



Acenda Debt Insurance

Product Disclosure Statement and Policy Document

Issue no. 7
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This Product Disclosure Statement
is issued by:
Nippon Life Insurance Australia and
New Zealand Limited
ABN 90 000 000 402 AFSL 230694

Acenda Debt Insurance

Looking at the bigger picture

We can help cover your home loan and personal loan when you can't.

Financially, a home loan is the largest and most important debt many people will ever hold. Add to that any personal loans you might have and the repayments are likely to account for a large proportion of your pay each month.

If making your repayments depends on you being able to work, then thinking about what would happen if you couldn't work is vital. After all, in life unexpected things happen – and while it's natural to hope for the best, it's also smart to think about what you'd do if things don't go to plan.

Acenda Debt Insurance is a way of helping to meet your debt obligations if something unexpected occurs – allowing you to focus on what's most important.

Acenda Debt Insurance provides up to four different types of cover:



Death cover (including terminal illness)



Disability cover

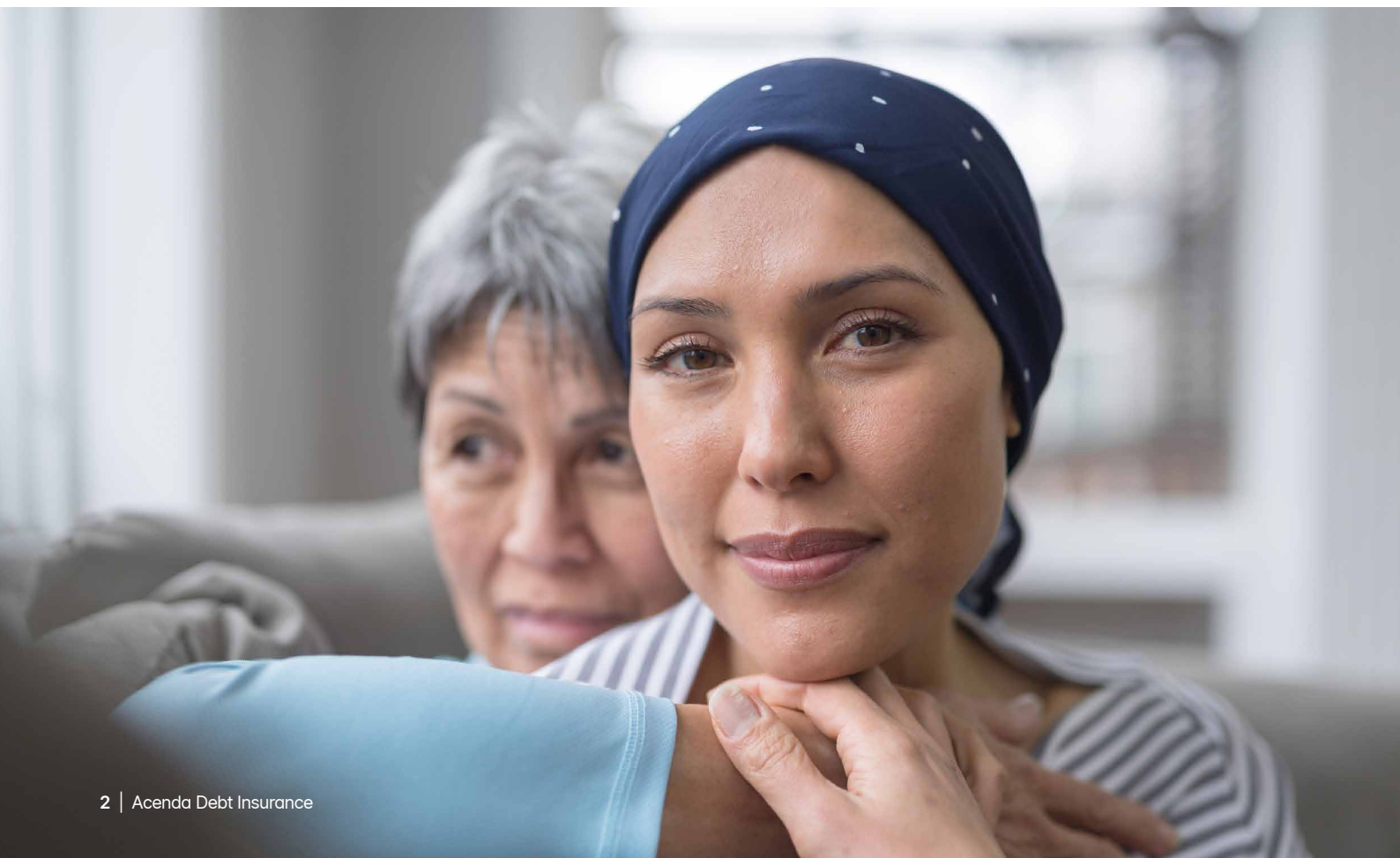


Critical illness cover – 15 critical illness conditions covered (also includes Child Cover Benefit with 8 conditions covered, for children aged 2 to 18 inclusive), and



Involuntary unemployment cover (only available if you also take out another type of cover).

You select the types of cover you need for the debts you'd like covered.



What happens...	We'll pay...	To a maximum of...	Find out how it works on page:	Find out what's not covered on page:
If you die or are diagnosed with a terminal illness?	A one-off lump sum payment as shown in your policy schedule. An advance of \$10,000 of the death benefit is available where the total death cover for all debts is \$100,000 or more.	\$2 million for the total of debts covered (for all debt types) including a \$50,000 limit for each personal loan.	10	17
If you're sick or injured and can't work?	A monthly payment for up to 18 months of: 0.7% for each home loan amount we cover. 5% for each personal loan amount we cover.	\$14,000 per month for all home loans combined. \$2,500 per month for each personal loan.	14	17
If you suffer from any one of our 15 defined critical illness conditions?	A lump sum payment of: 10% for each home loan amount we cover. 30% for each personal loan amount we cover.	\$200,000 for all home loans combined. \$50,000 for each personal loan.	12	17
If your child (aged between 2 to 18 inclusive) dies or suffers from any one of our 8 defined child cover benefit conditions?	A lump sum payment per child. Payable once only for any child, up to a total of six children.	\$10,000 per child.	13	17
If you're made redundant or involuntarily unemployed?	A monthly payment for up to 4 months of: 0.7% for each home loan amount we cover. 5% for each personal loan amount we cover.	\$14,000 per month for all home loans combined. \$2,500 per month for each personal loan.	15	17

Reasons to choose Acenda Debt Insurance



Flexibility that allows you to choose the type of cover that is right for you.



You can select the level of death cover you need for each debt – 100% or partial cover of 75%, 50% or 25%.



You can cover any home loan or personal loan a Lender which is a creditor registered with an Australian regulatory authority and as agreed by us.



You won't need to cancel your policy if you change lenders.



The application process is quick, simple and doesn't require any medical examinations.



Enjoy peace of mind knowing you're covered 24 hours a day, 7 days a week – anywhere in the world.



You can cover two people under the same policy.

Am I eligible for cover?

To be eligible for Acenda Debt Insurance, you need to be aged between 18 and 64 (inclusive), an Australian resident, and have a home loan or personal loan.

At the time the cover starts, you must have entered into a formal debt contract with your lender.

Your ability to take out and keep involuntary unemployment and disability cover depends on your employment status. For example, you must be gainfully employed to take out involuntary unemployment and disability cover. See page 8.

For more information, refer to the target market determination available at acenda.com.au/TMD

Acenda Debt Insurance is offered only in Australia.

