HBF Ezicover® Income Protection

Combined Product Disclosure Statement and Financial Services Guide – Issue date 1st November 2018

HBF Ezicover Income Protection is an insurance product that can provide a monthly benefit for up to 5 years if you are unable to work due to sickness or injury.

About this document

This combined Product Disclosure Statement (PDS) and Financial Services Guide (FSG) is designed to help you decide whether to buy HBF Ezicover Income Protection insurance. This PDS will help you:

- decide whether HBF Ezicover Income Protection will meet your needs and objectives; and
- compare HBF Ezicover Income Protection with other products you may be considering.

The FSG, provided by HBF Health Limited, contains information to help you decide whether to use any of the services offered by HBF and will inform you about the:

- remuneration for any financial services provided, and
- action you can take if you are not satisfied with the service provided by HBF.

Information contained in this combined PDS and FSG document is general information only. It does not take into account your individual objectives, financial situation or particular needs. You should consider the appropriateness of this product having regard to your objectives, financial situation and needs. You may wish to consider seeking professional financial advice, or compare the product with products offered by other insurers.

Definitions

Throughout this document, 'Zurich', 'us', 'our' and 'we' means Zurich Australia Limited; 'HBF' means HBF Health Limited trading as HBF Life, and 'you' or 'your' means the policy owner who is also the *life insured*. All terms appearing in italics are defined terms with special meanings. Defined terms are found on page 8.

If you take out an HBF Ezicover Income Protection policy, we will issue you with a Policy schedule and Policy document.

Please keep these safely together with this PDS and any special conditions or endorsements we issue. Together these documents form your contract of insurance and will be relied upon at the time of claim.

Product Disclosure Statement

About us

Issuer information

This product is issued and administered by:

Zurich Australia Limited
ABN 92 000 010 195, AFSL 232510
5 Blue Street North Sydney NSW 2060

Zurich is the insurer of the policy and is responsible for the issue of this PDS and the ongoing administration and operation of this product. Zurich is responsible for the financial services related to this product that HBF provides to you.

Life insurance code of practice

As a member of the Financial Services Council of Australia (the FSC), we are bound by the Life Insurance Code of Practice. The Code outlines the standards that we are committed to in providing life insurance services to you. The Code can be found at www.fsc.org.au

Promoter information

The promoter of this product is HBF Health Limited (HBF), trading as HBF Life ABN 11 126 884 786, a Corporate Authorised Representative (Representative number 000406073) of Zurich Australia Limited ABN 92 000 010 195, AFSL 232510.

HBF Health Limited – 570 Wellington Street Perth WA 6000

HBF has been authorised to provide information about this product and general advice that appears on its published website, advertising and marketing material on behalf of Zurich.

The role of HBF is limited to promotion only and HBF cannot legally bind Zurich. When you apply for an HBF Ezicover product, you are applying to Zurich, who can accept or decline your application.

Contact us

1800 030 025
(to apply)
1800 024 560
(Customer Care)

ezicover.response@zurich.com.au

PO Box 1399
North Sydney NSW 2059

hbf.com.au

Protecting your income...

For most of us the lifestyle we enjoy is thanks to our ability to work and earn an income, so what would happen if you got sick or injured and couldn't work? That's where HBF Ezicover Income Protection can assist, by helping you maintain your lifestyle while you concentrate on your recovery.

HBF Ezicover Income Protection can pay you a *monthly benefit* if due to *sickness* and /or *injury* you are *disabled* and *unable to work*. You can choose to use the monthly payment however you wish, it is there for you and your family to cover everyday expenses, bills and commitments while you are recovering.

Two *cover types*:

- Sickness & Injury cover OR
- Injury Only cover

If you have a medical condition or history that prevents you getting Sickness & Injury cover, Injury Only cover may be available.

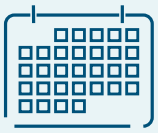
Why choose HBF Ezicover Income Protection?

Cover for more people

- Monthly payments of up to 75% of *pre-disability income*, up to $12,000 per month (for both Sickness & Injury and Injury Only cover)
- Specific terms of cover available for people with health restrictions (Injury Only cover)

Extra help when needed

- Waiver of *waiting period* and lump sum payout for *Cancer, Stroke* or *Heart attack* (for Sickness and Injury cover only)
- A single $500 Return to work benefit to help with extra expenses when your claim ends
- While we are paying you a *monthly benefit*, we will waive your insurance *premiums*



Cover to suit your budget

- *Premiums* are generally tax deductible and *monthly benefits* are generally tax assessable
- Discount of 5.7% if you choose to pay your *premium* annually
- 5% discount if you also have an HBF Ezicover Life Insurance policy
- First month's *premium* is waived

Flexible – cover that meets your changing needs

- Inflation protection available if your income regularly increases
- Once your Policy has been in place for 12 continuous months, if you ever need a little help, you can keep your cover going by reducing your sum insured with the Reducing income feature, or put your cover on hold with the Premium holiday feature

- Applying is quick and easy
- Online or phone application
- World wide cover subject to exclusions. For more information, see 'Exclusions - what are you not covered for?' on page 6

Important notice

The primary purpose of the HBF Ezicover Income Protection policy is to pay a *monthly benefit* should you meet the *disability* definition of the *cover type*. **It is not a savings plan.** If you terminate your policy at any time other than during the cooling off period you will not get any money back.

