

Macquarie Life Active

Macquarie Life
Policy Terms



How to read these Macquarie Life Active Policy Terms

A Macquarie Life Active Policy is a contract of insurance issued by Macquarie Life Limited (Macquarie Life) to the policy owner.

The terms of a policy owner's Macquarie Life Active policy are stated in:

- the Macquarie Life Active Policy Terms (**Policy Terms**), and
- the most recent version of the policy owner's Policy Schedule for their Macquarie Life Active policy (Policy Schedule).

The Policy Schedule states:

- the version of the Macquarie Life Active Policy Terms that applies to the policy. This document sets out the Policy Terms that are applicable to a policy if the Policy Schedule states that the Policy Terms dated 12 May 2012 apply to the policy
- the details that apply to (and the extent to which the Policy Terms are varied for) a policy owner's policy. This is required to determine the parts of the Policy Terms that apply to a particular policy.

In the circumstances stated in the Policy Terms, the policy owner may be issued with a new Policy Schedule. From the time that a new Policy Schedule is issued, it replaces the policy owner's existing Policy Schedule.

The policy owner may be:

- Macquarie Investment Management Limited (**MIML**) (ABN 66 002 867 003) as the trustee of a superannuation fund
- a person or company that is the trustee of a self managed superannuation fund, or
- a company that is the trustee of a superannuation fund approved by Macquarie Life,

where the policy insures the life of a member of that fund. If a benefit is payable under a policy owned by a trustee, the benefit will be paid to the trustee as the owner of the policy. The trustee is responsible for dealing with that benefit and paying the member or the member's beneficiaries in accordance with the governing rules of the superannuation fund and superannuation laws. For details of when benefits may be paid to a member of the superannuation fund or their beneficiaries refer to the Macquarie Life Active PDS or the relevant PDS of the superannuation fund.

Macquarie Life is not an authorised deposit-taking institution for the purposes of the Banking Act 1959 (Cth), and its obligations do not represent deposits or other liabilities of Macquarie Bank Limited ABN 46 008 583 542. Macquarie Bank Limited does not guarantee or otherwise provide assurance in respect of the obligations of Macquarie Life.

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Terminology and interpretation

Terminology used in the Policy Terms

There are terms used in the Policy Terms that have a special meaning. These terms are either:

- (a) defined in the table below, or
- (b) shown in *italics* and explained in the Glossary on pages 29 to 44.

Term	Meaning
Business Day	a day on which banks are open for general banking business in Sydney, excluding Saturday and Sunday.
Insured Child	the child named in the Policy Schedule for Child Cover.
Insured Person	the person named in the Policy Schedule as the insured person and if Child Cover applies, in relation to Child Cover, 'Insured Person' includes the Insured Child.
Macquarie Life	Macquarie Life Limited.
MIML	Macquarie Investment Management Limited.
Nominated Beneficiary	the person listed in the Policy Schedule as a nominated beneficiary.
Policy	the Policy Owner's Macquarie Life Active Policy.
Policy Owner	the person stated on a Policy Schedule as the owner of the policy.
Policy Schedule	the Policy Owner's most recent Policy Schedule for their Policy.
Policy Terms	the Macquarie Life Active Policy Terms.
Premium	the premium for the Policy that is stated in the Policy Schedule.

Interpretation of the Policy Terms

In the Policy Terms:	
Singular and plural:	The singular includes the plural and the plural includes the singular.
Grammatical extension:	Other parts of speech and grammatical forms of a word or phrase defined in this agreement have a corresponding meaning.
Inclusions and examples:	Specifying anything after the words 'include' or 'for example' does not limit what else is included.
Person:	A reference to a person includes any company or other body corporate as well as an individual.
Legislation:	A reference to any legislation includes all delegated legislation made under it and amendments, consolidations, replacements or re enactments of any of them.

The Policy

Contract of insurance

The Policy is a contract of insurance issued by Macquarie Life to the Policy Owner over the life of the Insured Person in the Policy Schedule.

Terms of the Policy

The terms of a Policy Owner's Policy are stated in:

- the Policy Terms the date of which is stated in the Policy Schedule, and
- the most recent version of the Policy Schedule.

The Policy Schedule states the Schedule Date which is the date from which the Policy Schedule applies. The Schedule Date will reflect the date of the event that resulted in a change to the Policy Schedule (which may be earlier than when the Policy Owner receives the new Policy Schedule).

Multiple Policy Owners

If there are multiple Policy Owners they own the Policy as joint tenants unless:

- a different ownership arrangement is noted on the Policy Schedule, or
- the Policy Owners own the Policy as trustees of a superannuation fund.

Premium

The Policy Owner must pay the Premium to Macquarie Life either annually or monthly in advance (as stated in the Policy Schedule) for the cover provided by the Policy.

Benefits

A benefit that is payable under the Policy will be paid to the Policy Owner (unless the Policy Owner is a natural person who has died).

If the Policy Owner is a natural person who has died, the benefit will be paid to:

- if there are Nominated Beneficiaries, the Nominated Beneficiaries in the proportions stated in the Policy Schedule, or
- if there are no Nominated Beneficiaries, the Policy Owner's legal personal representative or other person Macquarie Life is permitted to pay under the *Life Insurance Act 1995* (Cth).

Nominated Beneficiaries

A Policy Owner who is also the Insured Person (and does not own the Policy in their capacity as trustee of a superannuation fund), can nominate up to five Nominated Beneficiaries. Each Nominated Beneficiary must be a person, a company or a legally recognised charity.

The Policy Owner can change or cancel their nomination at any time and this will take effect when written notice of the change is received by Macquarie Life.

If part of a nomination is invalid or one of the Nominated Beneficiaries has predeceased the Policy Owner, the proceeds in relation to that invalid part of the nomination or predeceased Nominated Beneficiary will be paid to Policy Owner's legal personal representative or other person Macquarie Life is permitted to pay under the *Life Insurance Act 1995* (Cth).

If a Nominated Beneficiary is a minor, the amount that is payable to the minor will be paid to the minor's legal guardian or into a trust for the minor.

Any nomination for a Policy will be cancelled if the ownership of the Policy is transferred.

Amendment

If the Policy is amended either:

- by Macquarie Life (as provided for in these Policy Terms or the Policy Schedule), or
- as agreed between Macquarie Life and the Policy Owner, the Policy Owner will be issued with a new Policy Schedule, which is effective from the date stated in the Policy Schedule as the Schedule Date.

Cooling-off period

Within 21 days of the earlier of:

- the date that the Policy Owner receives their first Policy Schedule, and
- the end of the 5th Business Day after the Policy commences,

the Policy Owner can cancel their Policy by notifying Macquarie Life and receive a refund of all Premiums that have been paid as long as no claims have been made under the Policy.

Guaranteed upgrades

To the extent that the Policy includes covers, features or options of Macquarie Life Active that are subject to future improvement by Macquarie Life and the improvements do not result in an increase in the premium rates, the improvements will be automatically provided to the Policy Owner.

An improvement will not apply to a claim resulting from an *illness* which first occurs (or symptoms leading to the condition occurring or being diagnosed first became reasonably apparent), or an injury or event which occurred, before the improvement took effect.

Guaranteed renewable

Provided the Premium is paid when due, the Policy is guaranteed renewable until the policy anniversary after the expiry age, shown in the section titled "When cover ends". This means that Macquarie Life cannot cancel or alter the terms of the cover because of changes in the insured person's health, occupation or pastimes.

If the Policy Owner requests to extend, vary or reinstate your cover, the duty of disclosure applies but only in respect of the cover that is being extended, varied or reinstated.

Transferring ownership of the Policy

Where permissible by law, the Policy Owner(s) may transfer the ownership of the Policy to another party by completing a Memorandum of Transfer, which must be signed by both the Policy Owner(s) and the transferee(s), and sending it to Macquarie Life, with the Policy, for registration.

Active cover

When Active cover for Health Events, death and terminal illness applies

The Policy Schedule states if cover for *Health Events*, death and *terminal illness* applies. If it does, the Policy Schedule will also state the following details for that cover:

- Macquarie Life Active Policy number
- name(s) of the Policy Owner(s)
- name and personal details of the Insured Person
- *Initial Amount of Cover* provided
- *Remaining Amount of Cover* (if different from the *Initial Amount of Cover*)
- whether any additional death cover applies, and if so the amount provided
- *Maximum Amount Payable* under each of the benefit categories
- Protected Amount, which is a fixed proportion of the *Initial Amount of Cover*
- any options that apply
- whether the policy is part of a Superannuation Optimiser structure, and if so, whether the policy is the superannuation policy or the non-superannuation policy, and the other policy to which it is linked
- *application date*
- cover start date
- cover anniversary
- Premium adjustments which apply, if any
- special conditions which apply, if any, and
- amount of the Premium payable for the relevant period, and whether it is payable monthly or annually.

When a benefit is payable

A benefit is payable if, on or after the cover start date for *Health Events*, death and *terminal illness* cover stated on the Policy Schedule and before the cover ends (see page 8), the Insured Person:

- dies
- is diagnosed with a *terminal illness*, or
- suffers a *Health Event* covered under the Policy,

and the *Maximum Amount Payable* for the benefit category under which the benefit is payable is not nil.

Whenever a benefit is paid for a *Health Event* and the Policy has not ended, Macquarie Life will issue the Policy Owner with a replacement Policy Schedule that applies from the Schedule Date stated in the Policy Schedule which will reflect the date of the occurrence of the *Health Event* and states the *Remaining Amount of Cover* and *Maximum Amounts Payable* for each benefit category.

Benefit categories

The amount of the benefit that is payable depends (in part) on the relevant benefit category that applies (see the table below).

Macquarie Life will pay a benefit for death or *terminal illness* under benefit category AA. The *Maximum Amount Payable* under benefit category AA is the *Remaining Amount of Cover* plus any additional death cover.

Macquarie Life will pay a benefit for a *Health Event* under benefit category A, B, C, D or E depending on the *Health Event* and as set out in the *Health Events* section.

The *Maximum Amount Payable* under each benefit category is calculated as the lesser of:

- the applicable percentage of the *Initial Amount of Cover* as set out in the table below, and
- the *Remaining Amount of Cover*.

Benefit category	Type of cover	Percentage of the <i>Initial Amount of Cover</i>
AA	Death and <i>terminal illness</i>	100% (plus any additional death cover)
A	<i>Health Events</i>	100%
B		65%
C		40%
D		20%
E		5% (minimum of \$10,000)

If the *Initial Amount of Cover* is less than \$200,000, the *Maximum Amount Payable* for benefit category E will be \$10,000 and the percentage for benefit category E will be adjusted accordingly as \$10,000 divided by the *Initial Amount of Cover*.

How the amount of the first benefit paid under the Policy is calculated

If the first benefit paid under the Policy is for death or *terminal illness*, the amount of the benefit is the *Initial Amount of Cover* plus any additional death cover.

If the first benefit paid under the Policy is for a *Health Event*, the amount of the benefit is calculated in the following way:

1. Determine the benefit category and percentage that applies for the *Health Event*.
2. Multiply the percentage for the benefit category determined at step 1 by the *Initial Amount of Cover*.

How the amount of subsequent benefits paid under the Policy are calculated

If the benefit that is payable is for death or *terminal illness*, the amount of the benefit is the *Remaining Amount of Cover* plus any additional death cover.

If the benefit that is payable is for a *Health Event*, the amount of the benefit will be the *Maximum Amount Payable* for the relevant benefit category unless it is a *Progressive Condition* (see below) or it occurs within a *Limited Claim Period* (see below).

