



**Guardian
Term Life
Insurance**

Product Disclosure Statement
Issue date: 16 December 2023

Guardian
INSURANCE®
There's more to life, with Guardian

Guardian Term Life Insurance and this Product Disclosure Statement (**PDS**) are issued by the insurer Hannover Life Re of Australasia Ltd (**Hannover**) ABN 37 062 395 484 of Tower 1, Level 33, 100 Barangaroo Avenue, Sydney NSW 2000. Hannover holds an Australian Financial Services License 530811 to settle and handle claims.

Guardian Insurance products are distributed and promoted by Greenstone Financial Services Pty Ltd (**GFS**) ABN 53 128 692 884, Australian Financial Services Licence 343079 of 50 Norwest Boulevard, Norwest NSW 2153.

Guardian Insurance is a trading name of GFS.

From time to time, your Guardian Term Life Insurance may be updated. Updates which are not material will be made available to you on the Guardian Insurance website **guardianinsurance.com.au**. If there are material updates to your Policy, we will make these updates known to you in a supplementary Product Disclosure Statement (**SPDS**). If you request a paper copy, this will be provided to you free of charge.

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Welcome to Guardian Insurance

At Guardian Insurance we are focused on providing a wide range of insurance products with substantial benefits that represent true value for Australian families at all stages of their lives.

When you choose Guardian Insurance, you'll find all our communications are straightforward, and our insurance consultants are professionals who are here to help you along the way.

GFS has partnered with Hannover, the insurer of Guardian Term Life Insurance and issuer of this Product Disclosure Statement.

Hannover is a wholly-owned subsidiary of Hannover Re and is part of the Hannover Re Group worldwide. The life insurance business of Hannover has been operating in the Australian market since 1994, has a Standard and Poor's Insurer Financial Strength of AA- (Very Strong) and as at 31 December 2022 had a total annual in force premium of AU\$1.9 billion. Hannover is regulated by the Australian Prudential Regulation Authority (APRA) and the Australian Securities and Investments Commission (ASIC).



Our Promise To You

To ensure that you receive the highest standard of service when you take out life insurance, Hannover complies with the Life Insurance Code of Practice (the Code). We also ensure our partners, including GFS, comply with the Code in all their dealings with you.

What does the Life Insurance Code of Practice cover?

The Code sets out the life insurance industry's key commitments and obligations. It covers many aspects of your relationship with GFS and Hannover, from buying insurance to making a claim, to providing options if you experience financial hardship or require additional support.

Key Code promises

- We will be honest, fair, respectful, timely and transparent when we communicate with you, and we will use plain language unless medical or other technical terminology is needed.
- We will monitor sales and retention practices to ensure they are completed appropriately.
- If a sale occurs using unacceptable sales practices, we will fix it.
- Additional support is available if you have difficulty with buying insurance or making a claim.
- When you make a claim, we will explain the process to you and keep you informed on the progress of your claim.
- A decision on your claim will be made within the Code timeframes, and if in circumstances beyond our control we cannot meet these timeframes, we will explain why and you will have access to our complaints process.
- If we deny your claim, we will explain the reasons in writing and let you know the next steps if you disagree with our decision.
- We will restrict the use of investigators and surveillance, to preserve your right to privacy.
- The independent Life Code Compliance Committee will monitor our compliance with the Code.
- If we do not correct the Code breaches, sanctions can be imposed on us.

Getting a copy

You can find out more about the Code and how to get a copy on the Guardian Insurance website at guardianinsurance.com.au/code-of-practice

Product Disclosure Statement (PDS)

Explaining this PDS

This Product Disclosure Statement (**PDS**) is designed to help you decide if Guardian Term Life Insurance is right for you. It tells you the terms and conditions applying to Guardian Term Life Insurance and it also provides important information about keeping premium payments up to date, what to do if you want to make a change and how to go about making a claim.

Any advice given in this PDS is general advice only and does not take into account your individual objectives or financial situation. You should consider whether this product is right for you, in regard to your objectives, financial situation and needs. You should carefully read this and any other documentation we send you.

