



Income Protection
Accident Only
Insurance



Guardian Income Protection Accident Only Insurance is issued by Hannover Life Re of Australasia Ltd (**Hannover**) ABN 37 062 395 484 of Level 7, 70 Phillip Street, Sydney NSW 2000 as insurer.

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 58 Norwest Blvd, Bella Vista NSW 2153.

Guardian Insurance is a trading name of GFS.

From time to time, Guardian Income Protection Accident Only Insurance may be updated. Updates which are not materially adverse to you may be found on the Guardian Insurance website guardianinsurance.com.au. If you request a paper copy, this will be provided to you free of charge.

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 work with you in a way that suits your needs.

Guardian Insurance is a trading name of Greenstone Financial Services (GFS). GFS has partnered with Hannover Life Re of Australasia Ltd which is the insurer of the Guardian range of products.

Hannover is the insurer of the Guardian products. It is a wholly-owned subsidiary of Hannover Re and is part of the Hannover Re Group worldwide. Hannover Re Group is one of the largest life reinsurers in the world and has a Standard and Poor's Insurer Financial Strength of AA- (Very Strong), and has maintained this rating for a number of years. The life insurance business of Hannover has been operating in the Australian market since 1958, and as at 31 December 2012 had total annual in force premium in excess of AU\$750 million.

Hannover is regulated by the Australian Prudential Regulatory Authority (APRA).

We understand that selecting life insurance to provide financial security for yourself and your family is an important financial decision. When you choose Guardian, you can rest assured that your benefits are secure for the long term.

There's more to life, with Guardian

What's included in
this document?



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Product Disclosure Statement (PDS)

Explaining this PDS

This Product Disclosure Statement (PDS) is designed to help you decide if Guardian Income Protection Accident Only Insurance is right for you. It tells you the terms and conditions applying to a Guardian Income Protection Accident Only Insurance Policy 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 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 Income Protection Accident Only Insurance is issued by the insurer, Hannover Life Re of Australasia Ltd (**Hannover**). Hannover has sole responsibility for the PDS, the Policy and the assessment and payment of claims.

Guardian Income Protection Accident Only Insurance is not issued or guaranteed by GFS, and GFS is neither included, nor liable, in any manner in respect of the assessment and payment of benefits under Guardian Income Protection Accident Only Insurance. GFS has consented to being named in this PDS in the form and context in which it appears and has not withdrawn this consent before the date of 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 **"Glossary"** on page 23 of this PDS.

In this PDS, references to "we", "our" and "us" mean Hannover Life Re of Australasia Ltd.

Introducing Guardian Income Protection Accident Only Insurance

With Guardian Income Protection Accident Only Insurance there are a number of flexible insurance combinations to suit your needs.

There's Income Protection Accident Only Insurance – broadly, this insurance provides a monthly Income Benefit if, as a direct result of an Injury you suffer a loss of income – which you can apply for on its own. In addition to the monthly Income Benefit, a premium waiver benefit and a recurrent disability benefit are provided under the Policy. Cover is not provided for loss of income due to an illness. Please consider the definitions of "Injury" and "Accident" in the **"Glossary"** on page 23 of this PDS.

There are also optional benefits that you can apply for with your Income Protection Accident Only Insurance:

- Homemaker Insurance – broadly, this insurance provides up to \$1,000 per month for up to six months if the Homemaker is unable to perform any three Domestic Duty Tasks due to Sickness or Injury.
- Children's Insurance – lump sum benefit is paid in the event of Accidental Death or Paralysis, Blindness, Deafness, Total and Permanent Loss of Use of Two Limbs, Encephalitis, Meningitis or Major Head Trauma of the Insured Child.

A full explanation of these benefits, and the terms and conditions applying, are set out in the following sections of this PDS. With Income Protection Accident Only Insurance, you are protected against accidents 24 hours a day, 7 days a week, worldwide while your Policy is in force.

Your Insurance Policy

If your application is accepted by us, we will issue you a Policy Schedule. Your Insurance Policy consists of the Policy Schedule and:

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

Please keep these documents in a safe place for future reference. The Insurance provided under this Policy is written out of the Hannover Australian statutory fund.

Income Protection Accident Only Insurance

What is Income Protection Accident Only Insurance?

Income Protection Accident Only Insurance pays an Income Benefit if you are unable to work due to a Disabling Injury for longer than your chosen Waiting Period. This insurance does not provide a benefit if you are unable to work due to illness.

Income Protection Accident Only Insurance eligibility

You can apply for Income Protection Accident Only Insurance if you are working at least 20 hours per week and you have been working in this capacity for at least 12 months prior to the Policy Commencement Date.

You must be an Australian Resident aged between 18 and 59.

Income Protection Accident Only Insurance Benefit Amount

The minimum and maximum Income Benefit amount that you can apply for at the Policy Commencement Date is shown on the following table:

Minimum monthly Income Benefit amount	Maximum monthly Income Benefit amount
\$1,000	75% of your monthly Pre-Tax Income up to a maximum monthly benefit of \$10,000.

The Income Benefit payable will not exceed 75% of your average monthly Pre-Disability Income.

Income Protection Accident Only Insurance benefit payment

We will pay the benefits explained below except in the circumstances explained in **“Income Protection Accident Only Insurance exclusions”** on page 11.

Income Benefit

We will pay the Income Benefit as a monthly amount if you:

- suffer a Disabling Injury while covered under the Policy; and
- remain continuously Disabled during the Waiting Period; and
- are continuously Disabled after the end of the Waiting Period, and
- solely as a result of the Disabling Injury, your capacity to earn your Pre-Disability Income, from your Regular Occupation reduces by 20% or more.