The amount of the benefit that will be paid for a *Health Event* that is a *Progressive Condition* to a *Health Event* for which a claim has previously been paid is calculated in the following way:

1. determine the benefit category and percentage that applies for the *Health Event*
2. deduct the percentage applicable to the benefit category paid for the prior claim that was the *Progressive Condition*
3. multiply the percentage resulting at step 2 by the *Initial Amount of Cover*
4. the amount that will be paid is the lesser of:
 - the amount calculated above at step 3, and
 - the *Maximum Amount Payable* for the benefit category applicable to the *Health Event* being claimed.

The amount of the benefit that will be paid for a *Health Event* that occurs during a *Limited Claim Period* is calculated in the following way:

1. determine the benefit category and percentage that applies for the *Health Event*
2. determine if the *Health Event* is a *Progressive Condition* to a claim that occurred prior to the current *Limited Claim Period*, and if so, deduct the percentage applicable to the benefit category paid for the prior claim that was the *Progressive Condition*
3. multiply the percentage resulting at step 2 by the *Initial Amount of Cover*
4. deduct from the dollar amount calculated at step 3 all other amounts that have been paid during the current *Limited Claim Period*
5. the amount that will be paid is the lesser of:
 - the amount calculated at step 4, and
 - the *Maximum Amount Payable* for the benefit category applicable to the *Health Event* being claimed.

Limited Claim Period

When a *Health Event* occurs for which a claim is paid, a *Limited Claim Period* starts and lasts for 12 months from the date of the *Health Event*.

If a subsequent *Health Event* occurs during a *Limited Claim Period*, any amounts already paid during the current *Limited Claim Period* are deducted from the amount Macquarie Life will pay for the current *Health Event*.

Amounts paid for a prior claim for a *Health Event* within the *Limited Claim Period* will not be deducted where either the current claim or the prior claim is/was for a *Health Event* that is the result of accident, unless the *Health Events* are directly or indirectly due to the same underlying cause or event.

Any *Health Event* that occurs during an existing *Limited Claim Period* will not start a new *Limited Claim Period*. However, the next *Health Event* that occurs after a *Limited Claim Period* will start a new *Limited Claim Period*.

The *Limited Claim Period* starts on the occurrence of each of the *Health Events* and not when the claim for that *Health Event* is paid.

Claim Protector (Health Events)

For the first 14 days following the occurrence of a *Health Event* for which a claim is paid, the Claim Protector will not apply and the *Maximum Amount Payable* will be limited to the *Remaining Amount of Cover* under the policy.

14 days after a *Health Event* for which a benefit is paid, if the *Maximum Amount Payable* is less than the Protected Amount (see below), the *Maximum Amount Payable* for benefit categories A to E is increased to the lesser of:

- the Protected Amount, and
- the *Initial Amount of Cover* multiplied by the applicable percentage for the relevant benefit category (refer to page 4 for the percentages that apply),

provided that the total amount claimed for *Health Events* does not exceed the limits shown in the table on the below.

Highest benefit category for which a claim has been paid	Maximum combined total payable for claims that are <i>Progressive Conditions</i> *	Maximum combined total payable for all <i>Health Event</i> claims*
A	\$4 million	\$6.6 million
B to E	\$2.6 million	\$5.2 million

* The maximum amount payable includes any amounts paid under the Extended Care option.

The Claim Protector feature does not apply to *terminal illness* or death cover provided under the Policy. Cover for death and *terminal illness* cover under the Policy may reduce to nil unless additional death cover applies.

Increases to the *Maximum Amount Payable* under the Claim Protector feature are not available:

- after the person insured turns age 65, or
- if a claim for a *terminal illness* under benefit category AA or a *Health Event* that is a *terminal illness* under benefit categories A to E has been paid.

The Protected Amount is 25% of the *Initial Amount of Cover* and is adjusted for Indexation Increases in line with *indexation* of the *Initial Amount of Cover*.

Financial Planning benefit

Macquarie Life will pay the following financial planning benefit in relation to the cost of engaging a qualified financial adviser to prepare a financial plan following payment of a benefit for *terminal illness*, death or a *Health Event* that falls within benefit category A or B.

The total amount payable is the lesser of the actual fee paid for the financial planning advice (excluding any commissions received by the adviser) and \$1,000. It is payable on receipt of evidence of:

- the financial advice provided
- the qualifications of the financial adviser, and
- the payment made for that advice.

This evidence must be received by Macquarie Life within 12 months of the payment of the benefit for *terminal illness*, death or a *Health Event* that falls within benefit category A or B.

The financial planning benefit is payable to the person who receives the claim proceeds. If the claim proceeds are paid to more than one person, the total amount payable to each beneficiary for reimbursement of financial planning costs incurred by them will be split proportionally in line with the split of the benefit payment. The benefit is only payable once for the Insured Person across all cover with Macquarie Life. The financial adviser whose services are being reimbursed must be qualified and operating under an Australian Financial Services Licence.

This benefit is not paid under a Policy that is owned by the trustee of a superannuation fund.

Funeral Assistance benefit

An amount will be paid in advance of Macquarie Life completing its assessment of whether a death benefit will be paid.

The amount payable is the lesser of:

- 10% of the *Maximum Amount Payable* for benefit category AA, and
- \$15,000.

The maximum amount Macquarie Life will pay under the Funeral Assistance benefit (or similar benefit) is \$15,000 inclusive of all cover held with Macquarie Life for the Insured Person.

This benefit is not payable if:

- the Insured Person's death is the result of suicide within 13 months of *cover commencement*
- is the result of anything that is excluded under the Policy, or
- there is reasonable doubt about whether the death benefit will become payable.

Before this benefit becomes payable, Macquarie Life must receive medical evidence as to the cause and the date of death. The benefit will be paid within two business days of Macquarie Life receiving this evidence.

The death benefit that is paid will be reduced by the amount of the Funeral Assistance benefit.

The payment of a Funeral Assistance benefit is not an admission of liability and Macquarie Life reserves the right to recover the amount paid if the death benefit is subsequently not paid.

This benefit is not paid under a Policy that is owned by the trustee of a superannuation fund.

Indexation Increases

The *Initial Amount of Cover*, *Remaining Amount of Cover*, additional death cover and Protected Amount for benefit categories AA to E will be increased by the *indexation* rate on each cover anniversary before the Insured Person reaches the age of 65 unless the Policy Owner declines the increase.

Macquarie Life will notify the Policy Owner of the proposed *indexation* increase before it applies. The Policy Owner can decline the increase without the decline affecting the offer of future increases. To decline the increase, Macquarie Life must receive any notice of decline from the Policy Owner before the applicable cover anniversary. If an *indexation* increase is declined on the *Initial Amount of Cover*, the *Remaining Amount of Cover* and Protected Amount will also not be increased.

Under the Indexation Increases feature, the *Initial Amount of Cover* can increase above the maximum allowed at application.

Future Increases

After certain events for the Insured Person, the Policy Owner can apply (using a form approved by Macquarie Life) to increase the *Initial Amount of Cover* until the Insured Person is aged 55. Macquarie Life will accept the increase without the need for medical underwriting provided that evidence of the event for which the increase is sought (that is satisfactory to Macquarie Life) is received by Macquarie Life. The increase only takes effect from when we approve the application for the increase.

The following table sets out the relevant events for the Insured Person and the maximum amounts by which the Policy Owner can apply to increase the *Initial Amount of Cover*.

Events	Maximum increase
The insured person marries or registers a <i>partnership</i>	The lesser of: <ul style="list-style-type: none"> 25% of the <i>Initial Amount of Cover</i> when your policy started, and \$200,000.
The insured person or their <i>partner</i> gives birth to or adopts a child	
The insured person takes out a new mortgage or increases an existing mortgage (excluding refinance or draw down)	The lowest of: <ul style="list-style-type: none"> 25% of the <i>Initial Amount of Cover</i> when your policy started, \$200,000, and the increase in the size of the mortgage.
The <i>income</i> of insured person increases by 15% or more in a 12 month period	The lowest of: <ul style="list-style-type: none"> 25% of the <i>Initial Amount of Cover</i> when your policy started, \$200,000, and five times the increase in <i>income</i>.
The insured person becomes a <i>carer</i> for the first time	The lesser of: <ul style="list-style-type: none"> 25% of the <i>Initial Amount of Cover</i> when your policy started, and \$200,000
The death of the insured person's <i>partner</i>	The lesser of: <ul style="list-style-type: none"> 25% of the <i>Initial Amount of Cover</i> when your policy started, and \$200,000
The insured person divorces or de-registers a <i>partnership</i>	The lesser of: <ul style="list-style-type: none"> 25% of the <i>Initial Amount of Cover</i> when your policy started, and \$200,000
A child of the insured person turns 18	The lesser of: <ul style="list-style-type: none"> 25% of the <i>Initial Amount of Cover</i> when your policy started, and \$200,000

The minimum increase to the *Initial Amount of Cover* is \$10,000. An increase cannot be made until 12 months after the cover start date for the applicable insurance cover. The increase in cover must be requested within six months of the event and only one increase may be applied for in any 12 month period.

The maximum amount by which the *Initial Amount of Cover* can be increased is \$1 million. The *Initial Amount of Cover* cannot be increased above the maximum amount allowable of \$3,000,000. These maximum limits apply inclusive of all lump sum cover held with Macquarie Life or another insurer for the Insured Person.

Any Premium adjustments, exclusions or special conditions which applied to the original cover will also apply to any increase in the cover.

The *Initial Amount of Cover* cannot be increased if:

- the Policy was issued with a Premium adjustment in the form of a medical loading of 75% or more, or
- a claim has been or can be made for a lump sum benefit under any Policy issued by Macquarie Life.

If an event or condition giving rise to a claim occurs (or for a *Health Event*, the symptoms leading to the condition occurring or being diagnosed first became apparent) during the first six months after an increase in the *Initial Amount of Cover*, Macquarie Life will only pay a claim in respect of the increased cover if:

- the condition for which the claim is being made is due to an *accident*, and
- the *accident* occurs after the date of the increase.

If the *Initial Amount of Cover* is increased, the additional death cover can be increased proportionately.

Extended Care option

This is an option for which an additional premium is charged. The Policy Schedule will state if the Extended Care option applies to the Policy.

Under this option, up until the cover anniversary when the insured person turns age 65, an additional amount of 50% of the *Initial Amount of Cover* will be paid if a claim has been paid for a *Health Event* under Benefit Category A in respect of the Insured Person and the Insured Person either:

- has the presence of a medically recognised disease or disorder resulting in a *permanent* and irreversible inability to perform 4 out of 6 *activities of daily living*, or
- suffers *permanent* and irreversible *WPI* of at least 60%.

A benefit is only payable once under the Extended Care option.

The premium for this option will end on the earlier of the payment of a benefit under the Extended Care option or the cessation of cover for the Extended Care option on the policy cover anniversary when the insured person is aged 65.

Superannuation Optimiser

If the Policy Schedule states that Superannuation Optimiser applies to the Policy, cover for the Insured Person is provided under two policies and the two policies are linked so that the payment of a claim for a *Health Event* under one policy reduces the *Remaining Amount of Cover* for the policy under which the claim is paid and the policy to which it is linked.

The first policy (referred to as the superannuation policy) is issued to the trustee of a superannuation fund and holds the cover for death and *terminal illness* and part of the cover for *Health Events*. The *Health Events* which are included are those covered under benefit category A and which also meet the *Superannuation Industry (Supervision) Act 1993* (Cth) (SIS) definition of permanent incapacity (as amended from time to time and applied as if Macquarie Life were the trustee of the relevant superannuation fund).

The balance of the cover for *Health Events* not included under the superannuation policy will be provided under a separate policy (referred to as the non-superannuation policy).

If Superannuation Optimiser applies to the Policy, the Policy Schedule states whether the Policy is the superannuation policy or the non-superannuation policy and will set out, in relation to cover for *Health Events*, the cover provided in relation to each of the benefit categories.