Guardian Insurance and GFS do not guarantee Guardian Term Life Insurance and they are not liable to pay benefits under a Guardian Term Life Insurance policy. The assessment and payment of claims for benefits is the responsibility of the insurer, Hannover.

Both Guardian Insurance and GFS have consented to being named in this PDS in the form and context in which it appears and have not withdrawn this consent before the date of this PDS. Hannover has sole responsibility for this PDS.

In this PDS, some words or expressions have special meaning. They normally begin with capital letters and their meaning is explained in the **"Definitions"** on page 20 of this PDS.

Also, in this PDS, references to "you", "your" and "yours" means the person who is the Policyowner or Life Insured as the context requires. "We", "our" and "us" mean Hannover Life Re of Australasia Ltd.

Introducing Guardian Term Life Insurance

Guardian Term Life Insurance provides a lump sum payment in the event of death, or Terminal Illness which is first diagnosed, during the Policy Term.

In some circumstances, depending on the outcome of your application, for a period of time from your Policy Acceptance Date, a lump sum payment will only be payable in the event of an Accidental Death. This, and other exclusions are further explained in **"What is not covered under your Policy?"** on page 9.

With Guardian Term Life Insurance, you are protected 24 hours a day, 7 days a week, worldwide while your Policy is in force.

A full explanation of these benefits, and the terms and conditions applying are set out in this PDS.

After considering this PDS, you can apply for Guardian Term Life Insurance by visiting **guardianinsurance.com.au** or by contacting us on **1300 709 431**.

Who is this Policy for?

To understand who this product has been designed for, and if the Insurance Policy is likely to be consistent with your needs, objectives and financial situation, you can review the Target Market Determination which is available at guardianinsurance.com.au or you can request a free paper copy by contacting Guardian Insurance on **1300 709 431**.

Your Insurance Policy

If your application is accepted by us, we will issue you a Policy Schedule which will detail key matters such as the Policy Term, Benefit Amount, the premium payable and if applicable to your Policy, any Accidental Death only period. Your Insurance Policy consists of the Policy Schedule and:

- this PDS (which includes the terms and conditions applying under your Policy);
- your application; and
- any amendments or endorsements we issue to you.

Please keep these documents in a safe place for future reference. This Policy may not be transferred or assigned to another person. The Insurance provided under this Policy is written out of the Hannover Australian Statutory Fund.

Your Cover

Purchasing a Policy

You can apply for a Guardian Term Life Policy if you are an Australian Resident aged between 18 and 70 at the time you commence cover.

When you apply for a Policy, we have a process called underwriting to decide if we can offer you Insurance. We will ask you questions about your health and medical history. The answers you give us are important for us to make our decision.

The outcome of your application for cover will determine the maximum period your Policy may be in force (also known as your Policy Term), your Benefit Amount, and if any Accidental Death only period will be applicable. The following sections in this PDS provides further information about each of the terms and conditions that apply to your Policy.

Guardian Term Life Insurance is limited to one Policy per Life Insured. We will not pay any claim on any second or subsequent policies you purchase from us.

Life Insurance Benefit

What events are covered?

A Life Insurance Benefit Amount is payable if you, whilst covered under this Policy:

- die from any cause, except as a result of an intentional self-inflicted injury in the first 12 months from your Policy Acceptance Date, or the Reinstatement date; or
- are first diagnosed with a Terminal Illness (following any applicable Accidental Death only period), with a life expectancy of 12 months or less.

In some circumstances, your Policy may be subject to an Accidental Death only period as explained below.

Accidental Death only period

The Accidental Death only period is the period of time from your Policy Acceptance Date, or the Reinstatement date. A Life Insurance Benefit will only be payable in the event your death occurs as a direct result of an Accident (as defined in the **"Definitions"** on page 20).

It is important that you read and understand the meanings of these terms as they may not be the same as commonly understood.

Upon completion of your application, we will advise you:

- if an Accidental Death only period is applicable to your Policy; and
- the period of time from the Policy Acceptance Date the Accidental Death only period will apply.

If your Policy is subject to an Accidental Death only period, it will also appear in your Policy Schedule.

Policy Term

Your Policy is subject to a maximum Policy Term. This means the maximum period of time from the Policy Commencement Date your Policy will remain in force, provided you continue to pay your premiums when due.