Disabling Injury means due to an Injury occurring after the Acceptance Date, you are:

- unable to perform the usual duties of your Regular Occupation necessary to produce income; and
- you are under regular care in relation to your Injury for which you are claiming; and
- suffering a loss of income; and
- you are not engaged in your Regular Occupation or any other gainful occupation.

A Disabling Injury must be certified by your Medical Practitioner and confirmed by one or more medical specialists nominated by us.

Disabled / Disability has the same meaning as Disabling Injury.

Please also refer to the meaning given to other defined terms in the **“Glossary”** on page 23.

A woman with dark hair pulled back, wearing glasses and a light-colored striped button-down shirt, is looking down at a laptop screen. She is holding a white mug with both hands. The background is a bright, out-of-focus window with a grid pattern.

Income Protection Accident Only Insurance pays an Income Benefit if you are unable to work due to a Disabling Injury for longer than your chosen Waiting Period.

The Income Benefit is payable monthly in arrears during the Benefit Period, with the first payment occurring one month after the end of the Waiting Period. For partial months the amount paid will be at the rate of 1/30th of the Income Benefit for each day the Life Insured suffers a Disabling Injury after the end of the 30 day Waiting Period.

Your Policy Schedule will show the Benefit Period and Waiting Period you have chosen.

Example: If you choose a 30 day Waiting Period, your first payment would be 60 days after you were first eligible to claim (the 30 day Waiting Period plus 30 days because claims are paid in arrears).

Benefit Period

The Benefit Period is the maximum period of time that the Income Benefit will be paid for any one Disabling Injury claim you make under your Income Protection Accident Only Insurance. When you apply for cover, you can choose a 6 month, 1 year, 2 year or 5 year Benefit Period.

The Benefit Period starts at the end of the Waiting Period and continues until the earliest of:

- the end of the Benefit Period shown on the Policy Schedule; or
- the date you are no longer Disabled; or
- the Policy Anniversary following your 65th birthday; or
- the date your Policy ends.

Income Benefit Amount

The Income Benefit payable may be less than the Monthly Amount Insured shown on your Policy Schedule.

The Income Benefit payable will be calculated as the lesser of:

- the Monthly Amount Insured; and
- 75% of your Pre-Disability Income.

If you are receiving Other Payments, this amount may then be reduced so that the combined total of the monthly amount we pay, plus the Other Payments you receive, is no more than the lesser of:

- the Monthly Amount Insured; and
- 75% of your Pre-Disability Income.

If you make a claim we will require you to provide satisfactory financial evidence of your Pre-Disability Income.

We will continue to pay you the Income Benefit until:

- the Disabling Injury giving rise to the claim does not prevent you from earning your Pre-Disability Income from your Regular Occupation; or
- the Benefit Period ends; or
- the Policy ends; or
- your death; or
- you are no longer under the regular care of a Medical Practitioner with regard to treatment of the Disabling Injury; or
- you are no longer following the treatment recommended by a Medical Practitioner at such intervals and frequency as will lead to a cure, alleviation, or minimization of the condition causing the Disabling Injury.

Recurrent disability benefit

If the Disabling Injury recurs within six months of your last Income Benefit and you need to restart your claim, we will treat it as a continuation of your previous claim. In this circumstance the Waiting Period will be waived, but your claim is only payable for the balance, if any, of the Benefit Period.

You must return to full time work for at least six consecutive months and perform all of the important Income Producing Duties of your Regular Occupation without restriction before becoming eligible to submit a new claim for the same or related cause. A new Waiting Period and Benefit Period will then apply.

Limit on benefits

You are only entitled to one Income Benefit payable at any one time under this cover, even if you suffer more than one Injury giving rise to the claim.

At no time can your Income Benefit exceed 75% of your Pre-Disability Income.

If you are covered under more than one Guardian Income Protection Insurance and/or Income Protection Accident Only Insurance Policy, we will apply these limits to the total of the benefits payable under all such Policies. Any reduction in the Income Benefit will be applied to the Insurance most recently commenced and we will refund the premiums paid referable to the amount by which the Income Benefit is reduced.

Income Protection Accident Only Insurance premiums

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

Your premium is calculated at each Policy Anniversary and is based on:

- your gender and age at that time; and
- the Monthly Amount Insured; and
- the Benefit Period; and
- the Waiting Period; and
- various factors which may affect the premium rating such as the state of your health, occupation and participation in hazardous activities.

For a premium estimate you should contact a **Guardian Insurance Consultant** on **1300 709 431**.

Premium Waiver

You do not have to pay your premium for any period during which the Income Benefit is payable. If we receive your completed claim form within 30 days from the start of your Injury and the Income Benefit is payable, we will also refund the portion of the premium you have paid in the Waiting Period.

Income Protection Accident Only Insurance exclusions

We will not pay an Income Benefit in respect of a claim for a Disabling Injury occurring directly or indirectly from:

- an intentional self inflicted act; or
- attempted suicide; or
- the consumption of drugs (unless it was under the direction of a Medical Practitioner and not in connection with treatment for substance abuse, drug addiction or dependence); or
- the consumption of intoxicating liquor, including having a blood alcohol content over the prescribed legal limit whilst driving; or
- war (whether declared or not) or war-like activity, or taking part in a riot or civil commotion; or
- engaging in any criminal activities or illegal acts.