How it works

Building your Acenda Debt Insurance policy in three easy steps

Step

1

Select what debts you'd like covered

List each debt to be covered

Home Loan
\$400,000

Personal Loan
\$20,000

Step

2

If you want death cover – nominate the percentage you'd like – 100% or partial cover of 75%, 50% or 25%



Death Cover
Lump Sum Benefit

Home Loan
Payable Benefit

75%
\$300,000

Personal Loan
Payable Benefit

50%
\$10,000

Total
Payable Benefit

\$310,000

Step

3

Decide what other type of covers you'd like



Disability Cover
Monthly Benefit

Home Loan
Payable Benefit

\$2,800/month

Personal Loan
Payable Benefit

\$1,000/month

Total
Payable Benefit

\$3,800/month



Critical Illness Cover
Lump Sum Benefit

\$40,000

\$6,000

\$46,000



Involuntary Unemployment Cover
Monthly Benefit

\$2,800/month

\$1,000/month

\$3,800/month

These steps use an example of a new home and personal loan.



Understanding this cover

You're not obliged to buy Acenda Debt Insurance, and you don't need this insurance to be eligible for a home loan or personal loan.

It's important that you read through this Product Disclosure Statement and Policy Document (PDS) carefully, and understand what's covered, what's not covered and what the defined terms mean that may impact a claim. For example:

- A pre-existing condition exclusion applies to the cover types – death, disability and critical illness
- There are definitions for each type of critical illness condition that you'll need to meet to be able to claim, and
- We'll only pay one benefit at a time where two people are insured for a joint debt.

The purpose of Acenda Debt Insurance is to help cover any home loan or personal loan repayments. However, benefits paid under this policy are paid to you or your estate, not to your lender. While it's your decision how you use the benefits paid under this policy, you're still obliged to meet your debt repayments with your lender by the appropriate due date.

If you have any questions about this PDS give us a call on **1300 280 133** – we'll be happy to help.

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1 Why this document is important

This PDS is also a Policy Document explaining Acenda Debt Insurance in detail. It contains information to help you determine whether this product is going to be right for you.

Examples we provide in this PDS are for illustrative purposes to help explain how the cover works.

Our details

Nippon Life Insurance Australia and New Zealand Limited ABN 90 000 000 402 AFSL 230694 (Acenda) is the insurer and issuer of this product. Your contract is with Acenda.

How you can contact us

Call us on: **1300 280 133** between 8.30am and 6pm (AEST/AEDT) Monday to Friday

Write to: PO Box 23455
Docklands VIC 3008

Or email us at: debtinsurance.enquiries@acenda.com.au

Meaning of words we use in this PDS

A few key terms to make a note of:

When we write...	We're referring to...
'we', 'us', 'our' or 'Acenda'	Nippon Life Insurance Australia and New Zealand Limited as the insurer and issuer of this insurance.
'you' or 'your'	You as both the Policy Owner(s) and the life/lives insured.
'PDS'	This combined Product Disclosure Statement and Policy Document.

Throughout this PDS, other words with initial capital letters (such as Pre-existing Condition) have special meanings which are explained in the Definitions section on pages 24-29. In addition 'Death' cover is also referred to with an initial capital letter.

Is this insurance right for me?

It's important to remember that not all insurances are the same. For example, other insurance may cover different illnesses, or require illnesses to be at different stages of advancement before a claim is payable.

Acenda Debt Insurance is designed to help cover your Home Loan(s) and Personal Loan(s) – and this PDS is designed to help you decide if the terms of the cover are right for you.

Any financial advice in this PDS is general only and hasn't been prepared with regard to your particular objectives, financial situation or needs. You should read this PDS carefully, consider your personal circumstances and check to make sure Acenda Debt Insurance meets your needs. It's worth doing some research before making the decision about this insurance.

You may want to speak with a financial adviser about your personal circumstances.

Before you replace an existing insurance policy

If you're thinking about replacing part or all of any existing insurance policy, you should consider:

- Whether Acenda Debt Insurance is suitable for you
- Comparing the cover in your existing insurance policy with the cover offered in Acenda Debt Insurance
- That a medical condition you have now or have suffered previously (Pre-existing Condition) may be excluded for Death, Disability and Critical Illness cover under Acenda Debt Insurance (see page 26 for details about how this exclusion applies), and
- That cancelling your existing policy too early may leave you uninsured while you wait for your Acenda Debt Insurance Policy to start or because of timeframes that apply before a claim is payable. See page 17 for exclusions and timeframes that apply before a claim can be made (for example, for Critical Illness cover, a Benefit is not payable for a condition that first appears within 90 days of the cover starting).

Some risks to consider

Some of the risks with holding Acenda Debt Insurance include:

- If you make a claim:
 - We rely on information you tell us about your Debt(s). For example, the Death Benefit (including partial cover) and the Critical Illness Benefit we pay is based on the amount that you told us you owe on your Home Loan and Personal Loan (Policy Debt Amount) and which we have agreed to cover as set out in your latest Policy Schedule.
 - A Benefit may not be paid if any of the exclusions explained in this PDS applies to the claim (see page 17).
 - The level of Death cover you have selected may not be enough to fully cover your Debt(s) on your Death or if you're diagnosed with a Terminal Illness, and
 - The monthly Benefit paid for Disability and Involuntary Unemployment cover may not be sufficient to cover your minimum monthly Debt repayment.
- The cover you select may not be appropriate for your personal circumstances. It's important you keep your cover up to date with the amount you owe and changes to your circumstances.

2 How does Acenda Debt Insurance work?

The types of Debts we cover

Acenda Debt Insurance can help cover your Home Loan and Personal Loan. Your Debt must be with a Lender. We may ask for evidence of the Debt during the application process or while your Policy is active.

We can only provide cover for a Debt where there is a contract with the Lender in place.

If there is no Debt contract in place, your cover cannot start and any Premiums paid will be refunded.

Who's eligible for cover?

If you want this product, you need to:

- Be aged between 18 and 64 (inclusive)
- Be an Australian Resident
- Already have a formal contract with your Lender for your Home Loan or Personal Loan
- Apply personally or as an individual trustee of a trust fund, and
- Have received this PDS in Australia.

Who's covered under this Policy?

The following people can be covered under the Policy:

- If you're the only borrower on your Debt contract, then you can be insured under the Policy, or
- If there is a Debt with two or more borrowers (joint Debt), either one or two borrower(s) can be covered for that Debt.

Who we pay Benefits to under this Policy

The purpose of Acenda Debt Insurance is to help cover any Home Loan or Personal Loan repayments. However, Benefits are paid to you or your estate, not to your Lender. While it's your decision how you use the Benefits paid under this Policy, you're still obliged to meet your Debt repayments with your Lender by the appropriate due date.

Flexible cover options

What are my cover options?

We offer four different types of cover:



Death



Disability



Critical Illness, and



Involuntary Unemployment.

You can select all four covers, or a combination that suits you. Involuntary Unemployment cover cannot be purchased on its own.

The cover we can offer you and your ability to claim is also dependent on your employment status:

- Disability cover is only available if you're Gainfully Employed.
- Involuntary Unemployment cover is only available if you're Gainfully Employed, but not available if you're Self-employed or Employed by your Family.

What is Gainful Employment?

This means you have been:

- Employed on average for 10 hours per week over a period of 6 months or more, and
- In active employment for remuneration, payment or profit.

To be able to make a claim you must meet these requirements in the period immediately prior to the Disability or Involuntary Unemployment.

It's important you contact us if your employment status changes to discuss adding or removing either of these covers.

Partial cover for Death

You can choose 100% cover or partial cover of 75%, 50% or 25% for each Home Loan and Personal Loan. Tailoring your Death cover can lower the amount you pay, so it's worth thinking through what level of cover you need and can afford.

3 What cover types are available?

The type of cover you select will be shown in your Policy Schedule (see page 26). A description of each type of cover is set out in this section.

How Benefits are calculated

Acenda Debt Insurance has been designed to help protect the repayments on your Debt.

- For Death cover and Critical Illness cover – to calculate your lump sum Benefit(s) we'll use the most recent amount you told us you owe on your Debt, which we refer to as the Policy Debt Amount and is shown in your latest Policy Schedule.
- For Disability cover and Involuntary Unemployment cover – to calculate your monthly Benefit(s) we'll use the Debt amount that you told us was originally approved by your Lender (or an increase to that Debt amount) prior to taking out the cover, which we refer to as the Original Debt Amount. This is because regular Debt repayments are initially based on the Original Debt Amount and remain broadly at that level for the life of the Debt.