Up-to-date information

The information in this PDS is up to date at the date of issue. Certain information in this PDS may change from time to time – this includes but is not limited to possible changes which we have identified in this PDS. Where the change is material or we otherwise indicate to you that we will give notice of such changes, then you will be advised of such changes in writing. Where other changes that are not materially adverse to you occur, we will update such information on our website, www.zurich.com.au and HBF's website www.hbf.com.au. A paper copy of the updated information will be available free of charge upon request if you contact us.

Applying for HBF Ezicover Income Protection

You can apply for HBF Ezicover Income Protection online or by calling us on 1800 030 025. To apply, you must be aged between 19 and 60, be an Australian citizen or holding permanent resident status of Australia, and residing in Australia on a permanent basis.

HBF Ezicover Income Protection has two *cover types*:

- Sickness & Injury
- Injury Only

To apply for HBF Ezicover Income Protection, you need to be permanently employed and working between 20 and 60 hours per week, or are employed in a non-permanent position or are self employed and have been working consistently between 20 and 60 hours per week and with consistent income for at least 2 years.

If the above doesn't sound like you, then, unfortunately, you may not be eligible for HBF Ezicover Income Protection. In which case we recommend you talk with your financial adviser who may be able to help you find suitable cover. If you don't have a financial adviser, you can find one via:

Financial Planning Association of Australia

1300 337 301

fpa@fpa.com.au

HBF Ezicover Income Protection

What does it do?

Pays a *monthly benefit* while you are *disabled* and *unable to work* in *any occupation* solely due to *sickness* or *injury* (or *injury* only) depending on your *cover type*:

COVER TYPE \ COVERED FOR	Sickness	Injury
Sickness & Injury	✓	✓
Injury Only	✗	✓

Who is it for?

You must be aged between 19 and 60, be an Australian citizen or holding permanent resident status of Australia, and reside in Australia on a permanent basis.

You are eligible to apply for this *cover type* if:

- you are employed in a permanent position and are working between 20 and 60 hours per week, or
- you are employed in a non-permanent position or self employed and have been working between 20 and 60 hours per week and with consistent income for at least the last 2 years.

What is the waiting period?

Waiting period is the number of days you must be *disabled* before being eligible for a benefit.

You can choose 30, 60 or 90 days as your *waiting period*.

You will not receive any benefit during the *waiting period*. Your *waiting period* is shown on your Policy schedule.

What is the benefit period?

This is the maximum amount of time the *monthly benefit* is payable. You have a choice of 1, 2 or 5 years.

How frequently are benefits paid?

Benefit payments, for all valid claims, are made monthly, with the first payment commencing 15 days after the *waiting period* ends, helping you better manage your expenses. Benefits under this policy are payable to you, the policy owner.

What cover amounts are available?

Up to 75% of your monthly income with a minimum of $1,000 and a maximum of $12,000. Benefits are capped at 75% of your *pre-disability income*.

Is proof of income required at application?

No. Your benefit payment will be determined based on your income at the time of claim and in accordance with the criteria set out in *pre-disability income* on page 9.

Will benefits be reduced at claim time for income received from other sources?

Yes, your *monthly benefit* will be reduced by any *offsets*, being income or benefits received from other sources during the period of your *disability*.

Investment income is not an offset. *Offsets* are payments received by you from other sources by which we are entitled to reduce your eligible benefit in order to calculate the *monthly benefit* payable. *Offsets* are entitlements received from any of the following sources:

- an employer as sick leave or other paid leave;
- workers' compensation;
- social security where the payment relates to inability to work;
- Compulsory Third Party (CTP) or motor accident payments;
- any other legislation that provides income type payments;
- other insurance policies providing income benefits;
- superannuation benefits relating to inability to work; or
- any other payments related to employment or business controlled by you or an immediate family member, for the same period, in relation to the *disability*.

If any of these payments are made in a lump sum, we will divide the amount by the number of months remaining of your *benefit period*, to convert the value to a monthly amount. *Offsets* do not include investment income and policy payments for business expenses or compensation for pain and suffering.

When are you eligible for a benefit?

If you are *disabled* (depending on your *cover type*) and *unable to work* in *any occupation* for longer than the *waiting period*, we will pay the *monthly benefit* to you for the duration of your *disability* to the maximum of the *benefit period* shown on your Policy schedule.

In addition, you must be under the regular care of and following the advice of a *medical practitioner* in relation to your *sickness* or *injury* and be *disabled* for the duration of the *waiting period*.

How long will the benefit payments go for?

If you are eligible for a benefit, we will pay you the *monthly benefit* while you remain *disabled* until one of the following events occur:

- we consider you are able to return to work;
- we consider you are no longer under the regular care of or not following the advice of a *medical practitioner* for treatment of the *sickness* or *injury*;
- the *benefit period* has ended;
- the policy has ended; or
- your death.

What are the exclusions?

Refer to page 6 for a full list of exclusions.

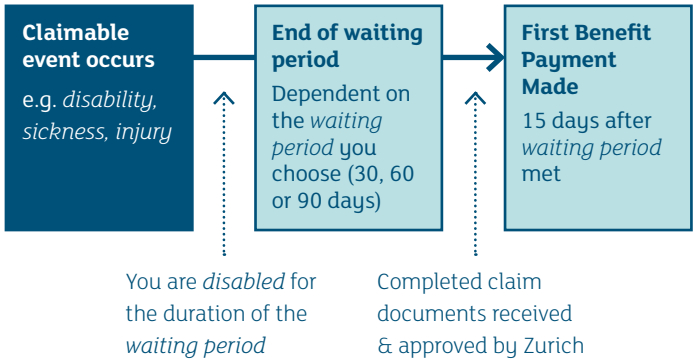
If you have selected to apply for Sickness & Injury Income Protection cover but have a medical condition that makes it difficult for us to offer this cover to you, we may be able to offer you Injury Only Income cover at a lower cost.