We will not pay the Income Benefit where we have agreed a special term with you in respect of your cover that specifically excludes the event or condition leading to the claim. Any such special term will be agreed with you before your Policy is issued and will appear on your Policy Schedule.

Income Protection Accident Only Insurance start and end

If your application for Income Protection Accident Only Insurance is accepted by us, your cover 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 renew your Income Protection Accident Only Insurance (provided you pay your premiums when due) until you attain age 65.

Your Income Protection Accident Only Insurance ends when the first of the following occurs:

- the Policy Anniversary following your 65th birthday; or
- the date the Policy ends; or
- your death; or
- the date you cancel the Policy; or
- the date we cancel the Policy; or
- you are no longer an Australian Resident.

Homemaker Insurance Option

This option is available with Income Protection Accident Only Insurance. You only have this cover if we accepted your application and it is shown in your Policy Schedule.

What is Homemaker Insurance?

Homemaker Insurance pays a monthly Homemaker Benefit while the Homemaker Life Insured is unable to perform any three of their Domestic Duty Tasks due to Sickness or Injury for longer than 30 days.

Homemaker Insurance eligibility

You can apply for Homemaker Insurance if the Homemaker Life Insured is aged between 18 and 59, and an Australian Resident.

Homemaker Insurance Benefit Amount

You can apply for a monthly Homemaker Benefit Amount of either \$500 or \$1,000 for the Homemaker Life Insured.

Homemaker Insurance benefit payment

We will pay the benefits explained below while the Homemaker Life Insured is covered under the Policy except in the circumstances explained in **"Homemaker Insurance exclusions"** on page 14.

Homemaker Benefit

We will pay the Homemaker Benefit as a monthly amount when the Homemaker Life Insured suffers a Sickness or Injury and, as a result the Homemaker Life Insured:

- is unable to perform any three of their Domestic Duty Tasks; and
- is under the regular care of, and following the advice of, a Medical Practitioner in relation to that Sickness or Injury; and
- has continuously been unable to perform any three of their Domestic Duty Tasks for 30 days; and
- has continuously been unable to perform any three of their Domestic Duty Tasks since the end of the 30 day period.

The Homemaker Benefit is payable after the expiry of the 30 day period if, solely as a result of Sickness or Injury, the Homemaker Life Insured is unable to perform any three of their Domestic Duty Tasks. The Homemaker Benefit is payable monthly in arrears with the first payment occurring one month after the end of the initial 30 day period.

We will pay the Homemaker Benefit for a maximum period of 6 months for any one Sickness or Injury. Once the Homemaker Benefit has been paid for 6 months, no further payments will be made for the same or a related cause.

Example: The first payment would be 60 days after the Homemaker Life Insured was first eligible to claim (the initial 30 days plus 30 days because claims are paid in arrears).

Homemaker Benefit amount

The Homemaker Monthly Amount Insured is shown on your Policy Schedule.

If the Homemaker Life Insured is receiving Other Payments, the Homemaker Monthly Amount Insured will be reduced by the Other Payments the Homemaker Life Insured receives.



You can apply for a
monthly Homemaker
Benefit amount of
either \$500 or \$1,000

We will continue to pay the Homemaker Benefit until the earliest of:

- the Sickness or Injury giving rise to the claim does not prevent the Homemaker Life Insured from performing any three of their Domestic Duty Tasks; or
- the Homemaker Benefit has been paid for 6 months; or
- the Policy ends; or
- the death of the Homemaker Life Insured; or
- the Homemaker Life Insured is no longer under the regular care of a Medical Practitioner with regard to treatment of the Sickness or Injury giving rise to the claim; or
- the Homemaker Life Insured is no longer following the treatment recommended by a Medical Practitioner at such intervals and frequency as will lead to a cure, alleviation, or minimization of the condition causing the inability to perform any three of their Domestic Duty Tasks.

The total of all Homemaker Insurance benefit payments is limited to \$18,000 plus any automatic sum insured increases.

Recurrent condition

If the Sickness or Injury of the Homemaker Life Insured recurs within six months of the last Homemaker Benefit payment and you need to restart the Homemaker Benefit claim, we will treat it as a continuation of the previous claim for the balance, if any, of the 6 month maximum payment period.

Limit on benefits

Only one Homemaker Benefit is payable at any one time under this cover, even if the Homemaker Life Insured suffers more than one Sickness or Injury giving rise to the claim.

The total of all Homemaker Insurance benefit payments under this Policy is \$18,000 plus any automatic sum insured increases.

If the Homemaker Life Insured is covered under more than one Guardian Income Protection Insurance and/or Income Protection Accident Only Insurance, we will apply these limits to the total of the benefits payable for the Homemaker Life Insured under all such Policies. Any reduction in the Homemaker Benefit will be applied to the Policy most recently commenced and we will refund the premiums paid referable to the amount by which the Homemaker Benefit is reduced.

Homemaker Insurance premiums

The premium you are required to pay for this option when the Policy starts is shown on your Policy Schedule.

The premium is calculated at each Policy Anniversary and is based on:

- the age, gender and smoking status of the Homemaker Life Insured at that time; and
- the Homemaker Monthly Amount Insured.

For a premium estimate you should contact a **Guardian Insurance Consultant** on **1300 709 431**.