Claims for death and *terminal illness* will be paid under the superannuation policy to the trustee of the superannuation fund as policy owner. Claims for *Health Events* will first be assessed under the superannuation policy to determine if both the following requirements are satisfied:

- the definition of a *Health Event* covered under benefit category A, and
- the *Superannuation Industry (Supervision) Act 1993* (Cth) (SIS) definition of permanent incapacity (as amended from time to time and applied as if Macquarie Life were the trustee of the relevant superannuation fund).

If both requirements are satisfied and a benefit is payable under the superannuation policy, the benefit will be paid to the trustee of the superannuation fund.

If no benefit is payable under the superannuation policy, the claim will then be assessed under the non-superannuation policy. If a benefit is payable under the non-superannuation policy, the benefit is paid to the Policy Owner of the non-superannuation policy.

If the Policy Schedule states that Superannuation Optimiser applies to the Policy, the following terms apply to both policies that are linked:

- the *Initial Amount of Cover* under each of the policies is always equal
- if a policy owner requests a decrease to the *Initial Amount of Cover*, the decrease will apply to both policies
- if a policy owner applies to increase the *Initial Amount of Cover*, any increase will be applied to both policies
- if the cover is cancelled under one of the policies, the cover under the other policy will immediately end
- claims under one policy which reduce the *Remaining Amount of Cover* under that policy will also reduce the *Remaining Amount of Cover* under the other policy
- Macquarie Life will take into account prior claims under both policies when determining whether a claim under either policy is for a *Progressive Condition* or is subject to a *Limited Claim Period*, and
- in the event of a claim for a *Health Event*, the premium payable under the superannuation policy (not including the premium payable for any additional death cover) will be reduced in the same proportion as the reduction applied to the *Remaining Amount of Cover*, while the premium payable under the non-superannuation policy will be increased by a corresponding amount so that the total premium payable across the two policies is unchanged (excluding other changes to the premiums for *indexation* or age related increases).

Decreases to the Initial Amount of Cover

The Policy Owner may request that Macquarie Life decrease the *Initial Amount of Cover*. If the *Initial Amount of Cover* is decreased, the *Remaining Amount of Cover* and Protected Amount will be adjusted so that they are maintained in the same proportion to the *Initial Amount of Cover* as applied before the decrease. The Premium will be recalculated based on the new *Initial Amount of Cover*.

When cover changes

From the cover anniversary when the Insured Person turns age 65, cover for *occupational impairment* and cover under the Extended Care option, if applicable, ceases.

From the cover anniversary when the Insured Person turns age 70, cover for all *Health Events* ceases and cover is only provided for:

- *loss of independent existence* (under benefit category A), and
- death and *terminal illness* (under benefit category AA).

From the cover anniversary when the Insured Person is aged 99, cover for *loss of independent existence* ceases and cover is only provided for death and *terminal illness* under benefit category AA.

When cover ends

Active cover for *Health Events*, death and *terminal illness* provided under the Policy ends on the earliest of:

- the death of the Insured Person
- cancellation of the cover upon the written request of the Policy Owner
- cancellation of the cover by Macquarie Life due to non-payment of the Premium due
- if the Insured Person is a member of an *eligible superannuation plan*, 30 days after the Insured Person has left the *eligible superannuation plan* or becomes ineligible for membership of the *eligible superannuation plan* under law
- any other date applied under a special condition shown in the Policy Schedule
- in respect of cover for *terminal illness* and death only, the *Maximum Amount Payable* under benefit category AA reduces to nil
- in respect of cover for *Health Events*, before the Insured Person is aged 65, the maximum combined total payable for all *Health Events* claims has been reached, as explained under the Claim Protector on page 5
- in respect of cover for *Health Events*, after the Insured Person is aged 65, the *Maximum Amount Payable* under benefit categories A, B, C, D, and E reduces to nil, and
- in respect of cover for *Health Events*, at the cover anniversary when the Insured Person is aged 99.

When a benefit will not be paid

A benefit for a *Health Event*, death or *terminal illness* will not be paid for any of the following reasons:

- For benefit category AA, if *terminal illness* or death occurs directly or indirectly by an intentional self inflicted act within 13 months of *cover commencement*. This exclusion will not apply if the *replacement cover waiver – death and terminal illness* applies
- For benefit categories A to E, if the *Health Event* is caused directly or indirectly by an intentional self inflicted act at any time
- For benefit categories A to E, if the *Health Event* has a specified exclusion (see *Health Events* section on pages 21 to 28), and
- For benefit categories A to E, if the *Health Event* occurs within 90 days of the *application date* or the date any cover is reinstated and the *Health Event* has a 90 day exclusion specified, (see *Health Events* section on pages 21 to 28). This exclusion will not apply if the *replacement cover waiver – Health Events and Child Cover* applies.

Child Cover

When Child Cover applies

The Policy Schedule will state if Child Cover applies. If it does, the Policy Schedule will also state the following details for that cover:

- Macquarie Life Active Child Cover Policy number
- names of the Policy Owner(s)
- names and dates of birth of each Insured Child
- Amount of Cover for each Insured Child
- cover start date
- cover anniversary
- Premium adjustments which apply if any, and whether they apply as a percentage of the Premium otherwise payable for the insurance or a specified additional dollar amount for each thousand dollars of the Amount of Cover
- special conditions which apply, if any, and
- amount of the Premium payable, and whether it is payable monthly or annually.

When a benefit is payable

A benefit equal to the Amount of Cover is payable if, on or after the cover start date for Child Cover that is stated on the Policy Schedule for Child Cover and before the Child Cover ends, an Insured Child:

- dies
- is diagnosed with a *terminal illness*, or
- suffers one of the *Child Cover Conditions* covered under the Policy after cover starts for the condition.

Macquarie Life will only pay the Amount of Cover once under the Policy for each Insured Child.

The definitions for all the *Child Cover Conditions* covered under the Policy are stated in the Glossary on pages 36 to 39. Any references to the Insured Person include references to the Insured Child where applicable.

Indexation Increases

The Amount of Cover will be increased by the *indexation* rate on each cover anniversary before Child Cover ends unless the Policy Owner declines the increase.

Macquarie Life will notify the Policy Owner of the proposed indexation increase before it applies. The Policy Owner can decline the increase without the decline affecting the offer of future increases. To decline the increase, Macquarie Life must receive any notice of decline from the Policy Owner before the applicable cover anniversary.

Under the Indexation Increases feature, the Amount of Cover can increase above the maximum allowed at application.

When cover ends

Cover provided in respect of an Insured Child ends on the earliest of:

- the cover anniversary when the Insured Child is aged 21
- the death of the Insured Child
- cancellation of the cover upon the written request of the Policy Owner
- cancellation of the cover by Macquarie Life due to non-payment of the Premium due
- the continuation of cover (see below) being exercised, or
- any other date applied under a special condition shown in the Policy Schedule.

Continuation of cover

Provided that a claim has not been paid or is payable for the Insured Child under any cover issued by Macquarie Life, the Policy Owner or the Insured Child can commence a Policy for the same or lesser amount as the Amount of Cover for the Insured Child, on any cover anniversary for the Child Cover that falls when the Insured Child is aged 15 to 21 inclusive, without the need for medical underwriting. Additional information from the Insured Child may be required at the time of conversion to establish the premium rate that will apply to the insurance.

Once this election is made, the Child Cover for that Insured Child is cancelled.

When a benefit will not be paid

A Child Cover benefit will not be paid in respect of an Insured Child if the *Child Cover Condition* (or where the *Child Cover Condition* involves surgery or a procedure, the disease or condition for which the surgery or procedure is undertaken):

- is a congenital condition
- is caused by the intentional act or intentional omission of the Policy Owner or the Insured Child's parent, guardian or a person acting in a regular de facto role as a parent, or
- occurs within 90 days of the *application date* or the date any cover is reinstated and the *Child Cover Condition* has a 90 day exclusion specified). This exclusion will not apply if the *replacement cover waiver – Health Events and Child Cover* applies.

A Child Cover benefit will not be paid if Macquarie Life does not receive consent to obtain medical records (past and present) of the Insured Child.

Income Cover

When Income Cover applies

The Policy Schedule will state if Income Cover applies. If it does, the Policy Schedule will also state the following details for that cover:

- Macquarie Life Active Income Cover Policy number
- name(s) of the Policy Owner(s)
- name and personal details of the Insured Person
- Monthly Amount of Cover
- whether the cover is provided on an 'income at claim', 'income at application' or 'endorsed income at application' basis ('type of cover')
- waiting period
- benefit period
- any options that apply
- whether the Policy only provides the Extra Benefits option, and if so, the Policy to which it is linked
- cover start date
- cover anniversary
- any Premium adjustments which apply
- any special conditions which apply, and
- amount of the Premium payable, and whether it is payable monthly or annually.

Monthly Amount of Cover

The Monthly Amount of Cover is the amount stated in the Policy Schedule and is used to determine the benefits payable under Income Cover (see page 42).

Waiting period

The majority of benefits under Income Cover are subject to a waiting period before the benefits become payable. The waiting period that applies is stated in the Policy Schedule.

The waiting period begins the day the Insured Person is *disabled* due to *illness* or injury and has consulted a *medical practitioner*. On the basis of medical and other evidence acceptable to Macquarie Life, Macquarie Life will reduce the waiting period by the number of continuous days for which the Insured Person was absent from *gainful employment* due to *illness* or injury prior to first consulting a *medical practitioner* in relation to their *disability*, up to a maximum of seven days.

Where a waiting period applies to a benefit under Income Cover, the benefit is payable after the end of the waiting period and is not back dated to the beginning of the waiting period.

If an Income Cover Extra Benefits policy is linked to an Income Cover policy and a Specific Injury benefit or Health Event benefit is paid for longer than the waiting period, the waiting period will be extended to end when the payment period for the Specific Injury benefit or Health Event benefit ends.

Return to work during the waiting period

Before the waiting period will be restarted, the Insured Person can return to work (and not be *disabled*) during the waiting period for up to:

- five consecutive days if the waiting period is 30 days
- ten consecutive days if the waiting period is 60 days, 90 days, 1 year or 2 years, and
- six consecutive months if the waiting period is 2 years and the Insured Person is also covered by a type of *disability* income insurance with a benefit period of two years provided through membership of a regulated and complying superannuation fund in Australia or provided through the Insured Person's employer.

The waiting period will be extended by the number of days worked while the Insured Person is not *disabled*.

Waiting period reduction

If the waiting period is 1 year or 2 years, it can be reduced without medical underwriting to 1 year or 90 days if the Insured Person also has salary continuance cover provided through their employer and that cover terminates because the Insured Person leaves their employer. This is not available if the Insured Person:

- elects to take up any continuation of cover option on the salary continuance cover
- is on claim or eligible to claim at the time of applying to reduce the waiting period, or
- is not engaged in *gainful employment* of at least 20 hours per week with a new employer.

The Policy Owner must apply to change the waiting period within 30 days of the Insured Person ceasing the employment through which the salary continuance cover was provided. Evidence of the cover, cessation of employment and other information necessary to assess eligibility must be provided at the time of applying to reduce the waiting period.

The Premium will be adjusted accordingly for any change made to the waiting period.

Benefit period

The benefit period is the maximum period for which a claim for a *disability* is payable after the end of the waiting period. The benefit period that applies is shown in the Policy Schedule.

The benefit period starts at the end of the waiting period and continues until the earlier of:

- the end of the benefit period that applies (if the benefit period is 'to age 65' or 'to age 70', the benefit period ends at the cover anniversary when the Insured Person is aged 65 or aged 70 respectively), and
- the date when cover ends (see the section, 'When cover ends' on page 16).

If the 'to age 70' benefit period applies, the *monthly benefit* will be determined on the basis of the 'income at claim' approach (see page 42) for any new claim where the waiting period commences on or after the cover anniversary when the Insured Person is aged 65.