Death cover

Death Benefit (includes Terminal Illness Benefit)	About the cover	How do we pay?
	If you die or are diagnosed with a Terminal Illness, we'll pay the lump sum shown in your Policy Schedule. The following limits apply: • \$2 million for all Debt(s) per person insured (for all Debt types) including a \$50,000 limit for each Personal Loan. Where two people are insured for a joint Debt Where you have both chosen to cover 100% of the Policy Debt Amount, when a person insured dies or is diagnosed with a Terminal Illness and the Benefit is paid, then the cover for the Debt will cease for both persons insured. Where you have both chosen to cover less than 100% of the Policy Debt Amount, when a person insured dies or is diagnosed with a Terminal Illness and the Benefit is paid, then the Policy Debt Amount on the Policy Schedule will be reduced by the Benefit amount paid. The second person can maintain (or change upon request) their nominated percentage of cover on the reduced Policy Debt Amount. How many times can I claim? We'll only pay one Benefit for Death or Terminal Illness, for a Debt covered for each person insured.	If you die, the Benefit is paid to your estate. Where you suffer a Terminal Illness, the Benefit is paid to you.
Advance death benefit 	If you die, we'll advance \$10,000 of the Death Benefit upon request. This Benefit only applies if the total Death Benefit under the Policy exceeds \$100,000 for the person insured. The final Death Benefit will then be reduced by the amount we advance. The payment of this Benefit does not require us to pay the balance of the Death Benefit. We may recover the advance death benefit paid if the Death Benefit claim is not payable.	This Benefit will be paid at our discretion to your estate or next of kin upon receipt of a certified copy of your: • Birth certificate, drivers licence or passport, and • Death certificate or an extract of death registration or other evidence of death satisfactory to us.

Example 1: Death claim

Michael suddenly passes away from a heart attack. At the date of his death, he had two Debts covered under his Policy. His Policy Schedule stated the Death Benefits as follows:

- His Home Loan with a Benefit of \$270,000, and
- A Personal Loan with a Benefit of \$20,000.

After being notified of Michael's death, we pay the advance death benefit of \$10,000 to help his family cover initial expenses. We then pay the remaining \$280,000 to the estate once the claim has been approved.

Example 2: Terminal Illness claim

Nick and Sally are joint borrowers for the Debts covered under their Policy. Their Policy Schedule stated the Death Benefits as follows:

- For the Home Loan – They each opted to cover 50% of \$660,000 with a Benefit of \$330,000, and
- For the Personal Loan – They each opted to cover 50% of \$30,000 with a Benefit of \$15,000.

Sally is diagnosed with a Terminal Illness. After receiving confirmation of her diagnosis, we pay a lump sum of \$345,000 to Sally to pay towards these Debts.

The Policy Debt Amounts are reduced on the Policy to reflect the payment made.

Nick is now covered for 50% of the reduced Policy Debt Amounts. The replacement Policy Schedule sent to Nick stated the Death Benefits as follows:

- For the Home Loan – \$165,000 which is 50% of the reduced Policy Debt Amount of \$330,000, and
- For the Personal Loan – \$7,500 which is 50% of the reduced Policy Debt Amount of \$15,000.

Nick can then choose to keep or change the nominated percentage of cover.

Critical Illness Cover

Critical Illness Benefit (includes Child Cover Benefit)	About the cover	How do we pay?
	If you live for 14 days after first suffering one of the defined Critical Illnesses listed below, we'll pay a lump sum shown in your Policy Schedule. • Benign Brain or Spinal Cord Tumour – of specified severity • Coronary Artery Bypass Surgery – excluding less invasive procedures • Cancer – excluding specified early stage cancers • Chronic Kidney Failure – requiring permanent dialysis or transplantation • Dementia or Alzheimer's Disease – permanent and of specified severity • Heart Attack – with evidence of heart muscle damage • Heart Valve Surgery – of specified severity • Major Burns • Major Organ or Bone Marrow Transplant • Motor Neurone Disease • Multiple Sclerosis – of specified severity • Muscular Dystrophy – unequivocal diagnosis • Paralysis • Parkinson's Disease – of specified severity • Stroke – in the brain and of specified severity To receive this Benefit, you must meet the Critical Illness definition on pages 27-29. How many times can I claim? There is no limit on the number of claims you can make. However a Benefit won't be payable for a Critical Illness: • For which a Critical Illness Benefit has already been paid, or • Which is related to, arises from, or is contributed to by another Critical Illness for which a Benefit has already been paid.	We'll pay you a lump sum Benefit calculated as follows: • 10% of the total Policy Debt Amount for Home Loan(s), to a maximum of \$200,000. • 30% of the Policy Debt Amount for each Personal Loan, to a maximum of \$50,000 per Personal Loan. The Benefit will be paid after receiving the confirmed diagnosis by an appropriate Specialist, or confirmation that surgery occurred to meet the definition. This Benefit is paid to you.

Example 3: Critical Illness claim

Kim is diagnosed with Chronic Kidney Failure. At the date of diagnosis, Kim had the following Debts covered under her Policy as stated on her Policy Schedule:

- Her Home Loan with a Policy Debt Amount of \$200,000, and
- A Personal Loan with a Policy Debt Amount of \$20,000.

In this case, we'll pay a lump sum of \$26,000 calculated as follows:

- Home Loan \$200,000 x 10% = \$20,000
- Personal Loan \$20,000 x 30% = \$6,000

Child Cover Benefit (included with Critical Illness cover)

Child Cover Benefit	About the cover	How do we pay?
	If your Child dies or first suffers one of the defined Child Cover Benefit conditions listed below while aged between 2 to 18 years inclusive, we'll pay a lump sum of up to \$10,000. • Benign Brain or Spinal Cord Tumour – of specified severity • Cancer – excluding specified early stage cancers • Chronic Kidney Failure – requiring permanent dialysis or transplantation • Heart Attack – with evidence of heart muscle damage • Major Burns • Major Organ or Bone Marrow Transplant • Paralysis • Stroke – in the brain and of specified severity To be paid this Benefit, the Child must meet the condition definition on pages 27-29. Also see the definition of Child on page 24. This Benefit is only payable if the Child Cover Benefit condition or its cause first appears or happens after the Child's second birthday. How many times can I claim? Each Policy Owner can be paid one Child Cover Benefit per Child to a maximum of six Children.	We'll pay you the lesser of: • The total of the Critical Illness Benefit amount(s) shown for you in the current Policy Schedule, or • \$10,000. We'll pay the Benefit after receiving the confirmed diagnosis by an appropriate Specialist, or confirmation that surgery occurred, or at the time of death. The Benefit paid will not reduce the Critical Illness Benefit. This Benefit is paid in addition to any other Benefit being paid. If both Policy Owners have selected Critical Illness cover then the Child Cover Benefit is paid twice if the Child is a dependent of both of them. This Benefit is paid to you.

Example 4: Child Cover Benefit claim

Justin purchased Acenda Debt Insurance and selected to cover his Home Loan of \$260,000 with Critical Illness cover.

18 months later, his daughter Molly who is four years old was diagnosed with Cancer.

Because Justin has Critical Illness cover under his Policy he is able to claim the Child Cover Benefit of \$10,000. This may help Justin to take time off work to look after Molly.