Your Policy Term will be a specified number of years (either 10, 15, 20 or 25 years), or until your 80th birthday, whichever occurs first.

Upon completion of your application, we will advise the Policy Term applicable to your Policy and it will also be confirmed in your Policy Schedule as either the number of years, where the Policy Term is calculated based on years, or the words "Age 80", where the Policy Term is scheduled to end due to your 80th birthday. Your scheduled Policy expiry date will also be calculated and will appear on the Policy Schedule.

The Policy Term will end earlier if any of the events noted under **"When your cover starts and ends"** (on page 10) occur.

Advanced funeral benefit

While assessing a claim for death (excluding if death is as a result of self-inflicted injury occurring within 12 months of the Acceptance Date or Reinstatement date), we may advance 20% of the Benefit Amount up to a maximum of \$10,000 to assist with the costs associated with a funeral or other similar expenses without waiting for full claim proofs, but we must have satisfactory documented evidence of your age, death and be reasonably satisfied that the benefit will be payable under your Policy.

If we pay the advance benefit, your Benefit Amount will be reduced by the amount of this advance payment.

Payment of the advance benefit is not acceptance of your claim.

Benefit Amount

The Benefit Amount is the amount payable following an insured event covered under this Policy in respect of the Life Insured. The Benefit Amount available to you will depend on your age and the outcome of your application. Your Benefit Amount will appear in your Policy Schedule.

The minimum Benefit Amount is \$10,000.

Limit on Benefit Amount

To enable Hannover to manage insurance risks on any one Life Insured, it is necessary to set a maximum limit on the Insurance provided for a Life Insured. The maximum Benefit Amount available to you is up to \$2,000,000 and will depend on your age and the outcome of your health and lifestyle assessment during your application.

What is not covered under your Policy?

To provide cover at a reasonable cost, Hannover needs to manage its insurance risk by excluding payment of a benefit in the circumstances explained below.

We will not pay a Benefit Amount, if your death, or your diagnosis of a Terminal Illness, is directly as a result of an intentional self-inflicted injury, within 12 months of:

- the Acceptance Date of the Policy; or
- where we have agreed to Reinstate the Policy after it was cancelled by us, the date on which we Reinstate the Policy (Reinstatement date).

If your Policy includes an Accidental Death only period, a Benefit Amount will only be payable in the event your death occurs as a direct result of an Accident during this period. If your Policy includes this condition, it will appear in your Policy Schedule.

When your cover starts and ends

If your application for Guardian Term Life Insurance is accepted by us, Insurance starts on the Acceptance Date set out in the Policy Schedule.

Your first premium is deducted from the Commencement Date, which is also set out in the Policy Schedule.

We guarantee to continue your Policy until cover ends as explained below, provided you pay your premiums when due and otherwise comply with the terms and conditions of your Policy.

Your Insurance will end on the earliest of any of the following events:

- the date of your death;
 - the date of payment of a Terminal Illness claim;
 - the date the Policy Term ends;
 - on your 80th birthday;
 - the date you cancel the Policy; or
 - the date we cancel the Policy.
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Cost of Guardian Term Life Insurance

How we calculate your premiums

Premiums are the cost of your Insurance. The premium you are required to pay when the Policy starts is shown in your Policy Schedule.

Your premium is a stepped premium, which means that provided your cover is the same, your premium will increase each year on the Policy Anniversary. We will send you an updated Policy Schedule, 30 days prior to your Policy Anniversary, for each year your Policy remains in force, setting out your updated premium.

Your premium is determined at the Commencement Date and then increases annually on the Policy Anniversary in accordance with the then current premium rate schedule and is based on your:

- age at the Commencement Date;
- Benefit Amount; and
- sex at birth.

Calculation of your premium rating may also take into account other factors such as health and smoking status.

Payment methods, frequency and due date

The date on which your first premium is deducted will become your Policy Commencement Date.

All payments made in connection with this Policy must be made in Australian dollars.

You can pay your premium by automatic debit from your bank, credit union or building society account, or your credit card.

Your premium will be debited, on the agreed date you have chosen, either fortnightly or monthly.

You may apply at any time to change the method of payment of premiums by calling us Monday to Friday on **1300 709 431**.