Recurrent disability

If the benefit period is 'to age 65' or 'to age 70', any claim for a *disability* arising from the same or a related cause as a previous claim within 12 months of the previous claim ending, will be treated as a continuation of the previous claim and the waiting period will be waived. If the claim is made more than 12 months after the previous claim ended it will be treated as a new claim and a new waiting period will apply.

If the benefit period is 2 years or 5 years, or Income Cover has been extended beyond the cover anniversary when the Insured Person is aged 65 under the terms of the Cover Extension on page 14, any claim for a *disability* arising from the same or a related cause as a previous claim within six months of the previous claim ending, will be treated as a continuation of the previous claim and the waiting period will be waived. If the claim is made more than six months after the previous claim ended a new waiting period will apply. A new benefit period will apply only if the Insured Person made a successful return to *gainful employment* of at least 20 hours per week for a continuous period of six months.

Monthly benefit

The amount that the Policy Owner will be paid when the Insured Person is *disabled* during the benefit period is all or part of the *monthly benefit* depending on whether the Insured Person is *totally disabled* or *partially disabled*.

Total disability

A benefit for *total disability* is payable if, on or after the cover start date stated in the Policy Schedule for Income Cover and before the Income Cover ends (see page 16):

- the Insured Person:
 - has been continuously *disabled* during the waiting period and *totally disabled* for at least five consecutive days during that time or
 - if Income Cover Plus applies, has been continuously *disabled* during the waiting period,
- and
- is *totally disabled* after the end of the waiting period, or after a period during which a benefit for *partial disability* has been paid for the same *disability*.

The *total disability* benefit payable is the *monthly benefit*, adjusted to take into account any:

- reductions which apply, as explained in the section titled 'When the monthly benefit is reduced' on page 15, and
- increases under the Claims Escalation option, if it applies, as explained on page 15.

The *total disability* benefit is payable monthly in arrears for each day of *total disability* after the end of the waiting period (1/30th of the *monthly benefit* per day if the benefit is only payable for part of a month), but not beyond the end of the benefit period for that *disability*.

Partial disability

A benefit for *partial disability* is payable if, on or after the cover start date stated in the Policy Schedule for Income Cover and before Income Cover ends (see page 16), the Insured Person:

- has been continuously *disabled* during the waiting period, and
- is *partially disabled* after the end of the waiting period, or after a period during which a benefit for *total disability* has been paid for the same *disability*.

The *partial disability* benefit payable is a proportion of the *monthly benefit*, calculated as follows:

$$\frac{\text{pre-disability income} - \text{post-disability income}}{\text{pre-disability income}} \times \text{monthly benefit}$$

adjusted to take into account any:

- reductions which apply, as explained in the section titled 'When the monthly benefit is reduced' on page 15, and
- increases under the Claims Escalation option, if it applies, as explained on page 15.

The *partial disability* benefit is payable monthly in arrears for each day of *partial disability* after the end of the waiting period (1/30th of the *monthly benefit* for *partial disability* per day if the benefit is only for part of a month) but not beyond the end of the benefit period for that *disability*.

Indexation Increases

On each cover anniversary until the Insured Person is aged 65, the Monthly Amount of Cover will be increased by the *indexation* rate unless the Policy Owner declines the increase. If the change in the *indexation* rate is zero or negative, the Monthly Amount of Cover will not change.

Macquarie Life will notify the Policy Owner of the proposed *indexation* increase before it applies. The Policy Owner can decline the increase without the decline affecting the offer of future increases. To decline the increase, Macquarie Life must receive any notice of decline from the Policy Owner before the applicable cover anniversary.

Under the Indexation Increases feature, the Monthly Amount of Cover can increase above the maximum allowed at application.

Specific Injury benefit

If the Insured Person suffers one of the injuries listed below, Macquarie Life will pay the *monthly benefit* for the number of months indicated, regardless of whether the Insured Person is *totally disabled*. Payments will be made during the waiting period.

Specific Injury	Payment period
The total and irreversible loss of the use of two limbs, where a limb is defined as the shoulder down to the hand or the hip down to the foot	60 months*
Total and permanent loss of any two of: <ul style="list-style-type: none"> ■ the use of a foot from the ankle joint ■ the use of a hand from the wrist ■ the sight in an eye that is irreversible 	24 months
Total and permanent loss of any one of: <ul style="list-style-type: none"> ■ the use of a foot from the ankle joint ■ the use of a hand from the wrist ■ the sight in an eye that is irreversible 	12 months
Total and complete severance of the thumb and index finger from the phalangeal joint of the same hand	6 months
Fracture of thigh or pelvis	3 months
Fracture of the leg (between the knee and foot) or knee cap	2 months
Fracture of the upper arm (including elbow and shoulder bone)	2 months
Fracture of the skull (except bones of the nose or face)	2 months
Fracture of the lower arm (including wrist, but excluding elbow, hands or fingers)	1 month
Fracture of the jaw or collarbone	1 month

* If the benefit period is two years, the payment period for loss of the use of two limbs under this feature is 24 months.

If the benefit period is two or five years, the benefit period for a *disability* due or related to an injury for which Macquarie Life has paid the Specific Injury benefit is reduced by the number of months for which Macquarie Life has paid the Specific Injury benefit.

If the Insured Person suffers more than one specific injury at the same time, a Specific Injury benefit will only be paid for the specific injury with the longest payment period.

If Macquarie Life is paying benefits under the Specific Injury benefit, payments will cease if Income Cover ends, explained in the section titled 'When cover ends' on page 16.

If the Policy Owner is a trustee of a superannuation fund, the Specific Injury benefit does not apply to the Policy. However, a Policy owned by a trustee of a superannuation fund may be linked to another Policy owned by the member of the relevant superannuation fund that provides the Extra Benefits option referred to as an Income Cover Extra Benefits policy. If this is the case it will be noted on the Policy Schedule and the Specific Injury benefit will be provided under the Income Cover Extra Benefits Policy (see page 13).

Death benefit

If the Insured Person dies during the period of cover, Macquarie Life will pay an amount equal to four times the Monthly Amount of Cover, to a maximum of \$75,000, on receipt of the death certificate.

Premium Waiver

While a benefit under Income Cover is payable the Premium for Income Cover is not payable.

If Income Cover Plus applies, the Premium for Income Cover is not payable during the waiting period if a benefit becomes payable under the policy.

Involuntary Unemployment Premium Waiver

If Income Cover has been continuously in force for six months preceding the *involuntary unemployment* of the Insured Person for at least ten consecutive working days, the Premium for Income Cover is not payable for up to three months at a time for the period while the Insured Person is *involuntarily unemployed* and registered with a recognised employment agency.

The Premium is not payable while the Insured Person is *involuntarily unemployed* for a maximum of three months in any 12 month period and a total maximum of 6 months inclusive of all cover held with Macquarie Life for the Insured Person over the life of the Policy.

If the Premium is paid on an annual basis, Macquarie Life will provide a pro rata refund of the Premium that has already been paid for each month that Premium is not payable while the Insured Person is *involuntarily unemployed*.

Extra Benefits option

This is an optional package of additional income benefits and features for which an additional Premium is charged. The Policy Schedule will state if the Extra Benefits option applies to the Policy or if it is provided under an Income Cover Extra Benefits policy (see below).

The Extra Benefits option includes the following income benefits and features:

- Health Event benefit
- Bed Confinement benefit
- Home Care benefit
- Rehabilitation Expenses benefit
- Accommodation benefit
- Future Increases
- Cover Extension
- Specific Injury benefit, but only if the Policy Schedule states that for the Extra Benefits option is provided under an Income Cover Extra Benefits policy.

If the Policy Schedule states that the Policy is an Income Cover Extra Benefits policy or that the Policy is linked to an Income Cover Extra Benefits policy, the following terms apply to both policies that are linked:

- the Monthly Amount of Cover under each of the policies is always equal
- if the policy owner of the Income Cover policy requests a decrease to the Monthly Amount of Cover, the decrease will apply to both policies, and the Premiums payable for both policies will be recalculated accordingly
- if the policy owner of the Income Cover policy applies to increase the Monthly Amount of Cover, the increase will be apply to both policies, and the Premiums payable for both policies will be recalculated accordingly, and
- if the cover is cancelled under the Income Cover policy, the cover under the Income Cover Extra Benefits policy will immediately end.

The terms and conditions of 'When a benefit will not be paid' and 'When cover ends' that are applicable to an Income Cover policy also apply to an Income Cover Extra Benefits policy.

Health Event benefit

If a benefit for a *Health Event* covered under benefit category A or B is paid in respect of the Insured Person after the cover start date shown in the Policy and before Income Cover ends, the *monthly benefit* will be paid for six months, regardless of whether the Insured Person is *totally disabled*. Payments will be made during the waiting period.

For some *Health Events*, a 90 day exclusion applies, as explained in the Health Events section on page pages 21 to 28.

If the benefit period is 2 or 5 years, the benefit period for a *disability* due or related to a *Health Event* for which Macquarie Life has paid the Health Event benefit is reduced by number of months for which Macquarie Life has paid the Health Event benefit.

If the Insured Person suffers more than one *Health Event*, Macquarie Life will only pay for one *Health Event* at a time. Macquarie Life will only pay once for each *Health Event* (and *Progressive Condition*) under this *Health Event* benefit.

If Macquarie Life is paying benefits under the Health Event benefit, payments will cease if Income Cover ends, as explained in the section titled 'When cover ends' on page 16.

Bed Confinement benefit

If the Insured Person is *totally disabled*, confined to bed, as confirmed by a *medical practitioner*, and is under the care of a registered nurse for 72 hours or more during the waiting period, Macquarie Life will pay 1/30th of the *monthly benefit* for each day of such bed confinement during the waiting period. The Bed Confinement benefit is payable for a maximum of 90 days.

Home Care benefit

If a benefit for *total disability* has been paid for at least 30 days, and the Insured Person is confined to bed as a result of continuing *total disability*, as confirmed by a *medical practitioner*, Macquarie Life will increase the amount paid in a month to cover either:

- the *income* forgone by an *immediate family member* who provides satisfactory evidence to Macquarie Life that they were *gainfully employed* for at least 20 hours per week prior to the Insured Person suffering the *disability* and have ceased to be *gainfully employed* to care for the Insured Person, or
- the cost of employing a registered nurse or housekeeper.

The additional amount Macquarie Life will pay is limited to the lesser of \$5,000 or the amount equal to the *monthly benefit*, per month for a maximum of six months. This benefit starts to accrue on the first day all of the above requirements are met and is paid monthly in arrears.

The Home Care benefit is in addition to any benefit payable for *total disability*.

Rehabilitation Expenses benefit

If a benefit for *total disability* is payable, Macquarie Life will increase the amount paid in a month to cover all or part of any rehabilitation expenses or costs associated with a rehabilitation programme for the Insured Person that Macquarie Life has approved in advance. A maximum payment of 12 times the *monthly benefit* applies under this benefit across all claims in respect of an Insured Person.

The Rehabilitation Expenses benefit is in addition to any benefit payable for *total disability* or *partial disability*.

Accommodation benefit

If the Insured Person is *totally disabled* and confined to bed, as confirmed by a *medical practitioner*, and an *immediate family member* requires accommodation at a location more than 100km from their home to be closer to the Insured Person, Macquarie Life will increase the amount paid in a month to cover the costs of accommodation up to \$250 per day for a maximum of 30 days in any 12 month period.

The Accommodation benefit is payable during the waiting period. This benefit is in addition to any benefit payable for *total disability*.

Future Increases

Under this feature the Policy Owner can apply to increase the Monthly Amount of Cover by up to 15% on each cover anniversary to match a corresponding increase in the Insured Person's *income*, until the Insured Person turns 55, and Macquarie Life will accept the increase without the need for medical underwriting.