- Home Loan \$200,000 x 10% = \$20,000
- Personal Loan \$20,000 x 30% = \$6,000

Disability Cover

Disability Benefit	About the cover	How do we pay?
	If you're Gainfully Employed and become unable to work due to sickness or injury on a continuous basis for more than 30 days, we'll pay you the monthly Benefit shown on your Policy Schedule until the first of: • You no longer being Disabled • You return to work, or • 18 monthly Benefits have been paid for the claim. To be paid this Benefit you must meet the definition of Disability on page 25, which must result from sickness or injury and be certified by a Registered Medical Practitioner. Premium refund Benefit The monthly Premium charged for Disability cover will be refunded to you when a Disability Benefit is being paid. How many times can I claim? There's no limit to the number of Disability claims you can make.	We'll pay you a monthly Benefit calculated as follows: • 0.7% of the Original Debt Amount for each Home Loan, to a maximum of \$14,000 per month for the total of all Home Loans. • 5% of the Original Debt Amount for each Personal Loan, up to \$2,500 per month per Personal Loan. The first Benefit is paid after the initial 30 days of Disablement, but backdated to the first day of your Disablement. The Benefit is then paid after each monthly period of Disability. What happens if my Disability recurs? If your Disability recurs within six months from the same or related sickness or injury that caused the previous Disability then: • The original Disability will be treated as continuing and the same monthly Benefit will recommence from the date the Disability restarted. • The combined Benefit period for both the previous Disability and recurring Disability is 18 months. If the Disability recurs after six months of your return to work we'll treat the further occurrence as a new claim. This Benefit is paid to you.

Example 5: Disability claim

Lena suffers a serious injury while on holiday and is Disabled for seven and a half months. At the date of injury (7 March), Lena had the following Debts covered under her Policy as stated on her Policy Schedule:

- A Home Loan with an Original Debt Amount of \$300,000, and
- A Personal Loan with an Original Debt Amount of \$40,000.

Given Lena is Disabled for at least 30 days and had been working on average for 10 hours per week for over 6 months prior to becoming Disabled, she could claim the Disability Benefit. The monthly Benefit was then payable backdated to 7 March (the date she became Disabled). The monthly Benefit is calculated as follows:

- Home Loan: $\$300,000 \times 0.7\% = \$2,100$
- Personal Loan: $\$40,000 \times 5\% = \$2,000$

We'll pay Lena \$4,100 per month for a total of 7 months and a pro-rata payment of \$2,050 for the final half a month of Disability prior to returning to work, giving a total Benefit of \$30,750.

- Personal Loan $\$20,000 \times 30\% = \$6,000$

Involuntary Unemployment Cover

Involuntary Unemployment Benefit	About the cover	How do we pay?
	If you're Gainfully Employed and become Involuntarily Unemployed on a continuous basis for more than 30 days, we'll pay you a monthly Benefit shown on your Policy Schedule until the first of: • You getting a new job, or • 4 monthly Benefits have been paid for the claim. To be paid this Benefit: • You must meet the definition of Involuntary Unemployment on page 25, which includes your employer terminating your employment, or redundancy • You must not be working for remuneration, payment or profit, and • Be actively seeking work. Premium refund Benefit The monthly Premium charged for Involuntary Unemployment cover will be refunded to you when an Involuntary Unemployment Benefit is being paid. How many times can I claim? You can make one claim per year for each person insured and up to three claims over the life of this Policy.	We'll pay you a monthly Benefit calculated as follows: • 0.7% of the Original Debt Amount for each Home Loan, to a maximum of \$14,000 per month for the total of all Home Loans. • 5% of the Original Debt Amount for each Personal Loan, up to \$2,500 per month for each Personal Loan. The first Benefit is paid after the initial 30 days of Involuntary Unemployment, but backdated to the first day of your Involuntary Unemployment. The Benefit is then paid after each monthly period of Involuntary Unemployment. This Benefit is paid to you.

Example 6: Involuntary Unemployment claim

Matt was made redundant on 1 July and is Involuntarily Unemployed for 3 months. At the date of his Involuntary Unemployment, Matt had the following Debts covered under his Policy as stated on his Policy Schedule:

- His Home Loan with an Original Debt Amount of \$500,000, and
- Another Home Loan with an Original Debt Amount of \$250,000.

Given Matt is Involuntarily Unemployed for more than 30 days and had been working on average for 10 hours per week for over 6 months prior to becoming Involuntarily Unemployed, he can claim the Involuntary Unemployment Benefit. The monthly Benefit was then payable backdated to 1 July (the date he became Involuntarily Unemployed). The monthly Benefit is calculated as follows:

- Home Loan: $\$500,000 \times 0.7\% = \$3,500$
- Home Loan: $\$250,000 \times 0.7\% = \$1,750$

We'll pay Matt \$5,250 per month for a total of 3 months while he's Involuntarily Unemployed, giving a total Benefit of \$15,750.

General policy conditions

- The cover must be listed on your Policy Schedule to be able to claim.
- The cover must be active at the time the insured event occurs.
- Upon payment of the Death (or Terminal Illness) Benefit for a Debt, then any other Benefit payments will no longer be payable and all other cover for you ceases. For a joint Debt see below.
- If the Policy Owner is a person acting in the capacity as a trustee of a trust fund, any Death Benefit or other Benefit payable if the Policy Owner is deceased will be paid to the trust fund and not the Policy Owner's estate.
- We'll only pay one monthly Benefit at a time for each Debt.

Conditions if two people are insured for a joint Debt

- We'll pay one Benefit at any one time for a joint Debt, and
- Where two people are insured for a joint Debt, a Benefit payment will be paid to the person who has suffered the event for which a claim is payable, and
- Where two people have chosen to cover less than 100% of a joint Debt, when a person insured dies or is diagnosed with a Terminal Illness and the Benefit is paid, then the Policy Debt Amount will be reduced by the Benefit amount paid. The second person can maintain (or change upon request) their nominated percentage of cover on the reduced Policy Debt Amount.

The table below sets out how Benefits are paid if two people are insured for a joint Debt and multiple insured events occur around the same time.

How Disablement and Involuntary Unemployment Benefits work together:	• If you're both Disabled and / or Involuntarily Unemployed during the same period, the Benefit will be payable for the person who was Disabled or Involuntarily Unemployed first. When that Benefit ceases to be payable then a claim may be made for the other Benefits. We'll pay only one monthly Benefit for a period that overlaps.
How a Terminal Illness or Death payment works with a Disablement or Involuntary Unemployment Benefit:	• If a person insured becomes Terminally Ill or dies when a monthly Benefit is being paid for the Disablement or Involuntary Unemployment of the second person insured, then the monthly Benefit will cease and a lump sum will be paid for the Terminal Illness or Death Benefit. If on payment of the Terminal Illness or Death Benefit, the Debt has not been paid in full, then the monthly Benefit for Disablement or Involuntary Unemployment for the second person insured will recommence.
How a Death payment works if you both die around the same time:	• If you both die at the same time or within 30 days of each other and each of you have nominated 100% of cover or partial cover (75%, 50%, or 25%) for a joint Debt, then the amount we'll pay is the total of the percentages of cover selected by each of you, to a maximum of 100% of the Policy Debt Amount.

Example: John and Fiona are both insured for a joint Debt

John was receiving Disability Benefits for five months when Fiona became Disabled with depression so she submitted a Disability claim. As Disability Benefits were already being paid, we continued to pay John's Disability Benefit until John returned to work two months later and did not pay Fiona for that period. As Fiona was still not working because of her depression we started paying Fiona Disability Benefits from the time John's Disability stopped. Both John and Fiona can receive up to 18 monthly Benefits each while their Disability continues however only one of them will be paid for a period where their Disability overlaps.

4 There are things we don't cover

Like every insurance Policy, there are certain exclusions you need to be aware of. Ours are set out in the Exclusion table below – where there's a bullet (•) this marks the situations where we won't pay a claim.