If you are having difficulty making your premium payments, please contact us and we will inform you of the options we can provide to assist you to retain your Policy.

Premium rate changes

We may change the premium rates applying to your Policy, but only if we change the premium rate applying to all (or the same group of) Guardian Term Life Insurance Policyowners. We will send written notice of any change to you (to your last address notified to us) at least 90 days before the effective date of the change.

Tax

In most cases, your premium will not be tax deductible and tax will not be payable on any benefit paid under your Policy.

This information is based on continuance of present tax laws and our interpretation of those laws. Your individual situation may differ and you should seek qualified professional advice in relation to your particular circumstances.

Claims

Making a claim If you (or your legal personal representative on your death) wish to claim under this Policy, please call us Monday to Friday on **1300 308 578** or write to:

Guardian Insurance
Reply Paid 6728
Baulkham Hills NSW 2153

Or email **claims@guardianinsurance.com.au**

We will send you a form to be completed, signed and returned. We may also require your treating doctor or specialist to complete a form at your (or your estate's) expense. The Policy must be in force when the insured event occurs.

Claims should be made as soon as possible after the event giving rise to the claim. We encourage you to lodge your claim within 120 days of the insured event, this will assist in reducing any delays within the claim assessment.

Before a claim can be fully assessed we must receive proof, provided at your (or your estate's) expense and to our reasonable satisfaction, that the insured event has occurred. In addition:

- proof must be supported by one or more appropriate Medical Practitioners or Specialist Medical Practitioners (as indicated in the **"Definitions"** on page 20); and
- all relevant information, including any test, examination, or laboratory results, must be provided to us.

We reserve the right to require you to undergo, at our expense, examinations or other reasonable tests (including, where necessary, a post-mortem examination) to confirm the occurrence of an insured event. In addition, we may conduct investigations to assess the validity of the claim. This could involve the use of investigation agents and surveillance, legal advisers and the collection of personal data.

Benefit payments

Unless a valid benefit nomination applies, we make all benefit payments to you, or on your death, to your legal personal representative, or other person that we are permitted to pay under the Life Insurance Act 1995 (the Act).

If the Benefit Amount exceeds \$100,000 and a Beneficiary has not been nominated, we will be required to obtain documentation under the Act at an additional cost to your legal personal representative before we can pay the Benefit Amount.

Benefit Amount payments in connection with your Policy will be paid in Australian dollars.

The payment of the Benefit Amount in accordance with the above and or to a nominated beneficiary in respect of a Life Insured is full and final discharge of our liability under the Policy for that Insurance.

Benefit nominations

As the Policyowner, we recommend that you nominate a beneficiary or beneficiaries to receive payment of the Life Insurance Benefit Amount on your death.

To make a nomination, you can call us on **1300 709 431** or complete a Nomination of Beneficiaries Form available to download from **guardianinsurance.com.au** and return it to:

Guardian Insurance
Reply Paid 6728
Baulkham Hills NSW 2153

Or email **enquiries@guardianinsurance.com.au**

General Information

30-day money back guarantee

You have 30 days from the Commencement Date to make sure you are happy with the Policy and decide whether you want to keep the Policy. This is known as the “cooling off” period. If you wish to cancel your Policy within this 30-day period you may do so provided you have not made a claim under the Policy.

If you wish to cancel your Policy within the cooling off period, please send a request providing your instruction to cancel along with your full name and Policy number to:

**Guardian Insurance
Reply Paid 6728
Baulkham Hills NSW 2153**

Or email enquiries@guardianinsurance.com.au

Or alternatively, you can call us Monday to Friday on **1300 709 431**.

If your request is received within 30 days of your Policy Commencement Date, we will refund any premiums you have paid, within 15 business days, provided you have not made a claim under the Policy.

Changing your Insurance

You can call us Monday to Friday on **1300 709 431** to discuss changing your Policy if you wish to make changes to:

- your personal details;
- decrease your Benefit Amount;
- updating rating factors which are shown on your Policy Schedule as reviewable premium rating factors.

These may include your:

- smoking status if you are going from smoker to non-smoker; and
- your weight.

