover

Table 21: Standard Trauma Cover benefits and features

Benefits and features	Description	Amount payable
Tier 1, Tier 2, Tier 3 Benefit NS	• Trauma Cover provides you with protection for a wide range of separately defined Trauma Conditions, each of which have been grouped together into one of five Trauma Categories. Within each Trauma Category, each Trauma Condition has been further classified as providing a Tier 1 Benefit, Tier 2 Benefit or Tier 3 Benefit. The tiering classification is an indicator of the severity and dictates what percentage of your Trauma Cover Amount is payable if you suffer that particular Trauma Condition (i.e. 100% for the most severe, 50% for those that may be deemed less severe, and so on). The Standard Trauma Cover benefit Table on pages 56 to 57 outlines the five Trauma Categories, the Trauma Conditions covered and payment percentages on the basis of the tiers. • Your Standard Trauma Cover Amount will be adjusted when we pay you a Tier 2 Benefit or Tier 3 Benefit and will reduce to zero when you have claimed the full Trauma Cover Amount. • For subsequent claims the amount payable depends on; – if the subsequent claim is for a Related or Progressive Trauma Condition (defined on page 151); – if the maximum Trauma Cover Amount payable for the relevant Trauma Category is reached; and – the maximum combined total Trauma Cover Amount on the Policy as set out in the Standard Trauma Cover benefit Tables on pages 56 to 57.	Amounts Payable as per Table 22 on pages 56 to 57. The minimum benefit we will pay under Trauma Cover is $10,000.
Trauma Cover – Medical Travel and Accommodation Expenses Benefit NS	• Travel and accommodation expenses for hospital treatment within Australia more than 100km from home for the Life Insured and a Dependent Child, Reimbursed only, after a benefit has been paid under Trauma Cover (including any associated Extra Cost Option and/or Extras Cover). The Reimbursement of travel expenses does not include ambulance expenses. *Reimbursement of $250 per day payable multiple times over the life of the Policy, up to an overall maximum of $5,000.*	Up to $5,000 *(Reimbursed expenses only)*
Life Events Extras Feature NS	• If the Life Insured marries, enters a civil union, or becomes a parent during the term of cover, you can add Child Cover Extras without further medical underwriting. This feature is not available if the Life Insured has claimed under Trauma Cover. *The application to add Child Cover Extras must be made within 30 days of the Policy Anniversary following the event and we may ask you to supply additional information.*	N/A
Indexation NS	• At each Policy Anniversary, we will increase your Trauma Cover Amount by the greater of CPI and 5%, unless you ask us not to. Indexation is not available if your Policy contains a Fixed Term Option (defined on page 145), if your Policy is attached to another Policy with a Fixed Term Option, or if we are waiving your premium under the Premium Waiver Disability Option (defined on page 65). Additional premiums may apply as a result of the increase in your Trauma Cover Amount.	N/A

What Trauma Conditions are covered and what is payable?

Table 22 lists all Trauma Conditions that are covered under Standard Cover, and the amounts payable. We define these Trauma Conditions in a particular way. These definitions are set out in section 11 of the Policy Terms beginning at page 155. For full details on these conditions and how they are defined, please refer to the Policy Terms at sections 4.1.1, 4.1.2 and 4.1.3 that can be found on pages 111 - 113 and section 11 on page 155 of the Policy Terms. A Life Insured will not be considered to have a Trauma Condition, and a Trauma Benefit will not be payable, unless and until the Life Insured meets all of the criteria within our definition of the Trauma Condition being claimed for.

Our Trauma Condition definitions may include methods of Diagnosing Trauma Conditions. If the methods for Diagnosing the relevant Trauma Conditions, after taking into account all evidence including evidence from you or people acting for you, are impractical to apply or have been superseded, we may consider more contemporary, appropriate and medically recognised methods that conclusively Diagnose the specified Trauma Condition with at least the same severity.

For the following Cancer, Heart and Neurological Conditions, a 90-day No-Claim Period commences after cover starts, reinstates or increases but only on the increased portion.

Table 22: Standard Trauma Cover benefit Table

Trauma Category	Tier	Trauma Conditions	Amount payable (% of the Trauma Cover Amount)
Cancer Conditions	Tier 1 Benefits	• Cancer – *advanced* (defined on page 155)	Up to 100%
	Tier 2 Benefits	• Cancer – *excluding specified early stage cancers* (defined on page 156)	Up to 50%
	Tier 3 Benefits	• Cancer – *early stage cancers* (defined on page 155)	Up to 10% *(capped at $50,000)*
Heart Conditions	Tier 1 Benefits	• Heart Condition – *significantly impaired heart function* (defined on page 157)	Up to 100%
	Tier 2 Benefits	• Angioplasty – *triple vessel* (defined on page 155) • Cardiomyopathy (defined on page 156) • Coronary Artery Bypass Surgery (defined on page 156) • Heart Attack – *with specified clinical evidence* (defined on page 157) • Heart Surgery – *open heart surgery* (defined on page 157) • Out of Hospital Cardiac Arrest (defined on page 159) • Pulmonary Arterial Hypertension (defined on page 159)	Up to 50%
	Tier 3 Benefits	• Angioplasty[1] – *single or double vessel* (defined on page 155) • Heart Valve Surgery – *keyhole procedure* (defined on page 157) 1. *Subject to eligibility criteria, for the listed Trauma Condition Angioplasty - single or double vessel, an angioplasty on each of the three main coronary arteries, either in a single procedure, or multiple procedures within two months of the original procedure, qualifies for a Tier 2 Benefit under the listed Trauma Condition Angioplasty – triple vessel.*	Up to 25% *(capped at $25,000)*

Table 22 (continued): Standard Trauma Cover benefit Table

Trauma Category	Tier	Trauma Conditions	Amount payable (% of the Trauma Cover Amount)
Neurological Conditions	Tier 1 Benefits	• Neurological Condition – *permanent neurological deficit* (defined on page 158) *The Trauma Conditions covered under Tier 1 Benefits are restricted to those classified as Neurological Conditions within the Tier 2 Benefits category.*	Up to 100%
	Tier 2 Benefits	• Benign Brain Tumour (defined on page 155) • Coma – *72 hours* (defined on page 156) • Dementia including Alzheimer's Disease (defined on page 156) • Loss of Speech (defined on page 158) • Major Head Trauma (defined on page 158) • Motor Neurone Disease (defined on page 158) • Multiple Sclerosis (defined on page 158) • Muscular Dystrophy (defined on page 158) • Parkinson's Disease (defined on page 159) • Stroke – *with persisting clinical symptoms* (defined on page 159)	Up to 50%
	Tier 3 Benefits	• Bacterial Meningitis or Viral Encephalitis (defined on pages 155 and 159) • Hydrocephalus – *requiring surgery* (defined on page 158)	Up to 25% *(capped at $100,000)*
Vital Organ and Digestive System Disorders	Tier 1 Benefits	• Vital Organ or Digestive System Disorder – *end stage* (defined on page 159)	Up to 100%
	Tier 2 Benefits	• Lung Removal – *excluding donors* (defined on page 158)	Up to 50%
	Tier 3 Benefits	• Aplastic Anaemia – *requiring treatment* (defined on page 155) • Colostomy or Ileostomy (defined on page 156) • Crohn's Disease – *severe* (defined on page 156) • Diabetes – *insulin dependent* (defined on page 156) • Ulcerative Colitis – *severe* (defined on page 159)	Up to 25% *(capped at $100,000)*
Disability Conditions and Accidental Incidents	Tier 1 Benefits	• Blindness (defined on page 155) • HIV Infection – *acquired medically or from an assault* (defined on page 157) • Loss of Independence (defined on page 158) • Loss of Use of Limb – *two or more limbs* (defined on page 158)	Up to 100%
	Tier 2 Benefits	• Burns – *full thickness* (defined on page 155) • Deafness (defined on page 156) • Intensive Care (defined on page 158); • Needlestick Injury* (Hepatitis B or C – *acquired occupationally* and HIV Infection – *acquired occupationally*) (defined on page 157) • Osteoporosis – *before age 55* (defined on page 158)	Up to 50% *(*capped at the lower of your Trauma Cover Amount and $1 million, including any benefit payable under Trauma Plus Extras.)*
	Tier 3 Benefits	• Blindness – *partial loss* (defined on page 155) • Deafness – *partial hearing loss* (defined on page 156) • Loss of Use of Limb – *single limb* (defined on page 158)	Up to 25% *(capped at $100,000)*

Trauma Cover – Extras Cover

Subject to eligibility criteria, you may choose any of these Extras Covers which provide additional benefits that may be relevant to your insurance needs:

- Trauma Plus Extras (outlined on page 66); and
- Child Cover Extras (outlined on page 69).

These are available at an additional cost and expire when the Life Insured turns:

- Trauma Plus Extras – age 70
- Child Cover Extras – age 65.

Trauma Cover – Extra Cost Options

Subject to eligibility criteria, you may choose any of these Extra Cost Options which provide additional benefits that may be relevant to your insurance needs:

- Life Cover Purchase Option (Standalone Trauma);
- Double Benefit Option (Trauma);
- Life Cover Buy Back Option (Trauma);
- Trauma Cover Reinstatement Option; and
- Premium Waiver Disability Option.

These are available at an additional cost. For expiry ages on the Extra Cost Options, please refer to Table 2, Extra Cost Options entry and expiry ages on page 18.

Exclusions applicable to Trauma Cover, associated Extra Cost Options and/or Extras Cover

Survival Period

We will not pay any benefits under Standalone Trauma Cover and Linked Trauma Cover (including associated Trauma Plus Extras) if the Life Insured does not survive for at least 14 days after the date they first meet the definition of the relevant Trauma Condition.

Self-inflicted Injury

No benefits are payable if a claim arises as a direct or indirect result of the Life Insured's attempted suicide or an intentional self-inflicted Injury.

No-Claim Period

Where a No-Claim Period is noted for a Trauma Category listed in Table 22 on page 56-57, no benefits will be payable at any time for any Trauma Condition within that category that the Life Insured sought or obtained advice or treatment for, or had symptoms of, prior to the end of the No-Claim Period. This includes circumstances where the Life Insured sought or obtained advice or treatment for, or had symptoms of, any Related Condition/s, prior to the end of the No-Claim Period.

With respect to the No-Claim Period that applies to the Trauma Cover - Child Trauma Benefit under Child Cover Extras, no benefits are payable for any condition for which a Dependent Child was first Diagnosed, prior to the end of the No-Claim Period.

Multiple Trauma Claims

1. Impact of claim order

If a benefit is paid for a Trauma Condition, and a subsequent claim is lodged for second Trauma Condition, which actually preceded the first (i.e. occurred earlier), we will adjust the second claim payment so that the total of this and the first don't exceed what would have been payable, had the claims been reported and paid in the Claim Event Date order of occurrence.

2. Multiple claims originating from the same event

If you are claiming for two or more Trauma Conditions that have occurred as a result of one single event, occurrence, or incidence, we will pay you for the Trauma Condition that offers the greatest benefit payment.

3. General Trauma claim payment rules

There are a number of rules that define how we calculate any benefits that are payable to you, once you have been paid a benefit on your Standard Trauma Cover and/or Trauma Plus Extras Cover more than once. They are described in the section 'How do multiple claims under Standard Trauma Cover with the Trauma Cover Reinstatement Option work?' on page 63 as well as in the section under 'How Trauma Plus Extras operates with Standard Trauma Cover' on page 67 and 'How Trauma Plus Extras operates with Standard Trauma Cover if you have also purchased the Trauma Cover Reinstatement Option' on page 68.

Please refer to the Policy Terms at section 6.4.3 on page 132 for full details of all Policy Exclusions applicable to Trauma Cover, associated Extra Cost Options and/or Extras Cover.

Maximum Expiry Age (and changes to your cover at age 70)

Trauma Cover expires when the Life Insured turns 75, however from the Life Insured's 70th birthday onwards, only Tier 1 Benefits will be covered.

Life Cover Purchase Option (Standalone Trauma)

Extra Cost Option

Available with Trauma Cover.

NS

Non-superannuation policies: The Life Cover Purchase Option (Standalone Trauma) is available for customers who might require extra protection to assist with insurance costs in case the Life Insured suffers a Trauma Condition. The Life Cover Purchase Option (Standalone Trauma) is available to Life Insureds who are employees, business owners, sole traders or non-working individuals in Occupation Class P, W, G, L, B, D, R or O.

What are the benefits and features of the Life Cover Purchase Option (Standalone Trauma)?

The Life Cover Purchase Option (Standalone Trauma) is available with Standard Trauma Cover at an additional cost. Table 23 below highlights the benefits and features of the Life Cover Purchase Option (Standalone Trauma).

Table 23: Life Cover Purchase Option (Standalone Trauma) benefits and features

Benefits and features	Description	Amount payable
Life Cover Purchase benefit (Standalone Trauma) NS	With this option, the Policy Owner will automatically receive Life Cover up to the amount of the full Trauma Cover Amount paid under their Standalone Trauma Cover, without the need of medical evidence. We will automatically provide Life Cover for the Life Insured 12 months after a full Trauma benefit payment. *This option can only be exercised once. The Life Events Increases Feature and Premium Waiver Disability Option are not available under the new Life Cover. Indexation will apply to the newly purchased Life Cover. The premium type of the new Life Cover will be the same premium type as the Life Cover Purchase Option (Standalone Trauma) for the life of the Policy.*	N/A

Additional Terms

The Life Cover Purchase Option (Standalone Trauma) is subject to the same terms that apply to Trauma Cover. The Life Cover you receive under this option is subject to the same terms and conditions that apply to Life Cover as outlined in the Policy Exclusions.

Please refer to the Policy Terms at section 6.4.3 on page 132 for full details of Policy Exclusions applicable to Trauma Cover, associated Extra Cost Options and/or Extras Cover.

Maximum Expiry Age

The Life Cover Purchase Option (Standalone Trauma) expires when the Life Insured turns 65.

Life Cover Buy Back Option (Trauma)

Extra Cost Option

Available with Trauma Cover.

NS

Non-superannuation policies only: The Life Cover Buy Back Option (Trauma) is available to Life Insureds who are employees, business owners, sole traders or non-working individuals and is available to Occupation Class P, W, G, L, B, D, R or O.

What are the benefits and features of the Life Cover Buy Back Option (Trauma)?

The Life Cover Buy Back Option (Trauma) is available with Standard Trauma Cover at an additional cost. Table 24 below highlights the benefits and features of the Life Cover Buy Back Option (Trauma).

Table 24: Life Cover Buy Back Option (Trauma) benefits and features

Benefits and features	Description	Amount payable
Life Cover Buy Back Benefit (Trauma) NS	• This option restores your Linked Life Cover, 12 months following a Linked Trauma Cover benefit payment. Following a full or partial Linked Trauma Cover benefit payment, Linked Life Cover is not cancelled or reduced. Instead, the cover is subject to an Accidental Injury Cover definition. This means that the benefit under Life Cover will only be payable if death is a direct result of an Accidental Injury. The Accidental Injury Cover definition will be removed 12 months following the Linked Trauma Cover benefit payment.	N/A

Additional Terms

In addition to the terms and conditions that apply to Trauma Cover and Life Cover, the following exclusions also apply to the Life Cover Buy Back Option (Trauma).

Survival Period

We will not pay any Life Cover benefits if the Life Insured does not survive without the use of a life support system for at least 14 days following the date the Life Insured first meets the definition of the Trauma Condition.

Life Cover Restoration

If the Life Insured has previously been paid a Terminal Illness benefit, are in the process of making a Terminal Illness claim or are eligible for a Terminal Illness benefit at the time of your Trauma Cover claim, we will not restore the Life Cover under the Life Cover Buy Back Option (Trauma).

Please refer to the Policy Terms at section 6.4.1 and 6.4.3 on page 129 and 132 for full details of Policy Exclusions applicable to Trauma Cover and associated Extra Cost Options and/or Extras Cover.

Maximum Expiry Age

The Life Cover Buy Back Option (Trauma) expires when the Life Insured turns 75.

Double Benefit Option (Trauma)

Extra Cost Option

Available with Trauma Cover.

NS

Non-superannuation policies: The Double Benefit Option (Trauma) is suitable for a broad range of people and is available for employees, business owners, sole traders or non-working individuals who might require extra protection to assist with insurance costs in case the Life Insured suffers a Trauma Condition.

What are the benefits and features of the Double Benefit Option (Trauma)?

The Double Benefit Option (Trauma) is available with Standard Trauma Cover at an additional cost. Table 25 below highlights the benefits and features of the Double Benefit Option (Trauma).

Table 25: Double Benefit Option (Trauma) benefits and features

Benefits and features	Description	Amount payable
Double Benefit (Trauma) NS	• This option restores your Linked Life Cover 14 days following a Linked Trauma Cover benefit payment. Following a full Linked Trauma Cover benefit payment, Linked Life Cover is not cancelled or reduced. Instead, the cover is subject to an Accidental Injury Cover definition. This means that the benefit under Life Cover will only be payable if death is the direct result of an Accidental Injury. The Accidental Injury Cover definition will be removed 14 days following the full Linked Trauma Cover benefit payment. • We will waive future premiums for the portion of your Life Cover Amount that is restored under this option, up until you turn 65. *This option can only be exercised once. Indexation, the Life Events Increases Feature and Premium Waiver Disability Option are not available on the restored Life Cover.*	N/A

Additional Terms

In addition to the terms and conditions that apply to Trauma Cover and Life Cover, the following exclusions also apply to the Double Benefit Option (Trauma).

Survival Period

We will not pay any Life Cover benefits if the Life Insured does not survive without the use of a life support system for at least 14 days after they satisfy the Trauma Definition.

Life Cover Restoration

If the Life Insured has previously been paid a Terminal Illness benefit or are in the process of making a Terminal Illness claim at the time of your Trauma Cover claim, we will not restore the Life Cover under the Double Benefit Option (Trauma).

Terminal Illness Benefit Exclusion Period

We won't pay a Terminal Illness Benefit if the Life Insured is Diagnosed as Terminally Ill within 12 months for the same or Related Condition following their Linked Trauma Cover benefit payment. This exclusion does not apply if the cause of Terminal Illness is a new condition and is unrelated to the Trauma Cover benefit payment.

Tier 2 Benefit and Tier 3 Benefits

The Life Cover Amount will not be restored where a partial benefit (Tier 2 or Tier 3 Benefit) has been paid to the Life Insured.

Please refer to the Policy Terms at section 6.4.1 and 6.4.3 on page 129 and 132 for full details of Policy Exclusions applicable to Trauma Cover and associated Extra Cost Options and/or Extras Cover.

Maximum Expiry Age

The Double Benefit Option (Trauma) expires when the Life Insured turns 65.

Trauma Cover Reinstatement Option

Extra Cost Option

Available with Trauma Cover.

NS

Non-superannuation policies only: The Trauma Cover Reinstatement Option is available for Life Insureds who are employees, business owners, sole traders or non-working individuals. This option is available to all Occupation Classes as an Extra Cost Option.

What are the benefits and features of the Trauma Cover Reinstatement Option?

The Trauma Cover Reinstatement Option is available with Standard Trauma Cover at an additional cost. Table 26 below highlights the benefits and features of the Trauma Cover Reinstatement Option.

Table 26: Trauma Cover Reinstatement Option benefits and features

Benefits and features	Description	Amount payable
Trauma Cover Reinstatement Benefit NS	• This option reinstates the Trauma Cover Amount after we have paid a benefit under Standard Trauma Cover without the need to provide us with any additional health or other evidence. After you have been paid your Tier 1, Tier 2 or Tier 3 Trauma Cover Amount, your Trauma Cover remains in place and continues to provide protection for any conditions that arise as a result of Accidental Injury. Twelve months following your full or partial benefit payment, the Trauma Cover Amount is automatically reinstated without you needing to do anything (i.e. cover becomes available once again for new Trauma Conditions, and not just those arising from Accidental Injury). This means you are able to claim on your Trauma Cover multiple times over the life of your Policy and are continually provided with protection. The premium for the reinstated Trauma Cover will be based on the current premium rates that apply. Any loading or exclusion that you agreed to that applied to the original Trauma Cover will continue to be applied to the reinstated Trauma Cover. *Indexation applies on the reinstated Trauma Cover Amount. Additional benefits apply if you have also purchased Trauma Plus Extras. Refer to Table 31 on page 67 for more details.*	N/A

Additional Terms

The Trauma Cover Reinstatement Option is subject to the same terms that apply to Trauma Cover. The reinstated Trauma Cover is subject to the terms and conditions that apply to Trauma Cover.

Please refer to the Policy Terms at section 6.4.3 on page 132 for full details of Policy Exclusions applicable to Trauma Cover, associated Extra Cost Options and/or Extras Cover.

Maximum Expiry Age

The Trauma Cover Reinstatement Option expires when the Life Insured turns 75.

How do multiple claims under Standard Trauma Cover with the Trauma Cover Reinstatement Option work?

There are three important considerations that apply in the context of multiple claims:

1. The Trauma Category Rule;
2. Related or Progressive Trauma Conditions; and
3. The application of the Accidental Injury Cover definition.

1. The Trauma Category Rule

Your total Trauma Cover Amount is available to be paid under each of the five Trauma Categories. Where the Trauma Cover Reinstatement Option is also purchased, it is possible to be paid five times the Trauma Cover Amount for multiple claims across each Trauma Category over the life of your Policy. Once you've received 100% of your Trauma Cover Amount within a single Trauma Category, coverage for all Trauma Conditions within that category will end. This is illustrated in Table 27 below.

Table 27: Examples of the Trauma Category Rule

Example A	Example B
Sarah is the Life Insured on a Policy with a Trauma Cover Amount of $100,000 and the Trauma Cover Reinstatement Option. If she suffers a severe heart attack and receives a Tier 1 Benefit under 'Heart Condition – *significantly impaired heart function*', we will pay 100% of the Trauma Cover Amount. Following payment, Sarah will continue to be covered for $100,000 of Trauma Cover; however, she will no longer be covered for any other Trauma Conditions in the Trauma Category of Heart Conditions.	Anna is the Life Insured on a Policy with a Trauma Cover Amount of $100,000 and the Trauma Cover Reinstatement Option. If she suffers Cardiomyopathy and receives a Tier 2 Benefit, we will pay 50% of the Trauma Cover Amount. Following payment, Anna will continue to be covered for $100,000 of Trauma Cover, however her cover for the Trauma Category of Heart Conditions will be reduced. This reduction is detailed below. 18 months later Anna suffers a major heart attack and satisfies the criteria for a Tier 1 Benefit payment of 100% under 'Heart Condition – *significantly impaired heart function*', which is in the same Trauma Category as her first claim. The benefit we will pay for this second claim is reduced from $100,000 to $50,000, to ensure that Anna does not exceed the maximum payment of 100% of the Trauma Cover Amount for claims within any one Trauma Category. Following this second benefit payment, Anna will continue to be covered for $100,000 of Trauma Cover; however, she will no longer be covered for any other Trauma Conditions in the Trauma Category of Heart Conditions.

The maximum amount payable combined for all Trauma Conditions within each Trauma Category is the Trauma Cover Amount. This applies over the life of the Policy.

2. Related or Progressive Trauma Conditions

There are a number of Trauma Conditions that we will treat as related to a prior Trauma Cover benefit payment (referred to as Related or Progressive Trauma Conditions).

Definition

Related or Progressive Trauma Condition: Any Trauma Condition that is symptomatic of, secondary to, or otherwise connected with the underlying condition, medical cause or pathology as another Trauma Condition for which we have paid a Trauma Cover benefit.

In the case of Related or Progressive Trauma Conditions, subsequent benefit payments will be offset against previous Trauma Cover benefit payments. The maximum amount we will pay for Related or Progressive Trauma Conditions is 100% of your Trauma Cover Amount.

Example Scenario: John is a 56 year old accountant who took out a MetLife Protect Policy (as the Policy Owner as well as the Life Insured) with $100,000 of Trauma Cover 18 months ago. He has just been Diagnosed with prostate cancer.

Claim 1: John is Diagnosed with prostate cancer and is paid a Tier 3 Benefit under the Trauma Condition of 'Cancer – *early stage cancers*'. The payment amount is 10% of his Trauma Cover Amount, and so he receives $10,000.

Claim 2: Despite treatment, the cancer progresses and nine months later, John is advised that the entire prostate must be removed. Due to this, he is now eligible to claim a Tier 2 Benefit under the Trauma Condition of 'Cancer – *excluding specified early stage cancers*'. The benefit payment for this Trauma Condition is 50% of the Trauma Cover Amount ($50,000). However, because this is a Related or Progressive Trauma Condition, the amount that John will be paid is $40,000 as he has already received $10,000 of his $50,000 entitlement.

Claim 3: Unfortunately, as a complication of the prostate cancer, John ends up suffering from end stage kidney failure, requiring permanent dialysis. He is eligible to claim a Tier 1 Benefit under 'Vital Organ or Digestive System Disorder – *end stage*'. The amount payable is 100% of the Trauma Cover Amount ($100,000). However, because this is a Related or Progressive Trauma Condition and John has already received $50,000 in total for two previous claims, he will be entitled to receive the remaining $50,000 ($100,000 minus the $50,000 already paid).

3. The application of the Accidental Injury Cover definition (Only applicable if the Trauma Cover Reinstatement Option is purchased)

An Accidental Injury Cover definition in relation to Trauma Cover means that for the period during which it applies, your Trauma Cover will be limited to Trauma Conditions that arise as a result of Accidental Injury only.

Note: The Accidental Injury Cover definition does not apply to Trauma Conditions that are considered Related or Progressive Trauma Conditions.

The examples in Table 28 illustrate the application of the Accidental Injury Cover definition with examples, in scenarios with multiple claims due to unrelated Trauma Conditions. Once we pay a benefit for any Trauma Condition, we will apply a 12-month Accidental Injury Cover definition to the same Trauma Cover Amount which corresponds with the benefit payment made. For example, if you received a Tier 2 Benefit which paid you 50% of your Trauma Cover Amount, the Accidental Injury Cover definition will be applied to 50% of your Trauma Cover Amount. 12 months following benefit payment, the Accidental Injury Cover definition will be removed, and your full coverage is reinstated.

Table 28: Examples of the application of the Accidental Injury Cover definition

Example A Application of the Accidental Injury Cover definition	**Example B** Removal of Accidental Injury Cover definition after 12 months (reinstatement of Trauma Cover to full coverage)
Duncan is the Policy Owner and Life Insured on a Policy with a Trauma Cover Amount of $200,000 and the Trauma Cover Reinstatement Option. Duncan suffers a major heart attack satisfying the criteria for a Tier 1 Benefit under 'Heart Condition – *significantly impaired heart function*'. We pay Duncan 100% of his Trauma Cover Amount, i.e. $200,000. His Trauma Cover Amount remains at $200,000, however, for the 12 months following the benefit payment he will only be able to claim for further Trauma Conditions arising from Accidental Injury. Six months after Duncan's heart attack he is badly burned in a house fire which meets the definition of Accidental Injury. Fortunately, as his MetLife Protect Policy continues to provide him with Accidental Injury coverage, he is entitled to claim a Tier 2 Benefit under the Trauma Condition of 'Burns – *full thickness*'. This results in a 50% benefit payment of $100,000, due to the accident.	Simon is the Policy Owner and Life Insured on a Policy with a Trauma Cover Amount of $200,000 and the Trauma Cover Reinstatement Option. Simon suffers a major heart attack satisfying the criteria for a Tier 1 Benefit under 'Heart Condition – *significantly impaired heart function*'. We pay Simon 100% of his Trauma Cover Amount, i.e. $200,000. His Trauma Cover Amount remains at $200,000, however, for the 12 months following the benefit payment he will only be able to claim for further Trauma Conditions arising from Accidental Injury. 12 months after the payment of the Trauma Cover benefit, the Accidental Injury Cover definition is removed and Simon's Trauma Cover will be reinstated to full coverage.

Premium Waiver Disability Option

Extra Cost Option

Available with Trauma Cover.

NS

Non-superannuation policies: The Premium Waiver Disability Option is available for customers who might require extra protection to assist with insurance costs in case the Life Insured suffers Total Disability. The Premium Waiver Disability Option is available to Life Insureds who are employees, business owners or sole traders in Occupation Class P, W, G, L, B, or D.

What are the benefits and features of the Premium Waiver Disability Option?

The Premium Waiver Disability Option is available with Standard Trauma Cover at an additional cost. Table 29 below highlights the benefits and features of the Premium Waiver Disability Option.

Table 29: Premium Waiver Disability Option benefits and features

Benefits and features	Description	Amount payable
Premium Waiver Disability Benefit NS	• If you have Trauma Cover with the Premium Waiver Disability Option, premiums for your Trauma Cover and any corresponding Extra Cost Options and/or Extras Cover will be waived if the Life Insured is Totally Disabled for six consecutive months and continues to be Totally Disabled after the end of the six consecutive months. • If we waive your premiums under this option, we will also refund any premiums collected on your Trauma Cover including any corresponding Extra Cost Options and/or Extras Cover during the first six consecutive months of the Life Insured's Total Disability. As long as the Life Insured continues to be Totally Disabled, we will continue to waive your premium until the Life Insured reaches age 65, returns to work, or is earning income. **For those who pay their premiums fortnightly or monthly** *We will waive the full premiums with respect to Trauma Cover (including any corresponding Extra Cost Options and/or Extras Cover) that fall due during your Total Disability period.* **For those who pay their premiums annually** *We will waive the pro-rated premiums with respect to Trauma Cover (including any corresponding Extra Cost Options and/or Extras Cover) in relation to your Total Disability period.*	N/A

Additional Exclusions

The Premium Waiver Disability Option is subject to the same terms that apply to Trauma Cover.

Please refer to the Policy Terms at section 6.4.3 on page 132 for full details of Policy Exclusions applicable to Trauma Cover, associated Extra Cost Options and/or Extras Cover.

Maximum Expiry Age

The Premium Waiver Disability Option expires when the Life Insured turns 65.

Trauma Plus Extras

Extras Cover

Available with Trauma Cover.

NS

Non-superannuation policies only: Trauma Plus Extras is suitable for a broad range of people, and there are no additional eligibility criteria in addition to the Standard Trauma Cover.

What are the benefits and features of Trauma Plus Extras?

Trauma Plus Extras is available with Standard Trauma Cover at an additional cost. Table 30 below highlights the benefits and features of Trauma Plus Extras.

Table 30: Trauma Plus Extras benefits and features

Benefits and features	Description	Amount payable (% of the Trauma Cover Amount)
Trauma Cover – Booster Benefit NS	• An additional 50% of the Trauma Cover Amount is paid as a top-up to your Standard Cover, providing additional cash flow. This applies to all Tier 2 Benefits, which pay 50% of the Trauma Cover Amount, effectively boosting your benefit payment to 100%. *The Policy Owner can exercise the Booster Benefit up to two times across all MetLife Protect Policies for the same Life Insured.*	Up to 50%
Trauma Cover – Repeat Angioplasty Benefit NS	• Covers angioplasty on one or two arteries to treat coronary artery disease 12 months or more after a previous benefit payment for Angioplasty – *single or double vessel.* *Benefit payable once only.*	Up to 25% *(capped at $25,000)*
Trauma Cover – Advanced Diabetes Benefit NS	• Covers up to 100% of the Trauma Cover Amount for severe diabetes mellitus, either insulin or non-insulin dependent if the Life Insured suffers from Diabetes – *severe with complications* (defined on page 156). • This benefit will pay on top of any benefit that you may receive under Standard Trauma Cover (Diabetes - *insulin dependent* (defined on page 156)), up to a maximum of 100% of your Trauma Cover Amount. *Benefit payable once only.*	Up to 100%

How Trauma Plus Extras operates with Standard Trauma Cover

The benefits and features held within Trauma Plus Extras enhance the payment rules under Standard Cover, as explained below.

Trauma Cover – Booster Benefit

This benefit effectively doubles the Trauma Cover Amount that would otherwise be payable for a Tier 2 Benefit under Standard Trauma Cover, from 50% to 100%.

Example:

If the Life Insured is covered for a Standard Trauma Cover Amount of $100,000 and they suffer Cardiomyopathy, the Trauma benefit payment would normally be a Tier 2 Benefit payment of $50,000 (50% of the Trauma Cover Amount). With the Trauma Cover – Booster Benefit, the Trauma benefit paid will be $100,000.

Trauma Cover – Repeat Angioplasty Benefit

This benefit enables the Related or Progressive Trauma Conditions rule to be overridden in certain circumstances. This means if the Life Insured undergoes Angioplasty – *single or double vessel* to treat a narrowing or blockage of one or more coronary arteries after we have paid a benefit 12 months or more ago for the same procedure, we will pay another 25% of the Trauma Cover Amount, up to $25,000.

Example:

Sarah is the Policy Owner and Life Insured on a Policy with a Trauma Cover Amount of $100,000.

If Sarah suffers from Coronary Artery Disease (CAD) and is paid 25% of her Trauma Cover Amount as a result of undergoing an angioplasty, ordinarily any future related claims for angioplasty as a result of CAD would be offset by previous payments received (effectively meaning Sarah could only claim on angioplasty for CAD once). However, with the Trauma Cover – Repeat Angioplasty Benefit, if Sarah requires a second angioplasty (at least 12 months after her first), then she will be entitled to claim another 25% of the Trauma Cover Amount (i.e. $25,000).

Trauma Cover – Advanced Diabetes Benefit

This benefit offered under Trauma Plus Extras enables 100% of the Trauma Cover Amount to be paid if the Life Insured suffers from severe diabetes mellitus, insulin or non-insulin dependent, that leads to severe complications as defined under Diabetes – *severe with complications*.

Example:

If the Life Insured suffers from Diabetes – *insulin dependent*, we will pay a Tier 3 benefit of 25% of the Trauma Cover Amount capped at $100,000 under Standard Trauma Cover. If the condition becomes severe with complications as defined under Diabetes – *severe with complications*, the Life Insured may receive the remaining 75% of their Trauma Cover Amount.

Additional Benefits included in Trauma Plus Extras with the Trauma Cover Reinstatement Option

Table 31: Trauma Plus Extras benefits and features when purchased with the Trauma Cover Reinstatement Option

Benefits and features	Description	Amount payable (% of the Trauma Cover Amount)
Trauma Cover – Unrelated Cancer Benefit NS	• Covers a new primary Tier 1 or Tier 2 Cancer Condition Diagnosed 12 months or more after, and unrelated to, a previous cancer benefit payment. *Benefit payable once only.*	Up to 100%
Trauma Cover – Related Cancer Benefit NS	• Covers a new primary Tier 1 or Tier 2 Cancer Condition Diagnosed 12 months or more after, and related to, a previous cancer benefit payment. *Benefit payable once only.*	Up to 10% *(capped at $50,000)*
Trauma Cover – Related Heart Condition Benefit NS	• Covers a Tier 1 or Tier 2 Heart Condition, Diagnosed 12 months or more after a previous related benefit payment. Includes repeat heart attacks. *Benefit payable once only.*	Up to 10% *(capped at $50,000)*

How Trauma Plus Extras operates with Standard Trauma Cover if you have also purchased the Trauma Cover Reinstatement Option

The benefits and features held within Trauma Plus Extras when purchased with the Trauma Cover Reinstatement Option enhance the payment rules under Standard Cover, as explained below.

Trauma Cover – Unrelated Cancer Benefit

This benefit enables the Trauma Category Rule for the Trauma Category of Cancer Conditions to be overridden. This means if the Life Insured suffers from a new primary Cancer Condition that pays a Tier 1 or Tier 2 Benefit, Diagnosed 12 months or more after (and unrelated to) a previous cancer claim, a new claim is possible in the Cancer Conditions category, up to the full Trauma Cover Amount.

Example:

Duncan is the Policy Owner and Life Insured on a Policy with a Trauma Cover Amount of $100,000.

If Duncan was recently paid a 100% benefit as a result of suffering from advanced skin cancer, ordinarily he would be unable to claim for any other Cancer Conditions again (Trauma Category Rule).

However, with the Trauma Cover – Unrelated Cancer Benefit, if Duncan is Diagnosed with a new, unrelated cancer (e.g. lung cancer) at least 12 months after his previous Diagnosis of advanced skin cancer, then he will be again entitled to claim the full Trauma Cover Amount of $100,000.

Trauma Cover – Related Cancer Benefit

This benefit enables the Trauma Category Rule for the Trauma Category of Cancer Conditions to be overridden. This means if the Life Insured suffers from a related Tier 1 or Tier 2 Cancer Condition Diagnosed 12 months or more after a previous cancer claim (Related or Progressive Trauma Condition), you are able to claim another 10% of the Trauma Cover Amount in the Cancer Condition category.

Example:

Simon is the Policy Owner and Life Insured on a Policy with a Trauma Cover Amount of $100,000.

If Simon was recently paid a 100% benefit as a result of suffering from advanced skin cancer, ordinarily he would be unable to claim for any other Cancer Conditions again (Trauma Category Rule). However, with the Trauma Cover – Related Cancer Benefit, if Simon is Diagnosed with a new, related cancer (e.g. another advanced cancer as the skin cancer has spread) at least 12 months after his previous Diagnosis of advanced skin cancer, then he will be entitled to claim another 10% of the Trauma Cover Amount (i.e. $10,000).

Trauma Cover – Related Heart Condition Benefit

This benefit enables the Trauma Category Rule for the Trauma Category of Heart Conditions to be overridden. This means if the Life Insured suffers from a related Tier 1 or Tier 2 Heart Condition Diagnosed 12 months or more after a previous Heart Condition claim (Related or Progressive Trauma Condition), you are able to claim another 10% of your Trauma Cover Amount in the Heart Condition category.

Example:

Anna is the Policy Owner and Life Insured on a Policy with a Trauma Cover Amount of $100,000.

If Anna was recently paid a 100% benefit as a result of a heart attack, ordinarily she would be unable to claim for any other Heart Conditions again (Trauma Category Rule). However, with the Trauma Cover – Related Heart Condition Benefit, if Anna suffers another heart attack related to the first (at least 12 months after her first heart attack), then Anna will be entitled to claim another 10% of the Trauma Cover Amount (i.e. $10,000).

Additional Terms

Trauma Plus Extras is subject to the exclusions that apply to Trauma Cover.

Please refer to the Policy Terms at section 6.4.3 on page 132 for full details of all Policy Exclusions applicable to Trauma Cover, associated Extra Cost Options and/or Extras Cover.

Maximum Expiry Age

Trauma Plus Extras expires when the Life Insured turns 70.

Child Cover Extras

Extras Cover

Available with Trauma Cover.

NS

Non-superannuation policies only: Child Cover Extras provides cover for the Life Insured's children (including any step or adopted children) who are aged 16 and under and live with the Life Insured on a permanent basis. You do not need to provide the child's name or medical information when applying for cover.

What are the benefits and features of Child Cover Extras?

Child Cover Extras is available with Standard Trauma Cover at an additional cost. Table 32 below highlights the benefits and features of Child Cover Extras.

Table 32: Child Cover Extras benefits and features

Benefits and features	Description	Amount payable
Trauma Cover – Child Trauma Benefit NS	• Cover for circumstances where your Dependent Child is Diagnosed with one of the following specified serious Illnesses: – Bacterial Meningitis (defined on page 155) – Cancer – *excluding specified early stage cancers* (defined on page 156) – Crohn's Disease - *severe* (defined on page 156) – Cystic Fibrosis (defined on page 156) – Dependent Child's death or Terminal Illness (defined on page 152) – Ulcerative Colitis - *severe* (defined on page 159). *A maximum benefit of $50,000 is payable only once for each Dependent Child, across all the Policies held by the Life Insured. Multiple claims are otherwise permitted where there are more than one Dependent Child of the Life Insured.* *The 90-day No-Claim Period commences after cover starts, reinstates or increases but only on the increased portion. No benefits are payable for any condition for which a Dependent Child was first Diagnosed, prior to the end of the No-Claim Period.*	Up to 10% of the Trauma Cover Amount *Minimum $10,000 (capped at $50,000)*
Trauma Cover – Family Assistance Expenses Benefit NS	• Cover if an immediate family member needs to travel more than 100km to help the Life Insured with family responsibilities after a claim is paid under the Trauma Cover – Child Trauma Benefit. The benefit is a Reimbursement of the family member's direct travel and/or accommodation expenses. *Payable multiple times over the life of the Policy, up to an overall maximum of $5,000.*	Up to $500 per day *(Reimbursed expenses only)*

Additional Terms

Child Cover Extras is subject to the exclusions that apply to Trauma Cover.

Please refer to the Policy Terms at section 6.4.3 on page 132 for full details of all Policy Exclusions applicable to Trauma Cover, associated Extra Cost Options and/or Extras Cover.

Maximum Expiry Age

Child Cover Extras expires when the Life Insured turns 65.

Please note that the Child Trauma Benefit will only provide coverage for a Dependent Child who is 16 or under, so over time you may wish to consider if this benefit is still suitable for your insurance needs.