Exclusion	Type of cover exclusion applies to...			
	Death (includes Terminal Illness)	Critical Illness (includes Child Cover Benefit)	Disability	Involuntary Unemployment
Any Death, Terminal Illness, Disability or Critical Illness arising from, or contributed to by a Pre-existing Condition. See Pre-existing Condition definition and how it works on page 26.	•	•	•	
Suicide or attempted suicide within 13 months of the cover Start Date, or the date your Benefit was increased (for the increased portion of the Benefit).	•			
A Critical Illness or Child Cover Benefit condition that first appears, happens, or is diagnosed within the first 90 days of the cover Start Date, or the date your Benefit was increased (for the increased portion of the Benefit).		•		
For the Child Cover Benefit – any Death or condition arising from or contributed to by an injury maliciously inflicted on the Child by a Policy Owner.		•		
Intentional or self-inflicted injury or illness.		•	•	
Any sickness, disease or symptoms contracted within the first 30 days of the cover Start Date, or the date your Benefit was increased (for the increased portion of the Benefit).			•	
If you're not engaged in Gainful Employment. See Gainful Employment definition on page 25.			•	•
Becoming Involuntarily Unemployed, or becoming aware that you'll be made Involuntarily Unemployed before or within 30 days of the cover Start Date, or the date your Benefit was increased (for the increased portion of the Benefit).				•
Fixed term contract or Seasonal Work ending.				•
Resigning from employment, or you choosing to terminate an employment contract early.				•
Termination by instant dismissal due to serious misconduct.				•
Becoming Involuntarily Unemployed when Self-employed or Employed by your Family.				•
Involvement in criminal activity.	•	•	•	•

5 Your insurance journey

How to purchase Acenda Debt Insurance

You can purchase this product over the phone with us. This can be arranged in one of the following ways:

- We'll call you:** Because you've requested a call
- Call us on:** **1300 280 133** between 8.30am and 6pm (AEST/AEDT) Monday to Friday
- Email us at:** debtinsurance.enquiries@acenda.com.au

We'll take care of everything else, and let you know when your cover is going to start.

What you need to tell us

When we speak with you, we'll ask you some questions which you'll need to answer consistent with your duty to take reasonable care not to make a misrepresentation. If you don't, it may impact your insurance Policy or any claim you make on the Policy. We value your privacy. See Privacy on page 30.

When does your insurance start?

The Policy Start Date will be outlined in your Policy Schedule. When we accept your application, you'll be covered straight away from that date (or on another date confirmed with you), although some Benefits are subject to a period after the Start Date during which you cannot make a claim. See page 17.

If you make changes to your Policy, for example adding a cover type or increasing your Benefit, different Start Dates apply to these changes. These will be shown in your replacement Policy Schedule. For example, if you had an initial Death Benefit of \$100,000 and you increased it to \$150,000 then a different Start Date would apply to the \$50,000 increase.

Cover for a Debt will only start once the Debt contract is in place with your Lender. You must comply with our reasonable request to provide evidence of the Debt to us so we're satisfied that the Debt is in place.

Your contract

You'll receive a welcome pack with everything you need to know about your Policy, including:

- This PDS, and
- Your initial Policy Schedule.

Your initial Policy Schedule will be replaced annually or whenever you make a change to your Policy.

These documents will form your insurance contract with us. Store these documents somewhere safe and easily accessible – so you can refer back to them when you need to.

The Policy Schedule will set out the following:

- The name(s) of the persons insured for each Debt
- The type of insurance cover that has been taken out for each Debt
- The Policy Debt Amount
- The relevant Start Dates, and
- The Benefit(s) payable.

When you make a claim, the amount we'll pay is the Benefit shown in your latest Policy Schedule subject to Policy conditions. This is the case even though there may have since been an increase or decrease in your Debt.

Cooling off period

If you cancel your Policy within 30 days of the Policy Start Date, and you haven't made a claim, we'll refund any Premiums you've already paid.

Your Premium

How your Premium is calculated and charged

We'll use the following information to calculate your Premium:

- **the type of cover selected** - the cost of each type of cover depends on the benefits and features it provides. Higher premiums generally apply for covers with a broader range of benefits and features.
- **the benefit amount** - generally, the higher the benefit amount for each cover, the higher the premium.
- **whether a discount applies** - if you meet certain eligibility criteria, a discount may apply, for example, where two Policy Owners are insured for a joint debt. Discounts are not guaranteed, may be varied or removed, and may not apply over the life of your policy.
- **age** - generally, the older you are, the higher the premium.
- **gender** - life and health outcomes vary by gender, including differences in life expectancy and the rate and duration of injuries or illnesses. As a result, premium rates generally differ by gender.
- **state of residence** - your premiums include government charges, and each state and territory government may charge stamp duty on different types of insurances depending on your state of residence.

Your Premium will generally increase as you get older. It's important that you consider the affordability of your Policy when it starts and as it continues.

Where there are two Policy Owners, the total Premium will be the sum of each person's Premium. A discount is applied where two Policy Owners are insured for a joint Debt.

Your Premium is paid into and your Benefits are paid from Acenda's Statutory Fund No. 1.

We reserve the right to pass on other costs to you as well – like stamp duty costs or costs incurred by implementing changes to government legislation. If there are changes – we'll let you know in advance.

The Premium rates table is available upon request.

Paying your Premium

A new Premium is calculated on each Policy Anniversary. We will also recalculate the Premium for your Policy when there is a change to your Policy. The Premium payable will be shown in your Policy Schedule each year.

The Premium is payable pro-rata monthly (monthly Premium) by credit card or from your nominated transaction account.

If you haven't paid your monthly Premium in full by the due date, we'll send you a reminder to do so. If all outstanding monthly Premiums are still not paid we may cancel your Policy and your cover will end.

If you're having trouble paying your Premium, call us on **1300 280 133** to see how we can help. We're here between 8.30am and 6pm (AEST/AEDT) Monday to Friday.

Do Premiums change?

In addition to the annual adjustments for your age, your premiums will also change if, for example:

- your benefit amount changes,
- there are changes to stamp duty or other government charges,
- we make changes to our standard premium rates.

Premiums and discounts are not guaranteed. When we review our standard premium rates and discounts, we will look at factors including the following:

- For expected future claims costs, factors can include recent claims experience, or industry trends which show a likely increase in the future cost of claims;
- For other costs of doing business, factors can include changes to tax, government or other mandatory charges, the cost of reinsurance, the costs to meet compliance and regulatory requirements, distribution costs, and changes to business operating expenses;
- For reasonable margins in providing the insurance cover, factors can include changes to the economic environment such as interest rates, inflation rates and market returns, or the achievement of a fair shareholder target return for the commercial risks taken in providing the insurance.

If we make changes to our standard premium rates, we will always act reasonably and with utmost good faith, and any changes will be applied consistently for policies of the same kind. This means your policy will not be singled out for a change in premium rates.

Commission

If you take up a Policy, a commission of no more than 20% of your first year's Premium (excluding government charges) will be paid to third parties, such as your Lender or broker who refer you to us. The commission that is payable is factored into the Premium you pay for your insurance. The third party will be made aware that your Policy is in place.

What you'll receive from us each year

We'll send a new Policy Schedule each year to replace the previous one. Each Policy Schedule will set out your Benefit details, along with the Premiums you'll need to pay.

What we regularly need from you

It's important that you review your cover and keep us up to date with changes to your Debt(s) or personal situation that can impact your Policy such as:

- Changes to your Lender or Debt. This includes when the Debt is paid in full or closed or refinanced to another Lender. The following table sets out what happens when you tell us about changes to your Debt.

Type of Debt change	Cover will continue on the current Policy terms	Cover ceases for that Debt from the date you tell us
Refinancing Debt	•	
Paying your Debt in full and closing the account		•
Repaying your Debt however you decide to retain a redraw facility	•	

- When your Debt increases or decreases.
 - Remember your Death and Critical Illness Benefit is calculated on your Policy Debt Amount which over time may differ from the actual Debt amount you owe to your Lender.
- Changes to your employment status:
 - If you're no longer Gainfully Employed you will not be covered for Involuntary Unemployment or Disability.
 - If you become Self-employed or Employed by your Family you will not be covered for Involuntary Unemployment.

Keeping us up to date allows us to make adjustments to the amount and type of cover you have. You can call us to discuss on **1300 280 133** between 8.30am and 6pm (AEST/AEDT) Monday to Friday.

We'll also remind you to keep us up to date.

Changing your Policy

You can contact us at any time to change your level or type of cover, or to add or remove Debts or Policy Owners.

We'll let you know when your new level of cover or other changes become effective by sending you a new Policy Schedule, as well as the Benefits payable and your new Premium.