The minimum increase to the Monthly Amount of Cover that can be applied for under Future Increases is \$500.

The Monthly Amount of Cover cannot be increased under the Future Increases feature:

- by more than 15% at any cover anniversary or
- above the maximum amounts allowable of:
 - \$40,000 per month if the benefit period is 2 years or \$30,000 per month for other benefits periods (plus an additional \$10,000 per month for the first two years of the benefit period) or
 - the monthly equivalent of the maximum allowable percentage of the annual income of the Insured Person, worked out as 75% of the first \$320,000, 50% of the next \$240,000, and 20% of the balance, or
- to an amount such that the combined total of all increases to the Monthly Amount of Cover made under this feature exceeds the Monthly Amount of Cover originally issued.

Macquarie Life may require financial evidence to establish that the Insured Person's *income* supports the increase to the Monthly Amount of Cover in line with the maximum limits for Income Cover.

The increase in cover must be requested within 30 days of the applicable cover anniversary and must be made on a form approved by Macquarie Life. The increase only takes effect from when we approve the application for the increase.

Any Premium adjustments, exclusions or special conditions which applied to the original cover will also apply to any increases made under this feature.

This feature is not available if:

- the Policy was issued with a Premium adjustment in the form of a medical loading of 75% or more, or
- if a claim has been or can be made under any income replacement policy issued by Macquarie Life.

Cover Extension

This feature applies if the occupation class stated on the Policy Schedule is 1E, 1M, 1L or 1P and the benefit period is 'to age 65'.

Under this feature Macquarie Life will offer to continue Income Cover beyond the cover anniversary when the Insured Person is aged 65, if the Insured Person is employed in an occupation which Macquarie Life insures under its standard underwriting guidelines at the time the offer is made.

The Policy Owner must accept the offer within 30 days of the cover anniversary when the Insured Person is aged 65.

This offer will not be made if:

- Macquarie Life originally offered cover with a limitation on the term of the policy so that cover expires earlier than the cover anniversary when the Insured Person is aged 65
- Macquarie Life originally offered cover with a Premium adjustment due to medical reasons, or
- the Insured Person was eligible to receive a *disability* claim in the preceding 12 month period.

Cover under this feature will be provided on the following modified terms:

- an 'income at claim' type of cover
- a benefit period of 12 months
- benefits will only be payable for *total disability*, *partial disability* and the Death benefit
- the Extra Benefits option, Claims Escalation option, Accident option and Superannuation Cover option will not apply
- Indexation Increases will not apply, and
- the maximum *monthly benefit* Macquarie Life will pay is \$15,000.

Cover can continue on the modified terms until the earlier of:

- the cover anniversary when the Insured Person is aged 70, and
- the Insured Person has not been in *gainful employment* of at least 20 hours a week for six consecutive months.

Claims Escalation option

This is an option for which an additional Premium is charged. The Policy Schedule states if the Claims Escalation option applies to the Policy.

While a benefit for *total disability* or *partial disability* is being paid before the cover anniversary when the Insured Person is aged 65, the *monthly benefit* will be increased by any increase in the *indexation* rate at the cover anniversary.

Accident option

This is an option for which an additional Premium is charged. The Policy Schedule states if the Accident option applies to the Policy.

If the Insured Person is *totally disabled* for at least four consecutive days within 30 days of suffering an *accident*, the *monthly benefit* for *total disability* will be payable during the waiting period.

The *monthly benefit* is payable in arrears for each day of *total disability* including the first four consecutive days (1/30th of the *monthly benefit* per day if the benefit is only payable for part of the month), but not beyond the end of the waiting period for that *disability*.

Superannuation Cover option

The Policy Schedule will state if the Superannuation Cover option applies to the Policy.

If the Superannuation Cover option applies, the Policy Schedule will state a Superannuation Cover percentage which is the proportion of the *monthly benefit* (Superannuation Cover amount) that will be paid to a nominated superannuation fund (after any adjustment for tax – see below) while a *monthly benefit* is being paid under Income Cover.

The Superannuation Cover percentage is calculated at the time the Policy Owner applies for a Policy as the amount that the Insured Person contributes to superannuation (up to a maximum of 20% of the Insured Person's annual *income*) divided by the Monthly Amount of Cover.

The Superannuation Cover amount is adjusted for the potential tax liability that may apply to this amount based on the marginal rate of tax that would otherwise have applied to the last dollar of the Insured Person's *pre-disability income*. The tax adjustment amount will be paid directly to the Policy Owner and the Superannuation Cover amount reduced by this tax adjustment amount before it is paid to the nominated superannuation fund.

By applying for this option, the Policy Owner agrees to provide Macquarie Life with the name and details of a nominated superannuation fund to which the Superannuation Cover amount of the *monthly benefit* is to be paid. If a direction is not provided at time of claim, Macquarie Life may not be able to pay the Superannuation Cover amount. If the nominated fund does not accept the Superannuation Cover amount from Macquarie Life, the Superannuation Cover amount will be paid to the Policy Owner subject to proof that the amount is subsequently forwarded to a superannuation provider for the Insured Person's benefit.

Booster option

This is an option for which an additional Premium is charged. The Policy Schedule will state if the Booster option applies to the Policy.

Under this option, if the Insured Person has a *Health Event* that meets benefit category A before the cover anniversary when they are age 65, Macquarie Life will increase the *monthly benefit* by 33% for a claim under *total disability*, the Specific Injury benefit or the *Health Event* benefit, for a maximum of two years for any *disability* arising from the same or a related cause.

Any benefits payable after the cover anniversary when the Insured Person is age 65 will not be subject to increases under this option.

The Booster option does not apply to claims under *partial disability*, the Death benefit, Bed Confinement benefit, Home Care benefit, Rehabilitation Expenses benefit, Accommodation benefit or benefits payable under the Accident option.

Indexation Increases and the Claims Escalation option will continue to apply.

If the Superannuation Cover option applies, the Superannuation Cover percentage will be applied to the increased *monthly benefit* to determine the amount payable to the trustee of the nominated superannuation fund.

When the monthly benefit is reduced

The *monthly benefit* payable for *total disability* or *partial disability* may be reduced by any of the following payments made in respect of the Insured Person:

- legislated compensation schemes and Workers Compensation (unless the Policy Schedule states the Insured Person is categorised with an occupation class of 1E, 1M, 1L or 1P), and
- any other insurance that provides income payments due to sickness or injury, which commenced prior to the commencement of the Income Cover policy unless Macquarie Life has expressly agreed not to apply a reduction.

If a lump sum is received from any of the above sources, that lump sum will be converted to a monthly payment at the rate of 1% of the lump sum paid per month for the first 100 months that a benefit is paid. Benefit reductions will only start once the lump sum has been paid.

The amount that will be paid in a month will only be reduced to ensure that, when combined with the payments from any of the above sources, it does not exceed the monthly equivalent of:

- 75% of *pre-disability income* for *total disability* where the Booster option does not apply
- 100% of *pre-disability income* for *partial disability*, and
- 100% of *pre-disability income* for *total disability* while the *monthly benefit* is increased under the Booster option.

Medical professionals feature

If a medical professional contracts HIV or Hepatitis B or C, professional guidelines may restrict their ability to perform certain procedures and result in a reduction of income, well before the illness results in a physical inability to perform the duties of their occupation.

Under Income Cover, Macquarie Life will consider that a medical professional has satisfied the occupational duties component of the *total disability* or *partial disability* definition if the following apply:

- the occupation class shown on your policy is 1M
- the insured person becomes infected with HIV, Hepatitis B or Hepatitis C as confirmed by documented proof of the infection
- at the time of infection, exposure prone procedures, as defined by the relevant professional governing body, are at least one of the duties of the insured person's *usual occupation* necessary to produce income, and
- due to the insured person's HIV, Hepatitis B or Hepatitis C status, the insured person is required to cease performing exposure prone procedures as a result of the guidelines of the professional governing body in their state.

The other components of *total disability* and *partial disability*, as applicable, must also be satisfied in order for a claim to be admitted.

The Medical Professionals feature will not apply if:

- a treatment is available which renders the HIV or Hepatitis B or C virus inactive and non-infectious, or
- the insured person has elected not to take a relevant vaccine that is recommended by the relevant professional governing body and which is available prior to the event which causes infection.

One benefit payable

If the Insured Person is eligible for one or more of the *monthly benefit* for *total disability*, *monthly benefit* for *partial disability*, Specific Injury benefit, Health Event benefit, Bed Confinement benefit or Accident option at the same time, only one benefit is payable, being the benefit which provides the highest payment.

When portions of the Monthly Amount of Cover are subject to different terms

The Policy Schedule will state if separate portions of the Monthly Amount of Cover are subject to different waiting periods, benefit periods, types of cover and/or options.

In determining the *monthly benefit* to be used as the basis for the payment of any benefit(s) under the Policy in any

given month, Macquarie Life will consider the sum of only those portions of the Monthly Amount of Cover for which the particular benefit is payable, having regard to the waiting period, benefit period, type of cover and options that are applicable.

When cover ends

Income Cover ends on the earliest of:

- the cover anniversary when the Insured Person is aged 65*, or if a benefit period is 'to age 70', the cover anniversary when the Insured Person is aged 70
- the death of the Insured Person
- cancellation of the cover upon the written request of the Policy Owner
- cancellation of the cover by Macquarie Life due to non-payment of the Premium due
- if the Insured Person is a member of an *eligible superannuation plan*, 30 days after the Insured Person has left the *eligible superannuation plan* or becomes ineligible for membership of the *eligible superannuation plan* under law, and
- any other date applied under a special condition shown in the Policy Schedule.

When a benefit will not be paid

An Income Cover benefit will not be paid in respect of an Insured Person:

- if the *disability* is caused by directly or indirectly by:
 - an intentional self inflicted act
 - normal or uncomplicated pregnancy or childbirth
 - war or an act of war or
 - elective surgery that occurs within six months of *cover commencement*
- for the Health Event benefit, if the *Health Event* occurs within 90 days of the *application date* or the date any cover is reinstated and the *Health Event* has a 90 day exclusion specified (see Health Events section on pages 22 to 29. This exclusion will not apply if the *replacement cover waiver – Income Cover Health Events* benefit applies)
- for any period while the Insured Person is in jail
- for any period beyond six months while the Insured Person is outside Australia (in some circumstances, benefits may continue to be paid beyond six months if the insured person returns to Australia or attends a regional medical facility approved by us), or
- if the Insured Person unreasonably refuses to undergo the medical treatment including rehabilitation to treat their *disability* as recommended by their *medical practitioner*.

* Income Cover may be extended beyond the cover anniversary when the Insured Person is aged 65 subject to the terms of the Cover Extension feature (see page 14 for details).

The Premium

The amount of the Premium

The Premium for the cover provided by the Policy is stated in the Policy Schedule and is calculated by Macquarie Life as at the cover start date and each subsequent cover anniversary, and when changes are made to the Policy.

The factors upon which the premium will depend include:

- the Insured Person's:
 - age
 - gender
 - general health
 - smoking status
 - hazardous pursuits
 - occupation, and
 - state of residence.
- for Active cover for *Health Events*, death and *terminal illness*, the *Initial Amount of Cover*
- for Child Cover, the Amount of Cover
- for Income Cover, the Monthly Amount of Cover
- any options which apply
- premium payment frequency
- premium type
- any Premium adjustments which apply
- in relation to Active cover for *Health Events*, death and *terminal illness*, whether or not Superannuation Optimiser applies, and if so, whether the cover is held under the superannuation policy or the non-superannuation policy, and if any claims have been paid and part of the premium otherwise payable under the superannuation policy has become payable under the non-superannuation policy,
- for Income Cover, the waiting period, benefit period and whether the cover is provided on an 'income at claim', 'income at application' or 'endorsed income at application' basis.