Income Cover

Income Cover provides a form of income replacement when the Life Insured suffers a loss of income during times of Illness or Injury.



Types of insurance available **S** SUPER **NS** NON-SUPER

The benefits available under Income Cover depend on whether you take out Standard Income over only, or if you choose any of the Extra Cost Options and/or Extras Cover.

What are the benefits and features of Income Cover?

Standard Income Cover

Standard Income Cover includes the benefits and features shown in Table 33 on the following page.



Monthly Benefit is a key term which describes the monthly amount payable for the main Income Cover benefits under your Policy (i.e. Total Disability and Partial Disability Benefits). For more details on the way we calculate your Monthly Benefit - see the section, Monthly Benefit – calculating the amount we pay, on page 74.

Monthly Cover Amount is the amount we agree to insure, as reflected on your Policy Schedule or any other Important Documents.

Table 33: Standard Income Cover benefits and features

Benefits and features	Description	Amount payable
Total Disability Benefit S NS	• For 1-year, 2-year, and 5-year Benefit Periods, and for the first 24 months of a to age 65 Benefit Period, the Total Disability Benefit covers the Life Insured's inability to work in any capacity in their Usual Occupation solely due to Illness or Injury. • After the first 24 months of a to age 65 Benefit Period, or for Life Insureds who are in Occupation Class R or on leave* or unemployed for more than 12 months at the Date of Disability, the Total Disability Benefit covers the Life Insured's inability to work in any capacity in any occupation they are reasonably suited to perform by education, training or experience solely due to Illness or Injury. **Parental, sabbatical or long service leave approved in writing by the Life Insured's employer.* **Capability to work** Where the Life Insured makes a claim for Total Disability, we will calculate the Total Disability Monthly Benefit based on the Life Insured's capability to work in any capacity, either in their Usual Occupation or any occupation they are reasonably suited to perform by education, training or experience (as applicable). We will assess capability based on the medical evidence and any information available regarding the Life Insured's Illness or Injury. Please refer to section 5.2.1.1 on page 120 for further information on the Total Disability Monthly Benefit. *This benefit is payable in arrears, each month that the Life Insured is eligible to claim. It is subject to the Waiting Period being met, and your chosen Benefit Period.*	1 x Total Disability Monthly Benefit per month Offsets may apply – see page 76.
Partial Disability Benefit S NS	• For 1-year, 2-year, and 5-year Benefit Periods, and for the first 24 months of a to age 65 Benefit Period, the Partial Disability Benefit covers: – The Life Insured's inability to work at their full capacity and in circumstances where the Life Insured is working in a reduced capacity (in their Usual Occupation or another occupation) and earning a Monthly Income which is less than 80% of their Pre-Disability Income due to a Partial Disability; and – The Life Insured in circumstances where they are not working at all, but we assess them as capable of working in some capacity in their Usual Occupation. • After the first 24 months of a to age 65 Benefit Period, the Partial Disability Benefit covers: – The Life Insured's inability to work at their full capacity and in circumstances where they are working in a reduced capacity (in any occupation they are reasonably suited to perform by education, training or experience) and earning a Monthly Income which is less than 80% of their Pre-Disability Income due to a Partial Disability; and – Covers the Life Insured in circumstances where they are not working at all, but we assess them as capable of working in some capacity in any occupation they are reasonably suited to perform by their education, training or experience. **Capability to work** Where the Life Insured makes a claim for Partial Disability, the Partial Disability Monthly Benefit will be calculated having regard to the Life Insured's capability to work in either their Usual Occupation or any occupation they are reasonably suited to perform by their education, training or experience (as applicable). We will assess capability based on the medical evidence and any information available regarding the Life Insured's Illness or Injury. Please refer to section 5.2.2.1 on page 121 for further information on the Partial Disability Monthly Benefit. *Subject to a maximum of the Monthly Cover Amount, the Partial Disability Monthly Benefit we pay is:* • the higher of the following: 1. the Total Disability Monthly Benefit less 70% of Post-Disability Income, and 2. the Maximum Income Replacement Amount less any Post-Disability Income, • less any applicable Offsets. *This benefit is payable in arrears each month that the Life Insured is eligible to claim. It is subject to the Waiting Period being met, and your chosen Benefit Period.*	1 x Partial Disability Monthly Benefit per month Offsets may apply – see page 76.
Death Benefit S NS	• Covers death of the Life Insured, if they die while receiving or are entitled to receive a Total Disability Benefit or Partial Disability Benefit. • We will pay a lump sum benefit of three times the Monthly Benefit, subject to a maximum of $60,000 across all Income Cover Policies held with us.	3 x Monthly Benefit *(payable as a lump sum)*

Table 33 (continued): Standard Income Cover benefits and features

Benefits and features	Description	Amount payable
Complimentary Income Cover – Unemployment benefit NS	If your Income Cover is inside superannuation, no benefits will be payable if the Life Insured was not Gainfully Employed up to and including the day prior to the Date of Disability (Refer to definition for Gainfully Employed in section 10 on page 145). However, if you have Income Cover inside superannuation you will also automatically receive Complimentary Income Cover outside superannuation (i.e. provided to you at no extra cost). This provides you with cover in the event that you suffer an Illness or Injury whilst not Gainfully Employed (i.e. you were unemployed for reasons other than as a result of Illness or Injury). The terms of Complimentary Income Cover form part of a separate Policy held outside superannuation. Complimentary Income Cover provides identical terms and benefits as Income Cover inside superannuation, including all the additional benefits, features and selected options. It is only provided to the Life Insured while the relevant superannuation Policy is in force. **How does it work** Your claim will first be assessed for a Total Disability or Partial Disability benefit against your Income Cover inside superannuation. If the Life Insured is not Gainfully Employed at the time of the Illness or Injury and therefore does not qualify for a benefit, we will assess a claim for a benefit under the Complimentary Income Cover. As the monthly amount insured is impacted by the amount of your Pre-Disability Income prior to claim, your benefit may be reduced as a result of you being unemployed. Refer to the definition of Pre-Disability Income on page 151. *Where you have purchased the Claim Indexation Option, the Indexation increase will be limited to 5% and your Monthly Benefit may be reduced so that it does not exceed 100% of your Pre-Disability Income.*	1 x Total Disability Monthly Benefit per month or 1 x Partial Disability Monthly Benefit per month Offsets may apply – see page 76.
Income Cover – On Claim Premium Waiver Benefit S NS	• You will not need to pay premiums for your Income Cover while you are receiving Total Disability Benefits or Partial Disability Benefits. This includes the situation where the benefit entitlement is reduced to nil due to any Post-Disability Income and/or Offsets. • Premiums will be waived after the end of the Waiting Period and any premiums collected during the Waiting Period will be refunded when you start receiving Total Disability Benefits or Partial Disability Benefits. If the Policy was issued through MetLife Protect Super, and you paid your premiums by rollover, we will usually refund the premium to the superannuation fund the rollover came from. If you paid your premiums by personal contributions, any refunded premiums must be rolled over to another complying superannuation fund nominated by you. Please refer to page 92 for full details. **For those who pay their premiums fortnightly or monthly** *We will waive the full premiums with respect to Income Cover (including any corresponding Extra Cost Options and/or Extras Cover) that fall due during the Benefit Period.* **For those who pay their premiums annually** *We will waive the pro-rated premiums with respect to Income Cover (including any corresponding Extra Cost Options and/or Extras Cover) in relation to the Benefit Period.*	N/A
Income Cover – Involuntary Unemployment Premium Waiver Benefit S NS	• If the Life Insured is a permanent employee who becomes Involuntarily Unemployed, you can ask us to waive Income Cover premiums for up to three months while they are out of work. The Income Cover – Involuntary Unemployment Premium Waiver Benefit can be provided once in any 12-month period and for up to six months in total over the life of the Policy. Income Cover continues while the Income Cover – Involuntary Unemployment Premium Waiver Benefit applies. If the Policy was issued through MetLife Protect Super, and you paid your premiums by rollover, we will usually refund the premium to the superannuation fund the rollover came from. If you paid your premiums by personal contributions, any refunded premiums must be rolled over to another complying superannuation fund nominated by you. Please refer to page 92 for full details. *This waiver is only available if premiums are paid up to date at the time the Life Insured becomes Involuntarily Unemployed.* **For those who pay their premiums fortnightly or monthly** *We will waive the full premiums with respect to Income Cover (including any corresponding Extra Cost Options and/or Extras Cover) that fall due during the period of Involuntary Unemployment.* **For those who pay their premiums annually** *We will waive the pro-rated premiums with respect to Income Cover (including any corresponding Extra Cost Options and/or Extras Cover) in relation to the period of Involuntary Unemployment.*	N/A

Table 33 (continued): Standard Income Cover benefits and features

Benefits and features	Description	Amount payable
Income Cover – Recurrent Disability Benefit S NS	• Allows the Waiting Period to be waived if the Life Insured suffers a Recurrent Disability within 12 months after we have ceased paying a Total Disability Benefit or Partial Disability Benefit, due to the same Illness or Injury.	N/A
Life Events Extras Feature S NS	• When the Life Insured's income (excluding superannuation) first exceeds $120,000 during the term of Income Cover, you can add Disability Extras without further medical underwriting. This feature is not available where a 180-day Waiting Period, 1-year Waiting Period, 2-year Waiting Period or 1-year Benefit Period has been selected on your Income Cover Policy. *The new application to add Disability Extras must be made within 30 days of the Policy Anniversary following the event and we may ask you to supply additional information. Disability Extras will only be available in a Policy outside superannuation.* *This feature is not available if the Life Insured has made a claim or been paid a benefit under Income Cover.* *Accidental Injury Cover applies for the first six months after the date you exercise the Life Events Extras Feature.* **Please refer to section 6.4.4.6 on page 135 for information on the Accidental Injury Cover definition when exercising the Life Events Extras Feature.**	N/A
Life Events Increases Feature S NS	• If the Life Insured's salary (excluding superannuation) increases by up to 15% in a year, you can apply to increase your Monthly Cover Amount without further medical underwriting. The maximum cover increase is the lesser of 15% of your Monthly Cover Amount and 70% of the actual salary increase, provided the total Monthly Cover Amount (which excludes superannuation) doesn't exceed the Maximum Income Replacement Amount. *The application to increase cover must be made within 30 days of the Policy Anniversary following the salary increase and before the Life Insured turns 55. We may ask you to supply additional information and if the application is accepted, your premiums will be adjusted to reflect the increased Monthly Cover Amount. You can use the Life Events Increases Feature up to four times over the life of the Policy and it is available until you turn 55.* *Accidental Injury Cover applies for the first six months after the date you increase your cover under the Life Events Increases Feature.* **Please refer to section 6.4.4.5 on page 135 for information on the Accidental Injury Cover definition when exercising the Life Events Increases Feature.**	N/A
Income Cover – Cover Pause Feature S NS	• If the Life Insured takes unpaid parental leave or unpaid sabbatical leave from their employer, or experiences financial hardship, and the Income Cover has been in force for at least two years, you can reduce your Income Cover to 25% of the Monthly Cover Amount, with a corresponding reduction in your premium. You can restore your Monthly Cover Amount with no medical underwriting required either when the unpaid leave period ends and the Life Insured returns to work or the period of financial hardship ends, up to 12 months later with a corresponding increase in your premium. *Any accepted Recurrent Disability claims during the cover pause period will have the Waiting Period waived as described in section 5.2.7 on page 122.* *An Accidental Injury limitation applies for the first six months after the date your Monthly Cover Amount is restored (refer to section 6.4.4.7 on page 135).*	N/A
Income Cover – Rehabilitation Support Benefit S NS	• Covers expenses (rehabilitation and/or retraining) and rehabilitation programs separately to support the Life Insured's return to work. It is available when the Life Insured has been on claim for Total Disability or Partial Disability. The rehabilitation or retraining plan must be reasonable and mutually agreed upon prior to commencement. Please refer to section 5.2.8 on page 122 for full details. *Expenses and rehabilitation programs are provided through rehabilitation providers we have partnered with (or as mutually agreed upon) and the benefit will be paid directly to the service provider.* *The maximum amount payable in total over the life of the Policy is 12 times the Monthly Benefit for expenses and 12 times the Monthly Benefit for rehabilitation programs.*	Up to 12 x Monthly Benefit for rehabilitation and/or retraining expenses and Up to 12 x Monthly Benefit for rehabilitation programs *(Reimbursements only paid directly to the provider)*
Indexation S NS	• At each Policy Anniversary, we will increase your Monthly Cover Amount by CPI, unless you ask us not to. Additional premiums may apply as a result of the increase in your Monthly Cover Amount.	N/A

Choice of Waiting Period

The Waiting Period is the minimum number of consecutive days that the Life Insured must be Partially Disabled or Totally Disabled, before entitlement to any Partial Disability Benefits or Total Disability Benefits can begin to accrue.

You can choose either a 30-day, 60-day, 90-day 180-day, 1-year or 2-year Waiting Period.*

The Waiting Period starts on the date the Life Insured is certified by a Medical Practitioner as unable to work at full capacity, solely due to Illness or Injury, and as at which date they meet the definition of being Totally Disabled or Partially Disabled.

Note: The Life Insured must be continuously Totally Disabled or Partially Disabled for the duration of the Waiting Period, in order to be eligible to claim Partial Disability Benefits or Total Disability Benefits. Once the Waiting Period has been served, your Benefit Period will commence and thereafter benefits are paid monthly in arrears.

In order for the Life Insured to receive income replacement payments from a Policy inside superannuation, it is a legislated requirement to have ceased Gainful Employment due to Illness or Injury. Therefore, for any Policies inside superannuation, it is a condition of the Waiting Period that the Life Insured must have been completely unable to work (Totally Disabled) for at least one day during the Waiting Period, due to their Illness or Injury.

Note that Disability Extras is only available with a 30-day, 60-day or 90-day Waiting Period.

Choice of Benefit Period

The Benefit Period is the maximum duration for which we will pay Total Disability Benefits and/or Partial Disability Benefits for any one Illness or Injury (including a Recurrent Disability) over the life of the Policy.

We offer a choice of maximum Benefit Periods as follows:

- **1 year** – benefit payable for up to a year, or to age 65 – whichever occurs first.
- **2 years** – benefit payable for up to two years, or to age 65 - whichever occurs first.
- **5 years** – benefit payable for up to five years, or to age 65 - whichever occurs first.
- **Age 65** – benefit payable to age 65.

Note: If a claim has been paid for only part of the Benefit Period when the Life Insured returns to work, the claim can be continued for the remainder of the Benefit Period if the Life Insured becomes Totally Disabled or Partially Disabled again as a result of the Recurrent Disability.

Once benefits for either a Recurrent Disability or related Illness or Injury have been paid to the end of the Benefit Period, the Life Insured is unable to claim for that same or related Illness or Injury again. Any future Income Cover benefits will only be available for an unrelated Illness or Injury.

Income Cover (70 to 60)

Where Income Cover (70 to 60) is selected with Standard Income Cover, for the first 24 months of the Benefit Period, the Monthly Benefit will be calculated using the Maximum Income Replacement Amount. After 24 months, your Monthly Benefit will be reduced by 1/7th for the remaining Benefit Period.

Income Cover (70 to 60) is only available with 5-year and to age 65 Benefit Periods and is available to Life Insureds who are employees, sole traders or business owners who work in Occupation Class P, W, G, L, B or D (5-year Benefit Period only).

Where your Policy includes the Superannuation Contribution Option, after 24 months of the Benefit Period, your Superannuation Contribution Amount will also be reduced by 1/7th for the remaining Benefit Period.

Where your Policy includes the Claim Indexation Option, after 24 months of the Benefit Period, the Claim Indexation Option will continue to increase the Monthly Benefit by the Consumer Price Index (CPI) annually.

Note: Income Cover (70 to 60) is subject to the same exclusions that apply to Income Cover. Please refer to the Policy Terms at section 6.4.4 on page 133 for full details of Policy Exclusions applicable to Income Cover, associated Extra Cost Options and/or Extras Cover.

Monthly Benefit – calculating the amount we pay

The Monthly Benefit is the amount we pay under Income Cover for Total Disability or Partial Disability. Additional benefits payable under Disability Extras will be based on the Monthly Benefit.

The Monthly Benefit is a value calculated at the time of claim. For Total Disability it is an amount based on the lesser of:

- the Monthly Cover Amount we have agreed to insure; and
- the Maximum Income Replacement Amount,

as reflected on your Policy Schedule or any other Important Documents.

The Monthly Benefit that we pay will never be higher than the Monthly Cover Amount. It can also be lower than the Monthly Cover Amount.

Where Income Cover (70 to 60) is selected with Standard Income Cover, for the first 24 months of the Benefit Period, the Monthly Benefit will be calculated using the Maximum Income Replacement Amount. After 24 months of Benefit Period, your Monthly Benefit will be reduced by 1/7th for the remaining Benefit Period.

Please see section 5.2.1.1 on page 120 for additional details on how we calculate the Monthly Benefit if the Life Insured is Totally Disabled and section 5.2.2.1 on page 121 for how we use the Total Disability Monthly Benefit in the calculation of Partial Disability Benefit payments if the Life Insured is Partially Disabled.

Where you have purchased Disability Extras with Standard Income Cover, an additional amount to the Monthly Benefit is payable or able to be received by the Life Insured in the first six months of the Benefit Period. The maximum benefit you will receive in those six months including the benefit you receive under Standard Income Cover will be limited to 90% of the Life Insured's Pre-Disability Income.

The Monthly Benefit we calculate will be reduced by any Post-Disability Income received by the Life Insured, but only to the extent required to ensure that the Total Disability Benefit we pay when added to the Post-Disability Income you receive while you are Totally Disabled is not greater than 70% of the Life Insured's Pre-Disability Income (or 90% in the first six months of a Benefit Period if you have Disability Extras).

This benefit paid to you will be further reduced by any applicable Offsets and the Life Insured's capability to work.

Financial evidence will be requested at the time of claim.

If a benefit is only payable in relation to part of a month, the benefit will apply on a pro-rata basis, for example, 1/30th of the Monthly Benefit per day.

Important: If you have Income Cover inside superannuation and Super Linked Income Cover outside superannuation, we will pay any Total Disability Benefits or Partial Disability Benefits you are entitled to under the Policy inside superannuation, to the extent permitted under law. Any benefits or amounts you are entitled to, in excess of any limitations under superannuation law will be paid under your Super Linked Income Cover outside superannuation.

Note: We suggest that you regularly review the Monthly Cover Amount of your insurance cover. In the event of a claim, the Monthly Benefit we will pay will not exceed this Monthly Cover Amount. The calculation of the Monthly Benefit is also based initially on the lesser of the Monthly Cover Amount and the Maximum Income Replacement Amount prior to becoming Totally Disabled or Partially Disabled.

If the Life Insured's Monthly Income prior to their Total Disability or Partial Disability has decreased since you applied for cover, the Monthly Benefit that will be payable at claim may be less than the Monthly Cover Amount.

If the Life Insured's Monthly Income prior to their Total Disability or Partial Disability has increased since you applied for cover, and you have not updated your Monthly Cover Amount to reflect this, in the event of claim, the Monthly Benefit we will pay will not be reflective of the Life Insured's increased income.



Benefit Offsets

If the Life Insured accrues financial entitlements or receives payments from other sources, those entitlements and payments will reduce the Monthly Benefit payable. Entitlements and payments from other sources may include, but are not limited to:

- sick leave, maternity/parental leave, annual leave, or long service taken by the Life Insured;
- any entitlements accrued or payments received by the Life Insured from other disability, group, sickness or accident insurance cover, including cover provided through a mortgage replacement policy or through a superannuation fund, held by or on behalf of the Life Insured, that was not disclosed to us at the time you applied for the cover;
- any entitlements accrued or payments received by the Life Insured from workers' compensation schemes, common law damages payments and accident compensation schemes, in respect of any part that is directly attributable to the same period as income replacement; and
- any entitlements accrued or payments received by the Life Insured from other sources agreed as part of your application for cover and noted on your Policy Schedule or any other Important Documents.

Payments that will not reduce Income Cover benefits

Income Cover benefits will not be offset by any social security benefits paid by the Australian Government via Centrelink, including the disability support pension. If the Life Insured is in receipt of any social security benefits, they are required to report all Income Cover payments made under their Policy to Centrelink. Social Security, or similar benefits received from a government entity from a country outside of Australia may be assessed as a source of income for offset.

Any lump sum benefit received for a TPD, trauma or terminal illness claim will not be offset against your Total Disability or Partial Disability Benefit payments.

For full details refer to the Policy Terms at section 5.1.6 on page 120.

Income Cover – Extra Cost Options

Subject to eligibility criteria, you may choose the Claim Indexation Option and/or the Superannuation Contribution Option, which provide additional benefits that may be relevant to your insurance needs.

These are available at an additional cost to your Standard Income Cover and eligibility criteria may apply. The Extra Cost Options expire when the Life Insured turns 65.

Income Cover – Extras Cover

If you have a 30-day, 60-day or 90-day Waiting Period, then, subject to eligibility criteria, you may choose Disability Extras which is available at an additional cost to your Standard Income Cover. Disability Extras expires when the Life Insured turns 65.

The law doesn't allow Extras Cover inside superannuation but, if your Standard Income Cover is inside superannuation, you can have Disability Extras Cover in a Policy outside superannuation.

Important: Restrictions apply to the total Monthly Benefit we can pay under a superannuation Policy, in accordance with superannuation law. Therefore, where entitlement to a benefit exists under both your superannuation Policy, Extra Cost Option and Extras Cover, any amounts payable in excess of superannuation law limitations, will be paid under your Extras Cover.

Exclusions applicable to Income Cover, Extra Cost Options and/or Extras Cover

Suicide

The Death Benefit under Income Cover will not be payable if the claim arises as a direct or indirect result of the Life Insured's suicide, attempted suicide, or an intentional, self-inflicted Injury within the first 13 months after Cover Commencement (or Reinstatement of cover or when cover is increased but only on the increased portion).

The exclusion will be waived for an equivalent amount of cover that is held with us or another insurer, and being replaced with a MetLife Policy under this PDS (provided the full exclusion period has already been served under that other cover).

Self-inflicted Injury

No benefits are payable if a claim arises as a direct or indirect result of the Life Insured's attempted suicide or an intentional self-inflicted Injury.

This exclusion does not apply to the Death Benefit, which is instead subject to the suicide exclusion detailed above.

Complications arising from Elective Surgery

During the first six months after your Income Cover has commenced, a Total Disability or Partial Disability Benefit will not be payable if the Life Insured's Illness or Injury was directly or indirectly caused by complications arising from an elective surgery.

This limitation only applies for the first six months from the:

- commencement of your Income Cover;
- Reinstatement of your Income Cover; or
- increase to your Income Cover (but only on the increased portion).

Unemployment – Income Cover inside Superannuation

If your Income Cover is inside superannuation, no benefits will be payable if the Life Insured was not Gainfully Employed up to and including the day prior to the Date of Disability. Please see the definition for Gainfully Employed in section 10 on page 145.

However, if you have Income Cover inside superannuation you will also automatically receive Complimentary Income Cover outside superannuation (i.e. provided to you at no extra cost). Please see page 72 for details of your Complimentary Income Cover.

Accidental Injury Cover definition (for Income Cover increased under the Life Events Increases Feature)

If you increase your Income Cover as a result of exercising the Life Events Increases Feature, then for the first six months following the increase we will only pay benefits under that increased Monthly Cover Amount for claims arising as a result of Accidental Injury.

After six months has elapsed, the Accidental Injury restriction will be removed.

Accidental Injury Cover definition (after exercising the Income Cover – Cover Pause Feature)

For a period of six months following the date that you increase your Monthly Cover Amount as a result of exercising the Income Cover – Cover Pause Feature, a benefit is only payable under that increased portion of your Monthly Cover Amount for claims arising as a direct result of an Accidental Injury.

General exclusions

No benefits are payable for claims arising:

- directly or indirectly from War;
- from Uncomplicated Pregnancy or childbirth;
- from the Life Insured's participation in any criminal activity and/or for any period that they are incarcerated as a result of their participation in any criminal activity; or
- from any act or omission that results in the permanent or temporary restriction, deregistration or disqualification that prevents the Life Insured from engaging in their occupation or profession.

We can't Reimburse any expenses that are not permitted by law (including superannuation law) to Reimburse, or are regulated by the *National Health Act 1953 (Cth) or the Private Health Insurance Act 2007 (Cth).*

Please refer to the Policy Terms at sections 6.4.4 on page 133 and 1.7 on page 100 for full details of all Policy Exclusions applicable to Income Cover and associated Extras Cover.

Maximum Expiry Age

Income Cover expires when the Life Insured turns 65.

Income Cover scenario and examples

Scenario

At point of application

Steve is employed as a project manager with a Monthly Income of $15,000 ($180,000 per year), excluding superannuation. On 20 November 2025, Steve applied for an Income Cover Policy (as Policy Owner and the Life Insured) with a Monthly Cover Amount of $10,500, which is the maximum amount his income would support as shown in Table 4 on page 19. Steve also purchases the Superannuation Contribution Option and his Monthly Superannuation Contribution Amount was set at $1,800 per month, being 12% of his Monthly Income (12% x $15,000 = $1,800).

What happens after Steve's Income Cover Policy has been issued

Assume Steve has a Stable Income and his annual income increases after he's taken out his Policy, as below:

Table 34: Steve's annual income each year

Year	Annual income
1 Jan 2025 – 31 Dec 2025	$180,000
1 Jan 2026 – 31 Dec 2026	$189,000
1 Jan 2027 – 31 Dec 2027	$198,450
1 Jan 2028 – 31 Dec 2028	$208,373
1 Jan 2029 – 31 Dec 2029	$218,792

What happens in the event of a claim?

On 20 December 2028, Steve is in a motor vehicle accident and suffers an Injury that prevents him from working. Steve is able to satisfy the Waiting Period and other requirements on his Policy to claim for an Income Cover benefit.

Note: Steve's Monthly Cover Amount has been indexed by CPI each year and in 2028 has become $11,473. As Steve also had insured his superannuation contributions, his Monthly Superannuation Contribution Amount has been indexed by CPI each year and has become $1,967.

The below worked examples demonstrate how a claim payment would be calculated if Steve were to be Totally Disabled or Partially Disabled. For simplicity, assume Steve only takes Income Cover (70 to 60) and does not have any other Extra Cost Options, Post-Disability Income or Offsets (payments from other sources that reduce the benefit payable) and that he meets all the rules of the Policy for a claim to be paid.

Claim outcomes - worked examples

1. Total Disability Benefit

1.1 Calculation of Total Disability Benefit

Assume that Steve is unable to work and satisfies the Total Disability definition. The below calculations illustrate the amounts payable under a Total Disability claim.

At the time of claim, we will base our benefit calculations on Steve's Pre-Disability Income (which in this case, is his average Monthly Income in the 12-month period before his Total Disability).

This will be $208,373/12 which is $17,364.

His Total Disability Monthly Benefit is the lesser of:

(a) the indexed Monthly Cover Amount of $11,473; and

(b) the Maximum Income Replacement Amount of $12,155 (70% of $17,364).

As a result, the Total Disability Monthly Benefit amount Steve will receive is $11,473 – as this is the lesser figure.

1.2 Calculation of Total Disability Benefit after 24 months of benefit payment as Steve has taken Income Cover (70 to 60)

As Steve has taken Income Cover (70 to 60), after 24 months of Benefit Period, Steve's Total Disability Benefit will be reduced by 1/7th of the Total Disability Benefit amount. As a result, the benefit amount of $11,473 will be reduced by $1,639 ($11,473 x 1/7 = $1,639) and any future Total Disability Benefit that Steve will receive will be $9,834.

1.3 Benefit payment with the Superannuation Contribution Option

As Steve selected the Superannuation Contribution Option with his Income Cover, we will pay $1,967 per month which is his Monthly Superannuation Contribution Amount as a Superannuation Benefit to Steve's nominated complying superannuation fund for each month that a Total Disability Benefit is payable.

1.4 Calculation of benefit based on Steve's capability to work

Where Steve is receiving a Total Disability Benefit for five months due to Illness or Injury and we consider Steve to be capable of working in his Usual Occupation in some capacity, then he will no longer be considered to be Totally Disabled. If he is only capable of working in his Usual Occupation in a reduced capacity, he may be considered Partially Disabled. Any Partial Disability Benefit Steve is entitled to, will be reduced by the income he can reasonably be expected to earn based on his capability. When considering the extent of Steve's capability to work in his Usual Occupation, we will take into account the medical evidence and information available.

Based on the evidence, Steve is considered capable of working in his Usual Occupation in a reduced capacity and based on that capacity could be reasonably expected to earn $6,250 per month.

Steve is no longer considered Totally Disabled but Partially Disabled. His Partial Disability Benefit will be calculated as the greater of:

(a) his Total Disability Monthly Benefit of $11,473, less 70% of his Post- Disability Income (70% x $6,250 = $4,375) which is $7,098, and

(b) the Maximum Income Replacement Amount of $12,155 (70% of $17,364) less his Post-Disability Income of $6,250 which is $5,905.

As a result, the Partial Disability Monthly Benefit amount Steve will receive is $7,098 – as this is the greater figure determined under the formula.

Please refer to the Policy Terms for the Total Disability Monthly Benefit (Indemnity) (section 5.2.1.1) on page 120 and Partial Disability Monthly Benefit (section 5.2.2.1) on page 121.

2. Partial Disability Benefit

2.1 Calculation of Partial Disability Benefit

Assume that Steve is still able to work but only in a reduced capacity. The below calculations illustrate the amounts payable under a Partial Disability claim.

At the time of claim, we will again base our benefit calculations on Steve's average Monthly Income in a 12-month period before his disability and Post-Disability Income. Assume Steve's Post-Disability Income is $5,375 per month and he is contributing $645 (12% of $5,375) per month into his superannuation account.

Steve's Partial Disability Benefit will be calculated as the greater of:

(a) his Total Disability Monthly Benefit of $11,473 less 70% of his Post-Disability Income of $5,375 (70% x $5,375 = $3,763) which is $7,710, and

(b) the Maximum Income Replacement Amount of $12,155 (70% of $17,364) less his Post-Disability Income of $5,375 which is $6,780.

As a result, the Partial Disability Monthly Benefit amount Steve will receive is $7,710 – as this is the greater figure determined under the formula.

Please refer to the Policy Terms for the Partial Disability Monthly Benefit in section 5.2.2.1 on page 121.

2.2 Calculation of Partial Disability Benefit after 24 months of benefit payment as Steve has taken Income Cover (70 to 60)

As Steve has taken Income Cover (70 to 60), after 24 months of benefit payment, Steve's Partial Disability Benefit will be reduced by 1/7th of the Partial Disability Benefit amount. As a result, the benefit amount of $7,710 will be reduced by $1,101 ($7,710 x 1/7 = $1,101) and any future Total Disability Benefit that Steve will receive will be $6,609.

2.3 Benefit payment with the Superannuation Contribution Option

As Steve had selected the Superannuation Contribution Option with Income Cover, we will pay $1,322 per month as a Superannuation Benefit ($1,967 - $645 = $1,322) as this amount is lesser than the Monthly Superannuation Contribution Amount of $1,967. This amount will be paid to Steve's nominated complying superannuation fund for each month a Partial Disability Benefit is payable.

2.4 Calculation of Partial Disability Benefit and Superannuation Benefit based on Steve's capability to work

In the instance where Steve has been Partially Disabled due to Illness or Injury and is working in his Usual Occupation less than his actual capability to work in his Usual Occupation, then we will reduce his Partial Disability Monthly Benefit by the income that he could be reasonably expected to earn based on his actual capability to work. When considering the extent of Steve's capability to work, we will take account of the medical evidence and information available.

Assume that based on the evidence Steve is considered capable of working in his Usual Occupation in a greater capacity than he is and could be reasonably expected to earn $9,125 per month based on that capacity.

The Partial Disability Benefit will be calculated as the greater of:

(a) the Total Disability Monthly Benefit of $11,473 less 70% of his Post-Disability Income of $9,125 (70% x $9,125 = $6,388), which is $5,086, and

(b) the Maximum Income Replacement Amount of $12,155 (70% of $17,364) less his Post-Disability Income of $9,125 which is $3,030.

As a result, the Partial Disability Monthly Benefit amount Steve will receive is $5,086 – as this is the greater figure determined under the formula.

Please note: If Steve has a to age 65 Benefit Period and continues to be Totally Disabled or Partially Disabled for more than 24 months, we will assess his eligibility for a Total Disability or Partial Disability Benefit based on his inability to perform the Essential Income-Producing Duties of any occupation he is reasonably suited to perform by his education, training or experience.

Claim Indexation Option

Extra Cost Option

Available with Income Cover.



Superannuation and Non-superannuation policies: The Claim Indexation Option is available to Life Insureds who are employees, sole traders or business owners who work in Occupation Class P, W, G, L, B or D.

What are the benefits and features of the Claim Indexation Option?

The Claim Indexation Option is available with Standard Income Cover at an additional cost. Table 35 below highlights the benefits and features of the Claim Indexation Option.

Table 35: Claim Indexation Option benefits and features

Benefits and features	Description	Amount payable
Income Cover – Claim Indexation Benefit S NS	• While on claim, your Monthly Cover Amount, Pre-Disability Income and Maximum Income Replacement Amount will be automatically increased to include CPI Claim Indexation. These increases will be in line with the Consumer Price Index (CPI) on each 12-month anniversary following the commencement of the Benefit Period. *Where your Income Cover is held inside superannuation, this increase will be limited to 5% and your Monthly Benefit may be reduced so that it does not exceed 100% of your Pre-Disability Income.* *Please refer to section 5.3.1 on page 123 of the PDS for more details.*	N/A

Additional Terms

The Claim Indexation Option is subject to the same exclusions that apply to Income Cover.

Please refer to the Policy Terms at section 6.4.4 on page 133 for full details of Policy Exclusions applicable to Income Cover, associated Extra Cost Options and/or Extras Cover.

Maximum Expiry Age

The Claim Indexation Option expires when the Life Insured turns 65.

Superannuation Contribution Option

Extra Cost Option

Available with Income Cover.

Superannuation and Non-superannuation policies: The Superannuation Contribution Option is available to Life Insureds who are employees, sole traders or business owners who work in Occupation Class P, W, G, L, B or D.

What are the benefits and features of the Superannuation Contribution Option?

The Superannuation Contribution Option is available with Standard Income Cover for an additional cost and includes the following benefits and features. Where the Superannuation Contribution Option is obtained inside the MetLife Australia Superannuation Fund, the Superannuation Benefit cannot be paid to that Fund.

Table 36: Superannuation Contribution Option benefits and features

Benefits and features	Description	Amount payable
Income Cover – Superannuation Contribution Benefit S NS	• This option allows you to cover 100% of the Life Insured's superannuation contributions (other than certain personal contributions) made at the time of application. The Monthly Superannuation Contribution Amount you select is based on the Life Insured's Monthly Income at application. • If you select this option, when you lodge a claim, we will ask for the Life Insured's nominated complying superannuation fund so we can pay the Superannuation Benefit directly to the fund. • The amount we will pay each month will be the lesser of the Monthly Superannuation Contribution Amount and 100% of the Life Insured's Pre-Disability Superannuation Contributions. You may request we use an amount greater, or lesser than the Superannuation Guarantee (SG) amount according to your situation (including your assessment of the tax implications for you). *The maximum Monthly Superannuation Contribution Amount that we will insure (inclusive of the SG rate applicable to the Life Insured) will be the lower of 15% of the Life Insured's Monthly Income and $5,000.* *The Monthly Superannuation Contribution Amount may include contributions made by the Life Insured's employer including any salary sacrifice arrangements, as well as personal concessional contributions made by the Life Insured if not included in their Monthly Income, but excludes non-concessional contributions made from after tax Monthly Income.* *Please refer to section 5.3.2 on page 123 for more details.*	Superannuation Benefit up to a maximum of 15% of the Life Insured's Pre-Disability Income. Other limitations apply. See section 5.3.2. *(Cannot be higher than Monthly Superannuation Contribution Amount)*

Additional Terms

The Superannuation Contribution Option is subject to the same exclusions that apply to Income Cover.

Please refer to the Policy Terms at section 6.4.4 on page 133 for full details of Policy Exclusions applicable to Income Cover, associated Extra Cost Options and/or Extras Cover.

Maximum Expiry Age

The Superannuation Contribution Option expires when the Life Insured turns 65.

Disability Extras

Extras Cover

Available with Income Cover.

NS

Non-superannuation policies only: Disability Extras is available with a 30-day, 60-day or 90-day Waiting Period, to Life Insureds who are employees, sole traders or business owners and work in Occupation Class P, W, G, L or B.

What are the benefits and features of Disability Extras?

Disability Extras is available with Standard Income Cover for an additional cost and includes the following benefits and features.

Table 37: Disability Extras benefits and features

Benefits and features	Description	Amount payable
Income Cover – Partial Disability Assessment Benefit NS ***This benefit is only applicable if the Life Insured satisfies the Partial Disability Benefit requirements under the Partial Disability Assessment Benefit***	• This feature enhances the definition of Partial Disability, and allows the Life Insured to earn up to 20% of their Pre-Disability Income for the first six months of the Benefit Period without this impacting the Partial Disability Monthly Benefit payable under the Standard Income Cover. • Under the enhanced definition of Partial Disability, the Life Insured will be entitled to claim a Partial Disability Benefit while they are: – working up to 10 hours per week (or up to five hours if the Life Insured was working up to 20 hours per week before Date of Disability); and – receiving up to 20% of their Pre-Disability Income. **This feature is only available for the first six months of the Benefit Period.** Please refer to the Policy Terms at section 5.4.1.1 on page 123 for full details. ***Important: If you have Standard Income Cover inside superannuation, we will first pay any Partial Disability Benefits you are entitled to under the Policy inside superannuation, to the maximum amount permitted under superannuation law. Any benefits or amounts payable in excess of that will be paid under your Disability Extras Cover outside superannuation.***	The Life Insured can earn up to 20% of their Pre-Disability Income without impacting their Partial Disability Monthly Benefit received under Standard Income Cover *(First six months of the Benefit Period where applicable)*
Income Cover – Total Disability Trauma Benefit NS	• Provides up to an additional 2/7ths (28.57%) of the Total Disability Monthly Benefit in the event that the Life Insured becomes Totally Disabled as a result of suffering/undergoing any of the following: – Cancer – *excluding specified early stage cancers* (defined on page 156); – Coronary Artery Bypass Surgery (defined on page 156); – Heart Attack – *with specified clinical evidence* (defined on page 157); or – Stroke – *with persisting clinical symptoms* (defined on page 159). • The maximum benefit we will pay in the first six months of the Benefit Period including the benefit that you receive under Standard Income Cover will be limited to 90% of the Life Insured's Pre-Disability Income. A 90-day No-Claim Period commences after cover starts, reinstates or increases but only on the increased portion. Additional exclusions are also set out in section 6.4.4 on page 133. *This benefit will be paid when you are receiving a Total Disability Benefit under Standard Income Cover. The additional benefit will be paid for the first six months of the Benefit Period and is payable for more than one Trauma Condition over the life of the Policy.*	Up to an additional 2/7ths (28.57%) of the Total Disability Monthly Benefit *(First six months of the Benefit Period where applicable)*

Table 37 (continued): Disability Extras benefits and features

Benefits and features	Description	Amount payable
Income Cover – Home Help Expenses Benefit NS *Cover commences after a six-month No-Claim Period*	• This benefit Reimburses specified expenses up to an additional 2/7ths (28.57%) of the Total Disability Monthly Benefit, to maintain the home (for example, childcare or cleaning expenses), if the Life Insured becomes Totally Disabled, is confined to bed and needs the care of a registered nurse for three days or more due to a serious Illness or Injury. Please refer to section 5.4.1.4 on page 125 for details on claimable expenses. ***The benefit is a Reimbursement of actual expenses incurred from a licensed business and paid invoices are required within 90 days.***	Up to an additional 2/7ths (28.57%) of the Total Disability Monthly Benefit *(Paid as Reimbursed expenses only for the first six months of the Benefit Period where applicable)*

Additional Terms

In addition to being subject to the exclusions that apply to Income Cover, the following exclusions apply to Disability Extras.

Accidental Injury Cover definition (after exercising the Life Events Extras Feature under Income Cover)

If you add Disability Extras to your Income Cover as a result of exercising the Life Events Extras Feature, then for the first six months following the addition we will only pay benefits under Disability Extras for claims arising as a result of Accidental Injury. After six months has elapsed, the Accidental Injury restriction will be removed.

This definition does not apply to the Income Cover – Total Disability Trauma Benefit.

No-Claim Period

The Income Cover – Total Disability Trauma Benefit will not be payable in relation to any Illness or Injury suffered by the Life Insured, for which the symptoms, Diagnosis, treatment or surgery first occurred prior to the end of the No-Claim Period. The No-Claim Period runs for 90 days from Cover Commencement (or Reinstatement of cover or when cover is increased but only on the increased portion) of Disability Extras.