Example: Reducing Debt amount

Simon purchased Acenda Debt Insurance and he chose to cover 100% of his Home Loan with Death cover. His Policy Schedule stated his Home Loan was covered with a Policy Debt Amount of \$300,000. The Policy Debt Amount will only change if Simon tells us of any changes to his Home Loan balance.

Over the next five years he gradually reduces the amount he owes on his Home Loan through regular repayments. His Death cover remains unchanged as he did not contact us to update his Policy Debt Amount. In year six, he has a windfall gain and reduces his Home Loan to \$5,000. Again, if Simon doesn't contact us to tell us of his reduced Home Loan amount then he'll continue to be covered for \$300,000 and Premiums will continue to be charged on this amount of cover.

Cancelling your Policy

You can cancel your cover at any time.

Call us on: **1300 280 133** between 8.30am and 6pm (AEST/AEDT) Monday to Friday.

Where there are two Policy Owners the request must come from both Policy Owners.

Your Policy will be cancelled effective from the date of your next monthly Policy Anniversary after we received your request.

When does your cover end?

Your Policy will end when:

- You cancel your Policy
- The Premiums aren't paid by the due date and remain unpaid after we've given you notice
- You make a fraudulent claim, or
- All cover under the Policy has ended.

Cover for a Debt will end when:

- You notify us that the Debt has been paid or the Debt account has been closed, or
- Payment of the Death Benefit or Terminal Illness Benefit where the cover is for 100% of the Policy Debt Amount.

Cover for an person insured will end on the first of:

- Reaching their Policy Anniversary after their 70th birthday
- After age 18 or if the associated Critical Illness Cover ends, for an eligible Child covered under the Child Cover Benefit, or
- Payment of the Terminal Illness Benefit for that person, or
- Death of the person insured.

Where two people are insured for a joint Debt

Where you have Death cover of 100% of the Policy Debt Amount for a joint Debt, when one person insured dies or is diagnosed with a Terminal Illness, the cover for the surviving person insured will end for that Debt.

Further, when one person insured dies, or is diagnosed with a Terminal Illness, and benefits are paid, the surviving person insured will continue to hold their existing cover. Their existing cover will be reduced as appropriate, dependent on the benefit paid, and to which debt that benefit payment applied.

Re-instating your Policy

If you want to re-instate your Policy after it has been cancelled due to non-payment of Premiums then you'll have 30 days from the date the Policy was cancelled to notify us. We'll re-instate your Policy from the date it was cancelled and you'll need to pay any outstanding Premiums before we put your Policy back in-force. Once the Policy is re-instated it will continue on the original Policy conditions that applied before the Policy was cancelled unless stated differently in your Policy Schedule. On re-instatement your Policy will be treated like it had not been cancelled.

If you don't reinstate within the 30 days from the date the Policy was cancelled then you'll need to purchase a new Policy.

Making a claim

If you need to make a claim, call us on **1300 125 246** (1300 1 CLAIM) and we'll talk you through the details. We're here between 8.30am and 6pm (AEST/AEDT) Monday to Friday.

You should get in touch with us early in the process, so we can start working on your claim as soon as possible. Any delay could make it difficult for us to assess your claim and could potentially impact your Benefit.

The Benefit for each type of cover is shown in your most recent Policy Schedule.

You'll need to pay for any supporting evidence, such as medical reports unless we agree, in advance to pay it.

If we don't accept your claim we'll let you know our reasons.

6 Other important information

How we'll communicate with you

We'll send communications to you electronically (for example, by email and SMS) unless you tell us otherwise. We may also call you from time to time about your Policy. It's important you keep us up to date with your contact details.

Resolving complaints

If you have a complaint about our organisation, related to our products, services, staff or the handling of a complaint, we'd like an opportunity to put it right.

Please call us on **1300 280 133** (Toll free **1800 062 061**) or for international calls **+61 2 9121 6500** (charges apply) between 8.30 am & 6pm (AEST/AEDT), Monday to Friday to discuss your concerns. For hearing impaired customers, please visit accesshub.gov.au/about-the-nrs to contact us via your preferred NRS call channel or call **1300 555 727**. For customers requiring interpreting or translation services, please call **13 14 50**.

If we are unable to resolve your issues to your satisfaction, we will put you in contact with our Internal Complaints Resolution Team. For more information, please visit **acenda.com.au/support/customer**

If you're not satisfied with the resolution provided by our Internal Complaints Resolution Team, or we haven't responded to you in 45 days for super or traditional trustee service complaints, and 30 calendar days for other products and services, you can lodge a complaint with the Australian Financial Complaints Authority (AFCA).

AFCA is an independent body that provides a complaint resolution service free of charge to customers. You can contact AFCA at any time, in writing, by email or by phone. AFCA's contact details are below:

Australian Financial Complaints Authority
GPO Box 3
Melbourne VIC 3001

Phone: **1800 931 678**

Email: **info@afca.org.au**

Web: **afca.org.au**

Product changes

The information in this PDS may change from time to time, but we'll let you know if it's ever going to affect your cover. Information about any other changes will be available:

Online at: **acenda.com.au/debtinsurance**, or

Call us on: **1300 280 133** between 8.30am and 6pm (AEST/AEDT) Monday to Friday, and we'll send you a free copy of the changes.

Transfer of ownership

We don't allow any transfer or assignment of ownership for your insurance.

Tax

If you're the Policy Owner of this type of insurance, the Premium isn't usually tax deductible – and any Benefits paid under the Policy aren't assessable.

The tax information included in this PDS is of a general nature, so it's a good idea to seek professional advice regarding your own circumstances. You can also find more detailed information on the Australian Taxation Office website at **ato.gov.au**

Direct Debit Service Agreement

This Direct Debit Request Service Agreement is issued by Acenda.

This Service Agreement contains the terms and conditions on which you authorise Acenda to draw money from your account and the obligations of us and you under this Agreement. You should read through the Agreement carefully to ensure you understand these terms and conditions. Call us on **1300 280 133** between 8.30am and 6pm (AEST/AEDT) Monday to Friday if you have any questions about your direct debit.

Our commitment to you

We will give you at least 30 days' notice in writing if there are changes to the terms of the drawing arrangements. We will keep the details of your nominated Financial Institution account confidential, except where provided to our bank or as required to conduct direct debits with your Financial Institution.

Where the due date is not a business day, we will draw from your nominated Financial Institution account on the business day before or after the due date.

If there is a dishonour of a draw, we may re-attempt to draw that dishonoured amount, in addition to the next payment, on the next due date. We will tell you of the proposed second attempt draw in advance of doing so.

Your commitment to us

It is your responsibility to:

- Ensure your nominated account provided are correct and that your nominated financial institution account can accept direct debits through the Bulk Electronic Clearing System (BECS)
- Ensure there are sufficient funds available in the nominated account to meet each drawing on the due date
- Advise us if the nominated account is transferred or closed, or the account details change
- Arrange an alternative payment method acceptable to us if we cancel the drawing arrangements, and
- Ensure that all account holders of the nominated financial institution account agree to the drawing arrangement.

Your rights

You should contact us providing at least 7 days notice if you wish to alter the drawing arrangements. This includes:

- Stopping an individual drawing
- Defer a drawing
- Suspending future drawings, or
- Cancelling future drawings.

Other information

We reserve the right to cancel drawing arrangements if drawings are dishonoured by your financial institution.

If your account dishonours, your financial institution may charge you a fee. We will not charge for any dishonours.

Your drawing arrangements are also governed by the terms and conditions of your policy(ies).



7 Definitions

To help you read and understand this PDS, we've defined some key terms used throughout this document.