The Premium is determined by applying the Macquarie Life Active premium rates to the *Initial Amount of Cover* adjusted for indexation for each benefit. If the Extended Care option applies, the cost of this option included in the Premium for the *Initial Amount of Cover* will end on the earlier of the payment of a benefit under the Extended Care option or the cessation of cover for the Extended Care option on the cover anniversary when the Insured Person turns age 65. A copy of the Macquarie Life Active premium rates are available upon request.

Premium types

The Premium type that applies to a cover is stated on the Policy Schedule.

If the Premium type is 'stepped premium', generally, each year the Premium will increase based on the Insured Person's age.

If the Premium type is 'level premium', the Premium remains the same until the cover anniversary when the Insured Person is aged 65, except for:

- increases to cover, including those made under Indexation Increases and Future Increases, and
- increases Macquarie Life may make to the underlying rates as explained under 'Changes to the premium'.

At the cover anniversary when the Insured Person is aged 65, the 'level premium' automatically converts to a 'stepped premium'.

Before each cover anniversary, Macquarie Life will notify the Policy Owner of the Premium for the period to the next cover anniversary.

Premium adjustments

The Policy Schedule will state if any Premium adjustments that apply, and whether they apply as a percentage of the Premium otherwise payable for the cover or a specified additional dollar amount for each thousand dollars of the amount of cover.

Payment of the Premium

The Premium is payable annually or monthly (as stated in the Policy Schedule) in advance in a manner approved by Macquarie Life.

If Premiums are paid annually, Macquarie Life will deduct the Premium on the cover anniversary each year or another date to which Macquarie Life has agreed. If Premiums are paid monthly, Macquarie Life will deduct the Premium every month on the same day of the month as the cover anniversary or another day of the month to which Macquarie Life has agreed. If the date falls on a weekend or public holiday, the Premium will be deducted on the next Business Day following the due date.

The Policy Owner must provide Macquarie Life with a valid premium deduction authority to enable Macquarie Life to deduct the Premium when due for payment. All Premiums must be paid in Australian dollars.

Cancellation of the Policy if the Premium is not paid when due

If a Premium payment is not made, Macquarie Life will notify the Policy Owner of the date on which the Policy will end if the amount due is not paid. If a payment sufficient to meet the amount due is not made by that date, Macquarie Life will cancel the Policy.

If the Policy is linked to another Policy under a Superannuation Optimiser structure, and the policy is cancelled because the Premium has not been paid, the Policy to which it is linked will also be cancelled.

Macquarie Life will give at least 20 Business Days notice before the Policy is cancelled because the Premium has not been paid when due.

Changes to the Premium

Macquarie Life can change the Macquarie Life Active premium rates but only if this is done for all Macquarie Life Active policies in a defined risk group. Any changes to premium rates will come into effect for the Policy on the next cover anniversary after the change is made.

If the premium rates are increased, Macquarie Life will usually provide 30 days prior notice to the Policy Owner of the new Premium.

Macquarie Life reserves the right to pass on any government taxes and charges which may be introduced or increased during the life of the Policy.

Refund of Premium

If cover provided by the Policy is terminated prior to the next cover anniversary and the Premium for that cover is paid annually, Macquarie Life will refund to the Policy Owner a pro-rata amount of that Premium.

Making a claim

Notifying Macquarie Life of a claim

To make a claim, contact Macquarie Life on 1800 208 130 or insuranceclaims@macquarie.com. It is important that Macquarie Life is notified as soon as possible after any event that may lead to a claim. If Macquarie Life is not notified within 30 days of an event, Macquarie Life may be able to adjust the benefit payable if Macquarie Life has been prejudiced by the delay. Macquarie Life will send the Policy Owner or their legal personal representative a claim form and explain in detail Macquarie Life's requirements and what the next steps are.

Assessing a claim

Macquarie Life will pay a benefit only after all Macquarie Life's claim requirements have been met and Macquarie Life admits liability. To assess the claim, and ongoing payments in the case of Income Cover, Macquarie Life will require some or all of the following (to be provided at the Policy Owner's expense), in a form that is satisfactory to Macquarie Life:

- a completed claim form
- the Policy
- proof of age of the Insured Person (unless previously provided)
- a certified copy of the death certificate (for death claims only)
- evidence of *terminal illness*, a *Health Event* or *disability*, whichever is applicable for the claim being made, including test results, investigations and medical attendant statements
- financial evidence including evidence of other insurance cover on the Insured Person's life
- evidence of *pre-disability income* and *post-disability income* and any payments received while on claim (for Income Cover claims),
- evidence of *income* at time of application (and, if Macquarie Life has accepted an application for an increase in cover, the Insured Person's income at the time the Policy Owner applied for the increase in cover) if *Income Cover* is provided on an 'income at application' basis.

Macquarie Life may also require medical and occupational assessments and other information where relevant to assess or finalise payment of the claim. Reasonable co-operation from the Insured Person and/or claimant is required.

All claim payments may be subject to verification of the diagnosis by an appropriate specialist physician approved by Macquarie Life.

Where Macquarie Life requests an examination, assessment or financial audit by a person Macquarie Life nominates, Macquarie Life will meet the cost. Otherwise the Policy Owner must meet the cost of satisfying Macquarie Life's claim requirements.

If the Insured Person dies while a *Health Event* or *terminal illness* claim is being assessed, Macquarie Life will finalise assessment of the claim in progress if Macquarie Life has sufficient evidence at the time of death to establish whether the Insured Person met the definition for which the original claim was being assessed. If Macquarie Life does not have sufficient evidence at that time to finalise assessment of the claim in progress, the claim will be assessed under the terms of the Policy relating to death.

Health Event claims

An appropriate medical specialist or suitably qualified neuropsychologist or clinical psychologist will be required to confirm the diagnosis of the condition for any *Health Event* claim.

In conjunction with the evidence provided and information from the treating medical specialist, Macquarie Life will determine the benefit category that applies to the condition for which the claim is being made. The Policy Owner cannot elect to have the claim assessed or paid under a lower benefit category.

Payment of a claim

Macquarie Life will pay the claim as soon as possible once it has decided to pay the claim. All claims will be paid in Australian dollars.

If a claim is paid and cover has not ended:

- the Policy Owner will be issued with a new Policy Schedule that will state a Schedule Date that reflects the date of the event that result in the payment of the claim, and
- if the payment is for a *Health Event* claim, the *Remaining Amount of Cover* is reduced by the amount of the payment.

General

Governing law

This policy is governed by the law in force in New South Wales.

Non-participating policy

This policy does not participate in distributions of profits or surplus.

Statutory fund

This policy is referable to Macquarie Life's Statutory Fund No. 4.

Currency

All references to amounts under the Policy are to Australian currency.

Waiver

No party to this policy may rely on the words or conduct of any other party as a waiver of any right unless the waiver is in writing and signed by the party granting the waiver. Unless expressly stated in the written waiver, the waiver by a party of a right, will not operate as a waiver of any other right. The meanings of the terms used in this paragraph are set out in the table below:

Term	Meaning
conduct	includes delay in the exercise of a right.
right	any right arising under or in connection with this agreement and includes the right to rely on this clause.
waiver	includes an election between rights and remedies, and conduct which might otherwise give rise to an estoppel.

Invalidity and enforceability

If any provision of the Policy is invalid under the law of any jurisdiction the provision is enforceable in that jurisdiction to the extent that it is not invalid, whether it is in severable terms or not. This does not apply where enforcement of the provision of the Policy in accordance with the previous sentence would materially affect the nature or effect of the parties' obligations under this agreement.

Health Events

Benefit categories for Health Events

This section identifies the *Health Events* covered under the Policy and the benefit category applying for the purpose of calculating the benefit payable.

Benefit category	Health Events
Body system: Cancer	
Health Event category: Solid tumour cancers	
A	Any metastatic <i>cancer</i> classified as Stage III or above based on TNM classification where all treatment modalities have failed and been exhausted and where no other therapies are available and where progression of the cancer can be identified
B	Advanced <i>cancer</i> classified as Stage III or above based on TNM classification
C	Advanced <i>cancer</i> classified as Stage II based on TNM classification
	<i>Cancer</i>
D	Total mastectomy for <i>carcinoma in situ of breast</i> where the procedure must be performed specifically to arrest the spread of malignancy and be considered the appropriate and necessary treatment
	<i>Prostate cancer</i> requiring radical prostatectomy where the procedure must be performed specifically to arrest the spread of malignancy and be considered the appropriate and necessary treatment
	<i>Prostate cancer</i> where the tumour is described histologically as TNM Classification T1 and has a Gleason score greater than 6
E	<i>Carcinoma in situ of the breast</i> (excluding mastectomy)
	<i>Carcinoma in situ of the cervix</i>
	<i>Carcinoma in situ of the ovary</i>
	<i>Carcinoma in situ of the fallopian tube</i>
	<i>Carcinoma in situ of the vagina</i>
	<i>Carcinoma in situ of the vulva</i>
	The presence of one or more melanomas which are classified as melanoma in situ or stage T1aN0M0
<i>Prostate Cancer</i> where the tumour is described histologically as TNM Classification T1 and has a Gleason score of 6 or less	

The following are excluded under the 'solid tumour cancers' category:

- All hyperkeratoses, basal cell carcinomas, and squamous cell carcinomas of skin unless there has been a spread to other organs
- pTa bladder tumours, and
- Stage 0 bowel cancer.

Health Event category: Lymphomas	
A	Advanced lymphoma classified as Ann-Arbor stage III or above where all treatment modalities have failed and been exhausted and where no other therapies are available and where progression of the cancer with resultant ongoing and continuous symptomatology can be identified
B	Hodgkin's Lymphoma classified as Ann-Arbor Stage III or above
	Non-Hodgkin's Lymphoma classified as Ann-Arbor Stage III or above
C	Hodgkin's Lymphoma classified as Ann-Arbor Stage II
	Non-Hodgkin's Lymphoma classified as Ann-Arbor Stage II
D	Hodgkin's Lymphoma classified as Ann-Arbor Stage I
	Non-Hodgkin's Lymphoma classified as Ann-Arbor Stage I

Benefit category	Health Events
Body system: Cancer	
Health Event category: Brain tumours	
A	Malignant brain tumour classified as Grade III or above based on the WHO grading system for malignant neuroepithelial tumours of the central nervous system where all treatment modalities have failed and been exhausted and where no other therapies are available and where progression of the cancer can be identified
B	Malignant brain tumour classified as Grade III or above based on the WHO grading system for malignant neuroepithelial tumours of the central nervous system
C	Malignant brain tumour classified as Grade II based on the WHO grading system for malignant neuroepithelial tumours of the central nervous system
D	Malignant brain tumour classified as Grade I based on the WHO grading system for malignant neuroepithelial tumours of the central nervous system
Health Event category: Leukaemias	
A	Leukaemia where all treatment modalities have failed and been exhausted and where no other therapies are available, where progression of the cancer can be identified and where there is resultant ongoing and continuous symptomatology
B	Acute myeloid leukaemia
	Advanced chronic lymphocytic leukaemia classified as RAI Stage 3 or above
	Chronic myeloid leukaemia
C	Chronic lymphocytic leukaemia classified as RAI Stage 2
	Chronic lymphocytic leukaemia classified as RAI Stage 1
D	Chronic lymphocytic leukaemia classified as RAI Stage 1
Health Event category: Other cancers	
A	Multiple myeloma where all treatment modalities have failed and been exhausted and where no other therapies are available, where progression of the cancer can be identified and where there is resultant ongoing and continuous symptomatology
B	<i>Aplastic anaemia</i>
	<i>Bone marrow or stem cell transplant</i> specifically to treat cancer
	<i>Transplant waiting list</i> for the transplant of bone marrow specifically to treat cancer
	Multiple myeloma classified as stage 3 on the Durie Salmon scale or New ISS, requiring chemotherapy or radiotherapy
C	Multiple myeloma classified as stage 2 on the Durie Salmon scale or New ISS, requiring chemotherapy or radiotherapy
D	Multiple myeloma classified as stage 1 on the Durie Salmon scale or New ISS, requiring chemotherapy or radiotherapy
E	Confirmed diagnosis of myelodysplastic syndrome requiring continuing and ongoing supportive care with regular transfusion of blood products, chemotherapy, or other equivalent treatments
	<i>Bone marrow or stem cell transplant</i> to treat a disease other than cancer

The following are excluded under the 'Cancer' body system:

- any myeloproliferative diseases including polycythaemia rubra vera, essential thrombocytosis and myelofibrosis
- chronic lymphocytic leukaemia classified as RAI Stage 0,
- if the *Health Event* first occurs or symptoms leading to the condition occurring or being diagnosed first became apparent within 90 days of the *application date* or the date any cover is reinstated, a benefit will not be paid for the *Health Event* (or *Progressive Condition*) at any time under the Policy. This exclusion will not apply if the *replacement cover waiver – Health Events and Child Cover* applies.