How does the waiting period work?

You must be *disabled* for the duration of the *waiting period* as shown on your Policy schedule before any benefit is payable. We will pay the benefit monthly, with the first payment due to you fifteen (15) days after the *waiting period* ends. Any part-payment will be calculated on the basis of one thirtieth (1/30) of the benefit amount for each day that you are entitled to a benefit.

We will only pay one benefit at any one time, regardless of the number of events (*sickness* or *injury*) leading to *disability*.

If you return to work for no more than 5 consecutive days during the *waiting period* but then become *unable to work* again, the *waiting period* will not start again. We will simply extend the *waiting period* by the number of days that you were able to work.



Important features of HBF Ezicover Income Protection

Waiver of waiting period and lump sum payout for Cancer, Stroke or Heart attack

If you have Sickness & Injury cover and you are diagnosed with one of the three common critical illnesses, *Cancer*, *Stroke* or *Heart attack* as defined on pages 8 and 9, we will waive the *waiting period* and provide you with a lump sum in advance, equal to three times the *monthly benefit*. We will also waive the requirement of ongoing claim forms for the period of 3 months so you can focus on your recovery and have one less thing to worry about. After three months, if you are still eligible to claim, the standard claims process will be applicable and you will be paid a *monthly benefit* if you are eligible.

Return to work benefit

After a period of being on claim, when you are ready to return to work and stop receiving claim benefit we will make a one-time payment to you of $500. This payment is intended to help you meet the costs of returning to work, such as improvements at work, physiotherapy, purchase of medical equipment, gym membership, etc. This payment will only apply on new claims and not recurring claims.

Premium holiday

During a period of financial hardship or a change in circumstance, for example, if you take extended leave, you can request a Premium holiday, where you can put your cover and *premium* on hold. A Premium holiday can be activated for any number of months up to 12 months, starting from the latest unpaid *premium* due date. You are not entitled to any benefit under the policy during this time.

How Premium holiday works:

- You can request a Premium holiday after your policy has been continually in force for at least 12 months
- A Premium holiday can be requested for any number of months, subject to a maximum of 12 months for the duration of the policy
- The Premium holiday will start from the next unpaid *premium* due date
- Extensions and reductions to the Premium holiday period can be made with our approval. We must receive the request 14 days before the earlier of the original or proposed Premium holiday end date
- When the Premium holiday period ends, your cover is reinstated if we receive the requested *premium* within 30 days of the next due date.

No cover is provided under the policy for any insured event which:

- is apparent (through diagnosis, circumstances or symptoms which could lead to a claim) before the Premium holiday start date, unless all elements of the insured event are already fully satisfied before the Premium holiday start date; or
- occurs or is apparent (through diagnosis, circumstances or symptoms which could lead to a claim) at any time during the Premium holiday period.

If the Premium holiday period is reduced, in addition to the conditions above, no cover is provided under the policy for any insured event which occurs or is apparent (through diagnosis, circumstances or symptoms which could lead to a claim) in the first 90 days after the revised Premium holiday end date.

Reducing income feature

If you experience monetary strain or feel your situation requires a reduction of the existing level of cover, for example while on maternity leave or leave without pay, or a temporary reduction in income, you can elect to reduce your cover level for a period of 3, 6, 9 or 12 months. With this feature, you can temporarily reduce your cover and *premium* payment but continue to remain protected, albeit with your selected lower cover level.

How Reducing income works:

- You can request a Reducing income period after your policy has been continually in force for at least 12 months
- Reducing income feature can only be requested for a 3, 6, 9 or 12 month period, subject to a maximum of 12 months for the duration of the policy
- The Reducing income period will start from the next unpaid *premium* due date
- During the Reducing income period your cover will be reduced to a level nominated by you, to a minimum of $1000 *monthly sum insured*
- When the Reducing income period ends, your previous level of cover is reinstated
- We can only vary the *monthly sum insured*. The *benefit period* and *waiting period* will remain unchanged
- Changes to Reducing income period can be made with our approval, subject to a minimum period of 4 months
- If you have varied your Reducing income period, the reduced *monthly sum insured* level of cover will apply to any insured event which occurs or is apparent (through diagnosis, circumstances or symptoms which could lead to a claim) in the first 90 days after a changed Reducing income period end date.

Waiver of premium

While we are paying you a *monthly benefit*, we will waive your insurance *premiums*. This means during any period when the *monthly benefit* is payable, all *premiums* payable will be waived or refunded. Furthermore, if you are eligible for a claim payment, we will refund the *premiums* you have paid during the *waiting period* if we receive your completed claim form within 30 days from the date of *disability*.

Inflation protection option

If you are concerned about increases in the cost of living, you can choose to have your benefit increased in line with the official *Consumer Price Index* (CPI) to a maximum of 3% per annum. Selecting this option means your cover is increased every year and your *premiums* will reflect this increase in cover. Inflation protection is not available or applicable while on claim.

It's important to consider whether your income also increases annually, as your income will be verified at claim time. You can select whether you receive annual offers for increases in your cover amount at application stage.

If you have selected the inflation protection option and the indexation increase would mean that your *monthly sum insured* exceeds 75% of your *annual income*, you can opt out of inflation protection at anytime to avoid being over-insured.

Guaranteed to continue

If you meet your obligations, including paying your *premium* when due, your policy cannot be cancelled by Zurich.

What is the cost of cover?