General definitions

Definition	Meaning
Australian Resident	Is a person who resides in Australia, and is either an Australian or New Zealand citizen or the holder of a permanent resident's visa.
Benefit	The amount(s) you're insured for, shown in your current Policy Schedule.
Child (Children has a corresponding meaning)	A person who is: - aged between 2 and 18 inclusive, and - the natural child, stepchild, adopted child or a child under the legal guardianship of the Policy Owner.
Child Cover Benefit	This means your Child (aged between 2 to 18 inclusive): (a) dies, or (b) the first occurrence and subsequent diagnosis by a Registered Medical Practitioner and relevant Specialist, and confirmed by our medical adviser, of one or more of the following conditions: Cancer – excluding specified early stage cancers Chronic Kidney Failure – requiring permanent dialysis or transplantation Heart Attack – with evidence of heart muscle damage Major Burns Paralysis Stroke – in the brain and of specified severity, or (c) for the following surgical condition, when surgery actually happens: Benign Brain or Spinal Cord Tumour – of specified severity Major Organ or Bone Marrow Transplant
Critical Illness	This means: (a) the first occurrence and subsequent diagnosis by a Registered Medical Practitioner and relevant Specialist, and confirmed by our medical adviser, of one or more of the following defined critical illnesses: Cancer – excluding specified early stage cancers Chronic Kidney Failure – requiring permanent dialysis or transplantation Dementia or Alzheimer's Disease Heart Attack – with evidence of heart muscle damage Heart Valve Surgery – of specified severity Major Burns Motor Neurone Disease Multiple Sclerosis – of specified severity Muscular Dystrophy – unequivocal diagnosis Paralysis Parkinson's Disease – of specified severity Stroke – in the brain and of specified severity, or (b) for the following surgical conditions, when surgery actually happens: Benign Brain or Spinal Cord Tumour – of specified severity Coronary Artery Bypass Surgery – excluding less invasive procedures Major Organ or Bone Marrow Transplant.

General definitions continued

Definition	Meaning
Debt	A Home Loan or Personal Loan.
Disability (Disablement and Disabled have corresponding meanings)	If you're Gainfully Employed immediately prior to the date of your disablement, then you'll be assessed as disabled if: • As a result of sickness or injury, you're unable to continuously and totally carry out all the normal duties of your usual occupation, and • You're not working. The disablement must be a result of sickness or injury, which is certified by a Registered Medical Practitioner and confirmed by our medical adviser. Your ongoing disablement must be regularly confirmed by a Registered Medical Practitioner.
Employed by your Family	This means that your employer is not a listed public company, or a related body corporate of a listed company, and an immediate family member of yours is (or was) either: • A director, majority shareholder, business partner, principal or owner of the employer, or • In control of the employer.
Gainfully Employed (Gainful Employment has a corresponding meaning)	This means you have been: • Employed on average for 10 hours per week and have been so on a continuous basis for 6 months or more, and • In active employment for remuneration, payment or profit.
Home Loan	A credit facility that the Lender provides for a specified loan term and that the Lender refers to as a home loan.
Involuntary Unemployment (Involuntarily Unemployed has a corresponding meaning)	A period of time where you're not working for remuneration, payment or profit and you're actively seeking employment. Your unemployment must be a result of: • Your employer terminating your Gainful Employment • Your employer making you redundant from your Gainful Employment, or • Choosing to take redundancy as offered to you by your employer.
Lender	A creditor registered with an Australian regulatory authority and as agreed by us.
Original Debt Amount	The Debt amount(s) you told us was owing: • At the commencement of the Debt(s), or • At the date of an increase which occurred prior to the Start Date of the Disability and/or Involuntary Unemployment cover.
Personal Loan	A credit facility that the Lender provides for a specified loan term and that the Lender refers to as a personal loan.
Policy	Is the contract of insurance between you and us and contains the terms and conditions of cover, and consists of this PDS and Policy Document, Policy Schedule and any future documents that change the contract.
Policy Anniversary	Each anniversary of the Start Date of your Policy.
Policy Debt Amount	The amount(s) you advise us to be your Debt amount owing and shown in your current Policy Schedule for each Debt.
Policy Owner	The person or people named in your current Policy Schedule as the policy owner(s).

General definitions continued

Definition	Meaning						
Policy Schedule	The policy schedule issued for this insurance. This is issued to you on the Start Date, each time we change your cover, and on each Policy Anniversary. It sets out details of the insurance such as the name(s) of the person(s) insured, details of the Debt(s) covered, Policy Debt Amount(s), the Benefits, the Premium payable, and the frequency in which a Premium is payable.						
Pre-existing Condition	An injury, illness, condition or symptom that you had in the 12 months prior to your cover Start Date or, for an increase to your cover, in the 12 months prior to the date of that increase, that you: a) Were aware of, or a reasonable person in your position should have been aware of, and b) Have, or should have, sought advice or treatment for from a Registered Medical Practitioner or other health professional (in circumstances where a reasonable person in your position would have sought advice or treatment). Examples of how the Pre-existing Condition exclusion applies to each cover <table><tr><th>Death Cover</th><th>Critical Illness Cover</th><th>Disability Cover</th></tr><tr><td>Mark was being treated for ischaemic heart disease and obesity in the 12 months prior to purchasing Acenda Debt Insurance. Two years after purchasing the Policy, Mark dies from a heart attack which his Doctors confirmed was contributed to by his heart disease. Given this, a claim would not be paid for his death.</td><td>Lisa was diagnosed with Cancer in the 12 months prior to purchasing Acenda Debt Insurance. Three years after purchasing the Policy, Lisa suffered a recurrence of the same or related Cancer. Lisa’s claim for Critical Illness for the Cancer would not be paid because Lisa was aware and receiving treatment for the Cancer in the 12 months prior to purchasing her Policy.</td><td>Joe had a lower back injury many years ago and was receiving treatment for ongoing lower back pain in the 12 months prior to purchasing Acenda Debt Insurance. One year after purchasing his Policy, Joe suffered a recurrence of the same lower back pain that resulted in him not being able to work. Joe’s claim for Disability because of the lower back pain will not be paid as he had received treatment in the 12 months prior to purchasing his Policy.</td></tr></table>	Death Cover	Critical Illness Cover	Disability Cover	Mark was being treated for ischaemic heart disease and obesity in the 12 months prior to purchasing Acenda Debt Insurance. Two years after purchasing the Policy, Mark dies from a heart attack which his Doctors confirmed was contributed to by his heart disease. Given this, a claim would not be paid for his death.	Lisa was diagnosed with Cancer in the 12 months prior to purchasing Acenda Debt Insurance. Three years after purchasing the Policy, Lisa suffered a recurrence of the same or related Cancer. Lisa’s claim for Critical Illness for the Cancer would not be paid because Lisa was aware and receiving treatment for the Cancer in the 12 months prior to purchasing her Policy.	Joe had a lower back injury many years ago and was receiving treatment for ongoing lower back pain in the 12 months prior to purchasing Acenda Debt Insurance. One year after purchasing his Policy, Joe suffered a recurrence of the same lower back pain that resulted in him not being able to work. Joe’s claim for Disability because of the lower back pain will not be paid as he had received treatment in the 12 months prior to purchasing his Policy.
Death Cover	Critical Illness Cover	Disability Cover					
Mark was being treated for ischaemic heart disease and obesity in the 12 months prior to purchasing Acenda Debt Insurance. Two years after purchasing the Policy, Mark dies from a heart attack which his Doctors confirmed was contributed to by his heart disease. Given this, a claim would not be paid for his death.	Lisa was diagnosed with Cancer in the 12 months prior to purchasing Acenda Debt Insurance. Three years after purchasing the Policy, Lisa suffered a recurrence of the same or related Cancer. Lisa’s claim for Critical Illness for the Cancer would not be paid because Lisa was aware and receiving treatment for the Cancer in the 12 months prior to purchasing her Policy.	Joe had a lower back injury many years ago and was receiving treatment for ongoing lower back pain in the 12 months prior to purchasing Acenda Debt Insurance. One year after purchasing his Policy, Joe suffered a recurrence of the same lower back pain that resulted in him not being able to work. Joe’s claim for Disability because of the lower back pain will not be paid as he had received treatment in the 12 months prior to purchasing his Policy.					
Premium	The money paid to us (or owed to us) for the insurance we provide under this Policy.						
Registered Medical Practitioner	A registered and qualified medical practitioner, including a Specialist. This can’t be the person insured, or the spouse or relative of the person insured.						
Seasonal Work	Employment that is short term, occurs only in certain times during the year and does not continue for the whole year.						
Self-employed (Self-employment has a corresponding meaning)	When you’re employed by yourself or an employer that isn’t a listed public company or a related body corporate of a listed public company – and you are, or were: • A director or majority shareholder of the employer • A business partner of the employer, or • In control of the employer, as the owner or principal.						
Specialist	A Registered Medical Practitioner who is an appropriate specialist, recognised and qualified to provide a diagnosis in a relevant medical field.						
Start Date	The date cover commences for a type of cover, or increase in cover shown in your Policy Schedule. Different Start Dates will apply to any change of cover or increase in cover.						
Terminal Illness	An illness that, even with appropriate medical treatment, in the opinion of the treating Specialist, and where required, a further medical opinion from a Specialist approved by us, is likely to lead to Death within a period that ends no more than 24 months from the date we are notified in writing by the approved Specialist.						
Whole Person Impairment	Whole Person Impairment is as defined in the American Medical Association publication ‘Guides to the Evaluation of Permanent Impairment’ current as at the date of impairment, or an equivalent guide to impairment approved by us.						