Homemaker Insurance exclusions

We will not pay a Homemaker Benefit in respect of a claim for a Sickness or Injury occurring directly or indirectly from:

- A pre-existing medical condition that was apparent in the 2 years before the Homemaker Insurance started. A pre-existing condition is a physical condition or related symptom (whether caused by illness or injury) that the Homemaker Life Insured was aware of, or a reasonable person in the Homemaker Life Insured's position should have been aware of, or for which the Homemaker Life Insured had a medical consultation; or
- a Mental Disorder or Illness; or
- an intentional self inflicted act; or
- attempted suicide; or
- the consumption of drugs (unless it was under the direction of a Medical Practitioner and not in connection with treatment for substance abuse, drug addiction or dependence); or
- the consumption of intoxicating liquor, including having a blood alcohol content over the prescribed legal limit whilst driving; or
- normal pregnancy (including 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 a pregnancy terminated; or

- war (whether declared or not) or war-like activity, or taking part in a riot or civil commotion; or
- engaging in any criminal activities or illegal acts.

We will not pay any benefits where we have agreed a special term in respect of the Homemaker's cover that specifically excludes the event or condition leading to the claim. Any such special term will be agreed with you before your Policy is issued and will appear on your Policy Schedule.

Homemaker Insurance start and end

If your application for Homemaker Insurance is accepted by us at the Commencement Date then the Homemaker Insurance starts on the Acceptance Date. If we agree to add Homemaker Insurance to your Policy after the Commencement Date, we will advise you of the date the Homemaker Insurance starts.

The Homemaker Insurance ends for the Homemaker Life Insured when the first of the following occurs:

- the date the maximum Homemaker Benefit amount has been paid; or
- the Policy Anniversary following the 65th birthday of the Homemaker Life Insured; or
- the date the Policy ends; or
- the death of the Homemaker Life Insured; or
- the date you cancel the Policy; or
- the date you cancel this Insurance; or
- the date we cancel the Policy; or
- when the Homemaker Life Insured is no longer an Australian Resident.

Children's Insurance Option

This option is available with Income Protection Accident Only Insurance. You only have this cover if we accepted your application and it is shown in your Policy Schedule.

What is Children's Insurance?

Children's Insurance provides a benefit in the event of Accidental Death, Paralysis, Blindness, Deafness, Total & Permanent Loss of Use of Two Limbs, Encephalitis, Meningitis or Major Head Trauma of an Insured Child under the Policy. These medical conditions are defined in the **"Glossary"** on page 23.

Children's Insurance eligibility

You can apply for this Insurance cover for a child of yours if the child is aged between 2 and 17 years of age, and an Australian Resident.

Children's Insurance Benefit Amount

You can apply for a Benefit Amount from \$20,000 up to a maximum of \$50,000 for each Insured Child under the Policy (in increments of \$10,000).

Children's Insurance benefit payment

We will pay the benefit explained below if the Insured Child suffers an insured event; namely Accidental Death, Paralysis, Blindness, Deafness, Total & Permanent Loss of Use of Two Limbs, Encephalitis, Meningitis or Major Head Trauma while covered under the Policy except in the circumstances explained in **"Children's Insurance exclusions"** on page 18.

Only one Benefit Amount is payable per Insured Child.

Accidental Death

We will pay the Children's Insurance Benefit Amount as a lump sum in the case of Accidental Death of the Insured Child providing we have paid no Children's Insurance Benefit Amount in relation to a serious injury or illness for that Insured Child.

Serious injury or illness

We will pay the Children's Insurance Benefit Amount as a lump sum in the event the Insured Child suffers Paralysis, Blindness, Deafness, Total & Permanent Loss of Use of Two Limbs, Encephalitis, Meningitis or Major Head Trauma as a result of injury or illness while covered under the Policy, except in the circumstances explained in **"Children's Insurance exclusions"** on page 18.