Premiums and charges

The *premium* or cost of your cover will depend upon:

- your *cover type* - Sickness & Injury or Injury Only
- your amount of cover - generally the higher the *monthly benefit*, the higher the *premium*
- your age - *premiums* generally increase each year in line with age
- your gender
- your smoking status - *premiums* are higher for smokers; non-smokers are those who have not smoked tobacco, cigarettes, e-cigarettes, nicotine replacement, or any other substance for the last 12 months
- your occupation - *premiums* are higher for occupations with greater manual duties or higher occupational risk
- your health - *premiums* may have an additional loading for individual health risk
- your pastimes - *premiums* are higher for hazardous pastimes
- the *benefit period* - the longer the *benefit period*, the higher the *premium*
- the *waiting period* - the shorter the *waiting period*, the higher the *premium*
- any stamp duty charged by State governments or taxes levied by State or Federal governments.

Premium rates are not guaranteed

Premium rates are not guaranteed and can change from time to time. Any change, however, will affect all policies, not just an individual policy. We will notify you of any changes to *premium* rates at least 30 days prior to the change taking effect. The *premium* payable from the start of your policy is shown on your *Policy schedule*, and will not change before the first *policy anniversary*, unless you make an alteration to your policy.

Should changes in the law result in changes to or additional taxes or imposts in relation to your policy, these amounts may be added to your policy.

Choice of payment options

Premiums must be paid by the due date to keep your cover in force. *Premium* payment can be made by monthly direct debit (from a bank account or credit card). If you wish to pay annually, as well as direct debit we also accept BPay. Direct debits may incur an additional fee charged by your financial institution. Any overpayment of *premium* will be retained by Zurich unless it exceeds $5.

Are there any discounts?

Multipolicy discount of 5%

We offer you a Multipolicy discount of 5% on your HBF Ezicover Income Protection policy for an additional HBF Ezicover policy you buy and/or continue to hold along with your HBF Ezicover Income Protection. The other policy may be one of the following: HBF Ezicover Life Insurance, HBF Ezicover MyLife, HBF Ezicover Funeral Advantage or HBF Ezicover Accidental Death.

First month's premium is waived

With HBF Ezicover Income Protection your first month's cover costs are waived, meaning no *premiums* are payable for the period of one month from the start date of your policy. For annual payments, this waived cost for the first month will be calculated pro-rata and deducted from the first annual *premium* payment.

Premium frequency discount

If you pay the *premium* on your policy as an annual payment, it will reduce the administrative expenses for your policy. This reduction in administrative costs will be passed on to you as a 5.7% discount on your total yearly *premium*.

Taxation

Generally, the *premiums* you pay for your policy can be claimed as a tax deduction by both employees and self-employed people. Every year Zurich will tell you the amount of *premium* you have paid during the previous financial year. Generally, any income benefit you receive from your policy while on claim must be included in your tax return and may be taxed at your applicable marginal income tax rate. This information is a guide only and is based on current taxation laws, their continuation and their interpretation. For information about your individual circumstances, contact your tax professional.

When does cover begin and end?

When does cover begin?

Your cover begins when we accept your application and issue you a *Policy schedule* and Policy document. This sets out the terms and conditions of your cover. Your *Policy schedule* outlines the start date and the specific details of your particular cover. These are important documents and should be read carefully. Please keep them in a safe place because you will need them to make a claim.

Each year Zurich will send you an annual statement stating your new *premium* amount and, where applicable, an offer to increase your level of cover in line with the increase in the CPI.

When does cover end?

Your *policy* ends on the first of any of the following events to occur:

- the *policy anniversary* following your 65th birthday
- the non-payment of any *premium* within 30 days of its due date
- on receipt of your written notification to terminate the policy
- your death.

Changing your cover

You can apply at any time to:

- increase or decrease cover
- change your smoking status from smoker to non-smoker
- change the *waiting period*
- opt in or out of Inflation protection
- request a Premium holiday or Reducing income feature
- change the *benefit period*
- reinstate cover after cover has lapsed subject to approval.

You must submit a signed written request if you want to make a change to the policy. In order to consider your request, we may ask for further information. If we agree, we will confirm any changes in writing. Only an authorised member of our staff can agree to change or waive any condition of the policy.

Cooling off period

If after receiving your Policy document you wish to cancel for any reason, you have 30 days to do so. Any *premiums* or charges paid will be fully refunded. To cancel please advise Zurich in writing or contact Zurich on 1800 024 560.

You cannot cancel the policy and receive a refund if you exercise any rights in relation to your policy (for example, you make a claim) before the 30 day period has elapsed. You also cannot make a claim after cancelling your cover.

Exclusions - what are you not covered for?

We will not pay a benefit or claim if your *disablement* occurs as a direct or indirect result of:

- an intentional self-inflicted act or attempted suicide
- *uncomplicated pregnancy or childbirth*
- unemployment for reasons other than *sickness* or *injury*
- an act of war, whether declared or not
- your committing, being involved in or attempting to commit a criminal offence or the use of illegal illicit substances
- you being incarcerated or lawfully detained
- elective surgery (including cosmetic surgery) unless you are *disabled* for more than 90 days
- *Cancer*, *Stroke* or *Heart attack* in the first 90 days of the start or reinstatement of the policy
- any *sickness* or *injury* which is the direct or indirect result of elective or donor transplant surgery within six months of the start or reinstatement of the policy
- events occurring during travel in countries outside Australia, if the Australian government has advised against travel to that country at the time of starting the trip. Visit www.dfat.gov.au/travel for more information
- any other condition/exclusion agreed with you at time of application, specifically noted on your Policy schedule.

Are there any significant risks?