Please refer to the Policy Terms at section 6.4.4 on page 133 for full details of all Policy Exclusions applicable to Income Cover and associated Extras Cover.

Maximum Expiry Age

Disability Extras expires when the Life Insured turns 65.

Partial Disability claim outcome – worked example on how the Partial Disability Assessment Benefit works

Table 38: Claim example showing the difference between the benefit paid under Partial Disability Benefit and Partial Disability Assessment Benefit.

Description	Partial Disability Benefit (Standard Income Cover)	Partial Disability Assessment Benefit (With Disability Extras)
The Life Insured's Pre-Disability Income	$10,000	$10,000
The Monthly Cover Amount	$8,000	$8,000
Post-Disability Income	$1,500	$1,500
Offsets	$500	$500
Total Disability Monthly Benefit under Standard Income Cover (being the lesser of the Maximum Income Replacement Amount (70% x $10,000 = $7,000) and the Monthly Cover Amount) (as described in section 5.2.1.1 on page 120)	$7,000 (A)	$7,000 (A)
Partial Disability Monthly Benefit (being the greater of the Total Disability Monthly Benefit (A) less 70% of Post-Disability Income* and the Maximum Income Replacement Amount (70% x $10,000 = $7,000) less Post-Disability Income*) (as described in section 5.2.2.1 on page 121) *Or the income that could reasonably be expected to earn if the Life Insured has capacity to work greater than their Post-Disability Income.	$7,000 - $1,050 = $5,950	
Partial Disability Benefit payable for first six months of the Benefit Period (less 100% Offsets)	$5,950 - $500 = **$5,450**	$7,000 - $500 = **$6,500**
Partial Disability Benefit payable after six months (less 100% Offsets)	$5,950 - $500 = **$5,450**	$5,950 - $500 = **$5,450**

Note: this is a worked claim example only that assumes all the rules of the Policy for a claim to be paid are met.



What you pay



Premium calculation

The amount you pay for your Policy is called the 'premium'. This consists of the cost of the cover type for each Life Insured as well as government taxes and charges. You may be entitled to a discount on your premium.

Factors that affect the premium

The premium is affected by:

- the choices you make about your cover; and
- a range of characteristics of the Life Insured such as the age, sex, smoking status, health, occupation, sports and recreational pursuits and place of residence.

The choices you make about your cover that can impact your premium include:

- the Standard Cover, the Extra Cost Options and the Extras Covers selected (see page 15);
- the aspects of your cover such as the cover amount and for Income Cover, the Maximum Income Replacement Amount, the Benefit Period and the Waiting Period;
- whether you structure your cover as standalone cover or Linked cover (see page 26);
- the premium structure selected (see page 85);
- the options for premium payments selected (see page 86).

Please contact your Financial Adviser to obtain an indicative premium quote. The premium that is payable for your cover may differ from the indicative quote. If this occurs, before the cover is provided we will confirm with you the amount of the premium.

We will increase your cover amount each year through Indexation, unless you ask us not to or choose one of the Fixed Term Options (under which Indexation is not available). Your premium will then be based on the increased cover and depending on your premium structure may also be based on other factors such as increased age.

Premium Discounts

You may be entitled to a discount on your premium depending on:

- Multi-Policy discounts - the combination of covers for each Life Insured;
- Large Cover Amount discount - the cover amounts;
- Multi-lives discount - if another family member or business partner takes out cover under the same application;
- Healthy lives discount - health factors; and
- Introductory discount - the time since your Policy started.

We may change or withdraw premium discounts at any time.

Note: These discounts are calculated per application. Where there is more than one application per Life Insured, the discounts applied to the new cover may not reflect the existing discounts.

Any premium discounts will be included in the indicative premium quote that you are provided with for your Policy.

Please contact your Financial Adviser to obtain an indicative premium quote or an explanation of the premium discounts you may be entitled to.

Government Charges

Your premium includes any government taxes and charges that apply. For example, stamp duty rates vary and are charged on a State and Territory basis.

Statutory fund

Premiums for the Policy are placed in MetLife's Statutory Fund No. 1 and any claims paid under the Policy will be paid from this fund.

As there is no investment component in MetLife Protect or MetLife Protect Super, your premiums paid do not accrue interest at any time and there is no surrender value.

MetLife Protect – Taxation

This section contains general information based on taxation laws in force at the time of preparation of this PDS. How the law affects you will depend on your individual circumstances.

You should consider speaking to a registered tax adviser about your tax affairs. Further information is available at www.ato.gov.au.

Tax treatment of insurance premiums and benefits

Whether premiums paid for MetLife Protect are tax deductible and whether MetLife Protect benefits paid are assessable depends on various factors such as the type of insurance, the purpose of the insurance, the Policy Owner, and who pays the premium:

- where Income Cover is owned by an individual and is intended to replace income, premiums paid will generally be deductible and benefits received subject to tax.
- apart from Income Cover, where a Policy is owned by an individual and the insurance cover is personal in nature premiums are generally not tax deductible, and claims benefits received are generally not assessable;
- where an entity such as a corporate entity is the Policy Owner, or otherwise pays the premiums, other taxation implications may apply, for example, fringe benefits tax. There may be other circumstances where premiums are deductible and benefits



assessable. If this applies to you, we recommend you speak to your registered tax adviser or the Australian Taxation Office (ATO).

The tax treatment of premiums inside superannuation is different. See page 94 for discussion of the tax treatment of insurance premiums and benefits held through MetLife Protect Super.

Premium variations

Your premium will be calculated at your Policy Commencement, your Policy Anniversary or when your Policy is changed (e.g. there is a change to the amount of cover).

Premiums are not guaranteed and may change in future. Matters that may impact your premiums include:

- changes in government taxes or charges, such as stamp duty. We can pass on these premium changes irrespective of the premium structure except for Life and TPD Cover under the Fixed Term Option during the fixed term period (refer to Government charges on page 84).
- actuarial assessment of the risk of providing that cover, as well as other factors including:
  - the costs (such as administration and claims);
  - performance of the assets in the statutory fund;
  - regulatory requirements (including requirements relating to the stability of the statutory fund); and
  - economic and commercial factors (including a profit margin).

Our premium rates that are used in calculating the premium are before premium discounts, government taxes and charges and premium loadings are applied. With the exception of Life and TPD Cover under the Fixed Term Option during the fixed term period, we can change our premium rates in the future for all premium structures including variable premium structures. However, premium rate changes cannot be made to individual Policies – they can only be altered for all policies of the same kind if they are made on a simultaneous and consistent basis such as a change made for all Lives Insured in the same risk or demographic group. This means your Policy will not be singled out for any changes in premium rates. In the event of any changes to the premium rates, we will give you at least 30 days written notice of any detrimental change.

Premium structure

You can choose the premium structure:

Variable Age-Stepped premiums – formerly known as Stepped premium
Your premium each year is based on our premium rates that may change. Your premium will usually increase every year as the Life Insured gets older and is more likely to make a claim.

Automatic Indexation increases also increase your cover and your premium. We will calculate your premium using the premium rate applicable to your age at each Policy Anniversary even if that rate has subsequently changed.

Variable premiums to age 65 – formerly known as Level premium
Your premium each year is based on our premium rates that are not guaranteed and may change during your level term. In applying those premium rates your age at the Commencement Date for your cover will be used until the end of the level term. As a result, you will generally have higher premiums than for Variable Age-Stepped premiums during the initial years, but lower premiums in later years.

Automatic Indexation increases also increase your cover and your premium. We will calculate your premium using the premium rate applicable to your age at the time your cover commenced even if that rate has subsequently changed.

At the Policy Anniversary immediately before you turn 65, your Policy will switch to Variable Age-Stepped premiums.

Variable premiums to age 70 – formerly known as Level premium
Your premium each year is based on our premium rates that are not guaranteed and may change during your level term. In applying those premium rates your age at the Commencement Date for your cover will be used until the end of the level term. As a result, you will generally have higher premiums than for Variable Age-Stepped premiums during the initial years, but lower premiums in later years.

Automatic Indexation increases also increase your cover and your premium. We will calculate your premium using the premium rate applicable to your age at the time your cover commenced even if that rate has subsequently changed.

At the Policy Anniversary immediately before you turn 70, your Policy will switch to Variable Age-Stepped premiums.

This premium structure is not available for Income Cover.

5-year Fixed Term Option – your premiums are adjusted to avoid age-based increases for the initial 5-year term.

Automatic Indexation increases are not available, and for Life and TPD Cover only your premium is guaranteed not to increase.

At the end of the 5-year term, your Policy will switch to Variable Age-Stepped premiums and will no longer be guaranteed. Your cover amount will typically reduce at this time to maintain the same premium for that year only.

The 5-year Fixed Term Option is not available for Income Cover.

10-year Fixed Term Option – your premiums are adjusted to avoid age-based increases for the initial 10-year term.

Automatic Indexation increases are not available, and for Life and TPD Cover only your premium is guaranteed not to increase.

At the end of the 10-year term your Policy will switch to Variable Age-Stepped premiums and will no longer be guaranteed. Your cover amount will typically reduce at this time to maintain the same premium for that year only.

The 10-year Fixed Term Option is not available for Income Cover.

Note: Any Standard Cover premium type selection, for example Variable or Variable Age-Stepped, will always be reflected in any corresponding Extra Cost Option and/or Extras Cover that you choose.

Payment of premiums

Who pays the premiums

The Policy Owner pays the premiums which means that for cover inside superannuation the premium is paid by the trustee of the relevant superannuation fund.

Options for premium payments

All premiums are payable by fortnightly, monthly or yearly instalments.

If you choose to pay your premiums fortnightly or monthly this will be more expensive than paying yearly.

There is an additional charge for paying your premiums fortnightly or monthly.

You can choose any one of the following payment methods for your convenience:

- automatic debit from MasterCard, Visa, American Express;
- automatic debit from your bank, building society or credit union account; or
- superannuation rollover (however, this is only available if you pay your MetLife Protect Super premiums yearly).

You will need to provide us (or the Trustee of the Fund) with your authority to obtain the premium payment.

How to maintain your cover

To maintain your cover you must pay your premiums when they are due. If your premium becomes overdue, we will write to you to remind you to pay.

If you do not pay your premiums after we have reminded you, we will write to you again and give you at least 28 days to pay any overdue premium(s). But if this overdue premium isn't paid by the time required, we will cancel your cover.

If your premiums are overdue and a benefit becomes payable before the Policy is cancelled, we will deduct any outstanding premium from the benefit amount.

If your cover is through MetLife Protect Super this will result in the cessation of your membership of the Fund. After cancellation, you will not be able to make a claim for future events relating to the cancelled cover. However, you are able to claim for events that preceded the cancellation.

Cancelling your Policy

To cancel your Policy, you simply need to contact your Financial Adviser or MetLife either by telephone or in writing.

If you pay your premiums fortnightly or monthly and you cancel the Policy, we won't refund any instalment paid and you will continue to be covered up to the end of the instalment period. If you pay your premiums yearly, we will make a pro-rata refund to you or your superannuation fund (as applicable), based on the nearest whole month after you cancel the Policy. Refer to page 92 for information about the treatment of refunds relating to MetLife Protect Super.

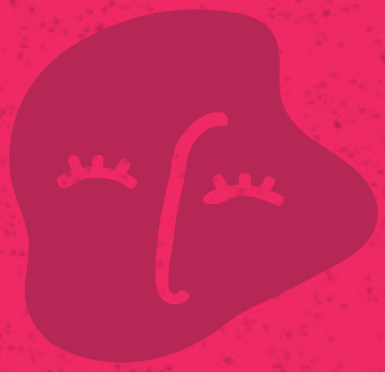
Direct debit service agreement

The terms and conditions which relate to the use of direct debit payments from your bank account or credit card directly to MetLife are available online at www.metlife.com.au/content/dam/metlifecom/au/direct-debit-agreement/MetLife_Direct-Debit-Request.pdf.

(For insurance through MetLife Protect Super, please refer to pages 90-97).



Privacy



MetLife's Privacy Policy

Your privacy

We collect, use and retain personal information in accordance with the Australian Privacy Principles and the *Privacy Act 1988* (Cth).

We collect, use, process, store personal information, and in some cases, sensitive information about you, to:

- comply with our legal obligations;
- assess your application for insurance cover;
- engage with you or your representative;
- administer the insurance cover provided;
- enhance customer service or products; and
- manage claims.

We exchange your personal information with third-party organisations in the normal operations of our business. In some circumstances, these third-party organisations may be located in countries overseas.

If you don't agree to provide us with the information, we may not be able to process your application, administer your cover or assess your claims.

In dealing with us, you agree to us collecting, using and disclosing your personal information as set out in this section and in our Privacy Policy.

For more information about how we handle your personal information, or details of how you can access or correct the information we hold about you, or make a complaint, you can access MetLife's Privacy Policy at www.metlife.com.au or contact MetLife on 1800 523 523.

Call Recording Notice

To help us deliver high-quality service and ensure we can support your insurance needs, including accurate assessment of your insurance application or claim, telephone calls with our team will be recorded. These recordings support our training, compliance, and quality assurance processes. If you have any concerns about this, please speak with us or your adviser.

Privacy complaints

If you have any questions about to how we collect, handle and manage your personal information (including sensitive or health information), or wish to make a complaint about a possible breach of your privacy, you can contact us using the contact details below. You will need to provide us with sufficient details of the nature of your complaint, as well as any supporting evidence and/or information.

We will refer your complaint to our Customer Relations Team who will investigate the issue and determine the steps we will take to resolve your complaint. We will contact you if we need any additional information from you and will notify you in writing of the outcome of your complaint.

Customer Relations
PO Box 3319
Sydney NSW 2001
Phone: 1300 555 625

If you're dissatisfied with our response to your privacy complaint, you may lodge a complaint with the Office of the Australian Information Commission (OAIC). The OAIC's contact details are as follows:

Office of the Australian Information Commission
GPO Box 5218
Sydney NSW 2001
Phone: 1300 363 992
Email: enquiries@oaic.gov.au
Website: www.oaic.gov.au

MetLife Protect Super is also subject to privacy policies of the Trustee and Administrator of the Fund, see below for details.

Privacy Policy - Trustee

When you provide instructions to Equity Trustees Superannuation Limited and/or any related bodies corporate under EQT Holdings Limited ("the EQT Group"), the EQT Group will be collecting personal information about you. This information is needed to admit you as a member of the Fund, administer your benefits and identify when you may become entitled to your benefits and to comply with Australian taxation laws and other applicable laws and regulations. If the information requested is not provided, the EQT Group may be unable to process your application or administer your benefits, or your benefits may be restricted.

Use and Disclosure

The information that you provide may be disclosed to certain organisations to which the EQT Group has outsourced functions, or which provide advice to the EQT Group and/or to Government bodies, including but not limited to:

- organisations involved in providing administration and custody services for the Fund, the Fund's insurers, accountants, auditors, legal advisers, and/or those that provide mailing and/or printing services;



- in the event that you make a claim for a disablement benefit, the insurer may be required to disclose information about you to doctors and other experts for the purposes of assessing your claim;
- the ATO, APRA, ASIC, AUSTRAC, Centrelink and/or other government or regulatory bodies; and
- those where you have consented to the disclosure and/or as required by law.

In some cases, these organisations may be situated in Australia or offshore though it is not practicable to list all of the countries in which such recipients are likely to be located.

A copy of the Fund Administrator's Privacy Policy is available online at www.smartmonday.com.au. A copy of our Privacy Policy is available in the MetLife PDS and online at: www.metlife.com.au/privacy.

Collection of Tax File Number ("TFN")

We are authorised by law to collect your TFN under the Superannuation (Industry) Supervision Act 1993 (Cth). We will only use your TFN for legal purposes including calculating the tax on payments, providing information to the ATO, transferring or rolling over your benefits to another superannuation fund and for identifying or finding your superannuation benefits where other information is insufficient.

Under the law, you do not have to supply your TFN but if you do not, your benefits may be subject to tax at the highest marginal rate on withdrawal plus the Medicare Levy (note, that you cannot participate in the MetLife Australia Superannuation Fund if you do not provide your TFN).

Direct Marketing

The Equity Trustee (EQT) Group may from time to time provide you with direct marketing and/or educational material about products and services the EQT Group believes may be of interest to you.

Should you not wish to receive this information from the EQT Group (including by email or electronic communication), you have the right to "opt out" by advising the EQT Group by telephoning (03) 8623 5000, or alternatively via email at privacy@eqt.com.au.

Access and Correction

Subject to some exceptions allowed by law, you can ask for access to your personal information. We will give you reasons if we deny you access to this information. The EQT Group Privacy Policy outlines how you can request to access and seek the correction of your personal information.

Privacy complaints

The EQT Group Privacy Policy contains information about how you can make a complaint if you think the EQT Group has breached your privacy and about how EQT will deal with your complaint.

Privacy Policy

The EQT Group Privacy Policy is available at www.eqt.com.au/global/privacystatement and can be obtained by contacting the EQT Group's Privacy Officer on (03) 8623 5000, or alternatively by contacting them via email at privacy@eqt.com.au. You should refer to the EQT Group Privacy Policy for more details about the personal information the EQT Group collects and how the EQT Group collects, uses and discloses your personal information.

Administrator's Privacy Policy – MetLife Protect Super

smartMonday Solutions Limited (AFSL 236667) (ABN 48 002 288 646), as administrator of the Smart Future Trust, is committed to protecting your personal information in accordance with the Australian Privacy Principles under the Privacy Act 1988 (Cth). smartMonday Solutions Limited collect, use and disclose personal information to offer, promote, provide, manage and administer the many financial services and products they and their group of companies are involved in as set out in the smartMonday Privacy Policy. In order to do this, smartMonday Solutions Limited may also share your information with other persons or entities who assist them in providing or promoting their services as set out in the smartMonday Privacy Policy at www.smartmonday.com.au/news/Privacy-and-Cookies. Further information about smartMonday Solutions Limited's privacy practices can be located in the smartMonday Privacy Policy.

The smartMonday Privacy Policy can be viewed on their website at www.smartmonday.com.au/news/Privacy-and-Cookies or a copy can be sent to you on request by a smartMonday Solutions Limited representative. You may also gain access to your personal information, or modify your privacy preferences, by contacting your smartMonday Solutions Limited representative or their Privacy Officer through the means set out in the smartMonday Privacy Policy. You should also read MetLife's Privacy Policy on page 88.

MetLife Protect Super

MetLife Protect Super is a superannuation product for the purpose of providing access to MetLife's risk-only insurance cover inside superannuation. There is no account balance or investment component in relation to MetLife Protect Super.

The Trustee

Equity Trustees Superannuation Limited (ABN 50 055 641 757, AFSL 229757) ('the Trustee') as the trustee for the MetLife Australia Superannuation Fund ('the Fund'), which is a division of the Smart Future Trust (ABN 68 964 712 340), is the issuer of MetLife Protect Super.

When you apply for insurance through MetLife Protect Super you are also applying to become a member of the Fund. Once your application for MetLife Protect Super is accepted, MetLife issues a Policy to the Trustee on your behalf, and your membership of the Fund commences.

Your MetLife Protect Super Policy will be owned by the Trustee. All premiums and benefit payments will be made through the Fund within certain restrictions under superannuation law. The terms and conditions of the MetLife Policy(ies) chosen by a member of the Fund apply to the provision of cover and the payment of benefits including eligibility criteria (which may include a member's occupation and age, maximum insured benefits, benefit expiry provisions and exclusions). When applying for insurance through the Fund, you should consider the terms and conditions for insurance cover available inside superannuation summarised in this PDS (and set out in more detail in the Policy Terms).

The Fund

The Fund is a regulated superannuation fund under the Superannuation Industry (Supervision) Act 1993 (Cth) (SIS). SIS provides members with certain protections and the Trustee must comply with all standards in the management and operation of the Fund. Non-compliance with these standards may result in penalties payable by the Trustee.

The Fund is administered by smartMonday Solutions Limited (AFSL 236667) (ABN 92 654 242 476) Hub Customs House, Level 3, 31 Alfred Street, Sydney NSW 2000 who has in turn appointed Insurance & Superannuation Administration Services Pty Ltd (ABN 92 654 242 476) (ISAS), PO Box 1305, South Melbourne, VIC 3205, to assist with the administration of the MetLife Australia Superannuation Fund.

The Fund is governed by a Trust Deed that includes rules for the operation of and the benefits payable from MetLife Australia Superannuation Fund. The Trust Deed will prevail if there is any inconsistency with the PDS, to the extent of the inconsistency. A copy of the Trust Deed may be obtained free of charge by contacting the Customer Experience Team on 1800 523 523 or by sending an email to auprotect@metlife.com or online at www.smartmonday.com.au.

Insurance in MetLife Protect Super

The insurance cover types that are available through MetLife Protect Super are:

- Life Cover (Standard Cover);
- TPD Cover (Standard Cover); and
- Income Cover (Standard Cover).

For more information about the cover (and associated Extra Cost Options) available inside the Fund, see page 15.

The circumstances in which insured benefits are payable under these covers are consistent with restrictions inside superannuation law on the payment of superannuation benefits from superannuation funds (called "conditions of release") for death, a terminal medical condition, permanent incapacity or temporary incapacity. Relevant definitions, for the purposes of these conditions of release are summarised as follows:

Conditions of release

Terminal medical condition: means two registered medical practitioners have certified, jointly or separately, that a member is suffering an Illness, or has incurred an Injury that is likely to result in their death within 24 months from the date of the last certification. At least one of the medical practitioners must be a specialist practicing in an area related to the Illness or Injury suffered by the member. For each of the certificates, the certification period must be current.

Permanent incapacity: means the Trustee is reasonably satisfied that, due to physical or mental ill health, the member is unlikely to engage in Gainful Employment for which the member is reasonably qualified by education, training or experience.

Temporary incapacity: means the Trustee is satisfied that, due to physical or mental ill health, the member has ceased to be Gainfully Employed (including a member who has ceased temporarily to receive any gain or reward under a continuing arrangement for the member to be Gainfully Employed), but the member is not permanently incapacitated. The amount which may be released can't exceed the member's income in the period immediately before the onset of their ill health. If the member was not Gainfully Employed when they became ill, this condition of release will not be met.

No account balance

Unlike some superannuation products, MetLife Protect Super is not an investment product and you will not have an account balance. The amount of your contribution or rollover may not exceed the insurance



premium (including any associated charges) required to be paid by the Trustee to MetLife.

The contributions or rollovers will not be invested on your behalf and will not earn investment returns; and the benefit can't be transferred by you to another fund. The contributions or rollovers simply cover your premium.

How to pay the premiums through MetLife Protect Super

The Trustee will only accept personal contributions or rollovers where permitted under superannuation law, and only the amount necessary for the purpose of paying insurance premiums for your insurance Policy inside superannuation. MetLife Protect Super does not accept employer contributions, contributions from your spouse, government co-contributions or eligible contributions from the proceeds of the sale of your residential home (called 'downsizer contributions').

As soon as your application for MetLife Protect Super is accepted and you become a member of the Fund, you can start making contributions or arranging payment via rollover. You can only become a member of the Fund if MetLife accepts your application for insurance cover and the Fund is able to accept personal contributions or rollovers from you under superannuation law. Consequently, to be a member of the Fund, you must provide your tax file number to the Trustee – see page 93 for more details.

You must meet the full cost of the premium for your Policy inside superannuation by:

- making a personal contribution to the Fund for the amount of your premium (note, that contributions from your spouse, employer or the government are not accepted); or
- arranging a rollover from another complying superannuation fund.

Note: The MetLife Australia Superannuation Fund's USI is 68964712340007.

Superannuation rollovers

If you choose to pay your premium through a rollover from an eligible superannuation fund, you may only pay your premium yearly.

Your nominated superannuation fund may apply limits or other conditions on rollovers, such as minimum withdrawals, and may charge fees or costs for processing your request. You should check the terms and conditions with your nominated fund and ensure there is sufficient balance in your account to cover the rollover each year.

Failure to do this can result in your MetLife Protect Super Policy (and Fund membership) being cancelled due to non-payment of premiums.

The Trustee will provide you with a rollover request form that tells the Trustee of your superannuation fund to roll over the required premium amount to the Fund when your Policy starts and then yearly as each premium is due.

If your premium is paid through a rollover, you will receive a rebate of 15% of the amount of your premium to reflect the benefit of a tax deduction that the Trustee can generally claim for premiums the Trustee pays to MetLife. In that instance, you will only need to rollover an amount equal to 85% of the premium. The rollover amount, plus the amount of rebate, must equal the yearly premium due.

The rebate is at the Trustee's discretion. Consequently, the Trustee may not provide the rebate if it does not receive the benefit of any tax deduction or it may cease to offer the rebate altogether at any time in the future where the Trustee considers it appropriate to do so.

The Trustee will not accept rollovers with an untaxed element or rollovers that contain United Kingdom (UK) transfer or New Zealand KiwiSaver transfer amounts. Rollovers that cannot be accepted will be returned to the transferring superannuation fund and you will be requested to provide alternative instructions so that the premium can be paid.

Who can make personal contributions?

You can elect to make personal superannuation contributions to fund your insurance premiums. Under superannuation law, you may only make personal superannuation contributions where the Fund holds a valid Tax File Number (TFN) for you. Speak to your Financial Adviser or go the ATO website for updated information.

Once you turn 75, you are no longer eligible to make personal contributions.

If you are no longer eligible to make contributions, because you have turned 75, you will need to fund your insurance premiums via rollover. Failure to do this will result in your MetLife Protect Super Policy being cancelled (and membership of the Fund ceasing) due to non-payment of premiums.

Please note, MetLife may also accept an application from you, without underwriting, for your cover to continue on the same terms under an equivalent MetLife non-superannuation Policy, subject to eligibility criteria.

Government co-contribution

If you have made a personal non-concessional contribution (after-tax) to a complying superannuation fund, you may qualify for a government co-contribution. Your entitlement is capped under law and will be assessed by the Australian Taxation Office (ATO).

As an insurance-only superannuation product, MetLife Protect Super is not able to accept the co-contribution. You may wish to have the ATO direct your government co-contribution to an alternative superannuation fund.

You should speak to your Financial Adviser or a qualified tax specialist or call the ATO to see if you are eligible for the government co-contribution.

Nominating beneficiaries

You can supply details of, cancel or change your Nominated Beneficiaries by completing the relevant Trustee nomination of beneficiaries form.

If you die, any insurance benefits issued under MetLife Protect Super are paid to the Trustee. You can choose who the Trustee pays benefits to in the event of your death while a member of the Fund.

You can nominate up to five beneficiaries to receive your death benefit in the event of your death. All Nominated Beneficiaries must be one of the following at the time of your death:

- your spouse (including de facto);
- a child of any age (including an adopted child and step child) of you or your spouse;
- any other dependant as permitted under superannuation law; and
- your personal legal representative (executor of the will or administrator of the estate).

For this purpose, 'spouse' means:

- a person to whom you are legally married (whether of the same or a different sex);
- a person (whether of the same or a different sex) who, although not legally married to you, lives with you on a genuine domestic basis in a relationship as a couple (such as de facto spouse); or
- a person (whether the same or a different sex) with whom you are in a relationship that is registered under a relevant law of a state or territory.

A dependant includes someone who is financially dependent on you at the time of your death. It also includes someone in an interdependency relationship with you at the time of your death (based on criteria under superannuation law).

There are two types of nomination you can make (described below). It is important that you keep your nomination up to date in line with your personal circumstances.

1. Non-binding nomination

If you give the Trustee a non-binding nomination (or your binding non-lapsing nomination is treated as a non-binding nomination – see below), the Trustee may pay your death benefit to the beneficiaries you have nominated in the proportions you chose. But the Trustee will first consider other matters such as, if your circumstances have changed since you made the nomination and if there are other dependants. A change in your circumstances can impact on a non-binding nomination so you should ensure you review it if your circumstances change. Where you have made a non-binding nomination to the Trustee, the Trustee will take your wishes into account but has complete discretion in deciding which of your beneficiaries (nominated or otherwise) will receive your death benefit.

2. Binding nomination – non-lapsing

If you gave the Trustee a binding nomination that is valid and effective (that is, that meets the Trustee's requirements for the making of a non-lapsing binding nomination), the Trustee will pay your death benefit to the beneficiaries you nominated in the proportions you chose. To be effective, you must sign a binding nomination and have it witnessed by two adults over the age of 18 who are not your Nominated Beneficiaries. Your nomination will be treated as non-binding unless you have completed this form correctly and provided it to the Trustee.

If you have a binding nomination – non-lapsing, it will not automatically lapse because a specified period of time has elapsed (3 years) but it will lapse if you marry or divorce after it is put in place. You should revise your nomination if your circumstances change.

3. No nomination

If you don't make any nomination (non-binding or binding nomination – non-lapsing), or if you make an invalid nomination, or your nomination is ineffective at the time of your death (for example, you have nominated a person who is not your dependant), or your nomination has been revoked or lapsed at the time of your death, the Trustee will have complete discretion in deciding which of your dependant(s) and/or legal personal representative it will pay your death benefit to (and the proportions payable).

Your nomination only applies to benefits released on death (that is, death benefits).

Transfer of Fund monies

If you paid your premiums by rollover and you are due a premium refund, the money will be returned to the superannuation fund the rollover came from or, if this is not possible for any reason, to another complying superannuation fund nominated by you.

If you paid your premiums by personal contributions, any refunded premiums must be rolled over to another complying superannuation fund nominated by you.

If you do not nominate another superannuation fund, the Trustee will transfer the refund amount to the ATO.

The Trustee may also transfer any amounts or benefits held for you in the Fund to the ATO. Under recent legislative reforms, the Trustee has the ability to transfer monies to the ATO where the Trustee deems this to be in the best financial interests of a member or former member of the Fund.

Where the ATO receives an amount from the Trustee, it will seek to proactively reunite the amount with a member's active superannuation account. You can find information about ATO-held super at ato.gov.au or through a myGov account linked to the ATO.

Where possible, you will be given prior written notice if your monies are transferred out of the Fund.

Tax File Number (TFN)

The Trustee is authorised under superannuation law to collect, use and disclose your TFN. The Trustee may disclose your TFN to another superannuation provider, when transferring amounts from the Fund to that provider, unless you request in writing that your TFN not be disclosed to any other superannuation provider. The Trustee may disclose your TFN to the ATO and as otherwise permitted or required by law. Declining to quote your TFN to the Trustee is not an offence. However, giving your TFN has the following advantages:

- the Fund can accept personal contributions from you, to meet the cost of insurance cover;
- it will make it much easier to identify different superannuation accounts in your name so that you receive all your superannuation benefits when you retire;
- other than tax that may ordinarily apply, you will not pay more tax than you need to in relation to contributions to and benefits from the Fund.

The way in which the Trustee is authorised to use your TFN and the impact of not providing it may change if the tax law changes.

Important

1. Your TFN is confidential.
2. You are unable to take out a MetLife Protect Super Policy if you do not wish to supply your TFN because this superannuation product is only available to individuals who are able to make personal contributions to the Fund.
3. If you do not supply a valid TFN to the Trustee at the time of application your application will be treated as invalid and you will not be able to have insurance through the Fund.

Fees and Costs

You must pay MetLife's insurance premiums including any associated insurance costs (eg. stamp duty) applicable to your insurance cover through contributions or rollovers to MetLife Protect Super. For information about MetLife's charges see page 84.

You won't be charged any additional fees for holding your insurance through MetLife Australia Superannuation Fund. What you actually pay for your insurance cover depends on whether you meet the cost of your premium by making personal contributions or rollovers to the Fund – for details see page 91.

The Trustee retains the benefit of tax deductions it receives for insurance premiums paid by making personal non-deductible contributions.

MetLife Protect Super – Taxation

This section contains general information based on taxation laws in force at the time of preparation of this PDS. How the law affects you will depend on your individual circumstances.

You should consider speaking to a registered tax adviser about your tax affairs. Further information is available at www.ato.gov.au.



Contributions caps

Contributions to superannuation funds are generally classified as either concessional or non-concessional.

Rollovers used to fund your MetLife Protect Super insurance are not treated as concessional or non-concessional contributions. Rollovers are not subject to contributions tax unless some part of the benefit is an untaxed element. The Fund does not accept rollovers with an untaxed element. If the Fund receives a rollover with an untaxed element, your rollover will usually be returned to the sending superannuation fund (see page 91).

Concessional contributions caps

Personal contributions to the MetLife Australia Superannuation Fund will be considered concessional contributions only if you claim a tax deduction. Eligibility requirements apply – see 'Tax deductions for concessional contributions' below:

For concessional contributions:

- Contributions tax at a rate of 15% usually applies to concessional contributions and is payable by the Fund. Note: generally this tax will not be payable by the Fund on your concessional contributions because the tax deduction received by the Trustee for the insurance premiums it pays to MetLife offsets any contributions tax payable (this is subject to change if tax deductions are not obtained by the Trustee.
- If you contribute over the concessional contributions cap of $30,000 (for the 2025/26 and 2024/25 financial years) subject to future indexation) to superannuation (across all superannuation products you participate in), you will be liable to be taxed at your marginal tax rate on the excess (less a 15% offset). Your concessional contributions cap may be higher. Please contact your tax adviser for more information.
- If you are between 67 and 74 years old, you must work for at least 40 hours during a consecutive 30-day period unless you qualify for an exemption.
- If you are considered a high income earner, you may be liable to additional tax on concessional contributions under Division 293 of the Income Tax Assessment Act 1997 (Cth). This Division levies an additional tax of 15% on concessional contributions where your income and concessional contributions exceed the high income earner threshold as defined under the taxation laws. For the 2024/25 and 2025/26 financial years, the high income earner threshold is $250,000.
- In certain circumstances, you may be able to withdraw an amount from a superannuation fund to pay additional tax you incur, for example tax on excess concessional contributions. However, as you will not have an account balance with the MetLife Australia Superannuation Fund you will not be able to release amounts from the Fund, but you may release an amount to pay any additional tax liability above from another superannuation fund (up to the maximum available release amount for that superannuation interest). To do this, you would need to present a release authority issued by the ATO.
- Any excess concessional contributions not withdrawn under the release authority will also count towards your non-concessional contributions limit.

Non-concessional contributions caps

Personal contributions to the Fund will be treated as non-concessional contributions if you don't claim a tax deduction.

For non-concessional contributions:

- Non-concessional contributions are not usually subject to tax, provided your non-concessional contributions do not exceed the applicable cap. For the 2025/26 and 2024/25 financial years, non-concessional contributions are capped at $120,000 (across all superannuation products you participate in) subject to increase with any indexation. However, your non-concessional contributions cap may be lower or nil depending on your circumstances (such as your total accumulated superannuation across all superannuation products you participate in). Please see your tax adviser for more information.
- If you are under age 75, you may be able to bring forward two years of future non-concessional contributions. The amount of the non-concessional contributions cap you can bring forward depends on your total super balance. Transitional rules also may apply if you made non-concessional contributions in excess of the non-concessional contributions cap that applied in previous financial years. Please contact your tax adviser for more information. If you exceed your non-concessional contribution cap, you can choose to withdraw the excess and 85% of the earnings under a release authority issued by the ATO. The earnings will be taxed at your marginal tax rate, less a 15% offset. If you choose not to withdraw your excess non-concessional contributions they will be taxed at 47%.
- As you will not have an account balance with the Fund you will not be able to release any amounts from the Fund.

The non-concessional contribution cap rules are complex so you should speak to your registered tax adviser or go to the ATO website.

Tax deductions for concessional contributions

For you to claim a tax deduction for personal contributions to the MetLife Australia Superannuation Fund you must meet certain eligibility and other requirements including:

- The contribution must be made on or before the 28th day after the month in which you turn age 75.
- If you are under age 18 at the end of the year of contribution you must have derived income from being engaged in carrying on a business or employment for the purposes of the Superannuation Guarantee legislation.
- You must have lodged with the Fund, while you are a member a valid Section 290-170 notice of intention to claim a deduction before the earlier of the date you lodge your tax return for the year in which the contribution is made, or the following 30 June after that year.

- You must have received an acknowledgement of receipt of the notice from the Fund before you lodge your tax return for the relevant year. The Trustee is not required to issue an acknowledgement in certain circumstances including if the Trustee is unable to pay any contributions tax applicable to contributions treated as tax deductible against your income.

Go to the ATO website or speak to your registered tax adviser for more information about claiming a tax deduction.

Tax rebates

The Trustee receives tax deductions for insurance premiums paid to MetLife from your account in the Fund for the cost of insurance cover. The Trustee may pass on the benefit of tax deductions it receives to you as a tax rebate.

If you are making a superannuation rollover into the Fund to pay your insurance premiums, a rebate may be available to contribute to the cost of your Policy. If so, this will be automatically calculated for you and the Trustee will request a rollover for the balance from your nominated super fund. Refer to page 91 for more information.

If you make deductible (concessional) personal contributions to the Fund to pay your insurance premiums, a rebate will be available to you which will be used to meet the Fund's contributions tax liability in respect of the contributions.

If you make non-concessional personal contributions to the Fund to pay your insurance premiums, there is no rebate available to you.

Tax Treatment of Benefit Payments

Different tax treatments apply depending on the nature of your benefit payments from the Fund. These are summarised as follows:

a. Death Benefits

MetLife Protect Super lump sum death benefits paid to a dependant (for tax purposes), or the member's estate (through the legal personal representative) where the beneficiaries are dependants of the member (for tax purposes), are not subject to tax.

For MetLife Protect Super lump sum death benefits paid to non-dependants (for tax purposes), or the member's estate to the extent the beneficiaries are not dependants for tax purposes, tax is payable at the following rates:

- There is no tax payable on any tax free element.
- Up to 15% plus any applicable levies on any taxed taxable element.
- Up to 30% plus any applicable levies on any untaxed taxable element.

Please note, that the definitions of a dependant for tax purposes and under superannuation law are different. For example, a child aged 18 or more is not a dependant for tax purposes (unless dependency is established on another basis).

b. Terminal Illness Benefits

MetLife Protect Super lump sum benefits paid to a person with a terminal medical condition (as defined under superannuation law) are not subject to tax.

c. TPD Cover Benefits

- If you are age 60 or over, there is no tax payable on lump sum TPD Cover benefits paid to you for permanent incapacity (as defined under superannuation law).
- If you are under age 60, the tax free component is taxed at 0% and the taxable component is taxed at a maximum of 20% (plus the Medicare levy of up to 2%).

d. Income Protection Benefits

Cover benefits paid to you because you are suffering temporary incapacity (as defined under superannuation law) are taxed at your marginal tax rate plus applicable levies, and PAYG tax will be deducted by MetLife from the benefits (and paid to the ATO) on behalf of the Trustee.

Risks of holding insurance through MetLife Protect Super

With any financial product, you should be aware of the risks when considering whether the product is appropriate for your needs.

With MetLife Protect Super, you should be aware that:

- there is no accumulation balance on your account;
- all contributions and rollover amounts are to fund insurance premiums and are subject to limitations (which may have tax implications) not applicable to the payment of insurance premiums for insurance outside superannuation;
- your contributions to the Fund are preserved and can't be refunded to you, even if they are refunded to the Fund from MetLife. The contributions are preserved according to superannuation law and may only be released back to you if one of the specified conditions of release occurs, for example, death or permanent incapacity. However, the MetLife Australia Superannuation Fund cannot pay a retirement benefit to you;
- if you exceed any applicable contributions cap as prescribed under tax law, your contributions to the Fund can't be refunded to you after they have been used to meet your MetLife Protect Super insurance premiums;
- your superannuation account does not have an investment component and no investment earnings will be payable on contributions or rollovers received at any time. Also, usually, no interest is payable on amounts we receive for you (including refunds and insured benefits);
- when paying insurance premiums by rollover(s) to the Fund, your premiums will result in a reduction of your account balance in the other fund and may impact your retirement savings;

- the benefit you receive from the Fund may be less than the insured benefit paid by MetLife if tax applies on the payments to you, according to superannuation and taxation legislation. Benefit payments from a superannuation fund are taxed differently to benefit payments you receive directly from insurance outside superannuation;
- in addition to the Policy Terms (and Policy Schedule or any other Important Documents) applicable to your insurance cover, the payment of benefits from the Fund is subject to the Fund's Trust Deed and Trustee obligations under superannuation laws. This means the type of insurance benefits and options available inside superannuation are different to those available outside superannuation;
- tax and superannuation laws may change in the future, which may impact the suitability of holding insurance inside superannuation;
- if your Income Cover is wholly held inside superannuation, the yearly Indexation increase may mean that your Income Cover Monthly Cover Amount and Monthly Superannuation Contribution Amount becomes greater than the amount you would be eligible to claim and may not meet the condition of release requirements under superannuation law. This means you may be paying premiums for a benefit amount you cannot receive.

While the Trustee has determined that MetLife's insurance cover can be held inside superannuation, this does not mean that the Trustee considers the Policy issued by MetLife (to the Trustee as Policy Owner, but otherwise referred to as 'your Policy') in respect of your insurance cover is suitable for your personal situation, objectives or needs. The performance of MetLife or the outcomes of your Policy are not guaranteed.