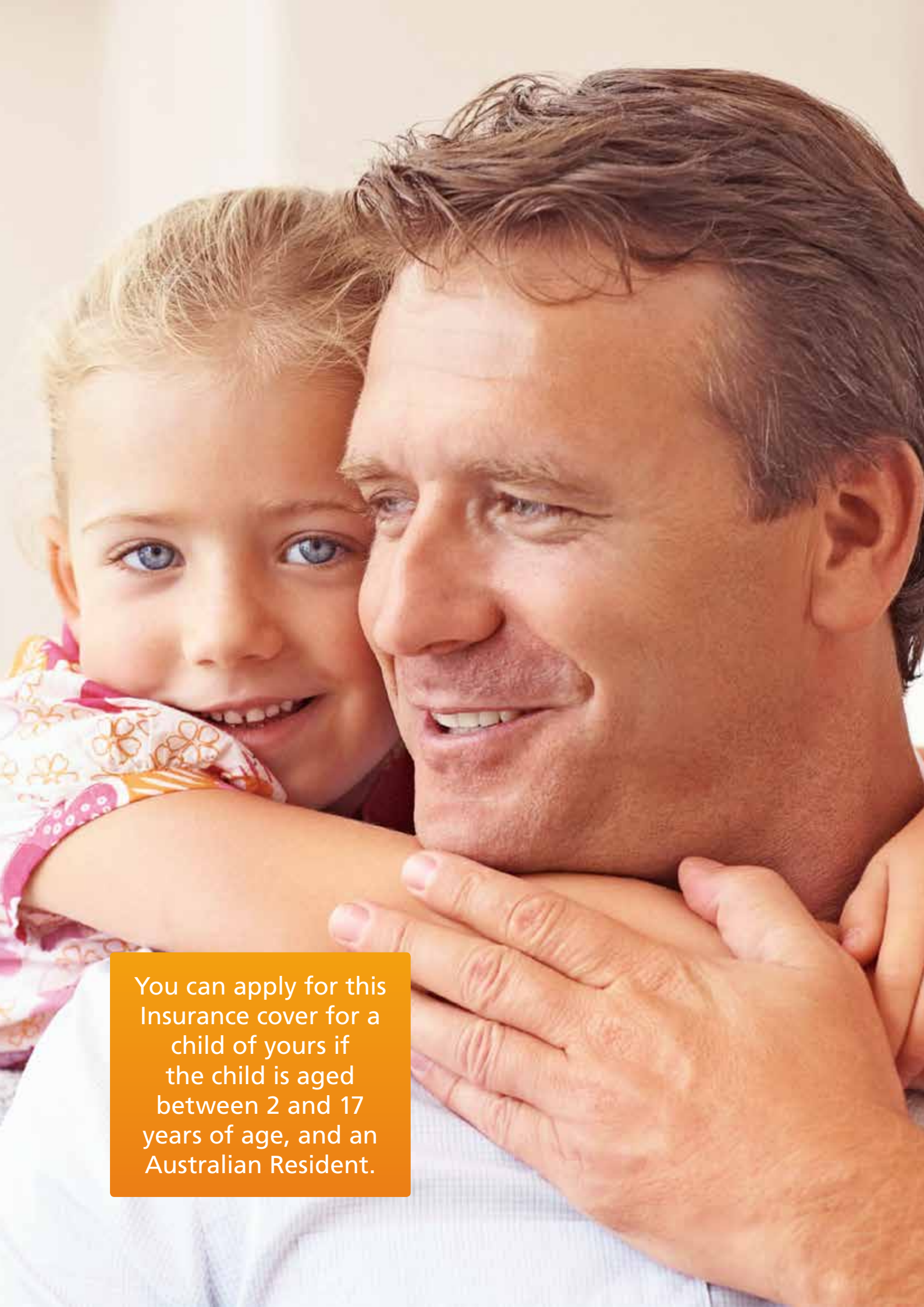
Where we have paid a Children's Insurance Benefit Amount in relation to serious injury or illness, there are no further benefits payable under this Children's Insurance option for that Insured Child.

The injury or illness condition must be diagnosed by a Medical Practitioner and confirmed by our medical advisers.

Limit on benefits

Only one Benefit Amount is payable per Insured Child. The total benefit payable cannot exceed \$50,000 for each Insured Child, plus any automatic sum insured increases.

If the Insured Child is covered for Children's Insurance under more than one Guardian Income Protection Insurance and/or Income Protection Accident Only Insurance Policy, we will apply this limit to the total of the Children's Insurance Benefit Amounts payable for the Insured Child under all such Policies. Any reduction in the Children's Insurance Benefit Amount will be applied to the Children's Insurance most recently commenced and we will refund the premiums paid referable to the amount by which the Children's Insurance Benefit Amount is reduced.



You can apply for this Insurance cover for a child of yours if the child is aged between 2 and 17 years of age, and an Australian Resident.

Children's Insurance premiums

The premium you are required to pay for this option when the Policy starts is shown in your Policy Schedule.

The premium is calculated at each Policy Anniversary and is based on the Benefit Amount provided for each Insured Child.

For a premium estimate you should contact a **Guardian Insurance Consultant** on **1300 709 431**.

Children's Insurance exclusions

We will not pay a Benefit Amount if the Insured Child suffers Paralysis, Blindness, Deafness, Total & Permanent Loss of Use of Two Limbs, Encephalitis, Meningitis or Major Head Trauma directly or indirectly as a result of:

- a Congenital Condition; or
- the intentional act of the Policyowner or person who will otherwise be entitled to all or part of the Benefit Amount; or
- an injury which occurs or an illness which becomes apparent, before the Children's Insurance for the Insured Child starts, or during the first three (3) months after the date that the Children's Insurance for the Insured Child starts or, if reinstated, the reinstatement date. We will pay for any new and unrelated occurrence of Paralysis, Blindness, Deafness, Total & Permanent Loss of Use of Two Limbs, Encephalitis, Meningitis or Major Head Trauma suffered by an Insured Child after this three (3) month period, while covered under the Policy.

Children's Insurance start and end

If your application for Children's Insurance is accepted by us at the Commencement Date then the Children's Insurance starts on the Acceptance Date. If we agree to add Children's Insurance to your Policy after the Commencement Date, we will advise you of the date the Children's Insurance starts.

The Children's Insurance ends for an Insured Child when the first of the following occurs:

- the date of death of the Insured Child; or
- the date of payment of a Children's Insurance Benefit Amount for the Insured Child; or
- the date you cancel the Policy; or
- the date we cancel the Policy; or
- the date you cancel this cover; or
- the Policy Anniversary following the attainment of age 21 by the Insured Child.

General Information

30 day money back guarantee

You have 30 days from the Commencement Date or the date any optional benefit starts to make sure you are happy with the Policy, and decide whether you want to keep the Policy or optional benefit. This is known as the “cooling-off” period. If you want to cancel your Policy, or the optional benefit within this 30 day period you may do so provided you have not made a claim under the Policy. Please send your Policy Schedule to **Guardian Customer Service**, PO Box 6728, Baulkham Hills NSW 2153 with a written request for cancellation within the 30 day period. When Guardian Insurance receives your letter and Policy Schedule, the Policy and/or the optional benefits will be cancelled, as applicable, and any premiums you may have paid will be refunded.