Critical Illness definitions

The medical definitions set out below are covered under Critical Illness cover that includes a Child Cover Benefit. Where there's a bullet (•) this marks the conditions that are covered under Critical Illness cover and the Child Cover Benefit.

Definition		Critical Illness	Child Cover Benefit
Benign Brain or Spinal Cord Tumour – of specified severity	A non-cancerous tumour in the brain, meninges, or intracranial section of a cranial nerve, or an acoustic neuroma, or a non-cancerous tumour of the spinal cord. The presence of the tumour must be confirmed by imaging studies such as CT scan or MRI, and result in: • at least 25% permanent Whole Person Impairment, or • the undergoing of neuro-surgical intervention for its removal. The following are excluded: • intracranial cysts, granulomas and haematomas • intracranial malformation in or of the arteries and veins, and • tumours of the pituitary gland.	•	•
Cancer – excluding specified early stage cancers	The presence of one or more malignant tumours, leukaemia or lymphomas. The following conditions are not included: • Chronic lymphocytic leukaemia in its early stages (less than Rai stage 1) • All prostate cancer unless: – it is histopathologically described as at least TNM classification T1c, or another equivalent classification, or – the Gleason score is 6 or more, or – the person insured is required to undertake major interventionist therapy including radiotherapy, brachytherapy, chemotherapy, biological response modifiers or any other major treatment, or – the tumour is completely untreatable. • Carcinoma in situ, cervical dysplasia CIN1, CIN2, and CIN3, or premalignant tumours. • Carcinoma in the situ of the breast, except where it leads to the removal of the breast by a mastectomy or removal of the carcinoma in situ by breast conserving surgery (lumpectomy, complete local excision, wide local excision, partial mastectomy), together with radiotherapy or chemotherapy. The procedure must be performed as a direct result of the carcinoma in situ, specifically to arrest the spread of malignancy, and be considered the necessary and appropriate treatment. • Skin cancer, other than melanoma, that: – shows signs of ulceration as determined by histopathological examination, or – is greater than 1.0 mm depth of invasion (Breslow) or – is at least Clark Level 3 of invasion. • Hyperkeratosis or Basal cell carcinoma of the skin. • Squamous cell skin carcinoma unless it's spread to other organs. • All non-melanoma skin cancers unless it's spread to the bone, lymph node, or an other distant organ.	•	•
Chronic Kidney Failure – requiring permanent dialysis or transplantation	The final stage of kidney disease that requires permanent dialysis or a transplant.	•	•
Coronary Artery Bypass Surgery – excluding less invasive procedures	The surgical grafting of a bypass to a coronary artery to overcome narrowing or obstruction, excluding coronary artery angioplasty, intra-arterial procedures or other non-surgical procedures.	•	

Critical Illness definitions continued

Definition		Critical Illness	Child Cover Benefit
Dementia or Alzheimer's Disease – permanent and of specified severity	The unequivocal diagnosis of dementia or Alzheimer's disease, by a Doctor, causing permanent failure of brain function. A deterioration in the life insured's Mini Mental State Examination score to 24 or less is required. Alternatively we will consider other neuropsychometric tests acceptable to us that conclusively diagnose the condition to at least the same level of stated severity.	•	
Heart Attack – with evidence of heart muscle damage	Heart attack (Myocardial Infarction) means the death of part of the heart muscle because of inadequate blood supply, confirmed by a Cardiologist and evidenced by: • Typical rise and/or fall of cardiac biomarkers, with at least one value above the 99th percentile of the upper reference range together with any one of the following: – typical acute cardiac symptoms and signs consistent with heart attack, or – new ischaemic ECG changes showing the development of any one of the following: • ST-T changes • left bundle branch block (LBBB), or • pathological Q waves, or – imaging evidence of new and irreversible: • loss of viable myocardium, or • regional wall motion abnormality, or – left ventricular ejection fraction less than 50%, at least three months after the event. Elevated biomarkers that arise from causes other than heart attack are excluded, including those as a result of elective percutaneous procedures and other acute coronary syndromes. If the above tests are inconclusive or superseded by new technological advances, we'll consider other appropriate and medically recognised tests.	•	•
Heart Valve Surgery – of specified severity	The surgical repair or replacement of a defective heart valve or valves as a consequence of heart valve defects or abnormalities that cannot be corrected by non-surgical techniques.	•	
Major burns	Full thickness burns to 20% or more of the body surface, or to 50% of the face or 50% of both hands requiring surgical debridement and/or grafting.	•	•
Major Organ or Bone Marrow Transplant	The transplant, or placement on an Australian or New Zealand waiting list approved by us for • Transplant of any of the following organs from a human donor to the person insured: – kidney – liver – heart – lung – pancreas – small bowel, or • Bone marrow transplant This treatment must be considered medically necessary and the condition affecting the organ or bone marrow deemed untreatable by any other means other than transplant, as confirmed by a Specialist.	•	•

Critical Illness definitions continued

Definition		Critical Illness	Child Cover Benefit
Motor Neurone Disease	The progressive weakening and wasting of the muscles of the body. The unequivocal diagnosis of motor neurone disease must be certain and supported by neurological investigations.	•	
Multiple Sclerosis – of specified severity	The progressive destruction of the insulating layer of myelin in the brain and/or spinal cord. The unequivocal diagnosis of Multiple Sclerosis must be by a consultant neurologist. There must be more than one episode of defined neurological deficit with persistent abnormalities. Neurological investigations such as lumbar puncture, MRI (Magnetic Response Imaging), evidence of lesions in the central nervous systems and evoked visual responses are required to confirm diagnosis.	•	
Muscular Dystrophy – unequivocal diagnosis	The unequivocal diagnosis of muscular dystrophy by a medical practitioner who is a consultant neurologist on the basis of confirmatory neurological investigations.	•	
Paralysis	Total and permanent loss of the function of two (2) or more limbs caused by damage to the nervous system.	•	•
Parkinson's Disease – of specified severity	The unequivocal diagnosis of degenerative idiopathic Parkinson's disease, characterised by the clinical manifestation of one or more of the following: • Rigidity • Tremor, or • Akinesia from degeneration of the nigrostriatal system. All other types of Parkinsonism (including but not limited to parkinsonism secondary to medication, vascular disease, drugs, metabolic conditions and infections) are excluded.	•	
Stroke – in the brain and of specified severity	An incident in the blood vessels of the brain or bleeding in the brain leading to neurological effects that last for at least 24 hours. There must be clear evidence on a CT, MRI or similar scan that a stroke has occurred. Transient ischaemic attacks, symptoms due to migraine, vascular disease of the optic nerve, physical head injury, reversible neurological deficit or any blood vessel incident outside the cranium except embolism resulting in stroke are excluded.	•	•

8 Privacy

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