Any change, and the terms, conditions and effective date relating to the change, are subject to approval and written confirmation by us.

From the Acceptance Date of the Policy, you cannot increase the Benefit Amount of the Life Insured.

Cancelling your Policy

If your premium remains unpaid for more than one month from when it is due, your Policy will be cancelled. Prior to cancelling your Policy, we will provide a written notice (to your last address notified to us) setting out the premium payments that are overdue and the timeframe you have to rectify any overdue payments. Within six months of the date that the Policy is cancelled by us, you can apply to Reinstate cover, however your application will be subject to underwriting and may require new terms and conditions or your application to Reinstate cover could be declined.

If you wish to cancel your Policy, please send a written request providing your instruction to cancel along with your full name and Policy number to:

**Guardian Insurance
Reply Paid 6728
Baulkham Hills NSW 2153**

Or email enquiries@guardianinsurance.com.au

If you wish to discuss the matter or make alterations to your cover, you can contact us Monday to Friday on **1300 709 431**.

Insurance risks

In considering whether to acquire Guardian Term Life Insurance there are a number of insurance risks you should be aware of, including:

- you need to select the type of insurance product and apply for the appropriate level of cover for your needs. If you do not have the appropriate type and level of cover it might cause you or your family to suffer financial hardship even after receiving the payment of the Benefit Amount;
 - if you are replacing a contract or policy with another contract or policy, you should consider all the terms and conditions of each policy before making a decision to change. Your new cover may not provide the same level or scope of cover and you may need to re-serve waiting periods and your new cover may not provide the required protection if you make any errors or omissions in your new application;
 - this Policy is an insurance policy designed purely for protection and is not a savings plan. In addition, there is a maximum Policy Term on the Policy and your Insurance will expire once that term is reached. This means that, if you survive beyond the expiry date of your Policy, no benefit is payable to you and there is no refund of premiums paid available to you. If you cancel your Policy (after the 30-day cooling off period) or we cancel your Policy, you will not receive any of the premiums you have paid back nor be able to make a claim for an event arising after the date your Policy is cancelled. It is possible that you will pay more in total premiums than the value of the cover, depending on how long you hold cover for;
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- over time, your circumstances may change, and you may find that you are less able to afford to pay the premium;
 - your health circumstances may change which may mean that new cover is not available; and
 - we may not pay a benefit in some circumstances (refer to the information for **“What is not covered under your Policy”** on page 9) because an exclusion applies under your Policy.

Before cancelling any existing policy, you should check that you have been issued with a new policy, otherwise you risk being uninsured.

Questions or Complaints

How to contact us

If you wish to discuss your Policy or make alterations to your cover you can contact us Monday to Friday on **1300 709 431**.

Making a complaint

We hope that you never have a reason to complain, but if you do, the team at Guardian Insurance will do their best to work with you to resolve it.

To lodge a complaint or if you require assistance to lodge a complaint, please contact Guardian Insurance using one of the following means:

Phone: 1300 709 431

Writing: Customer Support Complaints
Guardian Insurance
Reply Paid 6728
Baulkham Hills NSW 2153

Email: enquiries@guardianinsurance.com.au

The Guardian Insurance complaint resolution process has three steps.

1. Initial response

Usually when you have a complaint, we can resolve it immediately on the phone. If we can't immediately resolve your complaint to your satisfaction, we will refer your complaint to our centralised complaints team who will acknowledge receipt of your complaint within 24 hours (or one business day) where reasonable. If we are still unable to resolve your complaint within 5 days or your complaint is in relation to hardship or the value or decline of a claim, we will escalate your complaint for review by our Internal Dispute Resolution Team.

2. Internal Dispute Resolution

All matters escalated to our Internal Dispute Resolution Team will be responded to in writing. After full consideration of the matter, a written final response will be provided within 30 days that will outline the decision reached and the reasons for the decision.

3. External Dispute Resolution

In the unlikely event that your complaint is not resolved to your satisfaction, or a final response has not been provided within 30 days, you may be eligible to refer your matter to the Australian Financial Complaints Authority (AFCA) provided your matter is within the scope of AFCA's Complaint Resolution Scheme Rules. AFCA is a free, fair and independent dispute resolution scheme.