Automatic sum insured increases

To help your level of insurance keep up with the cost of living, your Insurance and all optional benefits (if applicable) are automatically increased on each Policy Anniversary by 5%. Automatic increases will continue even where the maximum Insurance amount is met or exceeded. We will send you an updated Policy Schedule each year your Policy remains in force 30 days prior to your Policy Anniversary setting out your updated Insurance amounts and premium. You can decline the automatic increase by writing to **Guardian Customer Service**, PO Box 6728, Baulkham Hills NSW 2153. If you decline the automatic increase, the updated Policy Schedule we sent you will not be valid and we will send you a replacement Policy Schedule.

If the automatic increase would mean that the Income Protection Accident Only Insurance Monthly Amount Insured is greater than 75% of your average monthly Pre-Tax Income, you should reject the increase to avoid paying unnecessary premium.

If you decline the automatic sum insured increase in any given year, we will continue to offer you automatic sum insured increases on each subsequent Policy Anniversary until you are no longer eligible for them.

Further Insurance options

We may offer you the option of incorporating further Insurance benefits under your Policy. If you accept such offers, we will issue you with a new Policy Schedule setting out the important details about the Insurance option.

Premiums

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 Income Protection Accident Only 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.

Premium payments and deductions

Your premium will be debited on the date of your choice, either fortnightly, monthly or annually. The date on which your first premium is deducted will become your Policy Commencement Date. You can pay either by automatic debit from your bank, credit union or building society account or by charge to your credit card.

You may apply at any time in writing or by phone to change the method of payment of premiums. Payment frequency changes can only be made on the Policy Anniversary following the request.

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

Changing your Insurance

You may apply at any time in writing to:

- decrease your Insurance; and
- increase your Insurance; and

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

Policy cancellation

If you don't pay your premium when it is due and it remains unpaid for more than one month your Policy could be cancelled. It may be reinstated within six months of the date that the Policy was cancelled, but only if we agree and subject to any terms and conditions we might require.

The Policy will be cancelled if the Policyowner is on a temporary work visa and ceases to reside in Australia.

You can cancel your Policy by writing to **Guardian Customer Service**, PO Box 6728, Baulkham Hills NSW 2153, giving 30 days notice.

Insurance risks

There are a number of insurance risks you should be aware of, including:

- you need to select the correct Insurance product and apply for the appropriate level of cover for your needs. If you do not have enough cover or the most suitable cover, it might cause you or your family to suffer financial hardship even after receiving the benefit payment;
- 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.

Benefit payments

We will make all Income Benefit payments to you.

If a Homemaker Benefit applies we will make all payments to you.

If a Children's Insurance benefit applies it will be paid to you.

All benefits paid in connection with this Policy will be made in Australian currency.

Claims

If you wish to claim under this Policy, please phone **1300 737 697** or write to **Guardian Customer Service**, PO Box 6728, Baulkham Hills NSW 2153. You will be sent a form to be completed, signed and returned. We may also require your treating doctor or specialist to complete a form at your expense.

The Policy and the Insurance for the benefit 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. If you do not notify us within 120 days after the event giving rise to the claim, and we are disadvantaged by the delay, we may be able to reduce the amount we would otherwise pay, or we may be able to refuse to pay the claim.

Before a claim is payable we must receive proof, provided at your expense and to our satisfaction, that the insured event has occurred. In addition:

- the insured event must be confirmed by one or more medical specialists nominated by us; and
- all relevant information, including any test, examination, or laboratory results, must be provided to us.

We may be entitled to refuse to pay the benefit under this Policy if a claim is made more than 120 days after the insured event giving rise to the claim without good cause or if we do not have evidence to our satisfaction of the applicable insured event or the cause of your death.

We reserve the right to require you to undergo, at our expense, examinations or other reasonable tests to confirm the occurrence of an insured event or entitlement to claim. 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.

Taxation

The Income Benefit and Homemaker Benefit will generally be considered income. Therefore the premiums in respect of the Income Benefit and Homemaker Benefit may be tax deductible and benefits paid will generally be assessable as income.

In most cases the premium for the Children's Insurance will not be tax deductible and tax will not be payable on a payment of these benefits 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.

Complaints resolution

We hope that you never have reason to complain, but if you do we will do our best to work with you to resolve it. Our complaints resolution process has three steps.

1 – Immediate Response

Usually when you have a concern, we can resolve it immediately on the phone. If we can't immediately resolve your concern we will treat it as a complaint and take steps to resolve your matter as soon as possible. Please contact us by using one of the following means:

- Phone:** **1300 709 431**
(Weekdays between 8:00am and 8:00pm EST)
- Writing:** Customer Service Complaints
Guardian Income Protection Accident Only Insurance
PO Box 6728
Baulkham Hills NSW 2153
- Email:** enquiries@guardianinsurance.com.au

Please supply your Policy number to enable the enquiry to be dealt with promptly. Your complaint or enquiry will be dealt with by someone with appropriate authority.

2 – Internal Dispute Resolution

If we haven't resolved your matter to your satisfaction, at your request, we will escalate your complaint for review by our Internal Dispute Resolution team.

All escalated matters will be acknowledged within 2 business days of being escalated. After full consideration of the matter a written final response will be provided that will outline the decision reached and the reasons for that 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 45 days, you may be eligible to refer your matter to the Financial Ombudsman Service (FOS), providing your matter is within the scope of the FOS Terms of Reference. The FOS is an independent dispute resolution service provided free of charge. You may contact the FOS at:

- Financial Ombudsman Service**
- Mail:** GPO Box 3, Melbourne VIC 3001
- Phone:** 1300 780 808 (local fee applies)
- Fax:** (03) 9613 6399
- Website:** www.fos.org.au
- Email:** info@fos.org.au

Privacy

For the purposes of this Notice "we", "our" and "us" means Hannover Life Re of Australasia Ltd and anyone collecting information on its behalf.