You will only be entitled to a benefit from the Fund if an insured benefit is paid by MetLife and the benefit is permitted under superannuation law.

See page 8 for information about risks associated with insurance.

Trustee communications

The Trustee produces an annual report for members each year giving important information about the Fund and any relevant changes inside superannuation legislation. You can get a copy of the annual report from the Fund's website at www.smartmonday.com.au and it will be available after the end of each financial year.

The Fund's website contains other important information from the Trustee, including this PDS, the Trust Deed and the names of each outsourced service provider to the Fund.

Information on the Trustee and executive remuneration and other information or documents required to be disclosed on the Trustee's website are available at www.eqt.com.au/superannuation/etsl-registrable-superannuation-entity-disclosures.

Claims involvement

The Trustee will only make a payment to a Fund member (or the member's Nominated Beneficiaries) if the claim is admitted by MetLife. Additionally, the Trustee can only release a benefit if it is permitted to do so under the Trust Deed and superannuation law.

The Trustee does not guarantee any payment of any benefit.

The Trustee and MetLife will refer claims related disputes to a claims review committee made up of a representative of the Trustee and MetLife and an independent chair, agreed by the Trustee and MetLife, and any other committee members as may be agreed between the Trustee and MetLife.

If a benefit is paid to the Trustee for you, interest may be added to the benefit up to the date it is released, if there is an unreasonable delay in the Trustee's payment to you. The amount of interest will be determined by the Trustee at its discretion.

Enquiries and Complaints about MetLife Protect Super

If you have any questions about the Fund (including insurance cover through the Fund), please contact the Administrator on (03) 9621 7225. Your questions will be dealt with as soon as possible.

If you have a complaint, please contact the Complaints Officer using the contact details below:

Complaints Officer
PO Box 1305
South Melbourne VIC 3205
Phone: (03) 9621 7225

The Trustee has established a formal internal complaints resolution procedure for complaints relating to the operation or management of the Fund (including insurance cover through the Fund). MetLife assist the Trustee of the Fund in handling complaints associated with insurance cover provided through the Fund.

Once you have reported a complaint to us, the Trustee (or other person acting on the Trustee's behalf) will respond to any questions or complaints as soon as possible. The length of time required to resolve your complaint depends on the nature and complexity of the matter. By law, we're required to deal with your complaint within 45 days unless an alternate timeframe applies (for example a complaint about a death benefit distribution must be resolved within 90 days of the end of the 28 day objection period).

If you are not satisfied with how your complaint has been dealt with, you may also wish to lodge your complaint with Australian Financial Complaints Authority (AFCA).

You can contact AFCA at any time although they are likely to refer you back to the Complaints Officer if you have not commenced the Trustee's internal complaints resolution process before you raise the matter with AFCA.

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

AFCA provides a fair and independent complaint resolution service that is free to consumers.

You should act promptly as time limits may apply in lodging complaints with AFCA. Please consult the AFCA website or contact AFCA for further information regarding applicable time limits and whether AFCA can handle your complaint.

For information about privacy complaints, see page 89.

Cooling off period

You have 30 days from the date you become a member of the Fund to ensure this superannuation product meets your needs, for example, your insurance needs.

If you exercise your right to cancel your membership of the Fund during this cooling off period, it will also affect your MetLife Protect Super insurance cover. Where applicable, provided you have not made a claim MetLife will return any premiums to the Trustee.

If your premiums were paid using rollovers from another fund, the Trustee will usually return the money to that fund or if this is not possible, to a superannuation fund of your choice.

If your premiums were paid using personal contributions, these will be rolled over to a superannuation fund of your choice.

The refund amount may be reduced for any tax payable by the Trustee to the ATO.

In some circumstances, the refund amount may be paid to the ATO - see page 92.

Please be aware that premiums returned to the Trustee are subject to the superannuation preservation rules. For more information please consult your Financial Adviser.

When does your MetLife Protect Super membership end?

Your membership with the Fund usually ends after your MetLife Protect Super insurance ends. Therefore, if you cancel all your MetLife Protect Super insurance issued to the Trustee, or all the MetLife Protect Super insurance ceases under your Policy (for example, because you reach the expiry age) your membership in the Fund also ceases.

MetLife Protect Super may also end when you are no longer eligible to contribute to superannuation which results in outstanding premiums (unless you are able to use rollovers to continue to fund your premiums).

In this instance, MetLife may accept an application from you (without underwriting), for your cover to continue on the same terms under an equivalent MetLife non-superannuation Policy, subject to eligibility criteria.

Anti-money laundering and counter terrorism financing requirements

As a result of anti-money laundering and counter terrorism financing requirements in government legislation, you may be required to provide proof of identity prior to being able to access your benefits in cash (called “customer identification and verification” requirements).

These requirements may also be applied by the Trustee from time to time in relation to the administration of your superannuation benefits as required or considered appropriate under the government’s legislation. You will be notified of any requirements when applicable. If you do not comply with these requirements there may be consequences for you, for example, a delay in the payment of your benefits.

As a result of the requirements, the Trustee is subject to the supervision of another regulatory body called Australian Transaction Reports and Analysis Centre (AUSTRAC) that has responsibility for the government’s legislation. The Trustee is required to provide yearly compliance reports to AUSTRAC and notify AUSTRAC of suspicious transactions. This may involve the provision of personal information about you to AUSTRAC.

You must not knowingly do anything to put the Trustee in breach of the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) (AML/CTF Laws) and/or its internal policies and procedures, rules and other subordinate instruments. You undertake to notify the Trustee if you are aware of anything that would put Equity Trustees Superannuation Limited in breach of AML/CTF Laws.

If requested, you agree to provide additional information and assistance and comply with all reasonable requests to facilitate the Trustee’s compliance with Laws in Australia or an equivalent law in an overseas jurisdiction and/or its internal policies and procedures.

You undertake that you are not aware and have no reason to suspect that:

- the money used to fund the insurance is derived from or related to money laundering, terrorism financing or similar activities (illegal activities); and
- proceeds of insurance made in connection with this product will fund illegal activities.

In making an application pursuant to the PDS, you consent to the Trustee disclosing, in connection with AML/CTF Laws and/or its internal policies and procedures, any of your personal information as defined in the Privacy Act 1988 (Cth).

In certain circumstances, the Trustee may be obliged to freeze or block an account where it is used in connection with illegal activities or suspected illegal activities. Freezing or blocking can arise as a result of the account monitoring that is required by AML/CTF Laws and/or its internal policies and procedures. If this occurs, the Trustee is not liable to you for any consequences or losses whatsoever and you agree to indemnify the Trustee if the Trustee or its representatives are found liable to a third party in connection with the freezing or blocking of your account.

The Trustee retains the right not to provide services to any applicant that Trustee decides, in its sole discretion, that it does not wish to supply.

Policy Terms

This section introduces the contract, including the parties to any contract(s) of insurance, the insurance cover provided and other important matters applicable to any Policy issued by MetLife.

References to 'we', 'us' and 'our' in these Policy Terms refer to MetLife as the insurer in relation to all cover.

References to 'you' and 'the Policy Owner' throughout the Policy Terms refer to the person or persons or entity MetLife has entered into an insurance contract with and to whom the benefit is paid, unless otherwise indicated.

General interpretative matters

Some expressions and words used throughout these Policy Terms have an initial capital letter to indicate that they have a special meaning, which may have a bearing on your eligibility to claim. The definition for these words and phrases can be located in sections 10 and 11 on pages 144 to 155 of the Policy Terms.

Headings in these Policy Terms have been included to aid understanding but the headings do not alter how these Policy Terms are to be interpreted unless stated otherwise or the context indicates to the contrary.

Where the context allows, words indicating the singular can be taken to mean the plural and vice versa.

The words "include", "including", "for example" or "such as" are not to be interpreted as words of limitation, and when such words introduce an example, they do not limit the meaning of the words to which the example relates.

The contract of insurance is comprised of the Policy Schedule or any other Important Documents we issue to you and these Policy Terms. Unless specified, all aspects of these Policy Terms apply equally to insurance cover issued to the Trustee of a superannuation fund (inside superannuation) and all other non-superannuation insurance (non-superannuation).

We will only enter into a contract of life insurance with an Australian Resident.

Parties to the contract

Issuer

MetLife Protect is issued by MetLife Insurance Limited (ABN 75 004 274 882, AFSL 238096) ('MetLife').

Superannuation

MetLife Protect Super is issued by Equity Trustees Superannuation Limited (ABN 50 055 641 757, AFSL 229757, RSE Licence L0001458) (the 'Trustee') as trustee for the MetLife Australia Superannuation Fund (USI 68964712340007) ('the Fund'), which is a division of the Smart Future Trust (ABN 68 964 712 340).

When you take out MetLife Protect Super you will be provided insurance cover from us through the Fund. The Trustee will be the Policy Owner and is responsible for paying benefits to you (as the Life Insured) out of the Fund.

Life Insured

The Life Insured is the person whose life is insured under the Policy, as named on the Policy Schedule or any other Important Documents.

The Life Insured must be an Australian Resident when their application for insurance cover is made.

Policy Owner

The Policy Owner may or may not be the Life Insured.

For insurance inside superannuation, the Policy Owner is the Trustee of the superannuation fund. For a Policy issued through MetLife Protect Super, the insured member of the Fund, as the Life Insured, has certain rights, entitlements and obligations in relation to the Policy. In this case, a reference to 'you' or 'your' will also include the MetLife Protect Super Life Insured.

We pay the Policy Owner or (in the case of insurance outside superannuation) the Nominated Beneficiary (in the case of Death Benefits, where a nomination has been made by the Policy Owner and accepted by us) any benefits if a claim is accepted under the Policy.

Where there is more than one Policy Owner for a non-superannuation Policy, unless otherwise shown on a Policy Schedule or any other Important Documents, the Policy will be owned by them as joint tenants.

Where permitted by law, the Policy Owner may assign or transfer the ownership of a non-superannuation Policy, or a Policy issued to the trustee of an SMSF, by completing a Memorandum of Transfer and registering the assignment with us. Failure to register the assignment with us may affect the rights of the new owner to claim under the Policy. A Memorandum of Transfer form is available from us upon request.





1. The Policy

1.1 Policy Schedule and Important Documents

The Policy Schedule or any other Important Documents form part of the Policy and confirms the cover that applies for a Life Insured. It contains important details about the insurance, including details of the choices you have made in relation to each cover. For example, the cover amount of each type of cover, and which Extra Cost Options and/or Extras Covers you have selected.

We agree to pay the benefit for the cover(s) shown for each Life Insured to the Policy Owner/s or the Nominated Beneficiary in accordance with these Policy Terms.

Benefits payable are subject to the limitations, reductions and exclusions for the cover(s) you have selected, as described in these Policy Terms, and any special conditions set out on the Policy Schedule or any other Important Documents.

The covers that apply to the Life Insured start on Cover Commencement. They end on the cover Expiry Date as shown on the Policy Schedule or any other Important Documents for that Life Insured, unless cover ends earlier as set out in these Policy Terms or according to law.

1.2 Importance of keeping up with your premium

You must pay each premium on the due dates to keep the Policy in force. If your premium becomes overdue, we will write to you to remind you to pay. If the premium has not been paid in full, we will write to you to cancel the Policy including any Linked Policy and/or associated Extra Cost Options and/or Extras Cover. If we do this, your Policy and cover will end.

All Policy premiums are payable in Australian currency.

1.3 Cooling off period

Your Policy may be cancelled within 30 days of the Policy Schedule being issued by giving us notice in writing.

If you do this, we will cancel the Policy as requested, and will refund any money paid in relation to the Policy back to the Policy Owner (except any taxation or government charges which we are unable to return).

No refund of premiums will be paid if you have already made a claim for benefits under the Policy.

1.4 No surrender value

The Policy provides insurance cover only. The covers under the Policy do not include investment income or accruals from the investment of your premium. The Policy has no surrender value.

1.5 Continuing cover

You may continue the Policy each year by paying the premium, regardless of changes to the health, occupation or pastimes of the Life Insured.

1.6 When Policy commences

The Policy commences when your application has been accepted and a Policy Schedule is issued. The Policy start date will be shown in your Policy Schedule.

1.7 When the Policy ends

Your Policy will end on the earliest of the date:

- you request us to cancel the Policy;
- we cancel and/or avoid the Policy in accordance with our legal rights;
- we cancel and/or avoid the Policy because you have not paid the premium when due;
- when all cover ends under the Policy (the circumstances in which each cover will end are set out under each cover section in these Policy Terms); or
- of the death of the Life Insured.

If your Policy ends as a result of any of the above, any Linked TPD Cover, Linked Trauma Cover, and/or associated Extra Cost Options and/or Extras Cover, which are held on a separate Policy, will also end.

For MetLife Protect Super, your Policy will also end when:

- superannuation law requires us to cease your cover unless you have otherwise elected in writing to maintain your cover;
- you cease to be a member of the Fund; or



- you are no longer eligible to make personal contributions to the Fund as prescribed under superannuation law (unless you are able to meet your premium payments from rollovers from another superannuation fund). In this case, we may accept an application from you, without underwriting, for your cover to continue on the same terms under a non-superannuation Policy.

Additionally for MetLife Protect Super, if you are unable to provide a valid TFN for the relevant Life Insured we will treat the cover and any Policy in relation to that Life Insured as never having commenced. This means there will be no cover available for the relevant Life Insured.

1.8 Worldwide cover

Your Policy provides worldwide insurance cover with the following exception for Income Cover: Monthly Benefits are payable for up to six months while residing overseas, with a requirement to return to Australia for the remaining claim duration for benefits to continue beyond six months.

1.9 Guaranteed upgrade

If we improve any of the features or benefits available under MetLife Protect or MetLife Protect Super in the future, which don't result in a premium rate increase, we will automatically apply those improvements to your Policy. If you believe you are disadvantaged in any way by any changes, and inform us, we will revert back to the features and benefits available immediately prior to the change to your Policy. The improvements will apply only to future claims and not to past or current claims, or any claims arising from conditions or circumstances which first occurred, are first Diagnosed, or for which symptoms first become reasonably apparent, before the effective date of those improvements. If certain exclusions, loadings and/or special terms were noted on your Policy Schedule or any other Important Documents previously, these continue to apply.

1.10 Replacement of insurance issued by another insurer

If we issue a cover under your Policy on the condition that it replaces other existing insurance and the insurance being replaced is not cancelled, we may reduce any benefits payable under your Policy by any benefits paid or payable under the other existing insurance.

1.11 Statutory funds

Premiums for the Policy are placed in MetLife's Statutory Fund No. 1 and any benefits paid under the Policy will be paid from this fund. We reserve the right to transfer all or any Policies to any new or existing statutory fund, or sub-fund in that statutory fund, with the approval of the appropriate prudential regulator (if necessary).

1.12 Australian law and courts

The Policy is governed by the law that applies within the State of New South Wales and is subject to the exclusive jurisdiction of the Courts of Australia.

1.13 Benefit payments

All amounts payable under the Policy will be paid in Australian currency in Australia.

We may delay or withhold paying a benefit under this Policy where doing so may breach any laws or regulations in Australia, including any sanctions' regulations applicable to us. You must provide all information to MetLife which we reasonably require to comply with money-laundering, terrorism funding or economic and trade sanctions regulations.

For Policies held inside superannuation, we will not pay any benefits or other amounts that may breach the Superannuation Industry (Supervision) Act 1993 (Cth) (SIS) or any regulations made pursuant to SIS. In the event we determine a payment may be in breach of SIS or any regulations made pursuant to SIS we will determine the maximum amount payable under SIS or any regulations made pursuant to SIS and will then pay that amount in substitution of the breaching amount.

Types of insurance available

S SUPER NS NON-SUPER

2. Life Cover

2.1 Standard Cover S NS

If your Policy Schedule or any other Important Documents show that you have Life Cover for a Life Insured and cover was in force at the time of the event giving rise to claim, we will pay a benefit under the following circumstances.

2.1.1 Death Benefit S NS

We will pay the full Life Cover Amount if the Life Insured dies.

2.1.2 Life Cover – Terminal Illness Benefit S NS

We will pay the full Life Cover Amount as an advance of the Death Benefit if the Life Insured has a Terminal Illness. We will calculate the Life Cover Amount to be paid as at the date of the second certification.

2.1.3 Life Cover – Immediate Expenses Benefit NS

We will pay a $30,000 advance of your Life Cover Amount as an initial payment upon notification of the Life Insured's death. The notification must be supported by satisfactory evidence of the cause of death (for example, an Australian death certificate).

Payment of this benefit will reduce the applicable Life Cover Amount by $30,000. Payment of this benefit is not an acceptance, and does not guarantee payment, of the remaining Life Cover Amount.

2.1.4 Life Cover – Involuntary Unemployment Premium Waiver Benefit S NS

We will waive the Life Cover, TPD Cover and/or Trauma Cover (including any corresponding Extra Cost Options and/or Extras Cover) premiums for all Policies referable to the Life Insured for a period of up to three months, if we receive suitable evidence that the Life Insured has become Involuntarily Unemployed. Cover will not cease during this period. This waiver will only apply once in any 12-month period and for up to six months in total over the life of the Policy.

The waiver is only available if your premiums are paid up to date at the time the Life Insured becomes Involuntarily Unemployed.

For those who pay their premiums fortnightly or monthly
We will waive the full premiums with respect to Life Cover, TPD Cover and/or Trauma Cover (including any corresponding Extra Cost Options and/or Extras Cover) that fall due during the period of Involuntary Unemployment for up to three months.

For those who pay their premiums annually
We will waive the pro-rated premiums with respect to Life Cover, TPD Cover and/or Trauma Cover (including any corresponding Extra Cost Options and/or Extras Cover) in relation to the period of Involuntary Unemployment for up to three months.

2.2 Extra Cost Options

2.2.1 Specified Events Option NS

The Specified Events Option is only available on a non-superannuation Policy. If your Policy Schedule or any other Important Documents show that you have the Specified Events Option, we will pay a benefit under the following circumstances.

If the Life Insured suffers a Specified Event as listed in Table 39 below, we will pay the corresponding benefit amount, subject to the maximum limits stated.

The Specified Events Option expires on the date the Life Insured turns 65.

Table 39: Specified Event benefits

Specified Event[1]	Benefit amount (% of the Life Cover Amount)	Maximum benefit payment limit
Loss of sight or limb/s		
Blindness Loss of Use of Limb – *two or more limbs*	75%	$500,000
Blindness – *partial loss* Loss of Use of Limb – *single limb*	50%	$250,000
Severe Burns		
Severe Burns to at least 20% of body surface or 50% of face	75%	$500,000
Severe Burns to at least 4% but less than 20% of body surface	30%	$200,000
Severe Burns to at least 50% of hand surface of either hand	15%	$100,000
Fracture of:		
Hip (including neck of femur), pelvis (excluding sacrum), skull (excluding bones of face or nose)	10%	$30,000
Thigh shaft (excluding neck of femur), vertebrae	4%	$10,000
Lower leg (including kneecap), arm, sternum	3%	$7,500
Collarbone, foot, hand, jaw, shoulder bone, wrist	2%	$5,000
Coccyx, eye socket, sacrum	1%	$3,000
Dislocation of:		
Hip	5%	$15,000
Ankle, elbow, knee, wrist, shoulder	1%	$3,000

1. *Payment of a benefit under the Specified Events Option will be in addition to any other benefit payment available as a result of death available under Life Cover (Standard Cover, Extra Cost Options or Extras Cover).*

2.2.2 Premium Waiver Disability Option S NS

This option applies if shown on the Policy Schedule or any other Important Documents.

Under this option, premiums for your Life Cover and its corresponding Extra Cost Options and/or Extras Cover will be waived by us if the Life Insured becomes Totally Disabled for six consecutive months.

If the Life Insured continues to be Totally Disabled after six months of continuous Total Disability and we are waiving your premiums, we will refund you the collected premiums for those six months. The premiums due on the Policy must still be paid during those six months of Total Disability.

If the Policy was issued through MetLife Protect Super, and you paid your premiums by rollover, we will refund the premium to the superannuation fund the rollover came from. If you paid your premiums by personal contributions, any refunded premiums must be rolled over to another complying superannuation fund nominated by you.

We will waive your premiums if the Life Insured continues to be Totally Disabled after six months until the earlier of when the Life Insured:

- returns to work;
- is earning income;
- is no longer Totally Disabled; or
- has reached age 65.

When the Life Insured meets any of the above conditions and the premiums are no longer waived, the requirement to be Totally Disabled for six continuous months will start once again.

The following terms apply to the Premium Waiver Disability Option:

- Indexation does not apply when premiums are waived under this option;
- the Life Events Increases Feature is not available when premiums are being waived under this option; and
- we will not waive premiums on restored Life Cover after any of the following options have been exercised:
  - Life Cover 14-day Buy Back Option (TPD);
  - Life Cover 12-month Buy Back Option (TPD);
  - Life Cover Buy Back Option (Trauma);
  - Life Cover Purchase Option (Standalone TPD);
  - Life Cover Purchase Option (Standalone Trauma);
  - Double Benefit Option (TPD); and
  - Double Benefit Option (Trauma).

The Premium Waiver Disability Option expires on the date the Life Insured turns 65.

2.3 Extras Cover

2.3.1 Business Extras NS

If your Policy Schedule or any other Important Documents show that you have Business Extras, we will pay a benefit (Reimburse expenses or allow Business Safeguard Feature to be exercised) under the following circumstances.

2.3.1.1 Life Cover – Business Expenses Benefit

We will Reimburse expenses incurred in the running of the business in the event of the Life Insured's death or if they suffer Terminal Illness. The benefit is a Reimbursement of fixed business expenses: rent, utilities, legal, audit and accounting fees incurred in the daily running of the business. The maximum amount we will Reimburse per Life Insured is $3,000.

2.3.1.2 Life Cover – Immediate Business Expenses Benefit

We will pay a $20,000 advance of your Life Cover Amount upon notification of the Life Insured's death. The notification must be supported by satisfactory evidence of death (for example, an Australian death certificate).

This is in addition to any Life Cover – Immediate Expenses Benefit paid under the Standard Cover as specified in section 2.1.3 on page 102.

Payment of this benefit will reduce your Life Cover Amount by $20,000.

Payment of this benefit is not an acceptance, and does not guarantee payment, of the Death Benefit.

2.3.1.3 Life Cover – Business Safeguard Feature

This benefit is offered to the Life Insured's who are business owners or sole traders and will allow you to increase your Linked or Standalone Life Cover within maximum cover amounts limits, without further medical underwriting, when certain business events occur.

Under the Business Safeguard Feature, at application stage, the Life Insured will be medically underwritten for the total Life Cover Amount that they could potentially increase up to in the future.

Following conditions apply to Business Safeguard Feature:

- The maximum Life Cover Amount increase allowed under Business Safeguard Feature is the lesser of:
  - Three times the original Life Cover Amount at application per Life Insured; and
  - $15 million per Life Insured.
- The increases under the Business Safeguard Feature will be limited to the original business purpose that this insurance cover is taken for. The business events where the feature can be exercised are:
  - Increase in business equity - The Life Insured is a business owner in that business, and the share of their business increases in value, by percentage and/or by size.
  - Increase in business loan - The Life Insured is a business owner in that business or a sole trader and takes out a new business loan or increases the business loan amount on their business.
  - Buy/Sell agreement – The Life Insured is one of the business owners and a buy/sell agreement, share purchase or business succession is initiated.
  - Key person - The Life Insured is a key person in the business or a sole trader and their value in the business has increased.

- The Business Safeguard Feature is only available for the business event, related to the original business purpose that was underwritten at application. Any increase requested under the Business Safeguard Feature must relate to the original business purpose.
- Any increases requested under Business Safeguard Feature will be restricted to the proportionate value attributable to the purpose of the business insurance as declared in your original application.
- You must apply for the increase in cover within either 60 days from the date of the business event or within 30 days of the Policy Anniversary following the relevant business event.
- Life Cover Amount increases will be subject to financial underwriting and will require current evidence to support the business event. The calculation method used to request an increase to Life Cover Amount must be the same methodology used when applying for Business Extras.
- If the Business Safeguard Feature is not exercised within three years from the date the Business Extras had commenced and thereafter within every three subsequent Policy years, we will limit the maximum Life Cover Amount increase under this Business Extras to the lesser of:
  - Three times the original Life Cover Amount at application; and
  - $2 million per Life Insured.
- This benefit may be exercised once in any 12-month period.
- This feature expires when the Life Insured turns 65.

Note: Increases to the Life Cover Amount under Business Safeguard Feature cannot be exercised if:

- Life Events Increases feature has been exercised for the same business event.
- Life Insured is on claim or is eligible to make a claim with MetLife or any other insurer.
- We are waiving your Life Cover premiums under the Premium Waiver Disability Option.

We may ask you to supply additional information if required for our assessment. If your application is accepted by MetLife, your premiums will be adjusted to reflect the increased Life Cover Amount.

2.4 Life Cover Exclusions

Exclusions and No-Claim Periods apply to Life Cover, including any Extra Cost Options and/or Extras Cover as specified in section 6.4.1 on page 129.

2.5 Life Cover Features

The following features are available with Life Cover, Business Extras and/or the Specified Events Option, as described in these Policy Terms:

- Indexation - please refer to section 7.5 on page 139; and
- Life Events Increases Feature - please refer to section 7.1 on page 136.

Note: the above features are not available when your premiums are waived under the Premium Waiver Disability Option.

2.6 When Life Cover, Extra Cost Options and Extras Cover commences

The cover commences when your application has been accepted, and a Policy Schedule is issued. The cover start date will be shown in your Policy Schedule.

2.7 When Life Cover, Extra Cost Options and Extras Cover ends

Life Cover, Extra Cost Options and Extras Cover end on the Expiry Date, which is:

- For Standard Life Cover the date the Life Insured turns 130;
- For Extra Cost Options and Extras Cover the date the Life Insured turns 65.

Life Cover, Extra Cost Options and Extras Cover will end earlier than the Expiry Date if:

- your Policy ends in the circumstances set out in section 1.7 – When the Policy ends on page 100;
- we pay the full Life Cover Amount under Standard Life Cover;
- you ask us to cancel your cover;
- you have a MetLife Protect Super Policy and the relevant Life Insured turns 75 and you are no longer eligible to make personal contributions to superannuation to pay your insurance premiums (unless premiums continue to be paid via rollover);
- the cover is cancelled and/or avoided in accordance with our legal rights or because you have not paid the premiums when due; or
- the cover was offered with a limited term and an earlier Expiry Date is shown on the Policy Schedule or any other Important Documents.

3. TPD Cover

Types of insurance available
S SUPER NS NON-SUPER

3.1 Standard Cover S NS

If your Policy Schedule or any other Important Documents show that you have TPD Cover for a Life Insured, we will pay a benefit up to the TPD Cover Amount under the following circumstances (provided the TPD Cover was in force at the time of the event giving rise to that claim).

3.1.1 TPD Cover – Any Occupation Benefit S NS

We will pay the full TPD Cover Amount if the Life Insured:

- has been absent from work for three or more consecutive months, solely due to Illness or Injury; and
- is following the advice of their treating Medical Practitioner & Medical Specialist, and has undergone all reasonable rehabilitation and recommended evidence-based treatment; and
- is unlikely ever to be able to work in Any Occupation to which they are reasonably suited because of their education, training or experience, solely due to their Illness or Injury.

The three or more months' continuous absence from work requirement is also satisfied if the Life Insured returns to work during the three-month period as part of a rehabilitation program mutually agreed between us and the Life Insured.

Any return to work while participating in the rehabilitation or retraining programs will not restart the three-month period.

If the Life Insured was engaged in full time Home Duties immediately prior to the Date of Disablement, we will instead assess the Life Insured's eligibility under the TPD Cover – Home Duties Benefit (section 3.1.3 on this page).

If the Life Insured has:

- an Occupation Class as R or O shown on the Policy Schedule or any other Important Documents and was not engaged in full time Home Duties immediately prior to disability; or
- had their cover varied after age 65 in accordance with section 3.1.1.1 outlined below;

we will instead assess the Life Insured's eligibility under the TPD Cover – General Disability Benefit below (section 3.1.4 on the next page).

3.1.1.1 Cover Variation after age 65 – TPD definition

If the Life Insured is aged 65 or more as at the Date of Disablement, the TPD Cover – Any Occupation Benefit (section 3.1.1 above) will only be payable if:

- the Life Insured has been working at least 15 hours per week on average in the six months immediately prior to the Date of Disablement; and
- the Life Insured satisfies the criteria set out in section 3.1.1 on this page.

If a Life Insured hasn't satisfied the above conditions we will assess the claim on the basis of the TPD Cover – General Disability Benefit (refer to section 3.1.4 on the next page).

Note: when the Life Insured is approaching age 65, we will contact you and ask you to advise us if the Life Insured is working less than 15 hours per week. Where the Life Insured is working less than 15 hours per week, the TPD Cover – General Disability Benefit will apply to your TPD Cover and it's corresponding premium rates will be charged.

If the Life Insured returns to working 15 hours per week or more, the TPD Cover – General Disability Benefit will continue to apply to your TPD Cover.

3.1.2 TPD Cover – Limited Earnings Benefit NS

We will pay the full TPD Cover Amount if the Life Insured was working in a full-time capacity in the 12 months immediately prior to Illness or Injury, and the Life Insured:

a. has been absent from work for three or more consecutive months solely due to Illness or Injury; and
b. is following the advice of their treating Medical Practitioner & Medical Specialist, and has undergone all reasonable rehabilitation and recommended evidence-based treatment; and
c. does not meet the criteria for a benefit to be paid under the TPD Cover – Any Occupation Benefit (refer to section 3.1.1 on this page); and is unlikely ever to be able to work again in Any Occupation for which they are reasonably suited because of their education, training or experience, which would pay remuneration at a rate greater than 25% of their personal exertion earnings during their last 12 consecutive months of work.

The three or more months' continuous absence from work requirement is also satisfied if the Life Insured returns to work during the three-month period as part of a rehabilitation program mutually agreed between us and the Life Insured. Any return to work while participating in the rehabilitation and retraining programs will not restart the three-month period.

3.1.3 TPD Cover – Home Duties Benefit S NS

For any Policy held inside superannuation, clauses a, b, c and d of this section 3.1.3 on this page must be met. For any Policy held outside superannuation, only clauses a, b and c must be met.

We will pay the full TPD Cover Amount if the Life Insured:

a. has been unable to perform all Home Duties for three or more consecutive months solely due to Illness or Injury; and

b. is following the advice of their treating Medical Practitioner & Medical Specialist, and has undergone all reasonable rehabilitation and recommended evidence-based treatment; and

c. is unlikely ever to be able to perform all Home Duties without the assistance of another person, solely due to their Illness or Injury; and

d. is unlikely ever to be able to work in Any Occupation to which they are reasonably suited because of their education, training or experience, solely due to their Illness or Injury.

3.1.4 TPD Cover – General Disability Benefit S NS

For any Policy held inside superannuation, clauses a, b and c of this section 3.1.4 on this page must be met. For any Policy held outside superannuation, only clauses a and b must be met.

We will pay the full TPD Cover Amount if the Life Insured:

a. has totally and irreversibly lost the ability to perform, without assistance, any two of the Activities of Daily Living due to Illness or Injury, and has been unable to do so for at least three consecutive months; and

b. is following the advice of their treating Medical Practitioner & Medical Specialist, and has undergone all reasonable rehabilitation and recommended evidence-based treatment; and

c. is unlikely ever to be able to work in Any Occupation to which they are reasonably suited because of their education, training or experience, solely due to their Illness or Injury.

If the Life Insured can perform any of the Activities of Daily Living on their own by using special equipment (for example, mobility activities with a walking aid), they will be considered able to perform that activity.

3.1.5 TPD Cover – Loss of Use of Limbs and/or Sight Benefit S NS

For any Policy held inside superannuation, clauses a, b, c and d of this section 3.1.5 on this page must be met. For any Policy held outside superannuation, only clauses a, b and c must be met.

We will pay the full TPD Cover Amount if, solely due to Illness or Injury, the Life Insured suffers:

a. Loss of Use of Limb – *two or more limbs* (defined on page 158); or

b. Blindness (defined on page 155); or

c. Both Loss of Use of Limb – *single limb* (defined on page 158) and Blindness – *partial loss* (defined on page 155); and

d. is unlikely ever to be able to work in Any Occupation to which they are reasonably suited because of their education, training or experience, solely due to their Illness or Injury.

3.1.6 TPD Cover – Physical Disability Benefit NS

We will pay 25% of the TPD Cover Amount, up to $500,000 if, solely due to Illness or Injury, the Life Insured suffers:

a. Loss of Use of Limb – *single limb* (defined on page 158); or

b. Blindness – *partial loss* (defined on page 155).

Payment of this benefit will reduce your TPD Cover Amount (including any associated Extra Cost Options) by the benefit amount paid.

3.1.7 Death Benefit S NS

We will pay $10,000 upon notification of the Life Insured's death, if it occurred during the term of TPD Cover. If we determine the Life Insured to have been Totally and Permanently Disabled before passing away and subsequently a full benefit under TPD Cover was paid, or is eligible to be paid, the Death Benefit will not be payable.

The notification must be supported by evidence of the cause of death (for example, the full Australian death certificate). This benefit is not available where TPD Cover is Linked to Life Cover.

3.1.8 TPD Cover – Medical Travel and Accommodation Expenses Benefit NS

We will Reimburse $250 per day up to a maximum of $5,000 in travel and accommodation expenses after we have paid a benefit under TPD Cover (including associated Extra Cost Options) for a Life Insured. This benefit is payable if the Life Insured requires medical treatment (for the same Illness or Injury for which we paid the earlier benefit under TPD Cover) in a hospital that is located more than 100km from their residential address. A Medical Practitioner must certify that the required medical treatment is not available in a hospital that is within 100km from their residential address.

These travel and accommodation expenses may include the costs of any form of public transport (not including ambulance) for the Life Insured and a family member on any one occasion. It may be Reimbursed on multiple occasions up to a total maximum of $5,000 over the life of the Policy.

3.2 Extra Cost Options

3.2.1 Life Cover 14-day Buy Back Option (TPD) S NS

If your Policy Schedule or any other Important Documents show that you have the Life Cover 14-day Buy Back Option (TPD), the following is available in accordance with the terms and conditions listed in this section.

This option restores your Linked Life Cover 14 days following a full or partial Linked TPD Cover benefit payment, without the need for medical evidence.

The Life Insured must survive without the use of a life support system for at least 14 days following the Linked TPD benefit payment.

We will not restore Life Cover under this option if the following applies:

- a benefit has been paid for Terminal Illness, we are in the process of assessing a Terminal Illness claim or you are eligible to make a claim for Terminal Illness at the time of your TPD claim; or
- the Life Insured does not meet the 14-day survival period.

Where Life Cover and Linked TPD Cover have been purchased, an Accidental Injury Cover definition applies to Linked Life Cover following a TPD Cover benefit payment. This will cease to apply 14 days following the TPD Cover benefit payment and your Life Cover is restored.

The Life Cover 14-day Buy Back Option (TPD) expires on the date the Life Insured turns 75.

3.2.2 Life Cover 12-month Buy Back Option (TPD) S NS

If your Policy Schedule or any other Important Documents show that you have the Life Cover 12-month Buy Back Option (TPD), the following is available in accordance with the terms and conditions listed in this section.

This option restores your Linked Life Cover 12 months following a full or partial Linked TPD Cover benefit payment, without the need for medical evidence.

Where Life Cover and Linked TPD Cover have been purchased, an Accidental Injury Cover definition applies to Linked Life Cover following a TPD Cover benefit payment. This will cease to apply 12 months following the TPD Cover benefit payment and your Life Cover is restored.

We will not restore Life Cover under this option if any of the following apply:

- a benefit has been paid for Terminal Illness, we are in the process of assessing a Terminal Illness claim or you are eligible to make a claim for Terminal Illness at the time of your TPD claim.

The Life Cover 12-month Buy Back Option (TPD) expires on the date the Life insured turns 75.

3.2.3 Own Occupation Option NS

If your Policy Schedule or any other Important Documents show that you have the Own Occupation Option, we will pay a benefit under the following circumstances.

We will pay the full TPD Cover Amount if the Life Insured:

- has been absent from their occupation for at least three consecutive months, solely due to Illness or Injury; and
- is following the advice of their treating Medical Practitioner & Medical Specialist, and has undergone all reasonable rehabilitation and recommended evidence-based treatment; and
- does not meet the criteria for a benefit to be paid under Standard TPD Cover (refer to section 3.1 on page 106); and
- is unlikely ever to be able to work in their Own Occupation again, solely due to their Illness or Injury.

The three or more months' continuous absence from work requirement is also satisfied if the Life Insured returns to work during the three-month period as part of a rehabilitation or retraining program mutually agreed upon before it starts. Any return to work while participating in the rehabilitation will not restart the three-month period.

Your TPD claim will be assessed under TPD Cover – Any Occupation Benefit (refer to section 3.1.1 on page 106), where the Life Insured has been unemployed or on leave due to parental, sabbatical or long service leave (approved in writing by the Life Insured's employer) for more than 12 months prior to their Illness or Injury.

The Own Occupation Option is not available to a Life Insured who is working less than 15 hours per week at the time of application and expires on the date the Life Insured turns 65.

3.2.4 Premium Waiver Disability Option S NS

This option applies if shown on the Policy Schedule or any other Important Documents.

Under this option, premiums for your TPD Cover and its corresponding Extra Cost Options will be waived if the Life Insured becomes Totally Disabled for six consecutive months.

If the Life Insured continues to be Totally Disabled after six months of continuous Total Disability and we are waiving your premiums, we will refund you the collected premiums for those six months. The premiums due on the Policy must still be paid during those six months of Total Disability.

If the Policy was issued through MetLife Protect Super, and you paid your premiums by rollover, we will refund the premium to the superannuation fund the rollover came from. If you paid your premiums by personal contributions, any refunded premiums must be rolled over to another complying superannuation fund nominated by you.

We will waive your premiums if the Life Insured continues to be Totally Disabled after six months until the earlier of when the Life Insured:

- returns to work;
- is earning income;
- is no longer Totally Disabled; or
- has reached age 65.

When the Life Insured meets any of the above conditions and the premiums are no longer waived, the requirement to be Totally Disabled for six continuous months will start once again.

The following terms apply to the Premium Waiver Disability Option:

- Indexation does not apply when premiums are waived under this Option;
- the Life Events Increases Feature is not available when premiums are being waived under this Option; and
- we will not waive premiums on restored Life Cover after any of the following options have been exercised:
  - Life Cover 14-day Buy Back Option (TPD);
  - Life Cover 12-month Buy Back Option (TPD);
  - Life Cover Purchase Option (Standalone TPD); and
  - Double Benefit Option (TPD).

The Premium Waiver Disability Option expires on the date the Life Insured turns 65.

3.2.5 Life Cover Purchase Option (Standalone TPD) S NS

This option applies if shown on the Policy Schedule or any other Important Documents.

If we pay the full TPD Cover Amount, the Policy Owner will automatically receive Life Cover up to the amount of the full TPD Cover Amount paid, without the need for medical evidence.

We will automatically provide Life Cover for the Life Insured 12 months after the full TPD Cover benefit payment.

The following will apply to the new Life Cover:

- Indexation will apply to the new Life Cover;
- the Life Events Increases Feature and the Premium Waiver Disability Option are not available under the new Life Cover;
- any loadings, exclusions or special terms under the original TPD Cover will apply to the new Life Cover;
- the premium for the new Life Cover will be based on the premium rates applying when the option is exercised;
- this option can only be exercised once;
- the premium type of the new Life Cover will be the same premium type as the Life Cover Purchase Option (Standalone TPD) for the life of the Policy; and
- the Life Cover Purchase Option (Standalone TPD) cannot be exercised if either:
  - we have paid or are about to pay a Terminal Illness Benefit; or
  - we have only paid a partial TPD benefit.

The Life Cover Purchase Option (Standalone TPD) expires on the date the Life Insured turns 65.

3.2.6 Double Benefit Option (TPD) S NS

This option applies if shown on the Policy Schedule or any other Important Documents.

This option restores your Linked Life Cover 14 days following a full Linked TPD Cover benefit payment and waives future premiums on the restored Life Cover Amount until the Life Insured turns 65.

Where Life Cover and Linked TPD Cover have been purchased, an Accidental Injury Cover definition applies to Linked Life Cover following a Linked TPD Cover benefit payment. This will cease to apply 14 days following benefit payment. The Life Insured must survive without the use of a life support system for at least 14 days.

We will waive future premiums for the restored Life Cover Amount under this option, from the date we pay the full TPD Cover Amount.