Benefit category	Health Events
Body system: Heart and Artery	
Health Event category: Heart attack	
A	<i>Heart attack</i> resulting in permanent* and irreversible left ventricular ejection fraction of less than 30% whilst on ongoing optimal therapy for a minimum of 6 months, and significant and irreversible physical impairment to the degree of at least Class III of the <i>New York Heart Association Functional Classification System</i> of cardiac impairment
B	<i>Heart attack</i> resulting in permanent* and irreversible left ventricular ejection fraction of 30 to 40% whilst on ongoing optimal therapy for a minimum of 6 months, and significant and irreversible physical impairment to the degree of at least Class III of the <i>New York Heart Association Functional Classification System</i> of cardiac impairment
C	<i>Heart attack</i>
Health Event category: Cardiomyopathy	
A	<i>Cardiomyopathy</i> resulting in permanent* and irreversible left ventricular ejection fraction of less than 30% whilst on ongoing optimal therapy for a minimum of 6 months, and significant and irreversible physical impairment to the degree of at least Class III of the <i>New York Heart Association Functional Classification System</i> of cardiac impairment.
B	<i>Cardiomyopathy</i> resulting in permanent* and irreversible left ventricular ejection fraction of 30 to 40% whilst on ongoing optimal therapy for a minimum of 6 months, and significant and irreversible physical impairment to the degree of at least Class III of the <i>New York Heart Association Functional Classification System</i> of cardiac impairment
Health Event category: Other heart and artery conditions	
A	<i>Severe congestive cardiac failure</i> with a permanent* BNP level of greater than 500ng/l, whilst on ongoing optimal therapy for a minimum of 6 months where BNP lowering is specifically targeted as a treatment outcome measure (Equivalent levels of proBNP will be accepted.)
	<i>Severe peripheral vascular disease</i> resulting in amputation of the leg below the knee or higher
C	<i>Severe peripheral vascular disease</i> with gangrene and amputation of more than one toe
Health Event category: Heart transplant	
B	<i>Heart or heart and lung transplant</i>
	<i>Transplant waiting list</i> for the transplant of a heart or a heart and lung transplant
Health Event category: Surgical procedures	
C	<i>Coronary artery bypass graft</i>
	<i>Open aortic graft surgery – abdominal or thoracic</i>
	<i>Open iliac or femoral artery aneurysm grafting</i>
	<i>Surgical repair to correct structural lesions of the heart</i>
	<i>Heart valve replacement or repair</i>
	<i>Total pericardiectomy for constrictive pericarditis</i>
E	<i>Percutaneous coronary angioplasty**</i>
	<i>Endovascular heart valve repair or replacement</i>
	<i>Endovascular or open carotid artery stenosis repair</i>
	<i>Endovascular repair of an aortic aneurysm</i>
	<i>Endovascular repair to correct structural lesions of the heart</i>
	<i>Endovascular iliac or femoral artery aneurysm repair</i>
	<i>Permanent cardiac defibrillator insertion</i>

* Permanency to be established by 3 readings, 3 months apart. ** The maximum benefit payment per claim is \$40,000.

The following are excluded under the 'Heart and artery' body system:

- if the *Health Event* first occurs or symptoms leading to the condition occurring or being diagnosed first became apparent within 90 days of the *application date* or the date any cover is reinstated, a benefit will not be paid for the *Health Event* (or *Progressive Condition*) at any time under the Policy. This exclusion will not apply if the *replacement cover waiver – Health Events and Child Cover* applies.

Benefit category	Health Events
Body system: Brain and Nerves	
Health Event category: Stroke	
A	Any <i>stroke</i> causing <i>permanent</i> and irreversible inability to perform 4 out of 6 <i>activities of daily living</i>
B	Any <i>stroke</i> causing <i>permanent</i> and irreversible inability to perform 3 out of 6 <i>activities of daily living</i>
C	Any <i>stroke</i> causing <i>permanent</i> and irreversible inability to perform 2 out of 6 <i>activities of daily living</i>
E	<i>Stroke</i>

The following are excluded under the 'Stroke' category:

- if the *Health Event* first occurs or symptoms leading to the condition occurring or being diagnosed first became apparent within 90 days of the *application date* or the date any cover is reinstated, a benefit will not be paid for the *Health Event* (or *Progressive Condition*) at any time under the Policy. This exclusion will not apply if the *replacement cover waiver – Health Events and Child Cover* applies.

Health Event category: Cognitive conditions	
A	<i>Severe cognitive impairment</i>
B	<i>Moderate cognitive impairment</i>
D	<i>Mild cognitive impairment</i>

Health Event category: Coma	
E	<i>Coma</i>

Health Event category: Surgical procedures and events	
C	Craniotomy to treat a cerebral arteriovenous malformation
	Craniotomy to treat a cerebral aneurysm
	Craniotomy to remove a <i>benign brain tumour</i>
E	Endovascular treatment of a cerebral arteriovenous malformation
	Endovascular treatment of a cerebral aneurysm
	Endovascular treatment of a subarachnoid haemorrhage
	Stereotactic brain surgery used for ablation, stimulation, implantation or radiotherapy
	Shunt insertion for hydrocephalus

The following are excluded under the 'surgical procedures and events' category:

- Cysts, granulomas, abscesses, haematomas, trans-sphenoidal hypophysectomy and biopsy procedures.

Health Event category: Other brain and nerve conditions	
A	Any chronic neurological disease causing <i>permanent</i> and irreversible inability to perform 4 out of 6 <i>activities of daily living</i>
	<i>Permanent vegetative state</i>
	<i>Quadriplegia</i>
	<i>Severe epilepsy</i>
	<i>Psychiatric condition</i> resulting in: <ul style="list-style-type: none"> ■ <i>Permanent</i> and irreversible inability to perform 4 out of 6 <i>activities of daily living</i> or ■ <i>Permanently</i> placed under public guardianship by the Guardianship Board due to concern for their own safety or safety of others, or ■ <i>Total lack of social interaction</i>
B	<i>Permanent total aphasia</i>
	Any chronic neurological disease causing <i>permanent</i> and irreversible inability to perform 3 out of 6 <i>activities of daily living</i>
	<i>Diagnosis of motor neurone disease</i>
C	<i>Paraplegia</i>
	Any chronic neurological disease causing <i>permanent</i> and irreversible inability to perform 2 out of 6 <i>activities of daily living</i>
D	<i>Diagnosis of bilateral hemianopia</i>
D	<i>Psychiatric condition</i>

Benefit category	Health Events
Body system: Brain and Nerves	
Health Event category: Other brain and nerve conditions (continued)	
E	<i>Diagnosis of multiple sclerosis</i>
	<i>Diagnosis of Parkinson's disease</i>
	<i>Diagnosis of muscular dystrophy</i>
	<i>Diagnosis of myasthenia gravis</i>
	<i>Diagnosis of cavernous sinus thrombosis</i>

The following are excluded under the 'Brain and nerves' body system:

- any psychiatric condition as a result of drug or alcohol intake.

Body system: Digestive System	
Health Event category: Transplants	
B	<i>Liver transplant</i>
	<i>Total pancreas transplant</i>
	<i>Small bowel transplant</i>
	<i>Transplant waiting list</i> for the transplant of the liver, total pancreas or small bowel
Health Event category: Surgical procedures	
C	<i>Colectomy</i>
	<i>Colostomy/Ileostomy</i>
E	Surgical repair of a tracheo-oesophageal fistula
	Chronic anal fistula requiring three or more in-patient surgical procedures
Health Event category: Other digestive conditions	
A	Objective evidence of <i>gastrointestinal disease</i> with all of the following: <ul style="list-style-type: none"> ■ persistent disturbance of bowel function at rest with severe persistent pain ■ complete limitation of activity with continued restriction of the diet and no response to medical therapy ■ constitutional symptoms – fever, weight loss or anaemia where there is no prolonged remission, and ■ there have been at least 4 hospital admissions in a 12 month period
	<i>Permanent</i> and ongoing inability to swallow requiring <i>permanent</i> extraneous feeding methods
	<i>Permanent</i> ongoing faecal incontinence unresponsive to either medical or surgical therapy, including colostomy
B	Objective evidence of <i>gastrointestinal disease</i> with all of the following: <ul style="list-style-type: none"> ■ severe exacerbations of bowel dysfunction with disturbance of bowel function with continual pain ■ restriction of activity with continued restriction of the diet and no response to medical therapy ■ constitutional symptoms – fever, weight loss or anaemia, and ■ there have been at least 2 hospital admissions in a 12 month period
	<i>Severe Crohn's disease</i>
	<i>Portal vein thrombosis</i>
E	<i>Severe ulcerative colitis</i>
	<i>Crohn's disease</i>
Health Event category: Liver conditions	
A	<i>End stage liver disease</i>
C	Chronic inflammatory hepatitis resulting in a Knodell score of at least 13 out of 22, and showing abnormal LFT's including ALT, AST and GGT of more than 3 times the normal range continuously for at least one year (tested at least three times over this period)
E	Partial hepatectomy (donors and liver biopsies excluded)

The following are excluded under the 'Digestive system' body system:

- any liver condition as a result of drug or alcohol intake.

Benefit category	Health Events
Body system: Kidneys and Urogenital Tract	
Health Event category: Renal failure	
A	<i>Chronic renal failure</i> where a renal physician has confirmed that on the basis of the insured person's medical condition, the insured person is <i>permanently</i> excluded from access to renal transplantation
B	<i>Chronic renal failure</i>
E	<i>Acute renal failure</i>
Health Event category: Kidney transplant	
B	<i>Renal transplant</i> <i>Transplant waiting list</i> for the transplant of a kidney
Health Event category: Surgical procedures	
C	Total cystectomy requiring a urinary conduit
E	Nephrectomy (donors excluded)
	Bilateral orchidectomy due to disease
	Bladder fistula requiring a surgical procedure for closure of the fistula
	Vesico/recto-vaginal fistula requiring a surgical procedure for closure of the fistula

The following are excluded under the 'Kidneys and urogenital tract' body system:

- acute renal failure as a result of drug or alcohol intake,
- transgender surgery.