You may contact AFCA at:

Australian Financial Complaints Authority

Mail: GPO Box 3, Melbourne VIC 3001

Phone: 1800 931 678

Website: afca.org.au

Email: info@afca.org.au

Privacy

In this section, ‘we’, ‘our’ and ‘us’ means Hannover and anyone (including GFS and Guardian Insurance) collecting information on our behalf and are subject to the Australian Privacy Principles under the *Privacy Act 1988* (Cth).

We collect personal information (including sensitive information) in several ways, including via telephone, our website, paper or electronic forms or email. Whenever we deal with you, we request personal information in the application for insurance directly from you and we assume that, where you disclose information about others, you have obtained their permission to do so. In some instances, we may collect information from other sources. This may include from another party involved in a claim, family members, or anyone you have authorized to deal with us on our behalf, including your representatives.

We only collect personal information that is necessary to provide products and services to you, or otherwise permitted by the law.

By applying for insurance, you consent to your personal information (including health information) being collected and used to consider your application for insurance, assess a claim, using it or giving it to related companies for research and analysis, to design or underwrite new insurance products. Your personal information may be disclosed to third parties who assist in the provision of insurance services (i.e. reinsurers, related companies, our advisers, persons involved in claims, medical service providers, external claims data collectors and verifiers, your employer, your agents and other persons where required by law). Third parties are prohibited from using your personal information for purposes other than those for which it is supplied. Your personal information may be disclosed to the Australian Financial Complaints Authority (AFCA) or other dispute resolution providers, government bodies, regulators, law enforcement agencies and any other parties where required by law.

Your personal information may also be used to consider any other insurance application you may make in the future with us, or to perform our administrative operations (such as responding to your enquiries, providing you with support at your request providing you a quote for insurance, responding to your enquiries, for training and quality assurance purposes) and performing internal support functions (such as risk management). If you do not consent to us collecting and using your personal information in this manner, or do not provide the requested information in full, we may be unable to provide you with all our services.

From time to time Guardian Insurance may use your personal information to assist them in developing and identifying products and services that may interest you and (unless you ask them not to by calling them on **1300 709 431**, Monday to Friday) telling you about products and services offered by Guardian Insurance.

We may disclose your personal information to parties located in other countries as listed in Hannover’s Privacy Policy.

You can read more about how we collect, use and disclose your personal information, including how to access your information or complain about a breach of your privacy by accessing Guardian Insurance’s Privacy Policy at guardianinsurance.com.au/privacy-policy or Hannover’s Privacy Policy at hannover-re.com/privacyau or you can request a copy. If you wish to gain access to your information (including correcting or updating it), have a complaint about a breach of your privacy, or have any other query relating to privacy, please call **1300 709 431** (Monday to Friday).

Your Duty to Take Reasonable Care

When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into.

A misrepresentation is an answer that is false, an answer that is only partially true, or an answer which does not fairly reflect the truth.

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

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your Insurance. Your Policy could be voided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced.

Please note that there may be circumstances where we (at a later date) investigate whether the information given to us was true. For example, we may do this when a claim is made.

Guidance for answering our questions

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

- think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond;
- answer every question;
- answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it; and
- review your application carefully, whether you or someone else helped you complete your application (for example, your interpreter or authorised third party), and any other documentation we provide you that was used in the assessment of your application.

Changes before your cover starts

Before your Policy 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 you need help