There are certain risks associated with holding an HBF Ezicover Income Protection policy:

- if *premiums* are not paid within 30 days of the due date, the policy will lapse meaning your cover ends and you cannot make a claim
- if you do not comply with your duty of disclosure, we may not pay your claim, pay only a portion of your claim or cancel your cover. See the section 'Your duty of disclosure' on page 7
- the level of cover you select is important as it may not be appropriate or sufficient to provide adequate cover for your circumstances. For example if your income changes.

How to make a claim

Please call us on 1800 024 560 and our claims requirements will be forwarded to the claimant to complete, sign and return to us. We understand making a claim can be a difficult time. Every claim is handled promptly and with sensitivity, ensuring all genuine claims are paid as quickly as possible. Our claims process is set out in the diagram below.

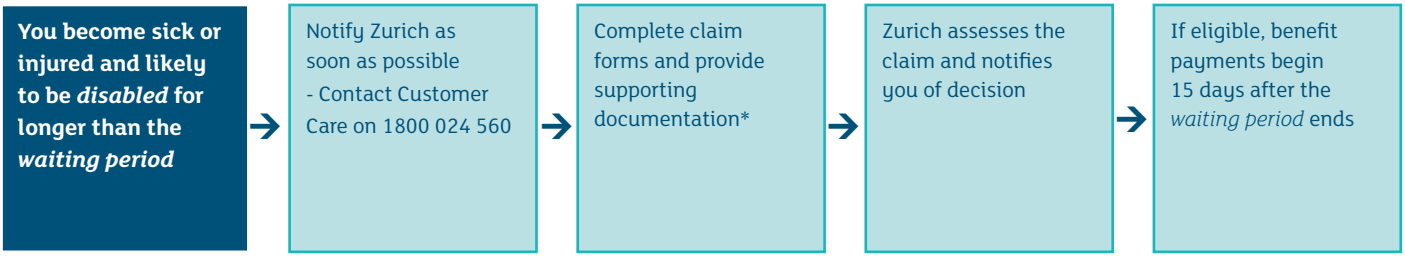
24 hour world wide cover

The policy provides you with cover 24 hours a day, seven days a week world wide, with the exception of countries where the Australian government has advised against travel to that country. If you are claiming while overseas, we will require you to have a medical examination in Australia or in another country by a doctor nominated or reasonably approved by us. The maximum *benefit period* we will pay while you remain overseas is 3 months.

Recurrent disability period

If within twelve months of the end of a claim, you suffer from the same or related *sickness* or *injury* which caused your initial claim, the recurrence will be treated as a continuation of the original claim and we will waive the *waiting period*. Every recurrence for the same or

Our claims process



*Supporting documentation includes:

- the *Policy schedule*;
- proof of claimable event or condition and when it occurred;
- evidence that any surgical procedure was medically necessary;
- proof of *pre-disability income*;
- supporting evidence from appropriate specialist *medical practitioners*;
- proof of your age.

Examples for calculating your benefit

Example 1 - Including a regular offset payment

Cover Type	Pre-disability income	Monthly sum insured on Policy schedule	Offsets – Other income received?	Calculation	Payable monthly benefit
Sickness & Injury or Injury Only	$7,500 per month	$5,625	Income from other source of $500 per month	75% of *pre-disability income* minus any *offsets*	(75% x $7,500) - $500 =$5,625 - $500 = $5,125

Example 2 - Including a subsequent significant offset payment received during the benefit period (5 years / 60 months)

Cover Type	Monthly benefits paid	Offset Payment Received (at 18 months)	Calculation of Remaining Benefit Period	Calculation of Future Monthly Reduction in Payments	New Payable Monthly Benefit
Sickness & Injury or Injury Only	$5,125 Received for first 18 months of claim	$50,000	60 – 18 months = 42 months	$50,000 / 42 = $1,190	$5,125 - $1,190 = $3,935

related event (*sickness* or *injury*) will count toward your total *benefit period* entitlement. If already paid, the Waiver of *waiting period* and lump sum payout or Return to work benefit will not be paid again. All benefits cease at the end of the *benefit period*.

Additional information about HBF Ezicover

Commission

If this product has been referred to you by a Referrer, they may receive a payment of 20% (plus GST) of each *premium* paid. We pay these amounts out of your *premium* payments – they are not additional amounts you have to pay.

Residency and compliance with laws

This policy is designed for people who are resident in Australia. If you move to another country outside of Australia you may no longer be eligible to make payments into your policy. The local laws and regulations of the jurisdiction to which you move may affect our ability to continue to service your policy in accordance with its terms and conditions. You need to tell us of any planned change in residency before the change happens.

We and other companies within the world wide Zurich group of companies have obligations under Australian and foreign laws. Regardless of any other policy terms and conditions, we reserve the right to take any action (or not take any action) which could place us or another company within the group at risk of breaching Australian laws or laws in any other country.

All financial transactions, including acceptance of *premium* payments, claim payments and other reimbursements, are subject to compliance with applicable trade or economic sanctions laws and regulations. We reserve the right not to provide any service or benefit under this policy to you or any other party if we determine this places us at risk of violating applicable trade or economic sanctions laws or regulations. We may terminate the policy if we consider you or any person entitled to receive benefits under the policy as sanctioned persons, or you conduct an activity which is sanctioned, according to trade or economic sanctions laws and regulations.

If you have a complaint about your policy

Please contact us. We acknowledge all complaints within 5 days and we aim to resolve your complaint within 45 days (or up to 90 days if you agree). If you are not satisfied with our response or we haven't resolved the complaint within 45 days (or any extended period you approve) you can raise the matter with the Australian Financial Complaints Authority GPO Box 3 Melbourne VIC 3001. The telephone number is 1800 931 678 , or email info@afca.org.au.