The following will apply to the new Life Cover:

- any exclusions under the original Life Cover will apply to the new Life Cover;
- Indexation, the Life Events Increases Feature and the Premium Waiver Disability Option are not available under the restored Life Cover;
- this option can be exercised only once; and
- we will not restore Life Cover under this option if any of the following apply:
  - a benefit has been paid for Terminal Illness, we are in the process of assessing a Terminal Illness claim or you are eligible to make a claim for Terminal Illness in relation to the Life Insured;
  - the Life Insured does not satisfy the survival period of 14 days; or
  - we pay or begin to pay only a part of the TPD Cover Amount, including a Partial TPD Benefit.

The Double Benefit Option (TPD) expires on the date the Life Insured turns 65.

3.3 Order of claims assessment

If the Life Insured holds TPD Cover inside superannuation, the Own Occupation Option will be held on a Policy outside superannuation.

In the event of a claim where entitlement to a benefit exists under both Policies, we will firstly assess the claim in respect of benefits available on the Policy held inside superannuation, before considering the Life Insured's eligibility for a benefit under any Extra Cost Options held outside superannuation.

Only one payment will be made in the above scenario.

3.4 TPD Cover Exclusions

Exclusions and No-Claim Periods apply to TPD Cover, including any Extra Cost Options, as described in section 6.4.2 on page 131.

3.5 TPD Cover Features

The following features are available with TPD Cover and/or certain associated Extra Cost Options, as described in these Policy Terms:

- Indexation – please refer to section 7.5 on page 139;
- Life Events Increases Feature – please refer to section 7.1 on page 136; and
- Life Events Extras Feature – please refer to section 7.2 on page 138.

Note: the above features are not available when your premiums are waived under the Premium Waiver Disability Option.

3.6 When TPD Cover and Extra Cost Options commences

The cover commences when your application has been accepted, and a Policy Schedule is issued. The cover start date will be shown in your Policy Schedule.

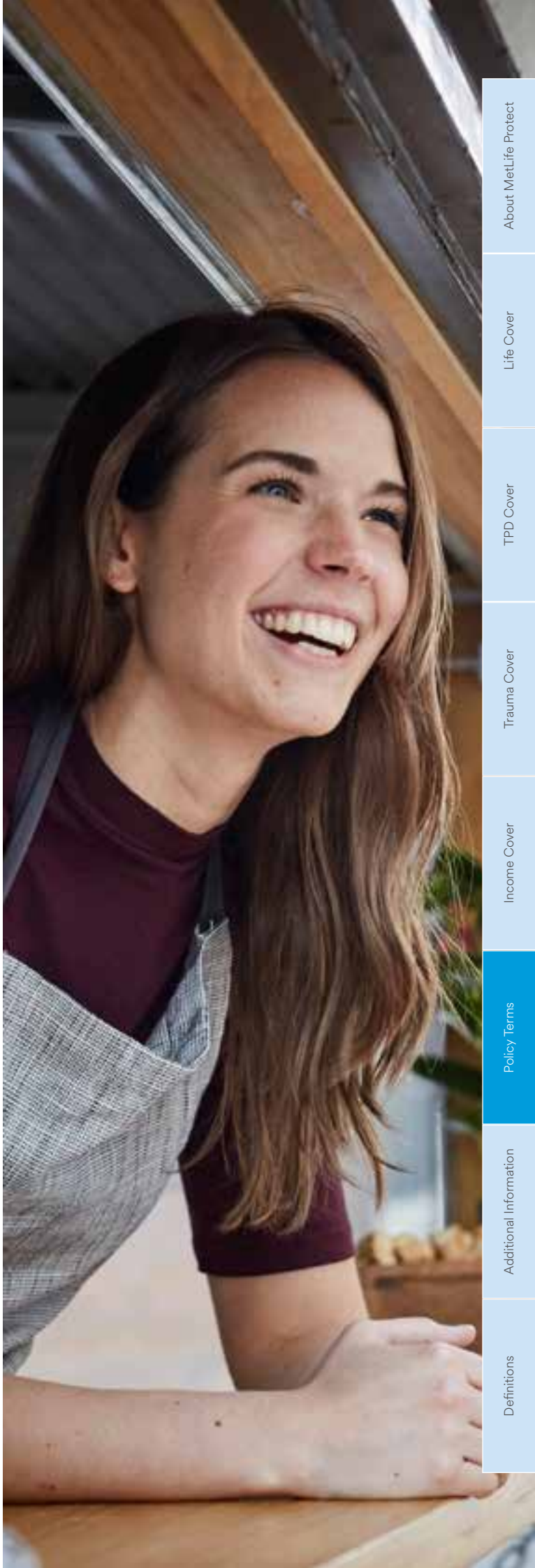
3.7 When TPD Cover and Extra Cost Options ends

TPD Cover and Extra Cost Options end on the Expiry Date, which is:

- Standard TPD Cover – the date the Life Insured turns 75.
- Life Cover 14-day Buy Back Option (TPD) and Life Cover 12-month Buy Back Option (TPD) – the date the Life Insured turns 75.
- Own Occupation Option – the date the Life Insured turns 65.
- Premium Waiver Disability Option – the date the Life Insured turns 65.
- Life Cover Purchase Option (Standalone TPD) – the date the Life Insured turns 65.
- Double Benefit Option (TPD) – the date the Life Insured turns 65.

TPD Cover may end earlier than the Expiry Date if:

- your Policy ends in the circumstances set out in section 1.7 on page 100;
- we pay the full TPD Cover Amount;
- you ask us to cancel your cover;
- the cover is cancelled and/or avoided in accordance with our legal rights or because you have not paid the premiums when due;
- you have a MetLife Protect Super Policy and the relevant Life Insured turns 75;
- the cover was offered with a limited term and an earlier Expiry Date is shown on the Policy Schedule or any other Important Documents; or
- where TPD Cover is Linked to Life Cover and when the Linked Life Cover ends.



4. Trauma Cover NS

Types of insurance available
NS NON-SUPER

4.1 Standard Cover NS

The minimum benefit we will pay for any Trauma Condition is $10,000.

If your Policy Schedule or any other Important Documents show that you have Trauma Cover for a Life Insured, we will pay a benefit under the following circumstances subject to all other terms and conditions being satisfied, including the No-Claim Period.

Your Standard Trauma Cover Amount will be reduced by the benefit amount we pay you under a Tier 1 Benefit, Tier 2 Benefit or Tier 3 Benefit and reduces to zero when you have claimed the full Trauma Cover Amount. Your Trauma Cover ends immediately after payment of a full Trauma Cover Amount.

The amount of Trauma benefit we pay will be determined based on the date when the Life Insured meets the relevant Trauma Condition definition. If a Trauma benefit is paid (either in partial or full), the Trauma Cover Amount will be paid on the date the Trauma Condition is met.

For subsequent claims the benefit payable depends on:

- if the claim is for a Related or Progressive Trauma Condition;
- the maximum amount payable for the relevant benefit category is reached; and
- the maximum combined total benefit payable on the Policy as set out in the benefit tables in sections 4.1.1, 4.1.2 and 4.1.3 below.

We define Trauma Conditions in a particular way. Trauma Conditions are set out in section 11 on page 155 of these Policy Terms. A Life Insured will not be considered to have a Trauma Condition, and a benefit will not be payable, unless and until the Life Insured meets our definition of the Trauma Condition being claimed for.

Our definitions for Trauma Conditions in section 11 on page 155 of these Policy Terms may include methods of Diagnosing Trauma Conditions. If the methods for Diagnosing the relevant Trauma Conditions after taking into account all evidence including evidence from you or people acting for you are impractical to apply or has been superseded, we may consider more contemporary, appropriate and medically recognised methods that conclusively Diagnose the specified Trauma Condition with at least the same severity.

4.1.1 Tier 1 Benefit

We will pay the full Trauma Cover Amount (subject to the maximums for further Trauma Cover claims under section 4.1.5 on page 113, and any other applicable exclusions under section 6.4.3 on page 132) if the Life Insured meets the criteria (within our Trauma Condition definition) for any of the following Trauma Conditions while the Policy is in force:

Table 40: Tier 1 Benefit conditions

Policy Terms Section	Trauma Category	Trauma Conditions
4.1.1.1	Cancer Conditions	• Cancer – *advanced* (defined on page 155).
4.1.1.2	Heart Conditions	• Heart Condition – *significantly impaired heart function* (defined on page 157).
4.1.1.3	Neurological Conditions	• Neurological Condition – *permanent neurological deficit* (defined on page 158). *The Trauma Conditions covered under Tier 1 Benefits are restricted to those classified as Neurological Conditions within the Tier 2 Benefits category.*
4.1.1.4	Vital Organ and Digestive System Disorders	• Vital Organ or Digestive System Disorder – *end stage* (defined on page 159).
4.1.1.5	Disability Conditions and Accidental Incidents	• Blindness (defined on page 155); • HIV Infection – *acquired medically or from an assault* (defined on page 157); • Loss of Independence (defined on page 158); and • Loss of Use of Limb – *two or more limbs* (defined on page 158).

4.1.2 Tier 2 Benefit

We will pay up to 50% of your Trauma Cover Amount (subject to the maximums for further Trauma Cover claims under section 4.1.5 on page 113, and any other applicable exclusions under section 6.4.3 on page 132) if the Life Insured meets the criteria (within our Trauma Condition definition) for any of the following Trauma Conditions while the Policy is in force:

Table 41: Tier 2 Benefit conditions

Policy Terms Section	Trauma Category	Trauma Conditions
4.1.2.1	Cancer Conditions	• Cancer – *excluding specified early stage cancers* (defined on page 156).
4.1.2.2	Heart Conditions	• Angioplasty – *triple vessel* (defined on page 155); • Cardiomyopathy (defined on page 156); • Coronary Artery Bypass Surgery (defined on page 156); • Heart Attack – *with specified clinical evidence* (defined on page 157); • Heart Surgery – *open heart surgery* (defined on page 157); • Out of Hospital Cardiac Arrest (defined on page 159); and • Pulmonary Arterial Hypertension (defined on page 159).
4.1.2.3	Neurological Conditions	• Benign Brain Tumour (defined on page 155); • Coma – *72 hours* (defined on page 156); • Dementia including Alzheimer's Disease (defined on page 156); • Loss of Speech (defined on page 158); • Major Head Trauma (defined on page 158); • Motor Neurone Disease (defined on page 158); • Multiple Sclerosis (defined on page 158); • Muscular Dystrophy (defined on page 158); • Parkinson's Disease (defined on page 159); and • Stroke – *with persisting clinical symptoms* (defined on page 159).
4.1.2.4	Vital Organ and Digestive System Disorders	• Lung Removal – *excluding donors* (defined on page 158).
4.1.2.5	Disability Conditions and Accidental Incidents	• Burns – *full thickness* (defined on page 155); • Deafness (defined on page 156); • Intensive Care (defined on page 158); • Needlestick Injury* (Hepatitis B or C – *acquired Occupationally* and HIV Infection – *acquired Occupationally*) (defined on page 157); and • Osteoporosis – *before age 55* (defined on page 158).

**Benefit under Needlestick Injury is capped at the lower of your Trauma Cover Amount and $1 million, including any benefit payable under Trauma Plus Extras.*

4.1.3 Tier 3 Benefit

We will pay a partial amount of your Trauma Cover Amount (subject to the relevant benefit cap and to the maximums for further Trauma Cover claims under section 4.1.5 on page 113, and any other applicable exclusions under section 6.4.3 on page 132) if the Life Insured meets the criteria (within our Trauma Condition definition) for any of the following Trauma Conditions while the Policy is in force:

Table 42: Tier 3 Benefit conditions

Policy Terms Section	Trauma Category	Trauma Conditions
4.1.3.1	Cancer Conditions *(benefit capped at 10% of the Trauma Cover Amount and $50,000)*	• Cancer – *early stage cancers* (defined on page 155).
4.1.3.2	Heart Conditions *(benefit capped at 25% of the Trauma Cover Amount and $25,000)*	• Angioplasty – *single or double vessel*[1] (defined on page 155); and • Heart Valve Surgery – *keyhole procedure* (defined on page 157). 1. *Subject to eligibility criteria, for the listed Trauma Condition Angioplasty – single or double vessel, an angioplasty on each of the three main coronary arteries, either in a single procedure, or multiple procedures within two months of the original procedure, qualifies for a Tier 2 benefit under the listed Trauma Condition Angioplasty – triple vessel.*

Policy Terms Section	Trauma Category	Trauma Conditions
4.1.3.3	Neurological Conditions *(benefit capped at 25% of the Trauma Cover Amount and $100,000)*	• Bacterial Meningitis or Viral Encephalitis (defined on pages 155 and 159); and • Hydrocephalus – *requiring surgery* (defined on page 158).
4.1.3.4	Vital Organ and Digestive System Disorders *(benefit capped at 25% of the Trauma Cover Amount and $100,000)*	• Aplastic Anaemia – *requiring treatment* (defined on page 155); • Colostomy or Ileostomy (defined on page 156); • Crohn's Disease – *severe* (defined on page 156); • Diabetes – *insulin dependent* (defined on page 156); and • Ulcerative Colitis – *severe* (defined on page 159).
4.1.3.5	Disability Conditions and Accidental Incidents *(benefit capped at 25% of the Trauma Cover Amount and $100,000)*	• Blindness – *partial loss* (defined on page 155); • Deafness – *partial hearing loss* (defined on page 156); and • Loss of Use of Limb – *single limb* (defined on page 158).

4.1.4 Trauma Cover – Medical Travel and Accommodation Expenses Benefit

We will Reimburse $250 per day up to a maximum of $5,000 in travel and accommodation expenses after we have paid a benefit under Trauma Cover (including associated Extra Cost Options and/or Extras Cover) for a Life Insured or a Dependent Child. This benefit is payable if the Life Insured or Dependent Child requires medical treatment (for the same Illness or Injury or a Related or Progressive Trauma Condition for which we paid the earlier benefit under Trauma Cover) in a hospital that is more than 100km from their residential address. A Medical Practitioner must certify that the required medical treatment is not available in a hospital that is within 100km from their residential address.

These travel and accommodation expenses may include the costs of any form of public transport (not including ambulance) for the Life Insured or Dependent Child and one accompanying adult on any one occasion. It may be Reimbursed on multiple occasions up to a total maximum of $5,000 over the life of the Policy.

4.1.5 Further Trauma Cover claims clarifications and limitations

Certain limitations apply to benefit payments for Trauma Cover. These are:

- #### 4.1.5.1 Maximum benefits payable per Trauma Category

  The maximum benefit amount we will pay over the life of the Policy for Trauma Conditions in any one Trauma Category is the Trauma Cover Amount per Life Insured.

  If the Life Insured receives benefit payments equal to the Trauma Cover Amount in relation to Trauma Conditions in a single Trauma Category, then cover for that Trauma Category will end for the Life Insured.

- #### 4.1.5.2 Related or Progressive Trauma Conditions

  The maximum benefit amount we will pay over the life of the Policy for Related or Progressive Trauma Conditions is the Trauma Cover Amount.

  If you or the Life Insured has received a benefit payment for a Trauma Condition and suffer a Related or Progressive Trauma Condition, any benefit payment in relation to that Related or Progressive Trauma Condition will be offset against the benefit payment for the original Trauma Condition and any other Related or Progressive Trauma Condition so that you cannot exceed the maximum benefit amount payable under this section.

- #### 4.1.5.3 Trauma Cover claim timing

  We will assess Trauma Cover claims and apply the rules set out in this section (section 4 on page 111) in the date and time order the event, occurrence, circumstance or incidence leading to the claim arose. We will do this even after a Trauma Cover benefit has been paid and we have subsequently been notified of a claim.

- #### 4.1.5.4 Trauma Cover multiple claims for the same event

  In the event a Life Insured suffers from two or more Trauma Conditions, which occurred as a result of one single event, occurrence, circumstance or incidence, we will only pay the larger of the two or more Trauma Condition benefits that the you would otherwise be entitled to.

4.2 Extra Cost Options

4.2.1 Life Cover Buy Back Option (Trauma) NS

The option applies if shown on the Policy Schedule or any other Important Documents.

This option restores your Linked Life Cover 12 months following a full or partial Linked Trauma Cover benefit payment, without the need for medical evidence.

Where Life Cover and Linked Trauma Cover have been purchased, an Accidental Injury Cover definition applies to Linked Life Cover following a Linked Trauma Cover benefit payment. This definition will cease to apply 12 months following the benefit payment and then your Life Cover coverage is restored.

The Life Insured must survive without the use of a life support system for at least 14 days from the date they first meet the definition of the relevant Trauma Condition.

This option can only be exercised once over the life of the Policy.

We will not restore Life Cover under this option if any of the following apply:

- a benefit has been paid for Terminal Illness; we are in the process of assessing a Terminal Illness claim; or you are eligible to make a claim for Terminal Illness at the time of your Trauma claim.

The Life Cover Buy Back Option (Trauma) expires on the date the Life Insured turns 75.

4.2.2 Trauma Cover Reinstatement Option NS

The option applies if shown on the Policy Schedule or any other Important Documents.

If we pay a Tier 1 Benefit, Tier 2 Benefit or Tier 3 Benefit, we will automatically reinstate your Trauma Cover Amount by an amount equal to the Trauma Cover benefit paid 12 months after the claim is paid. During the 12 months after benefit payment the Accidental Injury Cover definition applies to the full or partial Trauma Cover Amount that was paid.

The premiums for the Reinstated Trauma Cover will continue as shown on the Policy Schedule or any other Important Documents we issue to you.

We will apply any loadings, exclusions and special terms that applied to the original and subsequent Trauma Covers to the reinstated Trauma Cover.

This benefit can be exercised on multiple occasions. Indexation and the Premium Waiver Disability Option are not available on the Reinstated cover.

The Trauma Cover Reinstatement Option expires on the date the Life Insured turns 75.

4.2.3 Premium Waiver Disability Option NS

This option applies if shown on the Policy Schedule or any other Important Documents.

Under this option, premiums for your Trauma Cover and its corresponding Extra Cost Options and/or Extras Cover will be waived by us if the Life Insured becomes Totally Disabled for six consecutive months.

If the Life Insured continues to be Totally Disabled after six months of continuous Total Disability and we are waiving your premiums, we will refund you the collected premiums for those six months. The premiums due on the Policy must still be paid during those six months of Total Disability.

We will waive your premiums if the Life Insured continues to be Totally Disabled after six months until the earlier of when the Life Insured:

- returns to work;
- is earning income;
- is no longer Totally Disabled; or
- has reached age 65.

When the Life Insured meets any of the above conditions and the premiums are no longer waived, the requirement to be Totally Disabled for six continuous months will start once again.

The following terms apply to the Premium Waiver Disability Option:

- Indexation does not apply when premiums are waived under this option;
- the Life Events Increases Feature is not available when premiums are being waived under this option; and
- we will not waive premiums on the restored Life Cover after any of the following options have been exercised:
  - Life Cover Buy Back Option (Trauma);
  - Life Cover Purchase Option (Standalone Trauma); and
  - Double Benefit Option (Trauma).

The Premium Waiver Disability Option expires on the date the Life Insured turns 65.

4.2.4 Life Cover Purchase Option (Standalone Trauma) NS

The option applies if shown on the Policy Schedule or any other Important Documents.

If we pay the full Trauma Cover Amount for a Tier 1 Benefit, the Policy Owner will automatically receive Life Cover up to the amount of the full Trauma Cover Amount paid, without the need for medical evidence.

We will automatically provide Life Cover for the Life Insured 12 months after the full Trauma Cover benefit payment.

The following will apply to the new Life Cover:

- Indexation will apply to the new Life Cover;
- the Life Events Increases Feature and Premium Waiver Disability Option are not available under the new Life Cover;



- any loadings, exclusions or special terms under the original Trauma Cover will apply to the new Life Cover;
- the premium for the new Life Cover will be based on the premium rates applying when the option is exercised (12 months after the full Trauma Cover benefit payment);
- this option can only be exercised once;
- the premium type of the new Life Cover will be the same premium type as the Life Cover Purchase Option (Standalone Trauma) for the life of the Policy; and
- the Life Cover Purchase Option (Standalone Trauma) cannot be exercised if either:
  - we have paid or are about to pay a Terminal Illness Benefit; or
  - we have only paid a Tier 2 or Tier 3 Benefit.

The Life Cover Purchase Option (Standalone Trauma) expires on the date the Life Insured turns 65.

4.2.5 Double Benefit Option (Trauma) NS

The option applies if shown on the Policy Schedule or any other Important Documents.

This option restores your Linked Life Cover 14 days following a full Linked Trauma Cover benefit payment and waives future premiums on the restored Life Cover Amount until the Life Insured turns 65.

Where Life Cover and Linked Trauma Cover have been purchased, an Accidental Injury Cover definition applies to the Linked Life Cover following a Linked Trauma Cover benefit payment. This will cease to apply 14 days following a full Linked Trauma Cover benefit payment.

The following will apply to the restored Life Cover:

- any loadings, exclusions or special terms under the original Life Cover will apply to the new Life Cover;
- Indexation, the Life Events Increases Feature and the Premium Waiver Disability Option are not available under the restored Life Cover;
- this option can be exercised only once; and
- we will not restore Life Cover under this option if any of the following apply:
  - we have paid or are about to pay a Terminal Illness Benefit;
  - we have only paid a Tier 2 Benefit or Tier 3 Benefit; and
  - the Life Insured does not satisfy the survival period of 14 days.

The Double Benefit Option (Trauma) expires on the date the Life Insured turns 65.

4.3 Extras Cover

4.3.1 Trauma Plus Extras NS

If your Policy Schedule or any other Important Documents show that you have Trauma Plus Extras for a Life Insured, we will pay a benefit under the following circumstances.

4.3.1.1 Trauma Cover – Booster Benefit

If we are paying a Tier 2 Benefit for the Life Insured, we will pay an additional 50% of the Trauma Cover Amount (subject to the maximums for further Trauma claims under section 4.1.5 on page 113).

This additional amount may increase the total amount paid across all cover to up to 100% of the Trauma Cover Amount, after including any previous claims under the same Trauma Category (for example, Cancer Conditions).

This benefit is only available twice over the life of the Policy.

4.3.1.2 Trauma Cover – Repeat Angioplasty Benefit

If the Life Insured undergoes Angioplasty – *single or double vessel* to treat a narrowing or blockage of one or more coronary arteries after we have paid a benefit 12 months or more ago for the same procedure, we will pay another 25% of the Trauma Cover Amount, up to $25,000. This benefit is available only once over the life of the Policy.

4.3.1.3 Trauma Cover – Advanced Diabetes Benefit

If the Life Insured suffers from diabetes mellitus which results in complications and meets the criteria within our definition of Diabetes – *severe with complications*, we will pay up to 100% of the Trauma Cover Amount.

If a partial benefit is paid under Diabetes – *insulin dependent*, and the condition continues to deteriorate, we will pay the remaining Trauma Cover Amount if and when the Life Insured meets the Diabetes – *severe with complications* definition.

The full benefit is available once only over the life of the Policy.

The following Benefits are only available if you have purchased Trauma Plus Extras with the Trauma Cover Reinstatement Option

4.3.1.4 Trauma Cover – Unrelated Cancer Benefit

We will pay 100% of the Trauma Cover Amount if the Life Insured is Diagnosed with a new primary Tier 1 or Tier 2 Cancer Condition (please refer to section 4.1.1 on page 111 or section 4.1.2 on page 112) at least 12 months after a previous benefit payment for a Tier 1 Cancer Condition or Tier 2 Cancer Condition, provided it is not a Related or Progressive Trauma Condition.

This benefit is available once only over the life of the Policy.

4.3.1.5 Trauma Cover – Related Cancer Benefit

If the Life Insured is Diagnosed with a Tier 1 or Tier 2 Cancer Condition (refer to section 4.1.1 on page 111 or 4.1.2 on page 112) at least 12 months after a previous benefit was paid for a Related or Progressive Trauma Condition, we will pay 10% of the Trauma Cover Amount, up to $50,000.

This benefit is available only once over the life of the Policy.

4.3.1.6 Trauma Cover – Related Heart Condition Benefit

If the Life Insured is Diagnosed with a Tier 1 or Tier 2 Heart Condition (refer to section 4.1.1 on page 111 or 4.1.2 on page 112) at least 12 months after a benefit was paid for a Related or Progressive Trauma Condition, we will pay 10% of the Trauma Cover Amount, up to $50,000.

This benefit is available only once over the life of the Policy.

4.3.2 Child Cover Extras NS

If your Policy Schedule or any other Important Documents show that you have Child Cover Extras for a Life Insured, we will pay a benefit (or Reimburse expenses) under the following circumstances.

4.3.2.1 Trauma Cover – Child Trauma Benefit

We will pay 10% of the Trauma Cover Amount, up to $50,000, if a Dependent Child is first Diagnosed with any of the following while the Child Cover Extras was in force at the date of the event:

- Bacterial Meningitis (defined on page 155);
- Cancer – *excluding specified early stage cancers* (defined on page 156);
- Crohn's Disease – *severe* (defined on page 156);
- Cystic Fibrosis (defined on page 156);
- Dependent Child's death or Terminal Illness (defined on page 152); or
- Ulcerative Colitis – *severe* (defined on page 159).

Payment of this benefit does not reduce the Trauma Cover Amount.

A maximum benefit of $50,000 is payable only once for each Dependent Child, across all the Policies held by the Life Insured. Multiple claims are otherwise permitted where there are more than one Dependent Child of the Life Insured.

The Child Trauma Benefit is subject to a 90 day No-Claim Period and no benefits are payable for any condition for which a Dependent Child was first Diagnosed, prior to the end of the No-Claim Period (refer to section 6.4.3.4 on page 132).

4.3.2.2 Trauma Cover – Family Assistance Expenses Benefit

We will Reimburse up to $500 per day in accommodation expenses if an immediate family member travels more than 100km to help care for a Dependent Child after we have paid a claim on that Dependent Child under the Trauma Cover – Child Trauma Benefit (refer to section 4.3.2.1 on this page).

This benefit is payable on multiple occasions, subject to an overall maximum benefit payment of $5,000 over the life of the Policy.

4.4 Cover restrictions after age 70

Tier 1 conditions are the only conditions that may be claimed from the Life Insured's 70th birthday onwards.

Cover for Tier 2 and Tier 3 conditions cease to be available at this time.

4.5 Trauma Cover exclusions

Exclusions and No-Claim Periods apply to Trauma Cover, including any Extra Cost Options and Extras Cover as described in section 6.4.3 on page 132.

4.6 Trauma Cover features

The following features are available with Trauma Cover and/or certain associated Extras Covers or Extra Cost Options as described in these Policy Terms:

- Indexation – please refer to section 7.5 on page 139; and
- Life Events Extras Feature – please refer to section 7.2 on page 138.

4.7 When Trauma Cover, Extra Cost Options and Extras Cover commences

The cover commences when your application has been accepted, and a Policy Schedule is issued. The cover start date will be shown in your Policy Schedule.

4.8 When Trauma Cover, Extra Cost Options and Extras Cover end

Trauma Cover, Extras Cover and Extra Cost Options ends on the Expiry Date, which is:

- Standard Trauma Cover – the date the Life Insured turns 75;
- Life Cover Buy Back Option (Trauma) – the date the Life Insured turns 75;
- Trauma Cover Reinstatement Option – the date the Life Insured turns 75;
- Premium Waiver Disability Option – the date the Life Insured turns 65;
- Life Cover Purchase Option (Standalone Trauma) – the date the Life Insured turns 65;
- Double Benefit Option (Trauma) – the date the Life Insured turns 65;
- Trauma Plus Extras – the date the Life Insured turns 70; or
- Child Cover Extras – the date the Life Insured turns 65.

Trauma Cover will end earlier than the Expiry Date if:

- your Policy ends in the circumstances set out in section 1.6 on page 100;
- we pay the full Trauma Cover Amount (unless the Trauma Cover Reinstatement Option applies);
- we receive notification from you to cancel your cover;
- the cover is cancelled and/or avoided in accordance with our legal rights or because you have not paid the premiums when due;
- the cover was offered with a limited term and an earlier Expiry Date is shown on the Policy Schedule or any other Important Documents; or
- where Trauma Cover is Linked to Life Cover, when the Linked Life Cover ends.



Types of insurance available S SUPER NS NON-SUPER

5. Income Cover S NS

5.1 Key concepts

5.1.1 Waiting Period

Your Policy Schedule or any other Important Documents shows the Waiting Period that applies to your Income Cover. This is the minimum number of continuous days that must fully elapse before any entitlement to a Total Disability Benefit, or Partial Disability Benefit commences.

You can choose either a 30-day, 60-day, 90-day, 180-day, 1-year or 2 year Waiting Period.*

The Waiting Period starts on the date a Medical Practitioner certifies the Life Insured as unable to work at full capacity, solely due to Illness or Injury, and on which date the Life Insured is Partially Disabled or Totally Disabled. The Life Insured must be continuously Totally Disabled or Partially Disabled for the duration of the Waiting Period.

It is a condition of the Waiting Period for any Policy held inside superannuation that the Life Insured must have ceased Gainful Employment for at least one day during the Waiting Period, solely due to their Illness or Injury, to become eligible to receive Total Disability Benefit or Partial Disability Benefit payments.

**Note that Disability Extras is only available with a 30-day, 60-day or 90-day Waiting Period.*

5.1.2 Benefit Period

Your Policy Schedule or any other Important Documents will show the Benefit Period that applies to the Life Insured's Income Cover. The Benefit Period represents the maximum duration that Total Disability Benefits or Partial Disability Benefits can be payable for any one Illness or Injury (including a Recurrent Disability), over the life of the Policy. The Benefit Period starts on the day after the Waiting Period ends.

Duration of payments

While the Life Insured remains Totally Disabled or Partially Disabled, the maximum duration that we will pay benefits in relation to any one Illness or Injury (including a Recurrent Disability) is:

- For Policies with a 1-year Benefit Period, one year, or until the Life Insured turns 65 – whichever occurs first.
- For Policies with a 2-year Benefit Period, two years, or until the Life Insured turns 65 – whichever occurs first.
- For Policies with a 5-year Benefit Period, five years, or until the Life Insured turns 65 – whichever occurs first.
- For Policies with a 'to age 65' Benefit Period, until the Life Insured turns 65.

Note: If a claim has been paid for only part of the Benefit Period when the Life Insured returns to work, the claim can be continued for the remainder of the Benefit Period if the Life Insured becomes Totally Disabled or Partially Disabled again as a result of the Recurrent Disability.

Once benefits for either a Recurrent Disability or related Illness or Injury have been paid to the end of the Benefit Period, the Life Insured is unable to claim for that same or related Illness or Injury again. Any future Income Cover benefits will only be available for an unrelated Illness or Injury.

5.1.3 Income Cover (70 to 60)

Where Income Cover (70 to 60) is selected with Standard Income Cover, for the first 24 months of the Benefit Period, the Monthly Benefit will be calculated using the Maximum Income Replacement Amount. After 24 months of the Benefit Period, your Monthly Benefit will be reduced by 1/7th for the remaining Benefit Period.

Income Cover (70 to 60) is only available with 5-year and to age 65 Benefit Periods and is available to Life Insureds who are employees, sole traders or business owners who work in Occupation Class P, W, G, L, B or D (5-year Benefit Period only).

Where your Policy includes the Superannuation Contribution Option, after 24 months of the Benefit Period, your Superannuation Contribution Amount will also be reduced by 1/7th for the remaining Benefit Period.

Where your Policy includes the Claim Indexation Option, after 24 months of the Benefit Period, the Claim Indexation Option will continue to increase the Monthly Benefit by the Consumer Price Index (CPI) annually.

Note: Income Cover (70 to 60) is subject to the same exclusions that apply to Income Cover. Please refer to the Policy Terms at section 6.4.4 on page 133 for full details of Policy Exclusions applicable to Income Cover, associated Extra Cost Options and/or Extras Cover.

5.1.4 Monthly Benefit and Monthly Cover Amount

The amount we pay for individual benefits provided under Income Cover (Standard Cover, Extra Cost Options and Extras Cover) is the Monthly Benefit.

The Monthly Benefit is a value calculated at the time of claim (and over the Benefit Period). Please see section 5.2.1.1 on page 120 for how we calculate the Monthly Benefit if the Life Insured is Totally Disabled and section 5.2.2.1 on page 121 for how we calculate the Monthly Benefit if the Life Insured is Partially Disabled.

The Monthly Benefit that we will pay will never be higher than the Monthly Cover Amount we have agreed to insure, as reflected on your Policy Schedule or any other Important Documents.

Where the Superannuation Contribution Option is selected, any amount we contribute towards the nominated complying superannuation fund under section 5.3.2 on page 123 will be in addition to the Monthly Benefit.

5.1.5 Recalculating Monthly Benefits

At any time during your claim, or after the expiration of your Benefit Period, if it is determined that the Monthly Income we calculated in respect of your claim was incorrect, we will either:

- pay any underpayment of Monthly Benefit to you;
- recover any overpaid Monthly Benefit in full from you; or
- reduce the amount of any future Monthly Benefits payable until the excess amount paid has been recovered.

5.1.6 Benefit Offsets

If the Life Insured accrues financial entitlements or receives payments or benefits from other sources, those entitlements and payments will reduce the Monthly Benefit payable. These other sources may include, but are not limited to:

- sick leave, maternity/parental leave, annual leave or long service leave taken by the Life Insured;
- any entitlements accrued or payments received by the Life Insured from other disability, group, sickness or accident insurance cover, including cover provided through a mortgage replacement policy or a superannuation fund, that was not disclosed to us at the time you applied for cover, this excludes lump sum benefits provided under TPD cover, Trauma cover and Terminal Illness cover;
- any entitlements accrued or payments received by the Life Insured from workers' compensation schemes, common law damages payments and accident compensation schemes, in respect of any part that is attributable to the same period as income replacement; and
- any entitlements accrued or payments received by the Life Insured from other sources agreed as part of your application for cover and noted on your Policy Schedule or any other Important Documents.

In calculating Offsets, we will convert any regular payments or other entitlements that the Life Insured receives at intervals other than monthly into equivalent monthly amounts.

If any compensation for loss of earnings is made as a lump sum, it will be treated as having a monthly amount equivalent to 1/60th of the lump sum payable over a 60-month Benefit Period. Where the amount of the lump sum which relates to loss of earnings is not separately identified, we will determine on a reasonable basis how much of that lump sum represents compensation for loss of earnings in order to determine the offset that applies.

Income Cover benefits will not be offset by any social security benefits paid by the Australian government via Centrelink, including the disability support pension.

5.2 Standard Cover S NS

To be eligible for Income Cover, the Life Insured must be working for at least 15 hours per week at the time of application.

If your Policy Schedule or any other Important Documents show that you have Income Cover in respect of a Life Insured, the following benefits and features are available (provided the event giving rise to the claim occurred before the cover has ended).

5.2.1 Total Disability Benefit S NS

The Total Disability Benefit applies if the Life Insured is Totally Disabled as defined on page 152.

For 1-year, 2-year, and 5-year Benefit Periods, and for the first 24 months of a to age 65 Benefit Period, the definition of Total Disability requires, among other things, that the Life Insured is not capable of working in any capacity in their Usual Occupation solely due to Illness or Injury.

After the first 24 months of a to age 65 Benefit Period, or for Life Insureds who are in Occupation Class R or on leave* or unemployed for more than 12 months at the Date of Disability, the definition of Total Disability requires, among other things, that the Life Insured is not capable of working in any capacity in any occupation they are reasonably suited to perform by their education, training or experience solely due to Illness or Injury.

Payment of the Total Disability Benefit will commence at the expiration of the Waiting Period.

The Total Disability Benefit is paid monthly in arrears and will end at the earliest of:

- the date the Life Insured is no longer Totally Disabled;
- the date the Life Insured unreasonably refuses to undergo or comply with recommended medical treatment or rehabilitation programs;
- the end of the Benefit Period;
- the Life Insured reaching the Expiry Date; or
- the Life Insured dies.

The Monthly Benefit we calculate will be reduced by any Post-Disability Income received by the Life Insured, but only to the extent required to ensure that the Total Disability Benefit we pay, when added to the Post-Disability Income you receive while you are Totally Disabled, is not greater than 70% of the Life Insured's Pre-Disability Income (or 90% in the first six months of a Benefit Period, if you have Disability Extras).

If a period of payment is less than a month, we will pay a pro-rata amount (for example if the period is one day in September, we will pay 1/30th of the Total Disability Monthly Benefit).

5.2.1.1 Total Disability Monthly Benefit (Indemnity) S NS

Where your Policy Schedule or other Important Document states the Income Cover definition as 'Indemnity', this is the Monthly Benefit we pay if the Life Insured is Totally Disabled. The formula used to calculate the Total Disability Monthly Benefit payable:

- is the lesser of:
  - the Monthly Cover Amount shown on the Policy Schedule or any other Important Documents; and

- the Maximum Income Replacement Amount.

- The Monthly Benefit we calculate will be reduced by any Post-Disability Income received by the Life Insured, but only to the extent required to ensure that the Total Disability Benefit we pay, when added to the Post-Disability Income you receive while you are Totally Disabled, is not greater than 70% of the Life Insured's Pre-Disability Income (or 90% in the first six months of a Benefit Period, if you have Disability Extras).
- The benefit paid to you will be reduced by any applicable Offsets and the Life Insured's capability to work.

Note: Where your Policy includes Income Cover (70 to 60), after 24 months of the Benefit Period, the Monthly Benefit will be reduced by 1/7th for the remaining Benefit Period.

Becoming Totally or Partially Disabled when on leave
If the Life Insured becomes Totally Disabled or Partially Disabled while on leave*, the benefit will be paid from the later occurrence of:

- the end of their Waiting Period; and
- the nominated date of return by the Life Insured before they went on leave.*

Capability to work
The definition of Total Disability requires, among other things, that the Life Insured is not capable of working in any capacity, either in their Usual Occupation or any occupation they are reasonably suited to perform by their education, training or experience (as applicable), solely due to Illness or Injury. If a Life Insured is not working but is capable of working in some capacity, they will not be Totally Disabled and a Total Disability Benefit will not be payable. Depending on the extent of their capability, they may instead be Partially Disabled (in which case a Partial Disability benefit will be payable), or not Totally Disabled or Partially Disabled at all.

In assessing the Life Insured's capability to work, we will take into account the medical evidence and any information available related to the Life Insured's medical condition.

Parental, sabbatical or long service leave approved in writing by the Life Insured's employer.

5.2.2 Partial Disability Benefit

S NS

The Partial Disability Benefit applies if the Life Insured is Partially Disabled as defined on page 148.

For 1-year, 2-year, and 5-year Benefit Periods, and for the first 24 months of a to age 65 Benefit Period, the definition of Partial Disability requires, among other things, that the Life Insured is not capable of working at their full capacity in their Usual Occupation or another occupation solely due to Illness or Injury.

After the first 24 months of a to age 65 Benefit Period, the definition of Partial Disability requires, among other things, that the Life Insured is not capable of working at their full capacity in any occupation they are reasonably suited to perform by their education, training or experience solely due to Illness or Injury.

Payment of the Partial Disability Benefit will commence at the latest of:

- the expiration of the Waiting Period; or
- the date the Life Insured ceases to be Totally Disabled if the Life Insured is Partially Disabled at that date.

The Partial Disability Benefit is paid monthly in arrears and will end at the earliest of:

- the date that the Life Insured is no longer Partially Disabled;
- the date the Life Insured unreasonably refuses to undergo or comply with recommended medical treatment or rehabilitation programs;
- the end of the Benefit Period;
- the Life Insured reaching the Expiry Date; or
- the Life Insured dies.

If the Life Insured's Monthly Income while Partially Disabled is negative, it will be considered to be zero.

5.2.2.1 Partial Disability Monthly Benefit

The Partial Disability Monthly Benefit is the amount we pay if the Life Insured is Partially Disabled.

Subject to an overall maximum of the Monthly Cover Amount, the formula used to calculate the Partial Disability Monthly Benefit is:

- the higher of the following:
  - the Total Disability Monthly Benefit less either:
    - 70% of the Life Insured's Post-Disability Income; or
    - where the Life Insured is capable of working in their Usual Occupation in a greater capacity than they are, less 70% of the income they could reasonably be expected to earn based on that capacity if that is greater than their Post-Disability Income; and
  - the Maximum Income Replacement Amount less either:
    - 100% of the Life Insured's Post-Disability Income; or
    - where the Life Insured is capable of working in their Usual Occupation in a greater capacity than they are, less the income they could reasonably be expected to earn based on that capacity if that is greater than their Post-Disability Income;
- less any applicable Offsets.

Note: Where your Policy includes Income Cover (70 to 60), after 24 months of the Benefit Period, the Monthly Benefit will be reduced by 1/7th for the remaining Benefit Period.

Capability to work
Where the Life Insured is Partially Disabled, in calculating the Partial Disability Monthly Benefit payable above, we will consider the Life Insured's capability to work in either their Usual Occupation or any occupation they are reasonably suited to perform by their education, training or experience (as applicable).

In assessing the Life Insured's capability to work, we will take into account the medical evidence and any information available related to the Life Insured's medical condition.