We may collect personal information directly from you through the application process or, where that is not reasonably practical, from other sources. For example, we may obtain information from other insurers or Medical Practitioners.

Your personal information is collected for the purpose of processing your application, administering your Policy and assessing and paying any claims under the Policy. Your information may also be used to consider any other application you may make in the future, or to perform our administrative operations. 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 will be unable to provide the requested insurance services or you may be deemed to not have complied with your duty of disclosure. Guardian Insurance may use your personal information (but not sensitive 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) telling you about Guardian Insurance products and services offered by Guardian Insurance.

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). We are unlikely to send your personal information to any foreign jurisdiction and we take steps to ensure our service providers don't either.

By applying for cover, you consent to sensitive information about you being collected and it being 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, and disclosing it to any of the third parties listed above for these purposes. Your sensitive information will not be disclosed for any other purpose. Third parties are prohibited from using your personal information for purposes other than those for which it is supplied.

You can read more about how we collect, use and disclose your personal information in our Privacy Policy, including how to complain about a breach of the Privacy Principles, which is available on our website at guardianinsurance.com.au 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, 8:00am – 8:00pm EST.

Duty of disclosure

You have a duty of disclosure under law to tell us anything you know, or could reasonably be expected to know, which is relevant to our decision as to whether to insure you and other Lives Insured and on what terms. You have the same duty to disclose those matters before you extend, vary or reinstate this Policy. You do not need to tell us anything that:

- reduces our risk; or
- is of common knowledge; or
- we know, or as an insurer, should know; or
- we indicate we do not want to know.

If you fail to comply with your duty of disclosure and we would not have issued the Policy (or accepted your application to extend or reinstate your Policy) on any terms if you had complied with your duty, we may avoid the Policy within 3 years of the Acceptance Date of your Policy (or the date we agreed to increase a Benefit Amount, include an optional benefit, or reinstate the Policy, as applicable). This means we could refuse to pay a benefit.

If the non-disclosure is fraudulent, we may avoid the Policy at any time. Alternatively, we may be able to reduce the amount of cover to reflect the premium that would have been payable if all relevant matters had been disclosed to us.

Glossary

In this Policy, some words begin with a capital letter, for example, Acceptance Date. These words have the special meanings as explained below.

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 this Policy is in force, 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; or has been in Australia continuously for six months or more on a temporary work visa and resides in Australia.

Benefit Amount means the amount payable under this Policy for you in respect of an Insured Child under Children's Insurance (as applicable). The Benefit Amount at the Acceptance Date for each Insured Child is shown in the Policy Schedule.

Benefit Period means the maximum length of time that we will pay the Income Benefit for the same or related Disabling Injury during the life of the Policy. The Benefit Period is shown in the Policy Schedule.

Blindness means the complete and irrecoverable loss of the sight of both eyes as a result of injury or disease.

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.

Congenital Condition means an illness, disability or defect existing at or from an Insured Child's birth.

Deafness means the total, irreversible and irreparable loss of hearing (both natural and assisted) in both ears as a result of disease, illness or injury as measured by an audiogram.

Diplegia means total & permanent loss of use of corresponding parts of the body through injury causing permanent damage to the nervous system.

Disabling Injury means due to an Injury occurring after the Acceptance Date, you are:

- unable to perform the usual duties of your Regular Occupation necessary to produce income; and
- you are under regular care, in relation to your Injury for which you are claiming; and
- suffering a loss of income; and
- you are not engaged in your Regular Occupation or any other gainful occupation.

A Disabling Injury must be certified by your Medical Practitioner and confirmed by one or more medical specialists nominated by us.

Disabled / Disability has the same meaning as Disabling Injury.

Domestic Duty Tasks are the tasks performed by a Homemaker Life Insured whose main occupation is to maintain the family home and who, if in paid employment, is working less than 10 hours per week.

These tasks are:

- cooking of meals for their family;
- cleaning of the home;
- shopping for their family's food;
- doing their family's laundry; and
- taking care of dependant children (if applicable).

Domestic Duties do not include duties performed outside the person's home for salary, reward or profit.

Encephalitis means the unequivocal diagnosis of encephalitis, where the condition is characterised by severe inflammation of the brain, that results in a permanent impairment of at least 25% of whole person function (as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 5th Edition).

Hemiplegia means the total & permanent loss of use of one half of the body through injury causing permanent damage to the nervous system.

Homemaker means the main provider of Domestic Duty Tasks within the family home and if also in paid employment, working for less than 10 hours per week.

Homemaker Benefit means the Homemaker monthly amount you are entitled to receive in respect of Homemaker Insurance under the Policy terms and conditions.

Homemaker Life Insured means the Life Insured named in the Policy Schedule in respect of the Homemaker Insurance. A Homemaker may be your legal spouse or de-facto and may be the same gender as you.

Homemaker Monthly Amount Insured is the amount shown on the Policy Schedule and is used to calculate the Homemaker Benefit.

Income Benefit means the monthly benefit amount you are eligible to receive in respect of Income Protection Accident Only Insurance under the Policy terms and conditions.

Income Producing Duties means duties which contribute at least 20% to Pre-Disability Income.

Injury means a bodily injury caused by an Accident.