Your duty of disclosure

Before you enter into a life insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If the insurance is for the life of another person and that person does not tell us everything he or she should have, this may be treated as a failure by you to tell us something that you must tell us.

If you do not tell us something

If you do not tell us anything you are required to, and we would not have insured you if you had told us, we may void the contract within 3 years of entering into it.

If we choose not to void the contract, we may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the *premium* that would have been payable if you had told us everything you should have.

If we choose not to void the contract or reduce the amount you have been insured for, we may, at any time vary the contract in a way that places us in the same position we would have been in if you had told us everything you should have.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Direct debit request service agreement

The Account Holder (ie. you or the person whose account is used to pay the *premiums*) needs to agree to the Direct Debit Request Service Agreement which sets out the terms and conditions on which the

Account Holder has authorised Zurich to debit money from their account, and the obligations of Zurich and the Account Holder under this Agreement. This information will be forwarded with your Policy document, and can also be found at www.zurich.com.au

Your privacy

Zurich collects your personal information (including sensitive information) to assess your application, administer your policy and enhance customer service or products ('purposes'). If you do not provide all information requested, we may not be able to issue or administer your policy. We may disclose your information, where relevant for the purposes, to affiliates of the Zurich Insurance Group Ltd, other insurers and reinsurers, our service providers, our business alliance partners or as required by law within Australia or overseas. These laws include the Australian Securities and Investment Commissions Act 2001, Corporations Act 2001, Insurance Contracts Act 1984, Life Insurance Act 1995, Anti Money Laundering and Counter Terrorism Financing Act 2006 and Income Tax Assessment Act 1997, as those acts are amended and any associated regulations. From time to time other acts may require, or authorise us to collect your personal information.

We may collect information about you from third parties to assess a claim. We may use personal information (but not sensitive information) collected about you to notify you of other products and services we offer. If you do not want your personal information to be used in this way, please contact us. For further information on the service providers and business partners that we may disclose your information to, a list of countries in which recipients of your information are likely to be located, details of how you can access or correct the information we hold about you or make a complaint, please refer to the Zurich Privacy Policy, available at www.zurich.com.au or contact us on 1800 024 560.

Defined terms

annual income means income calculated:

- after the deduction of expenses incurred in producing that income and
- before the deduction of tax.

It is based on total remuneration from personal exertion and includes salary, wages, director's fees, allowances, packaged fringe benefits, regular commissions, regular bonuses, regular overtime payments and pre-tax superannuation contributions.

If the *life insured* is a business owner or self-employed, income also includes the *life insured's* share of net income of the business, based on his/her ownership of and/or role in the business (calculated after the deduction of expenses incurred in producing that income but before the deduction of tax).

Income does not include investment income, such as rental income from third parties and interest.

Please note that the result of this calculation for a business owner is likely to be different to what the *life insured* received from the business in the form of dividends, distributions and/or drawings.

any occupation means any occupation you are suited to by reason of your education, training or experience.

benefit period is the maximum total length of time that we will pay a *monthly benefit* when the *life insured* suffers from:

- the same or related *sickness* or *injury* during the life of the policy; or
- any *mental health disorder* during the life of the policy (even when there is more than one claim for a *mental health disorder* and the conditions are not the same or related to each other).

The benefit period is shown on your *Policy schedule*.

Cancer means the presence of a malignant tumour, including leukaemia, malignant lymphoma and other haemopoietic malignancies.

The tumour must be confirmed by histological examination and:

- the *life insured* must require major interventionist therapy including surgery, radiotherapy, chemotherapy, biological response modifiers or any other major treatment; or
- the tumour must be sufficiently advanced such that major interventionist therapy is no longer recommended.

The following cancers are specifically excluded from this definition:

- chronic lymphocytic leukaemia less than RAI Stage 1;
- all cancers described as carcinoma in situ. Carcinoma in situ of the breast is covered only if it requires:
  - the removal of the entire breast; or
  - breast conserving surgery and radiotherapy; or
  - breast conserving surgery and chemotherapy (chemotherapy means the use of drugs specifically designed to kill or destroy cancer cells).

Carcinoma in situ of the breast treated by breast conserving surgery and other forms of adjuvant systemic therapy, including endocrine manipulation therapy, hormonal manipulation therapy or non-endocrine adjuvant therapy, is not covered;

- skin cancers unless:
  - they have metastasised to other organs; or
  - the tumour is a malignant melanoma of Clark Level 3 and above; or
  - the tumour is a malignant melanoma with invasion greater than 1mm thickness; or
  - the tumour is a malignant melanoma where melanoma is showing signs of ulceration as determined by histological examination;
- prostate cancers diagnosed as T1 with a Gleason score of 5 or less, unless major interventionist therapy is performed.

Consumer Price Index or CPI means the Consumer Price Index for "Weighted Average of Eight Capital Cities Index" as published by the Australian Bureau of Statistics (or, if that index ceases to be published or is substantially amended, such other appropriate index we will select), published for the quarter ending immediately prior to 3 months before the *policy anniversary*, over that published for the quarter ending immediately prior to 15 months before that *policy anniversary*.

cover type, cover types means either Sickness & Injury cover or Injury Only cover, as shown on the *Policy schedule*.

disabled, disability or disablement means that:

- if you have Sickness & Injury cover, as shown on your *Policy schedule*, you are solely due to *sickness* or *injury* occurring after policy commencement, *unable to work*; or
- if you have Injury Only cover, as shown on your *Policy schedule*, you are solely due to an *injury* occurring after policy commencement, *unable to work*.