5.2.3 Death Benefit S NS

We will pay three times the Monthly Benefit upon notification of the Life Insured's death while they were receiving or are entitled to receive a Total Disability Benefit or Partial Disability Benefit from us, subject to a maximum of $60,000 across all Income Cover Policies held with us.

The notification of the Life Insured's death must be supported by satisfactory evidence of the cause of death (for example, an Australian death certificate).

5.2.4 Complimentary Income Cover – Unemployment Benefit NS

If you have Income Cover within superannuation, you will automatically receive Complimentary Income Cover outside superannuation (i.e. provided to you at no extra cost). This provides you with cover in the event that you suffer an Illness or Injury whilst not Gainfully Employed (i.e. you were unemployed for reasons other than as a result of Illness or Injury).

Complimentary Income Cover provides identical terms and benefits as Income Cover inside superannuation, including all the additional benefits, features and selected options. It is only provided to the Life Insured while the relevant superannuation Policy is in force.

As the monthly amount insured is impacted by the amount of your Pre-Disability Income prior to claim, your benefit may be reduced as a result of you being unemployed. Refer to the definition of Pre-Disability Income on page 151.

5.2.5 Income Cover – On Claim Premium Waiver Benefit S NS

You don't have to pay premiums for Income Cover and corresponding Extra Cost Options and/or Extras Cover while we are paying a Total Disability Benefit or Partial Disability Benefit in respect of the Life Insured. This includes the situation where the benefit entitlement is reduced to nil due to Post-Disability Income and/or Offsets.

Premiums will be waived after the end of the Waiting Period and the collected premium during the Waiting Period will be refunded when you start receiving the Total Disability Benefit or Partial Disability Benefit.

If the Policy was issued through MetLife Protect Super, and you paid your premiums by rollover, we will refund the premium to the superannuation fund the rollover came from. If you paid your premiums by personal contributions, any refunded premiums must be rolled over to another complying superannuation fund nominated by you.

Note: Cover continues while we are paying a Total Disability Benefit or Partial Disability Benefit.

For those who pay their premiums fortnightly or monthly
We will waive the full premiums with respect to Income Cover (including any corresponding Extra Cost Options and/or Extras Cover) that fall due during the Benefit Period.

For those who pay their premiums annually
We will waive the pro-rated premiums with respect to Income Cover (including any corresponding Extra Cost Options and/or Extras Cover) in relation to the Benefit Period.

5.2.6 Income Cover – Involuntary Unemployment Premium Waiver Benefit S NS

Income Cover premiums will be waived for a period of up to three months if we receive objective evidence that the Life Insured has become Involuntarily Unemployed. Cover will not cease during this period.

We will only provide this benefit once in any 12-month period and for up to six months in total over the life of the Policy. The waiver is only available if your premiums are paid up to date at the time you become Involuntarily Unemployed.

If the Policy was issued through MetLife Protect Super, and you paid your premiums by rollover, we will refund the premium to the superannuation fund the rollover came from. If you paid your premiums by personal contributions, any refunded premiums must be rolled over to another complying superannuation fund nominated by you.

For those who pay their premiums fortnightly or monthly
We will waive the full premiums with respect to Income Cover (including any corresponding Extra Cost Options and/or Extras Cover) that fall due during the period of Involuntary Unemployment.

For those who pay their premiums annually
We will waive the pro-rated premiums with respect to Income Cover (including any corresponding Extra Cost Options and/or Extras Cover) in relation to the period of Involuntary Unemployment.

5.2.7 Income Cover – Recurrent Disability Benefit S NS

We will waive the Waiting Period if the Life Insured suffers a Recurrent Disability within 12 months after we have ceased paying a Total Disability Benefit or Partial Disability Benefit.

If you exercise the Income Cover – Cover Pause Feature within those 12 months, we will continue to waive the Waiting Period if you suffer a Recurrent Disability during the cover pause period. Within those 12 months and irrespective of the cover pause period, the Recurrent Disability Benefit will be considered as a continuation of the previous Benefit Payment and Benefit Period.

Note: Where your Policy includes Income Cover (70 to 60), after 24 months of the Benefit Period, (including the Recurring Disability Benefit payment), the Monthly Benefit will be reduced by 1/7th for the remaining Benefit Period.

5.2.8 Income Cover – Rehabilitation Support Benefit S NS

We will cover each of the following after mutually agreeing to the participation in a rehabilitation or retraining plan to aid the Life Insured's return to work:

- rehabilitation and retraining expenses; and
- rehabilitation programs.

We will cover reasonable expenses and programs separately, each up to a maximum of 12 times the Monthly Benefit (over the life of the Policy) if the Life Insured has been receiving Total Disability Benefits or Partial Disability Benefits and if we have mutually agreed on the expenses and programs before the Life Insured incurs the cost.

Rehabilitation programs are provided through our partners (or as mutually agreed upon) and the benefit will be paid directly to the service provider. We will not cover any costs that are:

- not permitted by law to be covered by us; or
- regulated by the National Health Act 1953; or
- regulated by the Health Insurance Act 1973 or the Private Health Insurance Act 2007.

We will not unduly delay or place unreasonable conditions on our agreement to the rehabilitation, retraining and/or rehabilitation program. The rehabilitation and retraining expenses and/or rehabilitation program must be aimed at assisting the Life Insured in returning to Gainful Employment and will have regard to the Life Insured's education, training and experience, and, whether they have experience and capability to participate. The rehabilitation and retraining expenses and/or rehabilitation program needs to be:

a. agreed to and overseen by a MetLife Recovery Specialist;
b. endorsed by the Life Insured's treating practitioners as necessary for a sustainable return to work; and
c. consistent with a return to work plan which has been developed and agreed with the treating practitioner/s, the Life Insured, and the employer/s (if relevant).

5.3 Extra Cost Options

5.3.1 Claim Indexation Option S NS

This option applies if shown on the Policy Schedule and any other Important Documents.

If we are paying you Total Disability Benefits or Partial Disability Benefits in respect of the Life Insured, we will automatically adjust their Monthly Cover Amount, Pre-Disability Income and Maximum Income Replacement Amount used to calculate Monthly Benefit by applying CPI Claim Indexation to your benefit calculation, after each full year of receiving a payment. In the event of a negative CPI rate being published, MetLife will apply a 0% rate.

Where your Income Cover is held inside superannuation, the yearly increase will be limited to 5% and your Monthly Benefit may be reduced so that it does not exceed 100% of your Pre-Disability Income.

Where you have purchased the Superannuation Contribution Option with your Income Cover, this increase will also be applied to the Monthly Superannuation Contribution Amount and the Life Insured's average monthly superannuation contributions for the 12-month period prior to becoming Totally Disabled or Partially Disabled.

5.3.2 Superannuation Contribution Option S NS

This option applies if shown on the Policy Schedule or any other Important Documents.

If we are paying you Total Disability Benefits or Partial Disability Benefits in respect of the Life Insured, we will direct your Superannuation Benefit to a nominated complying superannuation fund.

The amount we will pay each month will be the lesser of:

- the Monthly Superannuation Contribution Amount; and
- 100% of the Life Insured's Pre-Disability Superannuation Contributions.

The maximum Monthly Superannuation Contribution Amount that we will insure will be the lower of 15% of the Life Insured's Monthly Income and $5,000 per month.

At the time of application, you may request we use a Monthly Superannuation Contribution Amount greater or lesser than the Superannuation Guarantee (SG) amount according to your situation. The Monthly Superannuation Contribution Amount may include contributions made by the Life Insured's employer including any salary sacrifice arrangements, as well as personal concessional contributions made by the Life Insured if not included in their Monthly Income, but excludes non-concessional contributions made from after tax Monthly Income.

If the Life Insured is Partially Disabled and is receiving a Post-Disability Income, we will not pay a Superannuation Benefit with respect to the Post-Disability Income that the Life Insured receives.

The nominated superannuation fund must be a regulated superannuation fund or retirement savings account.

We will reduce your Monthly Superannuation Contribution Amount by any amount being contributed to the nominated superannuation fund or funds during the period in which the Life Insured is Totally Disabled or Partially Disabled.

We won't be able to make any payments to a superannuation account if superannuation or taxation laws prevent us from making the payment.

5.4 Extras Cover

5.4.1 Disability Extras NS

If you have a 30-day, 60-day or 90-day Waiting Period and your Policy Schedule or any other Important Documents show you have Disability Extras, the Life Insured has access to the following benefits and features:

5.4.1.1 Income Cover – Partial Disability definition and Partial Disability Assessment Benefit

Under this benefit:

- the definition of Partial Disability will be enhanced to the definition set out below; and
- for the first six months of the Benefit Period, the Life Insured will be able to earn up to 20% of their Pre-Disability Income from their personal exertion without that earned income impacting the Partial Disability Monthly Benefit payable under your Standard Income Cover.

Enhanced Partial Disability Definition
Under this benefit 'Partial Disability' means that the Life Insured, solely due to Illness or Injury is:

- unable to perform at least one of the Essential Income-Producing

Duties of their Usual Occupation, and is working in their Usual Occupation in a reduced capacity with reduced earnings; and

- unable to perform Essential Income-Producing Duties of their Usual Occupation for no more than 10 hours per week (or 5 hours per week if the Life Insured is working up to 20 hours per week before becoming Partially Disabled); and
- unable to generate more than 20% of their Pre-Disability Income which they were receiving prior to becoming Partially Disabled.

Benefits under this feature are conditional on:

- a Medical Practitioner certifying that the Life Insured was unfit to work in their full capacity solely due to Illness or Injury during the month for which there is a claim for a Partial Disability Benefit; and
- the Life Insured has been under the regular care of a Medical Practitioner and following medical advice, including any reasonable rehabilitation, treatment or counselling that may assist in their return to work.

Important: If you have Income Cover inside superannuation, we will first pay any Partial Disability Benefits you are entitled to under the Policy inside superannuation, to the maximum amount permitted under law. Any benefits or amounts payable in excess of that will be paid under your Disability Extras Policy outside superannuation. Your overall Monthly Benefit across the two policies will not be reduced as a result of the above.

5.4.1.2 Partial Disability Assessment Benefit for first six months of claim

If you have purchased Disability Extras with your Standard Income Cover and a Partial Disability Benefit becomes payable, the Partial Disability Assessment Benefit allows the Life Insured to earn up to 20% of their Pre-Disability Income from their personal exertion without the earned income impacting the Partial Disability Benefit payable under your Standard Income Cover during the first six months of the Benefit Period.

However, the sum of the additional 20% of Pre-Disability Income that the Life Insured earns and the Partial Disability Monthly Benefit we pay you under the Standard Income Cover, must not exceed 90% of the Life Insured's Pre-Disability Income.

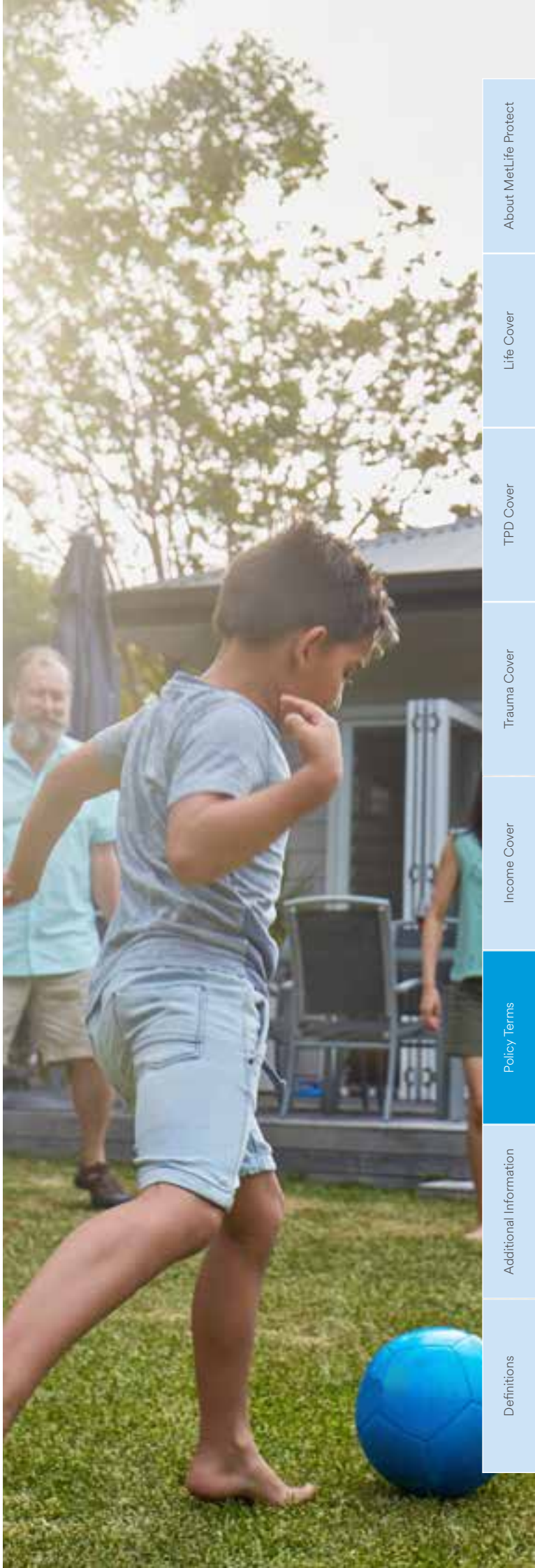
This ability of the Life Insured to earn up to 20% of their Pre-Disability Income without it affecting the Partial Disability Monthly Benefit in the way described above will only apply for the first six months of the Benefit Period on your Policy. After six months, the Partial Disability Monthly Benefit you receive will be reduced by any Post-Disability Income received by the Life Insured and any applicable Offsets.

5.4.1.3 Income Cover – Total Disability Trauma Benefit

We will pay up to an additional 2/7ths (28.57%) of your Total Disability Monthly Benefit if the Life Insured suffers one of the following specified medical conditions:

- Cancer – *excluding specified early stage cancers* (defined on page 156);
- Heart Attack – *with specified clinical evidence* (defined on page 157);
- Stroke – *with persisting clinical symptoms* (defined on page 159); or
- Coronary Artery Bypass Surgery (defined on page 156).

The Life Insured will not be considered to have suffered one of the specified medical conditions unless and until they meet the definition of the condition. The Total Disability Trauma Benefit is subject to a 90-day No-Claim Period (refer to section 6.4.4.4 on page 134).



This additional Total Disability Monthly Benefit is payable:

- for the first six months of the Benefit Period;
- for more than one Trauma Condition over the life of the Policy; and
- when you receive a Total Disability Benefit for the same condition.

The maximum benefit we will pay in the first six months of the Benefit Period including the benefit that you receive under the Standard Income Cover will be limited to 90% of the Life Insured's Pre-Disability Income.

The Monthly Benefit we calculate will be reduced by any Post-Disability Income received by the Life Insured, but only to the extent required to ensure that the Total Disability Benefit we pay, when added to the Post-Disability Income you receive while you are Totally Disabled, is not greater than 90% of the Life Insured's Pre-Disability Income in the first six months of a Benefit Period.

This benefit paid to you will be reduced by any applicable Offsets and the Life Insured's capability to work.

5.4.1.4 Income Cover – Home Help Expenses Benefit

We will Reimburse the cost of specified home assistance expenses up to an amount equal to 2/7ths (28.57%) of the Total Disability Monthly Benefit for the first six months of the Benefit Period. The benefit will be payable while the Life Insured is Totally Disabled and is confined to bed for three consecutive days or more solely due to their Illness or Injury. The nursing care or other services cannot be provided by a Spouse, parent, child, sibling or business partner of the Life Insured or Policy Owner.

The benefit is payable after the end of the Waiting Period and when we pay you the Total Disability Benefits, under the Standard Income Cover. The benefit is payable for the first six months of a Benefit Period and for multiple new claims over the life of the Policy.

The following home assistance expenses may be Reimbursed for the Life Insured:

- child care expenses (for the Life Insured's Dependent Children);
- registered nurse care expenses (when confined to bed);
- cleaning and garden maintenance (for the Life Insured's domestic residence);
- pet care (for example, dog walking or bird cage cleaning);
- fresh food delivery (delivery charges only; does not include the cost of items); and
- cost of transportation incurred by the Life Insured for their medical visits.

We require a paid invoice from a licensed business to provide the service that is being claimed. This must be provided within 90 days of the date of service, or as soon as reasonably practicable. We will only cover costs that aren't recoverable from any other source, and that are additional to regular expenses.

The Income Cover – Home Help Expenses Benefit is subject to a six month No-Claim Period (refer to section 6.4.4.4 on page 134).

5.5 Income Cover Exclusions

Exclusions and No-Claim Periods apply to Income Cover, including any Extra Cost Options and/or Extras Cover, as described in section 6.4.4 on page 133.

5.6 Income Cover Features

The following features are available with Income Cover and/or certain Extra Cost Options and/or Extras Covers, as described in these Policy Terms:

- Indexation – please refer to section 7.5 on page 139. S NS
- Income Cover – Cover Pause Feature – please refer to section 7.3 on page 139. S NS
- Income Cover – On Claim Premium Waiver Benefit – please refer to section 5.2.5 on page 122. S NS
- Income Cover – Involuntary Unemployment Premium Waiver Benefit – please refer to section 5.2.6 on page 122. S NS
- Life Events Increases Feature – please refer to section 7.1 on page 136. S NS
- Life Events Extras Feature – please refer to section 7.2 on page 138. S NS

5.7 When Income Cover, Extra Cost Options and Extras Cover commences

The cover commences when your application has been accepted, and a Policy Schedule is issued. The cover start date will be shown in your Policy Schedule.

5.8 When Income Cover, Extra Cost Options and/or Extras Cover ends

Income Cover, Extra Cost Options and/or Extras Cover ends on the Expiry Date, which is the date the Life Insured turns 65.

Income Cover will end earlier than the Expiry Date if:

- your Policy ends in the circumstances set out in section 1.6 on page 100;
- you ask us to cancel your cover;
- the cover is cancelled and/or avoided in accordance with our legal rights or because you have not paid the premiums when due;
- you have a MetLife Protect Super Policy and are no longer eligible to make personal contributions to superannuation to pay your insurance premiums (unless premiums continue to be paid via rollover); or
- the cover was offered with a limited term and an earlier Expiry Date is shown on the Policy Schedule or any other Important Documents.



6. Underwriting and exclusions

6.1 Underwritten Cover

Underwriting involves an assessment of risk, which takes into account the individual circumstances of the Life Insured's health, occupation, financial position, family medical history, pastimes and other information. After we have completed this assessment in full, we will either accept the application for cover under the standard terms of the Policy or offer amended terms where additional loadings and/or exclusions and/or special terms will apply. We will notify you of any offer of amended terms for you to consider if you would like to proceed. In some circumstances, we will decline cover altogether.

When applying for underwritten cover, or any increase in underwritten cover, the Life Insured is bound by a duty to take reasonable care not to make a misrepresentation (explained on page 9).

6.2 Interim Cover

When Interim Cover starts

Interim Cover is provided to you at no charge when you submit your completed application for cover and have fully completed the personal statement. The following conditions also apply:

- the application must include a valid direct debit authority, and credit card authorisation, for the payment of the first premium;
- for MetLife Protect Super Policies, the application must also include TFN details, superannuation rollover request and super declaration (as applicable);
- benefit limits apply (see Benefit Limits – Interim Cover, section 6.3.1 on page 128). The amount we will pay is the lower of the amount of cover you applied for and the applicable maximum benefit limits shown in section 6.3.1 on page 128. No cover is available for amounts exceeding the Interim Cover limits until the underwriting assessment is complete, and a Policy has been issued;
- additional terms apply (see Exclusions – Interim Cover, section 6.3.2 on page 128); and
- if the cover applied for is through MetLife Protect Super the Interim Cover will be issued outside superannuation to the Life Insured. Any benefits payable under the Interim Cover in this circumstance are payable directly to the Life Insured.

When Interim Cover ends

Interim Cover in respect of the cover applied for, will automatically cease on the earliest of:

- the date your Policy is issued by MetLife (note this date could be different to your Cover Commencement date);
- the Cover Commencement date;
- the date MetLife declines or withdraw the application for cover in respect of the Life Insured;
- the date you withdraw the application;
- 90 days after the completed application was submitted;
- the date we cancel the Interim Cover in accordance with our legal rights by written notice to you; or
- 14 days from the date we offer varied terms of acceptance of the application, such as a premium loading or exclusion.

Interim Cover does not apply if the cover applied for is to replace existing insurance that is still in force (whether with MetLife or another insurer), or would normally be declined at the time the application is submitted to MetLife.

Where the cover amounts requested with your MetLife Protect or MetLife Protect Super application is greater than the replaced cover amounts (from another insurer), the Interim Cover will be paid on the difference of the cover amount greater than the replaced cover amount and capped at the maximum Life, TPD, Trauma Cover Amounts, and Income Cover Monthly Cover Amount benefit limits.

If multiple policies are applied for, the total maximum payable across all policies shall be equal to the maximum benefit across one Policy.

Multiple claims originating from the same event

Only one Interim Cover benefit will be paid per claimable event, occurrence or incidence. Where an Interim Cover benefit can be paid under more than one cover, we will pay you the benefit that offers the greatest benefit payment.

The Policy exclusions applicable to all cover will also apply to Interim Cover (refer to section 6.4 on pages 128 to 135).

6.3 Restrictions on Interim Cover applications

6.3.1 Benefit Limits – Interim Cover

The limits for Interim Cover applications are as follows:

Table 43: Interim Cover benefit limits

Cover type	Interim Cover – benefits available	Maximum benefit
Life Cover	Death Benefit only ***Note:*** *No benefit will be payable for Terminal Illness and under Life Cover – Extra Cost Option and/or Extras Cover*	$1,000,000
TPD Cover	TPD Cover – Any Occupation Benefit only ***Note:*** • *Occupations R and O – General Disability definitions only.* • *No benefit will be payable under TPD Cover – Extra Cost Options*	$1,000,000
Trauma Cover	Tier 1 or Tier 2 Benefits only for conditions arising as a result of an Accidental Injury only ***Note:*** *No benefit will be payable under Trauma Cover - Extra Cost Option and/or Extras Cover*	$500,000
Income Cover	Total Disability Benefit, with maximum of six-month Benefit Period ***Note:*** • *The Waiting Period that will apply to Interim Cover for the relevant Life Insured will correspond with the Waiting Period selected on the application for insurance and benefits will continue until the end of the six-month Benefit Period as long as the Life Insured remains Totally Disabled* • *No benefit will be payable under Income Cover – Extra Cost Option and/or Extras Cover.*	$7,500 per month *(maximum of $5,000 per month for occupations we classify as 'R').*

6.3.2 Exclusions – Interim Cover

If you claim for Interim Cover, we will not commence assessing the claim until our underwriting assessment of the application is complete. Where on the day the Interim Cover started we would have offered cover subject to cover limits and/or special terms and conditions, those cover limits and/or special terms and conditions will apply to the Interim Cover. If under our underwriting assessment, we would not have offered any cover, your Interim Cover claim will not be payable.

In addition to the above, no benefit will be payable under Interim Cover if a claim results directly or indirectly from:

- an act of War;
- taking part in a sport, pastime or occupation that would not normally be covered or would not normally be accepted on standard terms or at standard price under MetLife's underwriting rules that applied at the time of the application; or
- an Illness or Injury that existed prior to the date your completed application was received by MetLife.

The Policy exclusions applicable to all cover (refer to section 6.4 below) will also apply to Interim Cover.

6.4 Policy exclusions

General

- We won't pay a benefit for anything we have specifically excluded the Life Insured for, as noted on the Policy Schedule or any other Important Documents.
- We won't pay claims for anything we have automatically excluded, as detailed below in:
  - Section 6.4.1 Life Cover (including Extra Cost Options and Extras Cover) Exclusions on pages 129 to 130;
  - Section 6.4.2 TPD Cover (including Extra Cost Options) Exclusions on pages 131;
  - Section 6.4.3 Trauma Cover (including Extra Cost Options and Extras Cover) Exclusions on pages 132 to 133; and
  - Section 6.4.4 Income Cover (including Extra Cost Options and Extras Cover) Exclusions on pages 133 to 135.
- We can't Reimburse expenses or pay benefits that we are not permitted by law to Reimburse or which are regulated by the *National Health Act 1953* (Cth) or the *Private Health Insurance Act 2007* (Cth). We also will not Reimburse any expenses that may be Reimbursed from another source.

6.4.1 Life Cover (including Extra Cost Options and Extras Cover) Exclusions

The below exclusions apply to Life Cover, associated Extra Cost Options and Business Extras Cover, as specified.

Table 44: Life Cover exclusions

6.4.1.1 *Suicide and self-inflicted Injury exclusion*	**The following exclusion applies with respect to Life Cover including any associated Extra Cost Options and/or Extras Cover.** No benefits are payable if a claim arises as a direct or indirect result of the Life Insured's suicide, attempted suicide, or an intentional, self-inflicted Injury within the first 13 months after Cover Commencement (or Reinstatement of cover or when increasing cover but only on the increased portion of the cover). If this Policy is replacing similar existing cover (held with MetLife or another insurer), we will reduce the 13-month exclusion period for an equivalent amount of Life Cover, as that which is being replaced. We will reduce the exclusion period by the number of complete days that your previous cover was continuously in force immediately before your Cover Commencement, or for the full exclusion period of 13 months, whichever is less. Note that your previous policy must have been cancelled immediately after the issue of this Policy, and there must have been continuity of cover between the two. This exclusion does not apply to the Life Cover – Immediate Expenses Benefit; or the Life Cover – Immediate Business Expenses Benefit (available under Business Extras Cover).
6.4.1.2 *Self-inflicted Injury exclusion*	**The following exclusion applies to the Specified Events Option.** No benefits are payable if a claim arises as a direct or indirect result of the Life Insured's attempted suicide or an intentional, self-inflicted Injury.
6.4.1.3 *Survival period*	**The following exclusion applies to the Specified Events Option.** We won't pay any benefits if the Life Insured suffers a Specified Event but does not survive for at least 14 days from the date they first meet the definition of the Specified Event.
6.4.1.4 *Illness exclusion*	**The following exclusion applies to the Specified Events Option.** We won't pay any benefits if the Specified Event occurs as a direct or indirect result of the Life Insured's Illness. This means that claims will only be payable for events that arise as a direct result of an Accidental Injury.
6.4.1.5 *Specified Events Option (Osteoporosis)*	**The following exclusion applies to the Specified Events Option.** If the Life Insured has been Diagnosed with Osteoporosis (either before Cover Commencement or afterwards), then following Diagnosis, the maximum number of Specified Event benefit payments which can be made for any listed Fracture over the life of the Policy is two. This includes any benefit payments that immediately preceded or led to the Diagnosis of Osteoporosis.
6.4.1.6 *Specified Events Option (Multiple Dislocation claims)*	**The following exclusion applies to the Specified Events Option.** A benefit payment for Dislocations will only be paid once for each individual body part (i.e. left/right hip, ankle, elbow, knee, wrist and shoulder) over the life of the Policy.
6.4.1.7 *Specified Events Option (Multiple claims originating from the same incident)*	**The following exclusion applies to the Specified Events Option.** If there are multiple Specified Events occurring as a result of a single incident, we will pay for the single Specified Event that renders the highest payment. You may be entitled to be paid a benefit multiple times for the same Specified Event over the life of the Policy, provided they are triggered by different incidents. The maximum payment limit per event will be the maximum we will pay per Life Insured across all Life Cover Policies that you may hold with MetLife.

Table 44 (continued): Life Cover exclusions

6.4.1.8 *Accidental Injury Cover definition following Linked TPD Cover benefit payment*	**The following exclusion applies to Life Cover and associated Business Extras (only applies if the Life Cover 14-day Buy Back Option (TPD) or Double Benefit Option (TPD) is purchased with Standard TPD Cover).** An Accidental Injury Cover definition will apply following a benefit payment under Linked TPD Cover (including associated Extra Cost Options), which means that benefits will only be payable for events that arise as a direct result of an Accidental Injury. The portion of Life Cover impacted by this definition will directly correspond with the Linked TPD Cover amount paid. The Accidental Injury Cover definition remains in place for 14 days from the date we paid the benefit under Linked TPD Cover, provided the Policy includes the Life Cover 14-day Buy Back Option (TPD) or Double Benefit Option (TPD). Accidental Injury and Accidental Injury Cover are defined in section 10 on page 144.
6.4.1.9 *Accidental Injury Cover definition following Linked TPD Cover benefit payment*	**The following exclusion applies to Life Cover and associated Business Extras (only applies if the Life Cover 12-month Buy Back Option (TPD) is purchased with Standard TPD Cover).** An Accidental Injury Cover definition will apply following a benefit payment under Linked TPD Cover, which means that benefits will only be payable for events that arise as a direct result of an Accidental Injury. The portion of Life Cover impacted by this limitation will directly correspond with the Linked TPD Cover Amount paid. The Accidental Injury Cover definition remains in place for 12 months from the date we paid the benefit under Linked TPD Cover provided the Policy includes the Life Cover 12-month Buy Back Option (TPD). Accidental Injury and Accidental Injury Cover are defined in section 10 on page 144.
6.4.1.10 *Accidental Injury Cover definition following Linked Trauma Cover benefit payment*	**The following exclusion applies to Life Cover and associated Business Extras (only applies if the Life Cover Buy Back Option (Trauma) or Double Benefit Option (Trauma) is purchased with Standard Trauma Cover).** An Accidental Injury Cover definition will apply following a benefit payment under Linked Trauma Cover (including associated Extra Cost Options and/or Extras Cover), which means that benefits will only be payable for events that arise as a direct result of an Accidental Injury. The portion of Life Cover impacted by this limitation will directly correspond with the Linked Trauma Cover Amount paid. The Accidental Injury Cover definition remains in place for 12 months from the date we paid the benefit under Linked Trauma Cover (or associated Extra Cost Options and/or Extras Cover) provided the Policy includes the Life Cover Buy Back Option (Trauma) and the Accidental Injury Cover definition remains in place for 14 days provided the Policy includes Double Benefit Option (Trauma). Accidental Injury and Accidental Injury Cover are defined in section 10 on page 144.
6.4.1.11 *Accidental Injury Cover definition following exercise of the Life Events Increases Feature*	**The following exclusion applies to Life Cover and all associated Extra Cost Options and/or Extras Cover.** For a period of six months following the date you increase your cover amount by exercising the Life Events Increases Feature, a benefit will only be payable under that increased cover amount for claims arising as a direct result of an Accidental Injury. Accidental Injury and Accidental Injury Cover are defined in section 10 on page 144.
6.4.1.12 *Terminal Illness exclusion following Linked TPD Cover benefit payment*	**The following exclusion applies to Life Cover if the Life Cover 14-day Buy Back Option (TPD) or Double Benefit Option (TPD) is purchased with Standard TPD Cover.** For a period of 12 months following the date you receive your TPD claim payment (full or partial), an exclusion period will apply. Once this exclusion period has been removed, you will be able to lodge a claim if you meet our Terminal Illness definition (refer to page 152). This exclusion does not apply if the cause of Terminal Illness is a new condition and unrelated to the TPD benefit payment.

6.4.2 TPD Cover (including Extra Cost Options) Exclusions

The below exclusions apply to TPD Cover and associated Extra Cost Options, as specified.

Table 45: TPD Cover exclusions

6.4.2.1 *Suicide and self-inflicted Injury exclusion*	**The following exclusion applies to the Death Benefit available under TPD Cover.** No benefits are payable if a claim arises as a direct or indirect result of the Life Insured's suicide, attempted suicide, or an intentional, self-inflicted Injury within the first 13 months after Cover Commencement (or Reinstatement of cover or when increasing cover but only to the increased portion of the cover). If this Policy is replacing similar existing cover (held with MetLife or another insurer), we will reduce the 13-month exclusion period for an equivalent amount of Life Cover, as that which is being replaced. We will reduce the exclusion period by the number of complete days in which your previous cover was continuously in force immediately before your Cover Commencement, or for the full exclusion period of 13 months, whichever is less. Note, that your previous policy must have been cancelled immediately after the issue of this Policy, and there must have been continuity of cover between the two.
6.4.2.2 *Self-inflicted Injury exclusion*	**The following exclusion applies to TPD Cover and all associated Extra Cost Options.** No benefits are payable if a claim arises as a direct or indirect result of the Life Insured's attempted suicide or an intentional, self-inflicted Injury. This exclusion does not apply to the Death Benefit available with TPD Cover (which is instead subject to the Suicide and self-inflicted Injury exclusion in section 6.4.2.1 on page 131).
6.4.2.3 *Accidental Injury Cover definition following exercise of the Life Events Increases Feature*	**The following exclusion applies to TPD Cover and any associated Own Occupation Option.** For a period of six months following the date you increase your cover amount by exercising the Life Events Increases Feature, a benefit will only be payable under that increased cover amount for claims arising as a direct result of an Accidental Injury. Accidental Injury and Accidental Injury Cover are defined in section 10 on page 144.
6.4.2.4 *Accidental Injury Cover definition following exercise of the Life Events Extras Feature*	**The following exclusion applies to Own Occupation Option available with TPD Cover.** For a period of six months following the date you add either the Own Occupation Option to your TPD Cover by exercising the Life Events Extras Feature, a benefit will only be payable under that additional Extra Cost Option for claims arising as a direct result of an Accidental Injury. Accidental Injury and Accidental Injury Cover are defined in section 10 on page 144.

6.4.3 Trauma Cover (including Extra Cost Options and Extras Cover) Exclusions

The below exclusions apply to Trauma Cover and associated Extra Cost Options, Trauma Plus Extras and Child Cover Extras cover, as specified.

Table 46: Trauma Cover exclusions

6.4.3.1 *Self-inflicted Injury exclusion*	**The following exclusion applies to Trauma Cover and all associated Extra Cost Options and Extras Cover.** No benefits are payable if a claim arises as a direct or indirect result of the Life Insured's attempted suicide or an intentional, self-inflicted Injury.
6.4.3.2 *Survival period*	**The following exclusion applies to Standalone Trauma Cover, Life Cover Buy Back Option (Trauma) and associated Trauma Plus Extras.** We won't pay any benefits if the Life Insured suffers a Trauma Condition but does not survive for at least 14 days from the date they first meet the definition of the Trauma Condition.
6.4.3.3 *No-Claim Period (Trauma Cover)*	**The following exclusion applies to Trauma Cover and associated Trauma Plus Extras, in relation to any Trauma Conditions which fall into the below Trauma Categories, or any Related Conditions:** • Cancer Conditions; • Heart Conditions; and • Neurological Conditions. No benefits are payable for any such Trauma Conditions for which the symptoms, Diagnosis, treatment or surgery occurred prior to the end of the No-Claim Period. The No-Claim Period runs for 90 days from Cover Commencement (or Reinstatement of cover or when increasing cover and only to the increased portion of the cover). If this Policy is replacing similar existing cover (held with MetLife or another insurer), we will reduce the No-Claim Period which otherwise applies for an equivalent amount of cover as that which is being replaced. We will reduce your No-Claim Period by the number of complete days in which your previous cover was continuously in force immediately before your Cover Commencement, or for the full exclusion period, whichever is less. Note, that there must be continuity of cover between your previous policy ending and the Cover Commencement under this Policy.
6.4.3.4 *No-Claim Period (Trauma Cover – Child Trauma Benefit*	**The following exclusion applies to the Trauma Cover – Child Trauma Benefit available with Child Cover Extras.** No benefits are payable for any condition for which a Dependent Child was first Diagnosed, prior to the end of the No-Claim Period. The No-Claim period runs for 90 days from Cover Commencement (or Reinstatement of cover or when increasing cover and only to the increase portion) of the Trauma Cover – Child Cover Extras Cover. If this Policy is replacing similar existing cover (held with MetLife or another insurer), we will reduce the No- Claim Period which otherwise applies for an equivalent amount cover as that which is being replaced. We will reduce your No-Claim Period by the number of complete days in which your previous cover was continuously in force immediately before your Cover Commencement, or for the full exclusion period, whichever is less. Note, that there must be continuity of cover between your previous policy ending and the Cover Commencement under this Policy.
6.4.3.5 *Trauma Cover Category Limit*	**The following exclusion applies to Trauma Cover and associated Trauma Plus Extras (when the Trauma Cover Reinstatement Option is purchased).** We won't pay a benefit for any Trauma Condition within a Trauma Category, once the Life Insured has been paid 100% of the Trauma Cover Amount for any Trauma Condition/s within that same Trauma Category. If Trauma Plus Extras is attached to Trauma Cover for a Life Insured and the Trauma Cover Reinstatement Option is purchased, the Trauma Cover Category Limit Exclusion will not apply in respect of the following benefits: • Trauma Cover – Unrelated Cancer Benefit (refer to section 4.3.1.4 on page 116); • Trauma Cover – Related Cancer Benefit (refer to section 4.3.1.5 on page 116); and • Trauma Cover – Related Heart Condition Benefit (refer to section 4.3.1.6 on page 117).

Table 46 (continued): Trauma Cover exclusions

6.4.3.6 *Accidental Injury Cover definition following Trauma Condition benefit payment*	**The following exclusion applies to Trauma Cover and associated Trauma Plus Extras (only applies if the Trauma Cover Reinstatement Option is purchased with Standard Trauma Cover).** An Accidental Injury Cover definition will apply following a benefit payment under Trauma Cover (including associated Extra Cost Options and/or Extras Cover), which means that claims will only be payable for events that arise as a direct result of an Accidental Injury. The portion of Trauma Cover impacted by this definition will directly correspond with the Trauma Cover Amount paid. The Accidental Injury Cover definition remains in place for 12 months from the date we paid the benefit under Trauma Cover (or associated Extra Cost Options and/or Extras Cover). The Accidental Injury Cover definition will not apply in respect of future claims for Related and Progressive Conditions. Accidental Injury and Accidental Injury Cover are defined in section 10 on page 144.
6.4.3.7 *Multiple Trauma Cover claims - impact of claim order and cause of claim*	**The following exclusion applies to Trauma Cover and associated Trauma Plus Extras.** If a benefit is paid for a Trauma Condition, and we are notified of a subsequent claim for a Trauma Condition with a Claim Event Date that precedes the date of the aforementioned benefit payment, any benefit payable under the second claim will be no greater than the amount that would otherwise be payable, had the claims been notified and paid in the Claim Event Date order of occurrence. If you are claiming for two or more Trauma Conditions which have occurred as a result of one single event, occurrence, or incidence, we will pay you for the Trauma Condition which offers the greatest benefit payment.

6.4.4 Income Cover (including Extra Cost Options and/or Extras Cover) Exclusions

The below exclusions apply to Income Cover and associated Extra Cost Options and Disability Extras cover as specified.

Table 47: Income Cover exclusions

6.4.4.1 *Suicide and self-inflicted Injury exclusion*	**The following exclusion applies to the Death Benefit available with Income Cover (refer to section 5.2.3 on page 122).** No benefits are payable if a claim arises as a direct or indirect result of the Life Insured's suicide, attempted suicide, or an intentional, self-inflicted Injury within the first 13 months after Cover Commencement (or Reinstatement of cover or when increasing cover and only to the increased portion of the cover). If this Policy is replacing similar existing cover (held with MetLife or another insurer), we will reduce the 13-month exclusion period for an equivalent amount of cover as that which is being replaced. We will reduce the exclusion period by the number of complete days that your previous cover was continuously in force immediately before your Cover Commencement, or for the full exclusion period of 13 months, whichever is less. Note, that your previous policy must have been cancelled immediately after the issue of this Policy, and there must have been continuity of cover between the two.
6.4.4.2 *Income Cover General Exclusions*	**The following exclusion applies to Income Cover and all associated Extra Cost Options and/or Extras Cover.** No benefits are payable for claims arising: • directly or indirectly from War (defined on page 154); • from Uncomplicated Pregnancy (defined on page 159) or childbirth; • from the Life Insured's participation in any criminal activity and/or for any period that they are incarcerated as a result of their participation in any criminal activity; or • from any act or omission that results in the permanent or temporary restriction, deregistration or disqualification that prevents the Life Insured from engaging in their occupation or profession.

Table 47 (continued): Income Cover exclusions

6.4.4.3 *Self-inflicted Injury exclusion*	**The following exclusion applies to Income Cover and all associated Extra Cost Options and/or Extras Cover.** No benefits are payable if a claim arises as a direct or indirect result of the Life Insured's attempted suicide or an intentional, self-inflicted Injury. This exclusion does not apply to the Death Benefit available with Income Cover (which is instead subject to the Suicide and self-inflicted Injury exclusion in section 6.4.4.1 above).
6.4.4.4 *No-Claim Period*	**The following exclusion applies to these benefits defined on pages 122 and 123:** • Income Cover – Total Disability Trauma Benefit available under Disability Extras; and • Income Cover – Home Help Expenses Benefit available under Disability Extras. No benefits are payable in relation to any Illness or Injury suffered by the Life Insured, for which the symptoms, Diagnosis, treatment or surgery first occurred prior to the end of the No-Claim Period. The No-Claim Period starts on Cover Commencement (or Reinstatement of cover or when increasing cover and only on the increased portion) of the relevant Extras Cover, and extends for a duration of 90 days for the Income Cover – Total Disability Trauma Benefit and six months for the Income Cover – Home Help Expenses Benefit. If this Policy is replacing similar existing cover (held with MetLife or another insurer), we will reduce the No-Claim Period, which otherwise applies, for an equivalent amount cover as that which is being replaced. We will reduce your No-Claim Period by the number of complete days that your previous cover was continuously in force immediately before your Cover Commencement, or for the full exclusion period, whichever is less. Note, that there must be continuity of cover between your previous policy ending and the Cover Commencement under this Policy.