Insurance means, in respect of a Life Insured, the Insurance benefits that have been applied for by the Policyowner and accepted by us as indicated on the Policy Schedule.

Insured Child in respect of the optional Children's Insurance means the Life Insured named in the Policy Schedule in respect of Children's Insurance.

Life Insured means, as the context requires, you and, if applicable, the Homemaker Life Insured and an Insured Child.

Major Head Trauma means an injury to the head resulting in the Insured Child either:

- suffering at least 25% permanent impairment of whole person function (as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 5th Edition), or
- being permanently unable to perform at least one of the following "activities of daily living" without the physical assistance of someone else and without the use of special equipment:

Activity	Description
Washing	bathing and showering
Dressing	dressing and undressing
Eating	eating and drinking
Continence	maintaining continence with a reasonable level of personal hygiene
Mobility	getting in and out of bed, a chair or wheelchair, or moving from place to place by walking, wheelchair or walking aid

Medical Practitioner is a qualified, practicing medical specialist, licensed to practice his or her medical specialty within Australia or New Zealand, and whose specialty qualifies him or her to diagnose a medical condition, an illness, or injury covered under this Policy, of a Life Insured. The Medical Practitioner must not be the Policyowner or a Life Insured under this Policy, their spouse, relative or business associate.

Meningitis means the unequivocal diagnosis of meningitis where the condition is characterised by severe inflammation of the meninges of the brain, that results in suffering permanent impairment of at least 25% of the whole person function (as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 5th Edition).

Mental Disorder or Illness means any disorder or illness classified in the Diagnostic and Statistical Manual of Mental Disorders, Volume IV, published by the American Psychiatric Association (or such replacement or successor publication we approve, or if none then a comparable publication as selected by us). Such mental disorder conditions include, but are not limited to:

- post traumatic stress; and
- physical symptoms of a psychiatric illness; and
- anxiety; and

- depression; and
- psychoneurosis; and
- psychotic, personality, emotional or behavioural disorders; and
- disorders related to substance abuse or dependency which include alcohol, drug or chemical dependency.

Mental disorders or illnesses do not include dementia (except where the dementia is related to substance abuse or dependency), Alzheimer's disease or head injuries.

Monthly Amount Insured is the amount shown on the Policy Schedule and is used to calculate the Income Benefit.

Other Payments are:

- workers compensation; and
- compensation for motor vehicle injury; and
- payments made under statute, regulation or ordinance; and
- damages paid under common law whether modified or not by statute; and
- payments received from any other disability income, illness or injury policies, including group insurance policies; and
- sick leave or any other approved leave payments received. This does not include an entitlement to these payments when they are not received or taken.

If any of the 'Other Payments' are paid in a lump sum we convert to its equivalent in terms of monthly income. We calculate this based on actuarial advice, by looking at the circumstances in which the payments were made.

Paralysis means the total & permanent loss of use of two or more limbs through disease or injury causing permanent damage to the nervous system. This includes, but is not limited to, Paraplegia, Quadriplegia, Diplegia, Tetraplegia and Hemiplegia.

Paraplegia means the total & permanent loss of use of two limbs through injury causing permanent damage to the nervous system.

PDS is an abbreviation of Product Disclosure Statement.

Pre-Disability Income is the calculation of the highest average amount of monthly Pre-Tax Income for any period of 12 consecutive months during the two years immediately before you became Disabled, verified in the form of tax returns or employer issued payslips.

If you are on maternity, paternity or other paid or unpaid leave and you become Disabled, your Pre-Disability Income will be the highest average amount of monthly Pre-Tax Income for any period of 12 consecutive months during the two years immediately before your leave commenced.

Pre-Tax Income means income earned through personal exertion calculated after the deduction of expenses incurred in producing that income and before the deduction of income tax.

Policy means the legal contract between the Policyowner and us. This PDS, your application, any future application accepted by us, the current Schedule, and any special conditions, amendments, or endorsements make up the Policy.

Policy Anniversary means the anniversary of the Commencement Date of your Policy.

Policyowner, you, your, yours means the owner of the Policy named in the Policy Schedule and the Life Insured for the Income Protection Accident Only Insurance. This Policy may not be transferred or assigned to another person.

Quadriplegia / Tetraplegia means the total & permanent loss of use of all limbs through injury causing permanent damage to the nervous system.

Regular Occupation means the occupation predominantly performed in the 12 months prior to the Injury causing Disability. If you are on maternity, paternity or other paid or unpaid leave for more than 12 consecutive months immediately prior to the Injury causing Disability, then your Regular Occupation is any occupation that you are reasonably capable of performing having regard to your education, training or experience.

Schedule means the Schedule issued with your Policy and updated from time to time. A new Schedule will be issued at any time we agree with you to change the details in respect of a Life Insured under your Policy. A new Schedule will replace previous Schedules.

Sickness means sickness or disease which first manifests itself after the date on which the Homemaker Insurance starts. Any sickness or disease that is the direct or indirect result of elective or transplant surgery is excluded.

Total & Permanent Loss of Use of Two Limbs means complete and irrecoverable loss of the use of two limbs. Limb in this context means an arm, leg, hand or foot.

Waiting Period means the period you must wait before the Income Benefit becomes payable under the Policy, as set out in your Policy Schedule. The waiting periods you can choose from are 30 or 90 days.

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 on **1300 737 697** or write to the Debit User at PO Box 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 PDS on page 21. 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 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.



You can trust **Guardian** to help
secure your financial future.

For more information call 1300 709 431
Lines are open Monday to Friday
8:00am – 8:00pm EST