Heart attack means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis must be supported by 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:

- signs and symptoms of ischaemia consistent with myocardial infarction; or
- ECG changes indicative of new ischaemia (new ST-T changes or new left bundle branch block [LBBB]); or
- development of pathological Q waves in the ECG; or
- imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.

If the above tests are inconclusive or our noted diagnostic techniques are impractical to apply or have been superseded, we will consider other appropriate and medically recognised tests. A rise in biological markers as a result of an elective percutaneous procedure for coronary artery disease is excluded. Also excluded are other acute coronary syndromes including but not limited to angina pectoris.

injury means bodily injury caused by accidental, violent, external and visible means, inflicted after the policy begins and while the policy is in force.

life insured means the person named as the life insured on your *Policy schedule*.

medical practitioner means a medical practitioner legally qualified and registered to practise in Australia or New Zealand or a medical practitioner legally qualified and registered to practise in another country approved by us, but does not include the policy owner, the *life insured* or a relative, business partner or employee of the policy owner or *life insured*. Medical practitioners do not include other paramedical professionals such as chiropractors, physiotherapists or naturopaths.

mental health disorder is any disorder classified in the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association which is current at the start of the period of *disability* (or such replacement or successor publication or if none then such comparable publication as selected by us).

Such mental health disorders include, but are not limited to, stress (including post traumatic stress disorder), physical symptoms of a psychiatric illness, anxiety, depression, chronic fatigue, chronic pain, psychoneurotic, psychotic, personality, emotional or behavioral disorders or disorders related to substance abuse and dependency which includes alcohol, drug and chemical abuse dependency. A mental health disorder does not include dementia (except where the dementia is related to any substance abuse or dependency) and Alzheimer's Disease.

monthly benefit is the maximum monthly amount you are eligible to receive under this policy in respect of a *life insured* and is based on your *cover type*. The monthly benefit is equal to the lesser of:

- the *monthly sum insured* or
- 75% of your *pre-disability income*,

reduced by any amount of offsets applicable.

monthly sum insured means the amount shown as the monthly sum insured on your *Policy schedule*, and if applicable, increased by the Inflation protection option or reduced by any Reducing income feature selected.

offsets are payments received by the *life insured* from other sources by which we are entitled to reduce your eligible benefit in order to calculate the *monthly benefit* payable. "Offsets" are entitlements received from any of the following sources:

- an employer as sick leave or other paid leave;
- workers' compensation;
- social security where the payment relates to inability to work;
- Compulsory Third Party (CTP) or motor accident compensation;
- any other legislation that provides income type payments;
- other insurance policies providing income benefits;
- superannuation benefits relating to inability to work; or
- any other payments related to employment or business controlled by you or the *life insured* or the immediate family of either you or the *life insured*, for the same period, in relation to the *disability*.

If any of these payments are made in a lump sum, we will divide the amount by the number of months remaining of your *benefit period*, to convert the value to a monthly amount. Offsets do not include investment income or policy payments for business expenses or compensation for pain and suffering.

policy anniversary means the anniversary of the commencement date of your policy as shown in your *Policy schedule*.

Policy schedule means the document which will be provided to you by us, containing details of the *life insured* under this policy, the *monthly sum insured*, the *cover type*, the *waiting period*, the *benefit period* and other important details about your policy. Your Policy schedule will be updated by us as a result of:

- any changes you make to your policy and agreed to by us; and
- any changes made by us in accordance with these policy terms.

pre-disability income means the *life insured's* average monthly income calculated from the *life insured's annual income* in the financial year in which the *life insured* reported the highest earning from the last two complete financial years immediately prior to the onset of his or her disability.

premium means the amount payable for the benefits applicable under this policy, including any increase in benefit, stamp duty and any other government charges, duties or taxes that may be levied from time to time.

sickness is an illness or disease that first manifests itself after the policy begins and while the policy is in force.

Stroke is a cerebrovascular event producing a neurological sequela lasting at least 24 hours. This requires clear evidence on a Computerised Tomography (CT), Magnetic Resonance Imaging (MRI) or similar scan that a stroke has occurred and of:

- infarction of brain tissue, or
- intracranial or subarachnoid haemorrhage.

Cerebral symptoms due to transient ischaemic attacks, reversible neurological deficit, migraine, cerebral injury resulting from trauma or hypoxia, disturbances of vision or balance due to disease of the eye, optic nerve or the vestibular apparatus of the ear are excluded.

unable to work means in our opinion, and confirmed by a *medical practitioner* acceptable to us, the *life insured*:

- has stopped working in their *usual occupation* solely as a result of a covered *sickness* or *injury*; and
- is unable to work in *any occupation* (whether paid or unpaid); and
- is not earning any income from personal exertion; and
- is under the regular care of, and following the advice of, a *medical practitioner*.

uncomplicated pregnancy or childbirth is a pregnancy, childbirth or termination which does not result in any serious medical complication. It includes participation in an IVF or similar program, normal discomforts such as morning sickness, backache, varicose veins, ankle swelling or bladder problems, giving birth, miscarrying or having an abortion.

usual occupation means the paid occupation you predominantly performed in the 12 months prior to the *sickness* or *injury*. If you have been on long service, maternity or paternity leave for more than 12 consecutive months immediately prior to the *sickness* or *injury* then your usual occupation is *any occupation*.

waiting period is the number of days you must be *disabled* before being eligible for a benefit. The waiting period is shown on your Policy schedule.