Table 47 (continued): Income Cover exclusions

6.4.4.5 *Accidental Injury Cover definition following exercise of the Life Events Increases Feature*	**The following exclusion applies to Income Cover and all associated Extra Cost Options and/or Extras Cover.** For a period of six months following the date you increase your Monthly Cover Amount by exercising the Life Events Increases Feature, a benefit will only be payable under that increased Monthly Cover Amount for claims arising as a direct result of an Accidental Injury. Accidental Injury and Accidental Injury Cover are defined in section 10 on page 144.
6.4.4.6 *Accidental Injury Cover definition following exercise of the Life Events Extras Feature*	**The following exclusion applies to Disability Extras available with Income Cover.** For a period of six months following the date you add Extras Cover to your Income Cover by exercising the Life Events Extras Feature, a benefit will only be payable under that additional Extras Cover for claims arising as a direct result of an Accidental Injury. The Accidental Injury Cover definition does not apply to the following benefits that are already subject to a No-Claim Period: • Income Cover – Total Disability Trauma Benefit available under Disability Extras; and • Income Cover – Home Help Expenses Benefit available under Disability Extras. Accidental Injury and Accidental Injury Cover are defined in section 10 on page 144.
6.4.4.7 *Accidental Injury Cover definition following exercise of the Income Cover – Cover Pause Feature*	**The following exclusion applies to Income Cover and associated Extra Cost Options and/or Extras Cover.** For a period of six months following the date that you increase your Monthly Cover Amount as a result of exercising the Income Cover – Cover Pause Feature, a benefit is only payable under that increased portion of your Monthly Cover Amount for claims arising as a direct result of an Accidental Injury. Accidental Injury and Accidental Injury Cover are defined in section 10 on page 144.
6.4.4.8 *Unemployment*	**The following exclusion applies to Income Cover and associated Extra Cost Options held on a Policy inside superannuation.** No benefits are payable if the Life Insured was not Gainfully Employed immediately prior to the Date of Disability, in accordance with relevant superannuation legislation.
6.4.4.9 *Complications arising from Elective Surgery*	**The following exclusion applies to Income Cover and associated Extra Cost Options and/or Extras Cover.** For a period of six months following the commencement of your Income Cover, a Total Disability or Partial Disability Benefit will not be payable if the your Illness or Injury was directly or indirectly caused by complications arising from an elective surgery. This limitation only applies for the first six months from the: • commencement of your Income Cover; • Reinstatement of your Income Cover; or • increase to your Income Cover (but only on the increased portion).

7. Variations to the cover amount

Types of insurance available S SUPER NS NON-SUPER

7.1 Life Events Increases Feature

S NS

The Life Events Increases Feature allows you to increase your cover within maximum cover amounts, when certain life or business events occur without needing to undergo further medical underwriting. You may apply for an increase using this feature within 30 days of the Policy Anniversary following the event. When you provide details confirming the event, and if the application is accepted, your premium will increase to correspond with the increased Life Cover Amount, TPD Cover Amount and/or increased Income Cover Monthly Cover Amount (including any corresponding Extra Cost Options and/or Extras Covers) effective from the date of the increased Cover Commencement. Any increase using this feature will be in addition to any increase under Indexation.

Life events increases are automatically available on your Policy for the following events, if you have the applicable cover as shown on your Policy Schedule or other Important Documents.

7.1.1 Life Events Increase Events

Table 48: List of life events increase events

Event Type	Event	Description	Increase available (cover types and maximum cover amounts)
Personal – Income Cover	Salary increase	The Life Insured's salary increases by up to 15% in a 12-month period.	Increases can be applied on: • Income Cover The maximum available is the lesser of 15% of your Monthly Cover Amount and 70% of the monthly salary increase (excluding superannuation), provided the total Monthly Cover Amount does not exceed the Maximum Income Replacement Amount. *Note: You can use the Life Events Increases Feature to increase your Monthly Cover Amount up to four times over the life of the Policy. Maximum cover amount limits apply to Income Cover as specified on Table 4, page 19.*
Personal – Life and TPD Covers	Marriage or civil union	The Life Insured marries or enters into a civil union.	Increases can be applied on: • Life Cover • Life Cover with Linked TPD Cover • TPD Cover Each time you exercise this feature, the maximum amount that you can increase your cover amount by is capped at the lesser of 25% of the original cover amount and $200,000. The maximum amount of all increases under the Life Events Increases Feature cannot exceed the lesser of: • the original Life and TPD Cover Amount; or • $1,000,000. *Note: Maximum cover amount limits apply to Life and TPD Covers as specified on Table 4, page 19. This feature can be exercised once in any 12-month period.*
	Birth or adoption of a child	The Life Insured or their Spouse gives birth to a child or legally adopts a child.	
	Becoming a carer for the first time	The Life Insured becoming a carer for the first time (financially responsible, and/or physically providing care to a sick or disabled parent or child).	
	Child starts school for the first time	The Life Insured's child starts school for the first time.	
	Completing an undergraduate degree	The Life Insured completing an undergraduate degree.	
	Completing a postgraduate degree	The Life Insured completing a postgraduate degree.	
	Salary increase	The Life Insured's salary increases by minimum of $10,000 annually. ***Note:*** *The Life Insured's salary does not include non-regular payments such as commissions or bonuses.* *Any increase in cover will be limited to 10 times the increase in the Life Insured's base annual salary.*	
	Death of a Spouse	Death of the Life Insured's Spouse or de-facto partner.	

Table 48 (continued): List of life events increase events

Event Type	Event	Description	Increase available (cover types and maximum cover amounts)
Personal – Life and TPD Covers	Home loan	The Life Insured takes out a new home loan or increases their loan on their principal place of residence.	Increases can be applied on: • Life Cover • Life Cover with Linked TPD Cover • TPD Cover Each time you exercise this feature, the maximum amount that you can increase your cover amount by is capped at the lesser of 50% of the original cover amount and $500,000. The maximum amount of all increases under the Life Events Increases Feature cannot exceed the lesser of: • the original Life and TPD Cover Amount; or • $1,000,000. *Note: Maximum cover amount limits apply to Life and TPD Covers as specified on Table 4, page 19. This feature can be exercised once in any 12-month period.*
Business – Life and TPD Covers	Business equity	The Life Insured is a business owner in that business, and their share of their business increases in value, by percentage and/or by size.	Increases can be applied on: • Life Cover • Life Cover with Linked TPD Cover • TPD Cover Each time you exercise this feature, the maximum amount that you can increase your cover amount by is capped at the lesser of 50% of the original cover amount and $500,000. You can make Life Events increases up to six times over the life of the Policy. The maximum amount of all increases under the Life Events Increases Feature cannot exceed the lesser of: • the original Life and TPD Cover Amount; or • $3,000,000. *Note: Maximum cover amount limits apply to Life and TPD Covers as specified on Table 4, page 19. This feature can be exercised once in any 12-month period and is available until you turn 55. You can only exercise this feature for business events up to six times over the life of the Policy.*
	Business loan	The Life Insured is a business owner in that business and takes out a new business loan or increases the business loan amount on their business.	

The Life Events Increases Feature may only be exercised while the applicable Standard Cover remains in force. Please note, that in exercising this feature, the total cover amount on your Policy will not be allowed to exceed the product maximums as specified in Table 4: Minimum and maximum cover amounts on page 19.

The increased cover amount does not apply until we have confirmed it in writing and your premium will be recalculated based on the age of the Life Insured at the time of increase.

At a time and within the 12 months, you may apply for an increase for only one personal or business event across all Policies issued by us covering the Life Insured.

The maximum cover amount cap noted under the personal and business events will also apply to reinstated Policies.

The maximum cover limits apply. This means if you have reached the cover limits across all Policies issued by us for the Life Insured, you will not be able to exercise this feature. Please refer to page 19 for cover limits.

This feature is not available if:

- medical loadings above 100%, more than two medical exclusions, a medical loading of 50% with more than one medical exclusion, a medical loading greater than 50% with one medical exclusion, or a medical loading of 100% with any number of medical exclusions is applied to the Life Insured;
- the Life Insured is on claim, has claimed, intends to claim, or is eligible to claim under the applicable cover (including any Linked Covers and Extra Cost Options and/or Extras Covers) at the time of the Life Events Increases request;
- your premiums are being waived under the Premium Waiver Disability Option; or
- the Life Insured is aged 55 and above.

For the first six months after you increase your cover using the Life Events Increases Feature, a benefit is only payable under the increased Life and/or TPD Cover Amount, and Income Cover Monthly Cover Amount for claims arising as a result of an Accidental Injury. Please refer to section 6.4 on page 128 for full details.

Any exclusions and loadings that applied on the original cover will also apply on the increased cover amount.

7.2 Life Events Extras Feature S NS

The Life Events Extras Feature gives the ability to add Extra Cost Options and/or Extras Cover to a Policy, with limited underwriting. You may request to add Extra Cost Options and/or Extras Cover where you have TPD, Trauma and/or Income Cover in place, without the usual underwriting, if a listed event occurs for the Life Insured. We may ask you to supply additional information and all other eligibility of the Extra Cost Options and/or Extras Cover must be satisfied.

The request to exercise the Life Events Extras Feature must be made within 30 days of the Policy Anniversary following the event occurring for the Life Insured and is subject to a maximum entry age of 60 for the Extra Cost Options and/or Extras Cover (age 54 if the associated Standard Cover is currently under a 5-year or 10-year Fixed Term Option, and age 59 for Disability Extras under Income Cover).

Table 49: List of life events extras events

Event type	Description	If you have which cover types:	You can add which Extra Cost Options and/or Extras Covers:
Salary increase	The Life Insured's income (excluding superannuation) first exceeds $120,000.	Income Cover	Disability Extras
Professional registration	The Life Insured first graduates or first receives registration in their professional field.	TPD Cover	Own Occupation Option
Tradesperson experience	The Life Insured attains two years of experience as a qualified tradesperson.	TPD Cover	Own Occupation Option
Birth or adoption of a child	The Life Insured or their Spouse gives birth to a child or legally adopts a child.	Trauma Cover	Child Cover Extras
Marriage or civil union	The Life Insured marries or enters into a civil union.	Trauma Cover	Child Cover Extras

This feature is not available if:

- medical loadings above 100% apply to the Life Insured; or
- the Life Insured is being or has been paid a benefit, has claimed for a benefit, or is eligible to claim for a benefit under the applicable cover (including any Linked Covers, Extra Cost Options and/or Extras Cover) at the time of the request to exercise the Life Events Extras Feature.

For the first six months after you add an Extra Cost Option and/or Extras Cover using the Life Events Extras Feature, unless specified otherwise, a benefit may only be payable under that additional Extra Cost Option and/or Extras Cover for claims arising as a result of an Accidental Injury. Please refer to section 6.4 on page 128 for full details.

Any exclusions, special terms and loadings that applied on your Standard Cover, will also apply to any associated Extra Cost Option and/or Extras Cover.

7.3 Income Cover – Cover Pause Feature S NS

Included with Standard Income Cover

If the Life Insured takes unpaid parental leave or unpaid sabbatical leave from their employer, or suffers from financial hardship, the Income Cover – Cover Pause Feature enables you to request to reduce your Income Cover Monthly Cover Amount to 25% of the existing Monthly Cover Amount. Under this feature you can subsequently increase the Income Cover Monthly Cover Amount again up to the original Monthly Cover Amount, without medical underwriting, on the earlier of:

- 30 days of the Life Insured's return to work; or
- within 12 months from first using the Income Cover – Cover Pause Feature.

To exercise this feature, your Income Cover must have been in force for at least 24 consecutive months and is paid up to date. In addition, the Life Insured must remain employed throughout the duration of unpaid leave and the leave approval must be evidenced in writing from the Life Insured's employer.

If you have not subsequently increased your Income Cover Amount up to the original Monthly Cover Amount 12 months after first using the Income Cover – Cover Pause Feature, we will automatically increase the Income Cover Amount to the original Monthly Cover Amount.

For the first six months after your cover is automatically increased to the original Monthly Cover Amount using the feature, a benefit is only payable under the increase in Monthly Cover Amount for claims arising as a result of an Accidental Injury.

You can exercise the Income Cover – Cover Pause Feature multiple times throughout the life of your Policy as long as the above requirements are maintained.

7.4 Cover variation evidence

When you request to increase or vary your cover using the Life Events Increases Feature or Life Events Extras Feature, you will need to supply us with satisfactory evidence of the event. We require a copy of certain documentation (which will be outlined in the application to increase cover) confirming the life or business event. This must be provided to us with your request to increase or vary your cover.

7.5 Indexation S NS

Indexation on Life, TPD and Trauma Covers

If your Policy Schedule or any other Important Documents shows that Indexation increases apply to your cover, we will automatically increase your Life, TPD and Trauma Cover Amounts each year by the greater of CPI or 5%.

Indexation on Income Cover

Your Income Cover Monthly Cover Amount will increase each year by CPI. The amount we will increase your cover by is the percentage increase in the CPI as published by the Australian Bureau of Statistics. If the CPI is negative over the relevant period, we will consider CPI to be zero and your cover amount will not change.

Additional Information

We will apply Indexation on each Policy Anniversary date from 1 March onwards, using the CPI for the 12-month period ending 30 September of the previous calendar year.

As your Life, TPD and Trauma Cover Amounts and Income Cover Monthly Cover Amounts are increased each year at your Policy Anniversary, your premium will be adjusted to reflect the new increased amounts.

You may decline Indexation in any year by notifying us that you do not want the increase to your Life, TPD and Trauma Cover Amounts or Income Cover Monthly Cover Amount. This must be done no later than one month after the increase was to take effect. Please note, Indexation is available on an 'all or nothing' basis which means it will apply to all covers on your Policy, including any Linked TPD and/or Linked Trauma and/or Extra Cost Options and/or Extras Cover you have taken outside superannuation, connected to your superannuation Policy (and vice versa). You can decline Indexation permanently or on a one-off basis. If you want Indexation to apply to your Policy, you may request this subject to limited underwriting. The next Indexation increase will take effect at your next Policy Anniversary, using the CPI rate for the 12-month period ending 30 September in the previous calendar year.

If one of the Fixed Term Options is selected or if your Policy is attached to a Policy with a Fixed Term Option, Indexation does not apply.

Important: If your Income Cover is wholly held inside superannuation, the yearly Indexation increase may mean that your Income Cover Monthly Cover Amount becomes greater than the amount you would be eligible to claim and may not meet the condition of release requirements under superannuation law.

7.6 Other requests for increases and decreases in cover

You may request to increase, decrease or alter your cover during the course of the Policy.

- Requests to reduce your cover, or remove covers, do not require any further underwriting; you simply need to contact us.
- Improved cover options or increases in cover (other than automatic increases under Indexation) must be applied for and may require further underwriting, and confirmation from you that the premium increase is accepted.
- If we accept variations to your Policy, we will issue an Important Document containing updated cover and premium details.

8. Premiums, charges and fees



8.1 About the premium

The premium for the Policy includes the cost of cover selected for each Life Insured under the Policy. The premium also includes any government taxes and charges.

A loading or special terms such as exclusions may be applied to your Policy. We may offer and apply discounts to your premium. Your premium may change if there is a change to the premium discounts, loadings or both that apply to your Policy. See section 8.4 on the next page for when those changes are applied and when you will be notified of those changes.

The premium is calculated by us at the Policy Commencement date, at each Policy Anniversary and if there is a change made to your Policy. The premium payable will be shown on the Policy Schedule or any other Important Documents.

8.2 Reviewable premium rates

We calculate the premium by reference to a table of premium rates for factors such as choices that are available for cover as well as characteristics of the Life Insured. Matters that may impact your premiums include:

- changes in government taxes or charges, such as stamp duty. We can pass on these changes irrespective of the premium structure except for Life and TPD Cover for Fixed Term Options during the fixed term period (refer to Government charges on page 141).
- actuarial assessment of the risk of providing that cover, as well as other factors including:
  - the costs (such as administration and claims);
  - performance of the assets in the statutory fund;
  - regulatory requirements (including requirements relating to the stability of the statutory fund); and
  - economic and commercial factors (including a profit margin).

We may change the premium rates at any time. See section 8.4 on the next page for when those changes are applied and when you will be notified of those changes. Premium rates can't increase for an individual Policy within a defined risk or demographic group unless all premium rates for all policies in that risk or demographic group are increased on a simultaneous and consistent basis.

The 5-year and 10-year Fixed Term Options use guaranteed premiums for any Life Cover and any TPD Cover. The guaranteed premium will not increase during the fixed term.

8.3 Premium structure

The way we calculate the premium depends on the premium type you select. The premium type applying to each cover under the Policy is shown on the Policy Schedule or any other Important Documents. The premium structures are:

- **Variable Age-Stepped premium** – Formerly known as Stepped premium – the premium is recalculated on each Policy Anniversary, based on the Life Insured's age at that time. Premiums will also change when cover changes (including Indexation increases and other requested changes to the amount insured). We will calculate your premium using the premium rate applicable to your age at each Policy Anniversary and other requested changes, even if that rate has subsequently changed.

  Premium rate reviews may apply for Variable Age-Stepped premiums (refer to section 8.2).

- **Variable premium to age 65** – formerly known as Level premium – the premium is calculated on an age-based premium rate determined by the Life Insured's age as at Cover Commencement. In applying those premium rates your age at the Commencement Date for your cover will be used until the end of the variable term. The premium rate for that age is not guaranteed and may change during your variable term. The premium rate for that age will apply until the Policy Anniversary before the Life Insured is age 65 and will also extend to any automatic Indexation increases during the variable term. If any premiums are payable beyond this date the premiums will be calculated as a Variable Age-Stepped premium based on the Life Insured's age at that time. If a change is requested that increases the amount insured then the increased portion of cover and the Variable premium rate will be based on the Life Insured's age at the time of the increase.

  Premium rate reviews may apply for variable premiums (refer to section 8.2).

- **Variable premium to age 70** – formerly known as Level premium – the premium is calculated on an age-based premium rate determined by the Life Insured's age as at Cover Commencement. In applying those premium rates your age at the Commencement Date for your cover will be used until the end of the variable term. The premium rate for that age is not guaranteed and may change during your variable term. The premium rate for that age will apply until the Policy Anniversary before the Life Insured is age 70 and will also extend to any automatic Indexation increases during the variable term. If any premiums are payable beyond this date the premiums will be calculated as a Variable Age-Stepped premium based on the Life Insured's age at that time. If a change



is requested that increases the amount insured then the increased portion of cover and the Variable premium rate will be based on the Life Insured's age at the time of the increase.

Variable premium to age 70 is not available for Income Cover.

- **5-year Fixed Term Option** – Automatic Indexation increases are not available, and for Life and TPD Cover only your premium is guaranteed not to increase. This means age-based increases do not apply for the initial 5-year fixed term.
  At the end of the 5-year term, your Policy will change to Variable Age-Stepped premiums and will no longer be guaranteed. Your cover amount will typically reduce at this time to maintain the same premium for that year only.

  The 5-year Fixed Term Option is not available for Income Cover.
- **10-year Fixed Term Option** – Automatic Indexation increases are not available, and for Life and TPD Cover only your premium is guaranteed not to increase. This means age-based increases do not apply for the initial 10-year fixed term.
  At the end of the 10-year term your Policy will change to Variable Age-Stepped premiums and will no longer be guaranteed. Your cover amount will typically reduce at this time to maintain the same premium for that year only.

  The 10-year Fixed Term Option is not available for Income Cover.

8.4 When and how your premiums will change

For Life and TPD Cover on 5-year and 10-year Fixed Term Options, refer to section 8.4.1 on this page.

For all other premium types, refer to section 8.4.2 on this page.

8.4.1 5-year and 10-year Fixed Term Options

During the Fixed Term Option period(s), changes to premiums will only occur at the time of any change to your Policy(s) initiated by you.

For the 5-year Fixed Term Option (after the 5-year fixed term period) and the 10-year Fixed Term Option (after the 10-year fixed term period), the premium type will change to Variable Age-Stepped and the premium payable by you will change on each Policy Anniversary due to an increase in your age.

Once the premium type has changed to a Variable Age-Stepped premium, refer to section 8.4.2 on this page.

8.4.2 All other premium types

Changes to premiums will only occur at the time of any change to your Policy(s) initiated by you, or at the Policy Anniversary after the change.

If your premium increases we will provide you with the period of prior notice required by law which is currently 30 days' prior notice.

The premium payable by you for the Policy may change:

- if we review or change the premium rates that apply to the calculation of the premium for your Policy (see section 8.2 on page 140);
- if your cover amount increases due to the application of Indexation in accordance with section 7.5 on page 139 of the Policy;
- if there is a change to the premium discounts, loadings or both that apply to your Policy;
- where your Policy is varied, including but not limited to one or more of changing the premium frequency, changing the premium structure and changing your cover type or amount; and
- if there is an applicable change in Government charges (see section 8.5).

In addition, for a Policy with a premium structure that is Variable Age-Stepped, the premium payable will change on each Policy Anniversary due to an increase in your age.

8.5 Government charges

We will pay any stamp duty, tax, excise or other charges of the Commonwealth, or of a State or Territory Government, that as the issuer we are required to pay in relation to the Policy. However, we reserve the right to recoup those amounts through the premium, and the right to increase the premium to cover any increase in, or addition to, these amounts.

We reserve the right to charge a fee to recoup the costs of administration that we are required to do in respect of the Policy, by any Commonwealth, State or Territory law.

9. Claims and payments



If you are making a claim to receive benefits under the Policy you should notify us as soon as reasonably possible, and you must provide the information required by us to establish the occurrence of the event giving rise to the claim. The payment of a benefit under the Policy is also subject to proof of eligibility and entitlement, including proof of the Life Insured's age, for example their birth certificate.

If the Life Insured's age has been misstated, we will either:

- adjust the benefits under the Policy to those that the premium paid would have purchased for the Life Insured's correct age; or
- refund any overpaid premium.

In the event of a claim, you must (at your expense) provide us with all the information and details that we may reasonably require to assess the claim. Depending on the type of claim made we may require the Life Insured to be examined by a Medical Practitioner or by an assessor as to the Life Insured's current and vocational capacity.

If the Life Insured is required to undergo any medical examinations or current or vocational capacity assessment at our request, these will be conducted at our expense, unless the costs can be recovered.

For financial based claims we may need you or the Life Insured to verify financials provided to us. We may need to audit Business or personal finances depending on the type of claim made.

All amounts payable under the Policy will be paid in Australian currency.

9.1 Additional requirements for Income Cover claims

In addition to the requirements listed above, you must:

- tell us as soon as reasonably possible if the Life Insured is Totally Disabled or Partially Disabled for more than seven days. We will then commence your claim assessment;
- give us full information if there is a claim. This includes any medical reports from people who have treated the Life Insured for the Illness or Injury; and
- ensure the Life Insured seeks regular medical advice and treatment from a Medical Practitioner for as long as the Life Insured is receiving a benefit payment. We require this to pay the benefit.

Claims notified more than 12 months after the:

- Date of Disability; or
- end of the Waiting Period;

may take longer to assess if the delay impacts the availability and/or collection of required information.

During the course of a claim we are entitled to ask for proof that the Life Insured is disabled and that you are still entitled to receive benefits. If proof is not provided, or you are no longer entitled to benefits, we may reduce or cease paying benefits under the Policy.

9.2 Taxes and other government charges

If we are required to pay any tax, duty or government charge or levy in respect of any payment to the Policy Owner or a Nominated Beneficiary under the Policy, we may reduce the amount paid by the amount of the tax, duty or government charge or levy.



10. Definitions

A

Accidental Injury/Injuries

Means a bodily Injury sustained during the period of the Policy, solely and directly as a result of external, violent and visible means, arising from an event which is unintended and unexpected. Suicide, self-inflicted Injury (whether intended or not), Injury arising from Illness, and Injury arising as a direct or indirect result of the Life Insured's criminal activity are excluded.

Accidental Injury Cover

Means an amendment to Standard Cover, Extra Cost Options and/or Extras Cover (as specified), whereby benefits will only be payable if a claim arises as a result of suffering a new Accidental Injury (i.e. one which occurs once the Accidental Injury Cover amendment has commenced applying).

Activities of Daily Living

The Activities of Daily Living are:

- **bathing** – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- **dressing** – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces or artificial limbs;
- **feeding** – the ability to feed yourself when food has been prepared and made available;
- **toileting** – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function; and
- **mobility** – the ability to get out of bed into an upright chair or wheelchair and back again.

Any Occupation

Means any form of gainful employment for which the Life Insured is reasonably suited, qualified, or capable of performing, having regard to the Life Insured's formal education, vocational training, and prior work experience (whether paid or unpaid). This definition shall include any occupation for which the Life Insured has become suited or qualified as a result of participation in occupational rehabilitation programs, re-skilling or retraining initiatives, or through employment undertaken during any period in which a claim for benefits is active. The assessment of suitability shall consider the Life Insured's physical and cognitive capacity, transferable skills, and the availability of such employment within a reasonable geographic area.

Australian Resident

Means an Australian or New Zealand citizen, or Australian permanent resident. The applicant must be in Australia when they apply for cover.

B

Benefit Period

This is the maximum period of time commencing from the day after the end of the Waiting Period, for which a Total Disability Benefit or Partial Disability Benefit will be paid for any one Illness or Injury, or Recurrent Disability, over the life of the Policy. The Benefit Period is shown in the Policy Schedule or any other Important Documents.

Business

Means any trade, business, profession, vocation, calling, occupation or employment that the Life Insured is:

- actively involved or participating in; or
- deriving, receiving or is entitled to receive an income from.

C

Cancer Conditions

Means one of the five Trauma Categories which encompasses a range of Trauma Conditions, as specified in section 4.1 on page 111.

Claim Event Date

Means with respect to Trauma Cover (and associated Extra Cost Options and/or Extras Cover), the date on which the Life Insured first meets the definition of the Trauma Condition to which their claim relates.

Complimentary Income Cover - Unemployment Benefit

If you have Income Cover within superannuation you will also automatically receive Complimentary Income Cover outside superannuation (i.e. provided to you at no extra cost). This provides you with cover in the event that you suffer an Illness or Injury whilst not Gainfully Employed (i.e. you were unemployed for reasons other than as a result of Illness or Injury).

Cover Commencement

Means the 'Cover start date' as shown in your most recent Policy Schedule or any other Important Documents.

CPI

Means the percentage increase in the Consumer Price Index ('weighted average of eight capital cities combined') as published by the Australian Bureau of Statistics or its successor over the 12-month period ending 30 September each year. The CPI will apply for the subsequent year commencing 1 March.

If the CPI is not published, the percentage increase shall be calculated by reference to such other index of inflation which, most nearly replaces it. If the CPI is negative, it will be considered to be zero.

CPI Claim Indexation

Means the percentage increase in the Consumer Price Index ('weighted average of eight capital cities combined') as published by the Australian Bureau of Statistics or its successor over the 12-month period ending on the final day of the preceding calendar quarter applicable to the Claim Indexation Option, as specified in section 5.3.1 on page 123.

If the CPI is not published, the percentage increase shall be calculated by reference to such other index of inflation as, most nearly replaces it. If the CPI is negative, it will be considered to be zero.

D

Date of Disability

Means with respect to Income Cover (and any associated Extra Cost Options and/or Extras Cover), the date that the definition of Total Disability or Partial Disability is first satisfied with respect to any one Illness or Injury, including any Recurrent Disabilities.

Date of Disablement

Means with respect to TPD Cover (and any associated Extra Cost Options), the date that the definition of Total and Permanent Disability or Totally and Permanently Disabled is first satisfied.

Death Benefit

Means the lump sum benefit we will pay if the Life Insured dies.

Dependent Child

Means any natural, step or adopted child of the Life Insured who is aged 16 years old or under and lives with the Life Insured on a full time or shared basis.

Diagnose/Diagnosed/Diagnosis/Diagnosing

Means an unequivocal diagnosis by a suitable and appropriate Medical Specialist.

Disability Conditions and Accidental Incidents

Means one of the five Trauma Categories which encompasses a range of Trauma Conditions, as specified in section 4.1 on page 111.

E

Employment Type

Means one of the following four categories with respect to the Life Insured and the nature of his/her employment: employee, business owner, sole trader or non-working. Employment type is one of the criteria which determines the Life Insured's eligibility for Extra Cost Options and/or Extras Cover.

Essential Income-Producing Duties

Means the essential duties required to be performed by the Life Insured in an occupation, profession, or Business to generate their Pre-Disability Income.

The essential duties that the Life Insured had performed prior to their Total Disability or Partial Disability cannot be reasonably omitted, altered, or replaced by them or their employer.

Expiry Date

Means the date the Policy comes to an end or a particular cover comes to an end, and which is recorded on your Policy Schedule or any other Important Documents. Your Policy or cover may end sooner than the Expiry Date in certain circumstances, as set out within these Policy Terms or according to law.

Extra Cost Options

Means options that can be added to Life Cover, TPD Cover, Trauma Cover and Income Cover for additional premium payments.

Your Policy Schedule or any other Important Documents lists any Extra Cost Options you have selected in relation to your Standard Cover/s.

Extras Cover

Means optional cover that may only be taken out when you have Standard Cover and is attached to the relevant Standard Cover. For example, if you have Life Cover you can only take out Extras Cover relevant to Life Cover.

Your Policy Schedule or any other Important Documents lists any Extras Cover you have selected in relation to your Standard Cover/s.

F

Financial Adviser

Means an authorised representative of an Australian Financial Services Licensee.

Fixed Term Option

Means the 5-year fixed term option and/or the 10-year fixed term option as the context requires.

G

Gainful Employment and Gainfully Employed

Means employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment. If you do unpaid work or only receive passive income, such as interest, dividends, trust distributions or rent, you do not meet the definition of Gainfully Employed.

H

Health Professional

Means a recognised health professional registered with the Australian Health Practitioner Regulation Agency (or, a medical registration body in another country recognised as equivalent to the Australian Health Practitioner Regulation Agency).

Heart Conditions

Means one of the five Trauma Categories, which encompasses a range of Trauma Conditions, as specified in section 4.1 on page 111.

Home Duties

Means the tasks the Life Insured is capable of performing prior to the Date of Disablement if their sole occupation is to maintain the family's usual place of residence (home) being:

- cleaning the family home;
- shopping for household food and groceries outside the home;
- preparing meals for the household;
- performing laundry services for the household including washing and ironing; and
- caring for dependent children or other dependent family members (where applicable).

For the avoidance of doubt, the Life Insured will not be considered unable to perform all Home Duties, if they can perform at least one of these duties.

Home Duties do not include duties performed outside of the Life Insured's home for salary, reward or profit.

Illness

Means a sickness, disease or disorder, that:

- was fully disclosed to us and we accepted as part of your application for cover or an application to vary or reinstate cover; or
- first becomes apparent on or after the Cover Commencement date and while your Policy is in force, as confirmed by a Medical Practitioner and/or Medical Specialist.

Important Documents

Means the Policy Anniversary letter or other correspondence we send to you that contains details about any changes to your Policy including any exclusions, loadings, special terms, premium, additions or removals of Standard Cover, Extra Cost Options and/or Extras Cover.

Income Cover

Means insurance cover provided in accordance with section 5.1 on page 119.

Income Cover – Claim Indexation Option

Means an Extra Cost Option purchased with Income Cover, which operates in accordance with section 5.3.1 on page 123.

Income Cover – Cover Pause Feature

Means an inbuilt feature of Income Cover that is able to be exercised in accordance with section 7.3 on page 139.

Income Cover – Home Help Expenses Benefit

Means an inbuilt benefit of Disability Extras, payable in accordance with section 5.4.1.4 on page 125.

Income Cover – Involuntary Unemployment Premium Waiver Benefit

Means an inbuilt benefit of Income Cover, payable in accordance with section 5.2.6 on page 122.

Income Cover – On Claim Premium Waiver Benefit

Means an inbuilt feature of Income Cover which enables premiums to be waived, when exercised in accordance with section 5.2.5 on page 122.

Income Cover – Partial Disability Assessment Benefit

Means an inbuilt feature of Disability Extras, payable in accordance with section 5.4.1.1 on page 123.

Income Cover – Recurrent Disability Benefit

Means an inbuilt feature of Income Cover which waives the Waiting Period, in accordance with section 5.2.7 on page 122.

Income Cover – Rehabilitation Support Benefit

Means an inbuilt benefit of Income Cover, payable in accordance with section 5.2.8 on page 122.

Income Cover – Superannuation Contribution Option

Means an Extra Cost Option purchased with Income Cover, which operates in accordance with section 5.3.2 on page 123.

Income Cover – Total Disability Trauma Benefit

Means an inbuilt benefit of Disability Extras, payable in accordance with section 5.4.1.3 on page 124.

Indemnity

Has the meaning as outlined in section 5.2.1.1 on page 120.

The Policy Schedule or any other Important Documents will show when an Indemnity Income Cover definition applies.

Indexation

An inbuilt feature available with all Standard Covers that has the meaning as outlined in section 7.5 on page 139.

Injury

Means a bodily injury, that:

- was fully disclosed to us and we accepted as part of your application for cover or an application to vary or reinstate Cover; or
- first occurs on or after the Cover Commencement date and while your Policy is in force, as confirmed by a Medical Practitioner and/or Medical Specialist.

Interim Cover

Means the cover provided in accordance with section 6.2 on page 127.

Involuntarily Unemployed or Involuntary Unemployment

Means the Life Insured is:

- entirely without Gainful Employment;
- applying for and making all reasonable efforts to seek work; and
  - for the Life Insured who was a permanent employee working a minimum average of 30 hours per week, the Life Insured has been made involuntarily unemployed or has been involuntarily terminated from employment through no fault nor choice of their own but solely because an employer has unexpectedly terminated the Life Insured's employment; or
  - for the Life Insured who is self-employed, the Life Insured's Business or the Life Insured has been placed into any form of insolvency or bankruptcy administration, except where this is due to personal debts.

K

Key Person

Means a director, officer, senior manager or person employed to perform services by a business and who is responsible for at least 20% of the business revenue. A key person has specialist skills, knowledge or business relationships that are not able to be continued by another person in the business.

L

Life Cover

Means insurance cover provided in accordance with section 2.1 on page 102.

Life Cover Amount

Means the maximum amount of Life Cover we have agreed to insure you for, as shown in your most recent Policy Schedule or any other Important Documents.

Life Cover 14-day Buy Back Option (TPD)

Means an Extra Cost Option, which operates in accordance with section 3.2.1 on page 108.

Life Cover 12-month Buy Back Option (TPD)

Means an Extra Cost Option, which operates in accordance with section 3.2.2 on page 108.

Life Cover Buy Back Option (Trauma)

Means an Extra Cost Option which operates in accordance with section 4.2.1 on page 114.

Life Cover – Business Expenses Benefit

Means an inbuilt benefit of Business Extras, payable in accordance with section 2.3.1.1 on page 104.

Life Cover – Business Safeguard Feature

Means an inbuilt benefit of Business Extras, payable in accordance with section 2.3.1.3 on page 104.

Life Cover – Immediate Business Expenses Benefit

Means an inbuilt benefit of Business Extras, payable in accordance with section 2.3.1.2 on page 104.

Life Cover – Immediate Expenses Benefit

Means an inbuilt benefit of Life Cover, payable in accordance with section 2.1.3 on page 102.

Life Cover – Involuntary Unemployment Premium Waiver Benefit

Means an inbuilt feature of Life Cover, payable in accordance with section 2.1.4 on page 102.

Life Cover – Terminal Illness Benefit

Means an inbuilt benefit of Life Cover, payable in accordance with section 2.1.2 on page 102.

Life Events Extras Feature

Means an inbuilt feature of all Standard Covers which enables additional Extra Cost Options and/or Extras Cover to be purchased, on the occurrence of specified life events, with no medical underwriting. The feature must be exercised in accordance with section 7.2 on page 138.

Life Events Increases Feature

Means an inbuilt feature that enables certain cover to be increased (within defined limits) on the occurrence of specified life events, with no medical underwriting. The feature must be exercised in accordance with section 7.1 on page 136.

Life Insured

Means the person covered by the insurance, as shown on the Policy Schedule or any other Important Documents.

Link, Linked, Linked Cover and Linking Cover

Means covers within the same Policy or covers in different Policies that are linked together and have special rules (found on page 26) in relation to those covers. Covers that are linked in this manner are shown on the Policy Schedule or any other Important Documents.

M

Maximum Income Replacement Amount

If you have selected Income Cover (70) as your maximum income replacement amount, it means:

- 70% of the first $300,000 of the Life Insured's annual Pre-Disability Income; plus
- 50% of the next $200,000 of the Life Insured's annual Pre-Disability Income; plus
- 25% of the remaining earnings of the Life Insured's annual Pre-Disability Income.

If you have selected Income Cover (70 to 60) as your maximum income replacement amount, for the first 24 months of a Benefit Period it means:

- 70% of the first $300,000 of the Life Insured's annual Pre-Disability Income; plus
- 50% of the next $200,000 of the Life Insured's annual Pre-Disability Income; plus

- 25% of the remaining earnings of the Life Insured's annual Pre-Disability Income.

After 24 months of Benefit Period (including the Recurring Disability Benefit payment), the Monthly Benefit will be reduced by 1/7th for the remaining Benefit Period.

Medical Practitioner

Means a general practitioner or Medical Specialist who is not the Life Insured or the Policy Owner, and is not the Spouse, parent, child, sibling or business partner of either the Life Insured or the Policy Owner.

They must be currently registered with the Medical Board of Australia (or, a medical registration body in another country recognised as equivalent to the Australian Health Practitioner Regulation Agency).

Medical Specialist

Means a Medical Practitioner who is a fellow of the relevant college that specialises in the Life Insured's Illness or Injury, registered in Australia (or, a medical registration body in another country recognised as equivalent to the Australian Health Practitioner Regulation Agency).

Monthly Benefit

Means the benefit amount we will pay in a single monthly instalment under Inome Cover, before taking into account Post-Disability Income and any applicable Offsets. The Monthly Benefit is calculated in accordance with sections 5.2.1.1 on page 120 and 5.2.2.1 on page 121.

Monthly Cover Amount

Means the Monthly Income amount we have agreed to insure which is reflected on your Policy Schedule or any other Important Documents.

Monthly Income

Employed

If the Life Insured is employed, Monthly Income means their monthly total remuneration from salary, wages, bonuses, any other income considered part of the Life Insured's remuneration package and excludes any employer superannuation contribution. It does not include investment income such as rent, interest or dividends, ongoing trailing commission, family trust distributions or income splitting between spouse or partner.

Business owners / Self-employed

If the:

- Life Insured is self-employed or has an ownership interest in a Business; and
- that Business is operating as a sole trader or under a partnership, joint venture, company and/or trust structure (including if they are an employee of their own company or trust);

then the Monthly Income prior to application means the Life Insured's share of the total income generated from the income producing activities of the Business/es or enterprises, less expenses incurred in generating that income. It does not include Life Insured's income generated from investment sources such as, personal rental properties, shareholder dividends, licence fees, letting fees or royalties.

Upon claim and for the purposes of Business income, Monthly Income generated will always have a minimum value of zero where the business is trading at a loss or is an income loss.

Monthly Superannuation Contribution Amount

Means the Life Insured's Monthly Superannuation Contribution Amount that we have agreed to insure under the Superannuation Contribution Option. It is the amount that is reflected on your Policy Schedule or any other Important Documents and is as described in section 5.3.2 on page 123.

N

Neurological Conditions

Means one of the five Trauma Categories which encompasses a range of Trauma Conditions, as specified in section 4.1 on page 111.

No-Claim Period

Means a specified period of time from Cover Commencement (or, where specified, following Reinstatement of cover or when cover is increased but only on the increased portion) during which no cover is available and no benefits will be payable for any Illness, Injury or Related Condition that the Life Insured sought or obtained advice or treatment or surgery for, or had symptoms of, during that period.

Nominated Beneficiary

Means a person, company or trust who has been nominated by the Policy Owner to receive all or part of the benefits payable in the event of the death of the Life Insured, in such proportions as is nominated by the Policy Owner and confirmed by us in writing to the Policy Owner.