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

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

Definitions

Acceptance Date	means the date your application is accepted by us and cover starts as set out in the Policy Schedule.
Accident	means an event resulting in bodily injury occurring while you are covered under this Policy, where the injury is directly and solely caused by accidental, violent, external and visible means without any other contributing causes and where the injury is not self-inflicted.
Accidental Death	means death occurring as a direct result of an Accident and where death occurs within 90 days of the Accident.
Australian Resident	means a person who resides in Australia at the time of application and either holds Australian or New Zealand citizenship; or holds an Australian permanent residency visa.
Benefit Amount	means the amount payable on the applicable insured event covered under this Policy. The Benefit Amount is shown in the Policy Schedule.
Commencement Date	means the date on which your first premium payment is deducted. The date you select for the first premium deduction is set out in the Policy Schedule.
Insurance	means, the Insurance benefit that has been applied for by the Policyowner and accepted by us as indicated on the Policy Schedule.
Life Insured	means, as the context requires, you. The Life Insured is set out in the Policy Schedule, and is also the Policyowner.
Medical Practitioner	means a Medical Practitioner registered with the Australian Health Practitioner Regulation Agency (AHPRA), who must not be the Life Insured under this Policy, their spouse, relative or business associate.
PDS	is an abbreviation of Product Disclosure Statement.
Policy	means the legal contract between you and us. This PDS, the current Policy Schedule, and any amendments or endorsements to the Policy we issue you, make up the Policy.
Policy Anniversary	means the anniversary of the Commencement Date of your Policy.
Policy Schedule	means the Policy Schedule issued with this Policy and updated from time to time. A new Policy Schedule will be issued at any time we agree with your request to change the details under this Policy. A new Policy Schedule will replace previous Policy Schedules.

Policy Term	as explained in the section “Policy Term” on page 8.
Policyowner	you, your, yours means you. This Policy may not be transferred or assigned to another person.
Reinstate/ Reinstated/ Reinstatement	means the process of having your Policy put back in force. If you do not pay your premium and your Policy is cancelled by us for non-payment, you can contact us within six months of the date of cancellation to apply to have your Policy reinstated. Eligibility criteria may apply.
Specialist Medical Practitioner	means a Medical Practitioner who practices in a specialty field and is listed on Australian Health Practitioner Regulation Agency’s (AHPRA) Specialist Register. The Specialist Medical Practitioner must not be the Policyowner under this Policy, their spouse, relative or business associate.
Terminal Illness	means the diagnosis, by a Medical Practitioner or Specialist Medical Practitioner, of a Terminal Illness where life expectancy is 12 months or less.

Direct Debit Service Agreement

1. Hannover Life Re of Australasia Ltd ABN 37 062 395 484 ("Debit User") will initiate direct premium debit payments in the manner referred to in the Schedule (contained in the Direct Debit Request).
2. Debit payments will be made when due. The Debit User will not issue individual confirmation of payments made.
3. The Debit User will give the customer at least 14 days' written notice if the Debit User proposes to vary details of this arrangement, including the amount and frequency of debit payments.
4. If the customer wishes to defer any payment or alter any of the details referred to in the Policy Schedule, they must either contact the Debit User Monday to Friday on **1300 709 431** or write to the Debit User at Reply Paid 6728, Baulkham Hills NSW 2153.
5. Customer queries concerning disputed debit payments must be directed to the Debit User in the first instance. Details of the dispute resolution process that applies to the Debit User are described in this document on page 17. Queries about claims in regards to disputed debit payments should also be directed to the Debit User and may also be directed to the customer's financial institution nominated in the Policy Schedule.
6. Direct payment debiting is not available on the full range of accounts at all financial institutions. If in doubt, the customer should check with their financial institution before completing the Direct Debit Request.
7. The customer should ensure that their account details given in the Policy Schedule are correct by checking against a recent statement from their financial institution at which their account is held.
8. It is the customer's responsibility to have sufficient cleared funds available, by the premium due date, in the account to be debited to enable debit payments to be made in accordance with the Direct Debit Request.
9. By authorising the Direct Debit Request, the customer warrants and represents that he/she/they is/are duly authorised to request and instruct the debiting of premium payments from the account described in the Policy Schedule.
10. If a debit payment falls due on any day which is not a business day, the payment will be made on the next business day. If you are uncertain as to when a debit payment will be processed to your account, you should make enquiries directly with the financial institution nominated in the Policy Schedule.
11. If a debit payment is returned unpaid, the customer may be charged a fee by the financial institution nominated in the Policy Schedule for each returned item.
12. Customers wishing to cancel the Direct Debit Request or to stop individual payments must give at least 7 days' written notice to the Debit User at the address referred above.
13. Except to the extent that disclosure is necessary in order to process debit payments, investigate and resolve disputed transactions or is otherwise required by law, the Debit User and its service providers will keep details of the customer's account and debit payments confidential.



For more information call 1300 709 431
Monday to Friday
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