Financial Services Guide

This Financial Services Guide is an important document designed to help you make an informed decision about whether to use the services provided by HBF in relation to HBF Ezicover Income Protection (the Product).

Purpose of this Financial Services Guide

This Financial Services Guide (FSG) is provided by HBF Health Limited ABN 11 126 884 786 (HBF), trading as HBF Life, which is a Corporate Authorised Representative (Representative number 000406073) of Zurich Australia Limited (Zurich) ABN 92 000 010 195, AFSL 232510.

It contains information to help you decide whether to use any of the services offered by HBF and will inform you about the:

- remuneration for any financial services provided; and
- action you can take if you are not satisfied with the service provided by HBF.

For the purpose of this FSG references to we, us and our, mean HBF.

Zurich has prepared the FSG and has authorised its distribution. The FSG's content has been approved by HBF.

Our services

HBF is authorised by Zurich to provide marketing, promotion and referral services and provide general financial product advice in relation to the Product. Before you decide to act in relation to the Product, you should consider your own personal circumstances and whether the Product is appropriate for you. When we provide general financial product advice we do not consider whether the product is right for your particular circumstances.

HBF is also a Corporate Authorised Representative of CGU Insurance Limited, Australian Financial Services Licence Number 238291. HBF does not represent Zurich when we provide general insurance advice and services. HBF will provide you with a separate FSG that outlines details of any general insurance services we can offer.

Remuneration

HBF receives commissions for the promotion of this product. These commissions are paid by Zurich and are not a separate charge to you. If you buy an HBF Ezicover policy, HBF will receive commission from Zurich of 20% (plus GST) of *premiums* paid. In addition HBF receives an annual fee, not exceeding $50,000, for administrative support, marketing and training services provided, as required under the Corporate Authorised Representative arrangement with Zurich, in relation to the HBF Ezicover suite of products (which includes the Product) that it is authorised to promote. This fee is reviewed periodically.

When you buy a HBF Ezicover policy, the *premium* is paid to the insurer. HBF employees who may provide you with information about these policies over the telephone are paid an annual salary, including bonuses based on performance criteria.

Professional indemnity insurance

Zurich retains professional indemnity (PI) insurance to cover the activities related to the services outlined in this FSG. The insurance satisfies the requirements imposed by the Corporations Act 2001 and financial services regulations. This insurance is maintained in accordance with the law, is subject to its terms and conditions and provides indemnity up to the sum insured for the activities of HBF. As required under the Corporate Authorised Representative agreement, HBF independently has taken out public liability insurance, professional indemnity insurance (both AUD $10M) and Workers Compensation Insurance .

Privacy

At HBF Health Limited trading as HBF Life (HBF) we comply with the Privacy Act 1988 (Cth) (Privacy Act). We respect the privacy of your personal information. We process personal details on a daily basis and are committed to ensuring that the privacy and security of personal information remains protected. Personal information is information or an opinion about an individual, or an individual who is reasonably identifiable, whether the information or opinion is true or not, or is recorded in a material form or not. It includes your name, age, gender and contact details as well as your sensitive information (which includes health and financial information).

HBF collects personal information from you to provide the financial services outlined in this document. HBF may engage third party service providers to collect this information on their behalf. If you do not supply the requested information HBF may be unable to provide the requested financial service. In providing these financial services HBF may disclose your personal information to third parties including insurers, our advisers and other insurance service providers. HBF are unlikely to send your personal information to any foreign jurisdiction.

From time to time, HBF may send you marketing materials about other products or services which we think could be of interest to you. If you wish to withdraw your consent for HBF to send you marketing materials please call 133 423 or email us on memberservices@hbf.com.au

You can read more about how HBF collects, uses and discloses your personal information in our Privacy Policy. You can also obtain a copy of HBF's privacy policy online at hbf.com.au or a HBF store.

Access to your information and contacting us

HBF will allow you to access and correct personal information we hold about you as required by law. If you have any queries about how HBF handles your personal information, or would like to request access to that information, please contact us:

- By mail – HBF Privacy Officer, GPO Box C101, Perth WA 6839; or
- By telephone – 1300 883 530.

If you have any concerns or complaints about the manner in which your personal information has been collected or handled by HBF, please contact the Privacy Officer using the details above.

The Privacy Policy contains further information about how HBF generally handles your personal information including:

- how you can access and correct personal information we hold about you; and
- how you can submit a privacy complaint to HBF and how HBF will deal with your complaint.

Please note, the HBF Life collections statement details how HBF collects uses and discloses your personal information for other purposes related to its health insurance, health and wellness services and other products provided to you. You must read that statement in conjunction with this privacy paragraph to be fully aware of how HBF handles your personal information.

What to do if you have a complaint

If you have any complaints about the services provided to you, you should contact HBF on 08 9265 6111 and advise us of the nature of your complaint. You can also put your complaint in writing and send it to:

Dispute Resolution Manager GPO Box C101 PERTH WA 6809

We will endeavour to resolve your complaint quickly and fairly.

If your complaint has not been resolved satisfactorily, you may escalate your complaint to one of the following External Dispute Resolution Schemes listed in the following table.

Type of complaint	External complaints service
Financial advice, investments, superannuation or insurance matters	Australian Financial Complaints Authority (AFCA) on 1800 931 678 Email info@afca.org.au Web: www.afca.org.au
Personal information held	the Office of the Australian Information Commissioner on 1300 363 992
The Australian Securities and Investments Commission (ASIC) may be contacted on 1300 300 630 to find out which body may be best to assist you in settling your complaint	

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