O

Occupation Class

Means the classification of the Life Insured's occupation into one of eight groups. These are denoted as P, W, G, L, B, D, O and R. The Occupation Class is one of several eligibility criteria that apply in relation to accessing different cover types and, for TPD and Income Cover, relevant for determining premiums.

Offsets

Has the meaning as outlined in section 5.1.6 on page 120.

Own Occupation

The most recent occupation the Life Insured was engaged in prior to the Date of Disablement. Where the Life Insured is engaged in more than one occupation prior to their Date of Disablement, own occupation will consider all those occupations that they were engaged in prior to their Date of Disablement.

P

Partial Disability and Partially Disabled

For 1-year, 2-year, and 5-year Benefit Periods and for the first 24 months of a to age 65 Benefit Period, Partial Disability means the Life Insured:

- solely due to Illness or Injury:
  - is working in their Usual Occupation in a reduced capacity for no more than 40 hours per week, and earning a Monthly Income which is less than 80% of their Pre-Disability Income; or

- is working in another occupation for no more than 40 hours per week, earning a Monthly Income which is less than 80% of their Pre-Disability Income, and has reduced capacity to perform Essential Income-Producing Duties of their Usual Occupation; or
- is not working but, having regard to medical evidence and any information available regarding their Illness or Injury, is capable of working in their Usual Occupation in some capacity; and

- has been under the regular care of a Medical Practitioner in relation to the same Illness or Injury, and following medical advice, including any reasonable rehabilitation, treatment or counselling.

A Medical Practitioner must certify the Life Insured's reduced capacity, reduced earnings, inability to perform Essential Income-Producing Duties of their Usual Occupation, or the fact they're not working, is solely due to Illness or Injury during the month for which you are claiming a benefit.

After the first 24 months of a to age 65 Benefit Period, Partial Disability means the Life Insured:

- solely due to Illness or Injury:
  - Is working for no more than 40 hours per week, earning a Monthly Income which is less than 80% of their Pre-Disability Income, and has reduced capacity to perform Essential Income-Producing Duties of any occupation they are reasonably suited to perform by education, training or experience; or
  - Is not working but, having regard to medical evidence and any information available regarding their Illness or Injury, is capable of working in some capacity in any occupation they are reasonably suited to perform by education, training or experience; and

- has been under the regular care of a Medical Practitioner in relation to the same Illness or Injury, and following medical advice, including any reasonable rehabilitation, treatment or counselling.

A Medical Practitioner must certify the Life Insured's reduced capacity, reduced earnings, inability to perform Essential Income-Producing Duties of any occupation they are reasonably suited to perform by their education, training or experience, or the fact they're not working, is solely due to Illness or Injury during the month for which you are claiming a benefit.

Partial Disability Benefit

Means a benefit payable when the Life Insured is suffering from Partial Disability, in accordance with section 5.2.2 on page 121.

Partial Disability Monthly Benefit

Means the Partial Disability benefit amount we will pay in a single monthly instalment under Income Cover, before taking into account Post-Disability Income and any applicable Offsets. The Monthly Benefit is calculated in accordance with section 5.2.2.1 on page 121.

Policy

Means the contract of insurance between us and the Policy Owner for MetLife Protect or us and the Trustee for MetLife Protect Super comprising of the Policy Terms and the Policy Schedule/s or any other Important Documents.

Policy Anniversary

Means the annual anniversary date of the Policy Commencement.

Policy Commencement

Means the date your Policy commences, shown as the 'Policy start date' on your Policy Schedule or any other Important Documents.

Policy Owner

Means the person/s or entity shown on the Policy Schedule or any other Important Documents as being the Policy Owner and who is a party to the contract of insurance.

Where the entity is a superannuation fund, the Policy Owner is the trustee (as defined in these Policy Terms).

Policy Schedule

Means the document that we send you that sets out the specific details of the cover and options that apply to you and the Life Insured (as applicable), together with the Policy Terms and any other Important Documents, make up your Policy.

Policy Terms

Means the section of this document entitled 'Policy Terms' that sets out the standard terms and conditions of your Policy and which, together with any subsequent upgrade notices and your Policy Schedule or any other Important Documents, make up your Policy.

Post-Disability Income

Means the income that the Life Insured earns or receives while we are paying them a Total Disability or Partial Disability Benefit.

- Where the Life Insured is employed, Post-Disability Income includes any income received from their employer.
- Where the Life Insured is self-employed, including business owner, contractor, partner in a partnership or sole trader, Post-Disability Income means income from a Business or practice, being profit (gross income less expenses), salary or wages, income or payment in any form that the Life Insured, entity or related entity of the Life Insured, receives, derives or are entitled to receive from a Business which the Life Insured is engaged in either before the claim or whilst on claim and it is irrelevant whether the Post-Disability Income is derived from the Life Insured's personal exertion.

  We will exclude investment income not related to the Business such as domestic rental properties and share dividends. We will also exclude distribution of retained Business profit where it is demonstrated that the retained profit had been generated in a prior period.

  Where the Post-Disability Income for a Business is received as a lump sum distribution rather than regular payments, the amount will be proportioned over the period applicable to the distribution (e.g. annual profit distribution apportioned over 12 months).

For employed and self-employed, Post-Disability Income does not include superannuation contributions, unless the superannuation contributions made on behalf of the Life Insured has had a variation of more than 20% (month on month) compared to the average superannuation contributions during the 18 months immediately prior to the Date of Disability.

For the purposes of Business income, Monthly Income generated will always have a minimum value of zero where the business is trading at a loss or is an income loss.



Pre-Disability Income

Means, as applicable:

- if the Life Insured had been receiving Stable Income, the average Monthly Income for the 12-month period immediately prior to the Date of Disability; or
- if the Life Insured had been receiving Variable Income, the higher of the following:
  - the average Monthly Income for the 24-month period immediately prior to the Date of Disability; and
  - the average Monthly Income for the most recent financial year immediately prior to the Date of Disability; or
- if the Life Insured had become Totally Disabled or Partially Disabled while on leave*, the higher of the following:
  - the average Monthly Income for the 12-month period immediately prior to going on leave*; and
  - the average Monthly Income for any consecutive 12-month period in the two years immediately prior to the start of the Waiting Period.

Monthly Income used for the calculation for Pre-Disability Income does not include superannuation contributions.

**Parental, sabbatical or long service leave approved in writing by the Life Insured's employer.*

Pre-Disability Superannuation Contributions

Means the Life Insured's average monthly superannuation contributions for the 12-month period immediately prior to the Date of Disability.

If the Life Insured becomes Totally Disabled or Partially Disabled while on leave*, then Pre-Disability Superannuation Contributions means the higher of the following:

- 100% of the Life Insured's average monthly superannuation contributions for the 12-month period immediately prior to going on leave*; and
- 100% of the Life Insured's average monthly superannuation contributions for any consecutive 12-month period in the two years immediately prior to the start of the Waiting Period.

**Parental, sabbatical or long service leave approved in writing by the Life Insured's employer.*

R

Recurrent Disability

Means in relation to Income Cover (and associated Extras Cover), a reoccurrence of the same Illness or Injury or Related Condition for which we have previously paid Total Disability or Partial Disability Benefits and those payments have ceased. The reoccurrence must occur within 12 months of the Total or Partial Disability Benefits payments having ceased. The Recurrent Disability Benefit will be considered a continuation of the previous Benefit Payment and Benefit Period.

Reimburse, Reimbursed, Reimbursing or Reimbursement

If we agree in advance to the use of a service provider that you pay for directly, we will Reimburse the cost up to the amount we agreed after you provide evidence that you have paid.

Where we have a direct relationship with the service provider, we will pay the service provider directly.

If your Policy is inside superannuation, you can still access the services we agree to, but we are required to pay the service provider directly. These are a claims expense, and made at our discretion.

We can't Reimburse any expenses that we are not permitted by law to Reimburse, or are regulated by the *National Health Act 1953* (Cth) or the *Private Health Insurance Act 2007* (Cth).

We will not Reimburse any expenses that another service provider has agreed to Reimburse.

Reinstate or Reinstatement

Means the recommencement of cover after a period of lapse and/or cancellation as confirmed by us in writing.

Related Condition

Means any Illness or Injury which is symptomatic of, secondary to, or otherwise connected with the original Illness or Injury.

Related or Progressive Trauma Condition

In the context of Trauma Cover, this means any Trauma Condition that is symptomatic of, secondary to or otherwise connected with the underlying condition, medical cause or pathology as another Trauma Condition for which we have paid a Trauma Cover benefit.

S

Specified Event

Means, in relation to the Specified Events Option, any event as listed in the table in section 2.2.1 on page 103 for which a corresponding benefit amount is payable.

Specified Events Option

Means the Specified Events Option, payable in accordance with section 2.2.1 on page 103.

Spouse

Means a husband or wife by marriage, or a de facto partner living in a bona fide domestic arrangement, irrespective of their gender.

Stable Income

Means income that was received on a regular basis over the 24 months prior to the Date of Disability and did not vary by more than 25%.

Standalone and Standalone Cover

Means Standard Cover that is not Linked.

Standard and Standard Cover

Means any one of: Life Cover, TPD Cover, Trauma Cover and Income Cover, excluding any Extra Cost Option and/or Extras Cover associated with these cover types.

Your Policy Schedule or any other Important Documents will reflect all Standard Covers that apply to a Policy.

Superannuation Benefit

Means a benefit within the Superannuation Contribution Option and is the amount that we will contribute to the Life Insured's nominated superannuation fund while they are receiving a Total Disability Benefit or a Partial Disability Benefit. This benefit is payable in accordance with section 5.3.2 on page 123.

Super Link and Super Linked Cover

Means any Life Cover inside superannuation Linked to TPD Cover and/or Trauma Cover held outside superannuation. This structure also applies to Income Cover inside superannuation which is Linked to another Income Cover held outside superannuation, including any associated Extras Cover.

T

Terminal Illness

Means any Illness which is likely to lead to death within 24 months despite reasonable, maximal medical treatment. The Illness must be certified by two independent Medical Practitioners, one of whom is a Medical Specialist, and with each Medical Practitioner certifying that the Illness is likely to result in death within 24 months.

For each of the certificates, the certification period must not have expired. The definition is met when the second certificate is received.

Tier 1 Benefit

Means a benefit which pays up to 100% of the Trauma Cover Amount for specified Trauma Conditions.

Tier 2 Benefit

Means a benefit which pays up to 50% of the Trauma Cover Amount for specified Trauma Conditions.

Tier 3 Benefit

Means a benefit which pays a specified percentage, of the Trauma Cover Amount for specified Trauma Conditions.

Total and Permanent Disability and Totally and Permanently Disabled

Means the Life Insured meets criteria for any one or more of the following:

- Entitlement to the TPD Cover – Any Occupation Benefit, in accordance with section 3.1.1 on page 106;
- Entitlement to the TPD Cover – Limited Earnings Benefit, in accordance with section 3.1.2 on page 106;
- Entitlement to the TPD Cover – Home Duties Benefit, in accordance with section 3.1.3 on page 106;
- Entitlement to the TPD Cover – General Disability Benefit, in accordance with section 3.1.4 on page 107;
- Entitlement to the TPD Cover - Loss of Use of Limbs and/or Sight Benefit, in accordance with section 3.1.5 on page 107;
- Entitlement to the TPD Cover – Physical Disability Benefit, in accordance with section 3.1.6 on page 107; or
- Entitlement to the Own Occupation Option, in accordance with section 3.2.3 on page 108.

Total Disability and Totally Disabled

For 1-year, 2-year, and 5-year Benefit Periods and for the first 24 months of a to age 65 Benefit Period, Total Disability means the Life Insured:

- solely due to Illness or Injury:
  - is totally unable to perform the Essential Income-Producing Duties of their Usual Occupation; and
  - having regard to medical evidence and any information available regarding their Illness or Injury, not capable of working in their Usual Occupation in any capacity; and
  - is not generating any income from their personal exertion; and
- has been under the regular care of a Medical Practitioner in relation to the same Illness or Injury and following medical advice, including any reasonable rehabilitation, treatment or counselling which may assist in their return to work.

A Medical Practitioner must certify the Life Insured's total inability to perform the Essential Income-Producing Duties of their Usual Occupations solely due to Illness or Injury during the month for which you are claiming a benefit.

After the first 24 months of a to age 65 Benefit Period, or for Life Insureds who are in Occupation Class R or on leave* or unemployed for more than 12 months at the Date of Disability, Total Disability means the Life Insured:

- solely due to Illness or Injury:
  - is totally unable to perform the Essential Income-Producing Duties of any occupation they are reasonably suited to perform by education, training or experience; and
  - having regard to medical evidence and any information available regarding their Illness or Injury, is not capable of working in any capacity in any occupation they are reasonably suited to perform by education, training or experience; and
  - is not generating any income from personal exertion; and
- has been under the regular care of a Medical Practitioner in relation to the same Illness or Injury and following medical advice, including any reasonable rehabilitation, treatment or counselling which may assist in their return to work.

A Medical Practitioner must certify the Life Insured's total inability to perform the Essential Income-Producing Duties of any occupation they are reasonably suited to perform by their education, training or experience, is solely due to Illness or Injury during the month for which you are claiming a benefit.

**Parental, sabbatical or long service leave approved in writing by the Life Insured's employer.*

Total Disability Benefit

Means a benefit payable when the Life Insured is suffering from Total Disability, in accordance with section 5.2.1 on page 120.

Total Disability Monthly Benefit

Means the Total Disability benefit amount we will pay in a single monthly instalment under Income Cover, before taking into account Post-Disability Income and any applicable Offsets. The Monthly Benefit is calculated in accordance with section 5.2.1.1 on page 120.

TPD Cover

Means insurance cover provided in accordance with section 3.1 on page 106.

TPD Cover Amount

Means the maximum amount of TPD Cover we have agreed to insure you for, as shown in your most recent Policy Schedule or any other Important Documents.

TPD Cover – Any Occupation Benefit

Means an inbuilt benefit of TPD Cover, payable in accordance with section 3.1.1 on page 106.

TPD Cover – Double Benefit Option (TPD)

Means an Extra Cost Option benefit of TPD Cover, payable in accordance with section 3.2.6 on page 109.

TPD Cover – General Disability Benefit

Means an inbuilt benefit of TPD Cover, payable in accordance with section 3.1.4 on page 107.

TPD Cover – Home Duties Benefit

Means an inbuilt benefit of TPD Cover, payable in accordance with section 3.1.3 on page 106.

TPD Cover – Life Cover 14-day Buy Back Option (TPD)

Means an Extra Cost Option of Standard TPD Cover which operates in accordance with section 3.2.1 on page 108.

TPD Cover – Life Cover 12-month Buy Back Option (TPD)

Means an Extra Cost Option of Standard TPD Cover which operates in accordance with section 3.2.2 on page 108.

TPD Cover – Life Cover Purchase Option (Standalone TPD)

Means an Extra Cost Option of Standard TPD Cover which operates in accordance with section 3.2.5 on page 109.

TPD Cover – Limited Earnings Benefit

Means an inbuilt benefit of TPD Cover, payable in accordance with section 3.1.2 on page 106.

TPD Cover – Loss of Use of Limbs and/or Sight Benefit

Means an inbuilt benefit of TPD Cover, payable in accordance with section 3.1.5 on page 107.

TPD Cover – Medical Travel and Accommodation Expenses Benefit

Means an inbuilt benefit of Standard TPD Cover, payable in accordance with section 3.1.8 on page 107.

TPD Cover – Own Occupation Option

Means an Extra Cost Option of an Own Occupation TPD definition, payable in accordance with section 3.2.3 on page 108.

TPD Cover – Physical Disability Benefit

Means an inbuilt benefit of TPD Cover, payable in accordance with section 3.1.6 on page 107.

Trauma Category

Means Trauma Conditions that have been pooled together into a group. There are five Trauma Categories: Cancer Conditions; Heart Conditions; Neurological Conditions; Vital Organ and Digestive System Disorders; and Disability Conditions and Accidental Incidents and these are set out in section 4.1 on page 111.

Trauma Conditions

Means a listed condition as shown in sections 4.1.1 (Tier 1 Benefit on Page 111), 4.1.2 (Tier 2 Benefit on Page 112) and 4.1.3 (Tier 3 Benefit on Page 112) that we will pay a benefit for under Trauma Cover.

Trauma Cover

Means insurance cover provided in accordance with section 4.1 on page 111.

Trauma Cover Amount

Means the maximum amount of Trauma Cover we have agreed to insure you for, as shown in your most recent Policy Schedule or any other Important Documents.

Trauma Cover Reinstatement Option

Means an Extra Cost Option of Standard Trauma Cover which operates in accordance with section 4.2.2 on page 114.

Trauma Cover – Booster Benefit

Means an inbuilt benefit of Trauma Plus Extras, payable in accordance with section 4.3.1.1 on page 116.

Trauma Cover – Child Trauma Benefit

Means an inbuilt benefit of Child Cover Extras, payable in accordance with section 4.3.2.1 on page 117.

Trauma Cover – Advanced Diabetes Benefit

Means the inbuild benefit of Trauma Plus Extras, payable in accordance with section 4.3.1.3 on page 116.

Trauma Cover – Double Benefit Option (Trauma)

Means an Extra Cost Option benefit of Trauma Cover, payable in accordance with section 4.2.5 on page 116.

Trauma Cover – Family Assistance Expenses Benefit

Means an inbuilt benefit of Child Cover Extras, payable in accordance with section 4.3.2.2 on page 117.

Trauma Cover – Life Cover Buy Back Option (Trauma)

Means an Extra Cost Option of Standard Trauma Cover which operates in accordance with section 4.2.1 on page 114.

Trauma Cover – Life Cover Purchase Option (Standalone Trauma)

Means an Extra Cost Option of Standard Trauma Cover which operates in accordance with section 4.2.4 on page 114.

Trauma Cover – Medical Travel and Accommodation Expenses Benefit

Means an inbuilt benefit of Standard Trauma Cover, payable in accordance with section 4.1.4 on page 113.

Trauma Cover – Related Cancer Benefit

Means an inbuilt benefit of Trauma Plus Extras when purchased with the Trauma Cover Reinstatement Option, payable in accordance with section 4.3.1.5 on page 116.

Trauma Cover – Related Heart Condition Benefit

Means an inbuilt benefit of Trauma Plus Extras when purchased with the Trauma Cover Reinstatement Option, payable in accordance with section 4.3.1.6 on page 117.

Trauma Cover – Repeat Angioplasty Benefit

Means an inbuilt benefit of Trauma Plus Extras, payable in accordance with section 4.3.1.2 on page 116.

Trauma Cover – Unrelated Cancer Benefit

Means an inbuilt benefit of Trauma Plus Extras when purchased with the Trauma Cover Reinstatement Option, payable in accordance with section 4.3.1.4 on page 116.

Trust Deed

Trust Deed means the Trust Deed dated 25 June 1990, as amended from time to time, that established the Fund.

Trustee

Means Equity Trustees Superannuation Limited as defined on page 98.

U

Usual Occupation

Means, for all Occupation Classes:

- the occupation the Life Insured was employed in immediately before the onset of the Total or Partial Disability, or
- if the Life Insured was unemployed at the Date of Disablement the occupation the Life Insured was most recently employed in.

V

Variable Income

Means income that is not Stable Income.

Vital Organ and Digestive System Disorders

Means one of the five Trauma Categories which encompasses a range of Trauma Conditions, as specified in section 4.1 on page 111.

W

Waiting Period

Means as outlined in the Policy Terms, as specified in section 5.1.1 on page 119.

The Waiting Period is shown on your Policy Schedule or any other Important Documents.

War

Means any act of war (declared or undeclared) or terrorism, revolution, invasion, rebellion or civil unrest. War also includes any peace keeping or national service activity in a country outside of Australia.

11. Medical Definitions



A

Angioplasty – *single or double vessel*

Means undergoing angioplasty on one or two arteries in a single procedure to treat coronary artery disease.

The procedure must be considered the necessary and appropriate treatment by a Medical Specialist, and supported by angiographic evidence of the coronary artery disease.

Angioplasty – *triple vessel*

Means undergoing an angioplasty to three or more coronary arteries or their branches, either in a single procedure, or in multiple procedures within three months of the original procedure.

The procedure must be considered the necessary and appropriate treatment by a Medical Specialist and should be supported by angiographic evidence or other relevant evidence indicating obstruction of the coronary arteries.

It specifically excludes any other angioplasty, intra-arterial procedures and other non-surgical procedures.

Aplastic Anaemia – *requiring treatment*

Means the Diagnosis of aplastic anaemia that results in anaemia, neutropenia and thrombocytopenia and requires interventionist treatment, such as the use of immunosuppressive agents, marrow stimulating agents or a bone marrow transplant.

B

Bacterial Meningitis

Means the Diagnosis of bacterial meningitis, causing Permanent Neurological Deficit.

It specifically excludes bacterial meningitis in the presence of HIV infection and all other forms of meningitis, including viral and other immunocompromised states.

Benign Brain Tumour

Means a non-cancerous tumour in the brain or spinal cord which produces Permanent Neurological Deficit, resulting in:

- neurological damage and functional impairment causing a total and irreversible inability to perform without the assistance of another person at least one of the 'Activities of Daily Living'; or
- the undergoing of a surgery to remove the tumour.

The presence of the tumour must be confirmed by imaging studies such as CT scan or MRI and the impairment must be certified by a Medical Specialist.

We do not cover any of the following:

- cysts, granulomas and cerebral abscesses;
- malformations in, or of, the arteries or veins of the brain;
- haematomas; or
- tumours in, or of, the pituitary gland.

Blindness

Means the permanent loss of sight in both eyes, whether aided or unaided, as a result of Illness or Injury such that visual acuity is reduced to 6/60 or less in both eyes, or such that the visual field is reduced to 20 degrees or less of arc.

Blindness – *partial loss*

Means the permanent partial loss of sight, whether aided or unaided, as a result of Illness or Injury such that visual acuity is reduced to 6/60 or less in one eye, or the visual field of one eye is reduced to 20 degrees or less of arc.

Burns – *full thickness*

Means burns through the full thickness of the skin to:

- at least 9% of the body as measured by the 'Rule of Nines' or the Lund and Browder Body Surface Chart;
- 50% or more of both hands, requiring surgical debridement and/or grafting;
- 50% or more of both feet, requiring surgical debridement and/or grafting;
- 50% or more of the face, requiring surgical debridement and/or grafting; or
- the whole of the skin of the genitalia, requiring surgical debridement and/or grafting.

C

Cancer – *advanced*

Means the Diagnosis of one of the following advanced cancers where all reasonable treatment options have been exhausted and there is evidence of progression, and the condition is unlikely to be cured:

- any carcinoma which has metastasised to another part of the body and classified as at least Stage III using the TNM clinical staging system;
- lymphoma with a Lugano Classification III, Ann Arbor stage III or above;
- leukaemia having progressed to at least RAI stage III; or
- sarcoma having progressed to at least Stage III using the TNM clinical staging system.

Cancer – *early stage cancers*

Means the Diagnosis of any of the following early stage cancers, characterised by the uncontrolled growth and spread of malignant cells:

- Carcinoma In Situ of the breast where there is no immediate requirement for Major Cancer Treatment;
- cervical adenocarcinoma in situ or cervical intraepithelial neoplasia at stage CIN III;
- Carcinoma In Situ of the testicle or ovary;
- prostate cancer – Diagnosed after age 55 as clinical stage T1a using the TNM clinical staging system, or T1c where no immediate treatment is recommended;
- melanomas where the Breslow thickness is less than T1b; or
- cutaneous lymphoma at Ann Arbor Stage I.

It specifically excludes all tumours which are histologically classified as any of the following:

- pre-malignant;
- non-invasive;
- high-grade dysplasia;
- tumours in, or of, the pituitary gland; or
- having either borderline malignancy or low malignant potential.

Cancer – *excluding specified early stage cancers*

Means the Diagnosis of a malignant cancer with histological or cytological confirmation and characterised by the uncontrolled growth of malignant cells and invasion and destruction of normal tissue.

The term 'malignant cancer' includes carcinoma, leukaemia, sarcoma and lymphoma.

It specifically excludes:

- all tumours which are histologically classified as any of the following:
  - pre-malignant;
  - non-invasive;
  - high-grade dysplasia;
  - tumours in, or of, the pituitary gland; or
  - having borderline malignancy or low malignant potential.
- Carcinoma In Situ, except where it requires Major Cancer Treatment;
- all cancers of the prostate unless:
  - Diagnosed before age 55 and progressed to at least clinical stage T1a, T1b or T1c using the TNM clinical staging system;
  - progressed to at least clinical stage T1b or T1c on the TNM clinical staging system;
  - histologically classified as having a Gleason score of 7 or above; or
  - Major Cancer Treatment is required.
- cutaneous lymphoma (lymphoma confined to the skin) unless having progressed beyond Ann Arbor Stage I;
- chronic lymphocytic leukaemia unless progressed to at least RAI Stage I;
- squamous cell carcinoma of the skin unless there has been a spread to other organs (including bone or lymph nodes);
- all hyperkeratosis or basal cell carcinomas of the skin; and
- all melanoma skin cancers, unless the Breslow thickness is T1b or more or ulceration is present.

Carcinoma In Situ

Means a cancer Diagnosed as carcinoma in situ or which is classified as FIGO Stage 0, or which has a TNM classification as Tis.

It specifically excludes:

- pTa bladder tumours

Cardiomyopathy

Means the Diagnosis of cardiomyopathy with permanently impaired ventricular function resulting in significant permanent physical impairment to the degree of Class 3 or more of the New York Heart Association or equivalent classification of cardiac impairment.

Colostomy or Ileostomy

Means the creation of a permanent non-reversible opening, linking the colon and/or ileum to the external surface of the body.

Coma – *72 hours*

Means the total failure of cerebral function characterised by total unconsciousness and unresponsiveness to all external stimuli, resulting in a documented Glasgow Coma Scale of 6 or less with the use of a life support system, for a continuous period of at least 72 hours.

It specifically excludes medically induced comas.

Coronary Artery Bypass Surgery

Means the undergoing of Coronary Artery Bypass Surgery to one or more coronary arteries as the necessary and appropriate treatment of coronary artery disease.

Crohn's Disease – *severe*

Means the Diagnosis of Crohn's disease that has failed to be controlled by treatment other than biological treatment and will require at least a period of 12 consecutive months treatment.

Cystic Fibrosis

Means the Diagnosis of Cystic Fibrosis.

D

Deafness

Means the permanent loss of hearing through Illness or Injury so that, even with a hearing device, the loss is at least 91 dB in both ears, averaged over frequencies of 500Hz, 1000Hz and 2000Hz as confirmed by a Medical Specialist.

Deafness – *partial hearing loss*

Means the permanent loss of hearing through Illness or Injury so that, even with a hearing device, the loss is at least:

- 91 dB in one ear, or
- 71 dB in both ears,

averaged over frequencies of 500Hz, 1000Hz and 2000Hz as confirmed by a Medical Specialist.

Dementia including Alzheimer's Disease

Means the Diagnosis of dementia or Alzheimer's disease resulting in a permanent loss of cognitive function, for which no other recognisable cause has been identified. A Mini-Mental State Examination score of 20 or less out of 30 is required.

Diabetes – *insulin dependent*

Means the Diagnosis of type 1 insulin dependent diabetes mellitus, first Diagnosed after age 30.

Diabetes – *severe with complications*

Means diabetes mellitus, either insulin or non-insulin dependent, that a certified consultant endocrinologist has confirmed and results in at least two of the following complications as a direct result of diabetes:

- severe diabetic retinopathy resulting in visual acuity (whether aided or unaided) and corrected of 6/36 or worse in both eyes;
- severe diabetic neuropathy resulting in motor and/or autonomic impairment;
- diabetic gangrene resulting in surgical intervention; or
- severe diabetic nephropathy causing chronic irreversible renal impairment as demonstrated with a glomerular filtration rate less than 30 ml/min (stage 4 kidney disease).

Dislocate or Dislocation

Means damage to a joint where one or more bones are completely out of place. It excludes partial dislocations, for example where the bone ends are out of place but still touching.

E

Epilepsy

Means the Diagnosis of epilepsy, after two or more observed generalised motor seizures and as confirmed by Medical Specialist.

F

Fracture

Means the disruption in the continuity of the bone, with or without displacement, confirmed by radiographic or scanning techniques. Microfractures, stress fractures, greenstick fractures, avulsion fractures, buckle fractures and linear fractures are excluded.

H

Heart Attack – *with specified clinical evidence*

Means the Diagnosis of myocardial infarction (death of a portion of the heart muscle) as a result of inadequate blood supply to the relevant area, as measured by the tests specified below. The Diagnosis must be supported by a diagnostic 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:

- symptoms of ischaemia consistent with myocardial infarction;
- ECG changes indicative of new ischaemia (new ST-T changes or new left bundle branch block);
- development of new pathological Q waves on the ECG; or
- new regional wall motion abnormality persisting for at least six weeks and confirmed on cardiac imaging including echocardiogram, cardiac CT, cardiac MRI or cardiac radio nuclear scan.

If the above tests are inconclusive or unable to be met, we will consider other appropriate and medically recognised tests.

The above specifically excludes:

- a rise in biological markers as a result of an elective keyhole procedure for coronary artery disease;
- pulmonary embolisms;
- viral myocarditis; and
- other acute coronary syndromes including but not limited to angina pectoris.

Heart Condition – *significantly impaired heart function*

Means the Diagnosis of a heart condition which has resulted in permanent physical impairment of at least Class 3 of the New York Heart Association classification of cardiac impairment and the left ventricular ejection fraction is less than 40% tested twice at least three months apart.

Heart Valve Surgery – *keyhole procedure*

Means the undergoing of heart surgery using an endoscopic procedure, or via a catheter, or endovascular method, to treat a heart valve defect or heart valve abnormality.

Heart Surgery – *open heart surgery*

Means surgery with a sternotomy or thoracotomy (surgical division of the breast bone) to the heart, heart valves or aorta confirmed by a Medical Specialist as the necessary and appropriate treatment.

It specifically excludes angioplasty, intra-arterial procedures and treatment without surgery, even where these are necessary and recommended.

Hepatitis B or C – *acquired occupationally*

Means a chronic hepatitis B or hepatitis C infection contracted by a doctor, dentist, nurse or ambulance officer due to an incident that occurred while performing normal duties of the Life Insured's Usual Occupation with appropriate care. Any incident giving rise to a potential claim must be reported:

- to the relevant authority and/or employer within 7 days.
- to us with supporting evidence, within 30 days.
- with proof of sero-conversion must be provided, showing:
  - A change from hepatitis B surface antigen negative to positive; or
  - A change from hepatitis C antibody negative to positive, demonstrated by testing within six months from the date of the incident.

The incident must be managed in line with the infection control guidelines of the relevant professional body or state health authority. At a minimum, this includes baseline screening followed by additional screenings at six weeks, twelve weeks, and six months post-incident. These screenings must include a negative hepatitis B or C test conducted on samples taken after the incident. We must have access to all the blood test results and blood samples used.

It specifically excludes benefits if:

- The infection was acquired through any means other than an occupational incident including any claim arising as a direct or indirect result of an intentional self-inflicted Injury;
- The Life Insured declined available medical treatment that would have prevented the infection or rendered the virus inactive and non-infectious;
- The Life Insured did not follow the advice of a Medical Practitioner; or
- The Life Insured elected not to take a vaccine that is recommended by the relevant professional governing body for use in their Usual Occupation and which was available prior to the accident which caused the infection.

HIV Infection – *acquired medically or from an assault*

Means the Human Immunodeficiency Virus (HIV) acquired in Australia:

- from a blood transfusion or organ transplant performed by a registered Health Professional in Australia, where the relevant Health Authority provides proof that the procedure caused the infection; or
- as a victim of a physical or sexual assault.

There must have been a negative HIV antibody test within 14 days of the relevant incident, followed by a positive HIV antibody test within six months of the event. We must have access to all the blood test results and blood samples used.

It specifically excludes HIV infection from any other cause, such as recreational intravenous drug use.

HIV Infection – *acquired occupationally*

Means the Human Immunodeficiency Virus (HIV) contracted by a doctor, dentist, nurse or ambulance officer due to an incident that occurred while performing the normal duties of the Life Insured's Usual Occupation with appropriate care. Any incident giving rise to a potential claim must be reported:

- to the relevant authority and employer within 7 days;
- to us with supporting evidence, within 30 days; and
- with proof of sero-conversion by way of a positive HIV antibody test must be confirmed and provided within six months from the date of the incident.

There must have been a negative HIV antibody test within 7 days of the relevant incident, followed by a positive HIV antibody test within six months of the incident. We must have access to all the blood test results and blood samples used.

It specifically excludes benefits if:

- the infection was acquired through any means other than an occupational incident including any claim arising as a direct or indirect result of an intentional self-inflicted Injury;
- the Life Insured declined available medical treatment that would have prevented the infection or rendered the virus inactive and non-infectious; or
- the Life Insured did not follow the advice of a Medical Practitioner.

Hydrocephalus – *requiring surgery*

Means a Diagnosis of hydrocephalus resulting from an Injury, infection or tumour, where there is excessive cerebrospinal fluid within the brain causing increased intra-cranial pressure. A Medical Specialist must certify that surgery is needed to treat the condition.

I

Intensive Care

Means an Illness or Injury which has resulted in the Life Insured requiring continuous use of mechanical ventilation by means of tracheal intubation for 24 hours a day for 10 consecutive days or more in an authorised intensive care unit of an acute care hospital.

No benefit will be payable if the need for Intensive Care arises from the use of alcohol, illicit drug use, substance abuse, any non-prescribed medication or as a result of a self-inflicted Injury.

L

Limb

Means an arm (including the wrist and entire hand) or a leg (including the knee and the entire foot).

Loss of Independence

Means the Diagnosis of an Illness or Injury which results in deteriorated functional ability to the extent that the Life Insured has totally and irreversibly lost the ability to perform any two of the Activities of Daily Living without the assistance of another person.

The loss of independence must be verified by a Medical Specialist or occupational therapist.

Loss of Speech

Means the permanent and irreversible inability to produce intelligible speech as a result of Illness or Injury resulting in a Permanent Neurological Deficit. This condition must result from permanent damage to the larynx or its nerve supply, or from a medically diagnosed disorder affecting the speech centers of the brain.

Total and permanent loss of speech must be reconfirmed after three months from the initial date of Diagnosis.

Diagnosis must be confirmed by a Medical Specialist.

Loss of speech attributable to psychological causes is specifically excluded from this definition.

Loss of Use of Limb – *single limb*

Means the total and permanent loss of use of a Limb, due to paralysis or physical loss.

Loss of Use of Limb – *two or more limbs*

Means the total and permanent loss of use of two or more Limbs, due to paralysis or physical loss.

Lung Removal – *excluding donors*

Means undergoing surgery to remove an entire lung, confirmed by a Medical Specialist as the necessary and appropriate treatment.

It specifically excludes lung removal as a donor.

M

Major Cancer Treatment

Means any of the following as the necessary and appropriate treatment to arrest the spread of malignancy of a cancer:

- surgery to remove the entire prostate to treat prostate cancer;
- surgery to remove all breast tissue to treat breast cancer (including where performed with nipple and skin sparing surgery) to treat breast cancer;
- breast conserving surgery accompanied by adjuvant therapy (such as radiotherapy and/or chemotherapy). The surgery and treatment must be undertaken specifically to arrest the spread of malignancy, and be considered the appropriate and necessary treatment as confirmed by a Medical Specialist;
- radiotherapy; or
- chemotherapy.

Major Head Trauma

Means a physical head Injury resulting in the Life Insured experiencing Permanent Neurological Deficit with one of the following permanent impairments:

A permanent and irreversible:

- Loss of the ability to perform one or more Activities of Daily Living without physical assistance from another person; or
- Severe cognitive impairment, defined as a score of 15 or less out of 30 on a Mini Mental State Examination (MMSE), resulting in the need for continuous supervision to ensure the safety of the Life Insured or others.

Diagnosis must be confirmed by a Medical Specialist.

The above impairments must have been present continuously for a minimum period of six months to qualify under this definition.

Motor Neurone Disease

Means the Diagnosis of a permanent and progressive form of motor neurone disease confirmed by neurological investigation.

Multiple Sclerosis

Means the Diagnosis of a permanent and progressive form of multiple sclerosis.

Muscular Dystrophy

Means the Diagnosis of a muscular dystrophy resulting in a Permanent Neurological Deficit.

N

Neurological Condition – *permanent neurological deficit*

Means the Diagnosis of a neurological condition, with Permanent Neurological Deficit and results in:

- Deteriorating function, as clinically evidenced over a period of at least six consecutive months; and
- requiring regular supervision under the care of a Medical Specialist.

O

Osteoporosis

Means the Diagnosis of osteoporosis, being a condition where the bones become brittle and fragile from loss of tissue.

Osteoporosis – *before age 55*

Means the Diagnosis of osteoporosis before age 55:

- that has caused a vertebral body fracture or a fracture in the neck of femur; and
- with bone mineral density reading with a T-score of less than -2.5 bone density (that is, 2.5 standard deviations below the young adult mean for bone density), measured in at least two sites by dual energy x-ray absorptiometry (DEXA).

Out of Hospital Cardiac Arrest

Means cardiac arrest that is not associated with any medical procedure, is documented by a 12-lead electrocardiogram (ECG) or other medical evidence, occurs out of hospital and is due to:

- Cardiac Asystole; or
- Ventricular fibrillation with or without ventricular tachycardia.

If an ECG is not available, we'll consider other medical evidence confirming that an out of hospital cardiac arrest has occurred.

Examples of suitable medical evidence include but are not limited to:

- ambulance and hospital medical reports confirming cardiac arrest;
- the administration of Cardiopulmonary Resuscitation (CPR) by an attending ambulance officer or hospital clinical staff.

Cardiac arrest resulting from alcohol or illicit drug use or substance abuse is excluded.

P

Parkinson's Disease

Means the Diagnosis of permanent and progressive Parkinson's disease or Parkinsonisms.

It specifically excludes Parkinsonism secondary to medication.

Permanent Neurological Deficit

Means dysfunction of the nervous system that is present on clinical examination and the prognosis is that it will last throughout life.

Examples of dysfunction include impairment to:

- motor function (due to hemiplegia, monoplegia, hemiparesis, monoparesis, paralysis, lack of co-ordination, tremors, numbness or localised weakness); or
- communication (due to dysarthria, aphasia, dysphagia).

The following are excluded:

- an abnormality seen on brain or other scans without definite related clinical symptoms;
- neurological signs occurring without symptomatic abnormality, for example brisk reflexes without other symptoms; and
- symptoms of psychological or psychiatric origin.

Pulmonary Arterial Hypertension

Means the Diagnosis of pulmonary arterial hypertension associated with right ventricular enlargement established by cardiac catheterisation and resulting in significant permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.

S

Severe Burns

Means burns that involve damage or destruction of the skin to its full depth through to the underlying tissue.

Stroke – *with persisting clinical symptoms*

Means the Diagnosis of a stroke with an acute onset of new objective neurological symptoms lasting more than 24 hours.

The Diagnosis must be supported by neuroimaging evidence of a lesion consistent with the neurological symptoms.

It specifically excludes:

- transient ischaemic attacks;
- brain or spinal cord damage due to an accident, Injury, infection, or non-vasculitic inflammatory disease;
- vascular disease affecting the eye or optic nerve;
- ischaemic disorders of the vestibular system;
- strokes caused by or related to illicit drug use or substance abuse;
- migraine; and
- hypoxic events.

U

Ulcerative Colitis – *severe*

Means the Diagnosis of ulcerative colitis that has failed to be controlled by treatment other than biological treatment and will require at least a period of 12 consecutive months treatment.

Uncomplicated Pregnancy

Means pregnancy which may include circumstances such as morning sickness, backache, varicose veins, ankle swelling, bowel or bladder problems, multiple pregnancy and participation in an IVF or similar program.

V

Vital Organ or Digestive System Disorder – *end stage*

Means:

- the Diagnosis of any of the following:
  - end stage liver failure with permanent jaundice and presenting with ascites or encephalopathy;
  - end stage renal failure with chronic irreversible failure of both kidneys that needs permanent dialysis or renal transplantation;
  - end stage lung disease requiring permanent supplementary oxygen, confirmed by a Medical Specialist;
  - end stage chronic obstructive pulmonary disease (COPD) with a persistent FEV1 less than 30% predicted or DLCO less than 40% predicted (according to current Thoracic Society of Australia and New Zealand treatment guidelines) measured on two separate occasions at least three months apart while on optimal therapy; or
- being required to be placed on an Australian waiting list to receive a transplant of a heart, kidney, liver, lung, pancreas, small bowel, or bone marrow as confirmed by a Medical Specialist.

Viral Encephalitis

Means the Diagnosis of viral encephalitis, causing Permanent Neurological Deficit.

If you need assistance

If you have any questions about MetLife Protect or MetLife Protect Super, please contact the Customer Experience Team:

Phone: 1800 523 523 (9.00 am to 5.00 pm ADT/AEST)
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