Body system: Lungs	
Health Event category: Diseases of the lung	
A	End stage lung disease requiring <i>permanent</i> and continuous oxygen therapy (according to current Thoracic Society of Australia and New Zealand treatment guidelines) as prescribed by an appropriate registered <i>medical practitioner</i>
B	<i>Chronic lung disease</i>
Health Event category: Surgical procedures	
C	<i>Pneumonectomy</i> (excluding donors)
D	Lobectomy (excluding biopsy procedures and donors)
Health Event category: Lung transplant	
B	<i>Lung or heart and lung transplant.</i> <i>Transplant waiting list</i> for the transplant of a lung or a heart and lung transplant
Health Event category: Other lung conditions	
E	Lung abscess requiring surgical drainage through an open thoracotomy (simple percutaneous drainage procedures excluded)
	Chronic bronchopleural fistula requiring a surgical procedure for closure of the fistula through an open thoracotomy
	Chronic bronchiectasis requiring daily physiotherapy or postural drainage on instruction of a lung specialist for a period of more than 3 months and under the continuous care of a respiratory physician
	Multiple episodes of recurrent pulmonary emboli separated by a period of 6 months requiring insertion of a veno-caval filter

Benefit category		Health Events
Body system: Musculoskeletal System		
Health Event category: Burns		
B		<i>Severe burns</i> where the third degree burns cover at least 20% of the body surface area as measured by the Rule of Nines or the Lund and Browder Body Surface Chart
C		<i>Severe burns</i> where the third degree burns cover at least 15% of the body surface area as measured by the Rule of Nines or the Lund and Browder Body Surface Chart
D		<i>Severe burns</i> where the third degree burns cover at least 10% of the body surface area as measured by the Rule of Nines or the Lund and Browder Body Surface Chart
E		<i>Severe burns</i> where the third degree burns cover at least 5% of the body surface area as measured by the Rule of Nines or the Lund and Browder Body Surface Chart
Health Event category: Back, limb and whole person impairment		
A		<p><i>loss of musculoskeletal function</i>, that even with the use of appropriate assistive devices and workplace modifications, results in the <i>permanent</i> inability to:</p> <ul style="list-style-type: none"> ■ perform 2 or more <i>occupational core duties</i>, where these duties require the use of the specific musculoskeletal function to complete at least 80% of the insured person's average weekly work hours, and ■ earn an <i>income</i> in any occupation which provides at least 75% of the insured person's <i>income</i> in the most recent 12 month period in which they were <i>gainfully employed</i> <p><i>Permanent</i> and irreversible WPI of at least 60%</p>
B		<i>Permanent</i> and irreversible <i>loss of the use of two limbs</i>
C		<i>Permanent</i> and irreversible WPI of at least 40%
D		<i>Permanent</i> and irreversible <i>loss of use of one upper limb</i> <i>Permanent</i> and irreversible WPI of at least 25%
E		<i>Permanent</i> and irreversible <i>loss of use of one lower limb</i>
		Le Fort III facial reconstruction surgery
		Amputation of 2 or more fingers at the PIP or MCP joint, one of which must be either the index finger or thumb (must be due to either disease or <i>accident</i>)
		<i>Severe osteoporosis</i>
Body system: Ear		
Health Event category: Loss of hearing		
A		<i>Complete loss of hearing</i>
B		<i>Severe loss of binaural hearing</i>
E		<i>Complete loss of hearing in one ear</i>
Health Event category: Surgical procedures		
E		<i>Inner ear or middle ear surgery</i> <i>Radical or modified radical mastoidectomy</i> where considered the appropriate and necessary treatment by a medical specialist

Benefit category		Health Events
Body system: Eye		
Health Event category: Loss of sight		
A	<i>Permanent</i> and irrecoverable loss of sight, with and without the use of an appropriate aid, to the extent that eyesight is reduced in both eyes to 6/60 or less of central visual acuity on the Snellen test chart	
	<i>Permanent</i> and irrecoverable loss of sight, with and without the use of an appropriate aid, to the extent that the degree of vision is less than or equal to 20 degrees of arc from the centre of the horizontal plane of the visual field	
C	<i>Permanent</i> and irrecoverable loss of sight, with and without the use of an appropriate aid, to the extent that eyesight is reduced in both eyes to 6/18 or less of central visual acuity on the Snellen test chart	
E	<i>Permanent</i> and irrecoverable loss of sight in one eye, with and without the use of an appropriate aid, to the extent that eyesight is reduced in that eye to 6/60 or less of central visual acuity on the Snellen test chart	
Health Event category: Surgical procedures		
E	Surgical repair of a detached retina (laser surgery excluded)	
	<i>Corneal transplant</i>	

Body system: HIV/AIDS	
A	<i>Advanced AIDS</i>
B	<i>Accidental HIV infection</i>

The following are excluded under the 'HIV/AIDS' body system:

- HIV infection caused by any means other than those described in the definitions of these *Health Events*, including recreational intravenous drug use and sexual activity, other than assault as described or
- If a treatment is developed and approved which renders the HIV virus inactive and non-infectious, or
- If the insured person has elected not to take an approved vaccine that is recommended by the relevant government body for use in the insured person's occupation and is available prior to the event which causes infection.

Body system: General	
Health Event category: Hospital admission	
D	<i>Intensive care unit (ICU)</i> admission for at least 5 weeks where ongoing assisted mechanical ventilation is required for at least 3 weeks
E	Hospital admission for at least 4 weeks after spending at least 1 week in <i>ICU</i> . Ongoing medical treatment is required in an acute healthcare setting or rehabilitation facility throughout this entire hospital admission period (ie over the minimum 5 week period)

The following are excluded under the 'General' body system:

- *Intensive care unit (ICU)* admission as a result of drug or alcohol intake.

Body system: Other	
Unless specifically stated as a measurement tool for a <i>Health Event</i> , the use of the 'Other' Body System <i>Health Event</i> categories 'Inability to perform activities of daily living' and 'Occupational impairment' will only be applied to a condition for which we assess no benefit is payable and in our opinion there is no assessment criteria relevant to the condition under the <i>Health Event</i> categories of a different Body System.	
Health Event category: Inability to perform Activities of Daily Living (ADL)	
A	Presence of a medically recognised disease or disorder resulting in <i>permanent</i> and irreversible inability to perform 4 out of 6 <i>activities of daily living</i>
B	Presence of a medically recognised disease or disorder resulting in <i>permanent</i> and irreversible inability to perform 3 out of 6 <i>activities of daily living</i>
C	Presence of a medically recognised disease or disorder resulting in <i>permanent</i> and irreversible inability to perform 2 out of 6 <i>activities of daily living</i>
Health Event category: Occupational impairment	
A	<i>occupational impairment</i>

Glossary

Health Events

Health Events defined terms	
<i>permanent</i>	Irreversible, present for a minimum of 6 months and expected to show no improvement or reversibility, while on optimal therapy, if appropriate (unless the <i>Health Event</i> specifically references an alternate timeframe over which the permanency will be measured).
<i>transplant waiting list</i>	Inclusion on an official transplant Australian waiting list, approved by us. The inclusion must be upon the advice of an appropriate medical specialist.
Body system: Cancer	
<i>cancer</i>	The presence of one or more malignant tumours, positively diagnosed with histological confirmation that are characterised by the uncontrolled growth of malignant cells and invasion and destruction of normal tissue. Any tumour described as early stage cancer, carcinoma in situ, premalignant, borderline malignant, non invasive, or of low malignant potential is excluded.
<i>carcinoma in situ of breast</i>	Localised cancer characterised by a focal autonomous new growth of cancer cells, which has not yet infiltrated or destroyed normal tissue, and where there is a confirmed histopathological diagnosis carcinoma in situ without evidence of invasive cancer.
<i>carcinoma in situ of the cervix</i>	High grade dysplasia of the cervix at CIN III or above, confirmed histologically by biopsy.
<i>carcinoma in situ of the fallopian tube</i>	A focal autonomous new growth of carcinomatous cells within the fallopian tube which has not yet resulted in the invasion of normal tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The tumour must be limited to the tubal mucosa and classified as Tis according to the TNM staging method or FIGO Stage 0.
<i>carcinoma in situ of the ovary</i>	A focal autonomous new growth of carcinomatous cells within the ovary which has not yet resulted in the invasion of normal tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The tumour must be classified as Tis according to the TNM staging method or FIGO Stage 0.
<i>carcinoma in situ of the vagina</i>	A focal autonomous new growth of carcinomatous cells within the vagina which has not yet resulted in the invasion of normal tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The tumour must be classified as Tis according to the TNM staging method or FIGO Stage 0.
<i>carcinoma in situ of the vulva</i>	A focal autonomous new growth of carcinomatous cells within the vulva which has not yet resulted in the invasion of normal tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The tumour must be classified as Tis according to the TNM staging method or FIGO Stage 0.
<i>prostate cancer</i>	Localised prostate cancer characterised by focal autonomous new growth of cancer cells.
<i>aplastic anaemia</i>	Severe <i>permanent</i> and irrecoverable aplasia of bone marrow which results in anaemia, neutropenia and thrombocytopenia requiring at least one of the following treatments: <ul style="list-style-type: none"> ■ immunosuppressive agents ■ bone marrow transplant, or ■ peripheral blood stem cell transplant.
<i>bone marrow or stem cell transplant</i>	The insured person is the recipient of a bone marrow or stem cell transplant, where the transplant is considered the appropriate and necessary treatment.
<i>FIGO</i>	The staging method of the International Federation of Gynaecology and Obstetrics.
Body system: Heart and Artery	
<i>heart attack</i>	Myocardial infarction, characterised by death of a portion of heart muscle due to inadequate blood supply. The following clinical features must be present (and not be caused by medical intervention): <ul style="list-style-type: none"> ■ new ECG changes, and ■ elevation of cardiac enzymes, troponins or other biochemical markers above generally accepted laboratory levels of normal. <p>If the above is inconclusive then we will consider a claim based on conclusive evidence that myocardial infarction has occurred, resulting in either one of the following:</p> <ul style="list-style-type: none"> ■ new pathological Q-waves, ■ a permanent left ventricular ejection fraction of 50% or less, measured six weeks or more after the event, provided the date of the event is able to be established.

Health Events defined terms

<i>New York Heart Association functional classification system</i>	A scale used to assess cardiac impairment. I. No symptoms and no limitation in ordinary physical activity. II. Mild symptoms and slight limitation during ordinary activity and comfortable at rest. III. Marked limitation in activity due to symptoms, even during less-than-ordinary activity and comfortable only at rest. IV. Severe limitations and experiences symptoms even while at rest.
<i>cardiomyopathy</i>	Disease of the heart muscle causing it to enlarge and become weaker.
<i>severe congestive cardiac failure</i>	Failure of the functioning of the ventricles of the heart with poor cardiac output and congestion of the lungs or systemic veins.
<i>severe peripheral vascular disease</i>	Severe arterial insufficiency in vessels resulting in ischaemia of the limbs as a consequence of atherosclerosis.
<i>heart or heart and lung transplant</i>	The insured person is the recipient of a heart or heart and lung transplant, where the transplant is considered the appropriate and necessary treatment.
<i>coronary artery bypass graft</i>	The undergoing of coronary artery bypass grafting for the treatment of coronary artery disease that is considered the appropriate and necessary treatment. Angioplasty, intra-arterial procedures or other non-surgical techniques are excluded.
<i>open aortic graft surgery – abdominal or thoracic</i>	Open surgery with aortic grafting that is considered the appropriate and necessary treatment to correct any narrowing, dissection or aneurysm of the thoracic or abdominal aorta. Angioplasty, intra-arterial procedures or other non-surgical techniques are excluded.
<i>open iliac or femoral artery aneurysm grafting</i>	Open surgery for the purposes of grafting the iliac or femoral artery vessels for the treatment of an aneurysm. Angioplasty, intra-arterial procedures or other non-surgical techniques are excluded.
<i>surgical repair to correct structural lesions of the heart</i>	The undergoing of a thoracotomy that is considered necessary to repair a structural lesion of the heart. Angioplasty, intra-arterial procedures or other non-surgical techniques are excluded.
<i>heart valve replacement or repair</i>	The undergoing of a thoracotomy that is considered necessary to replace or repair cardiac valves as a consequence of heart valve defects or abnormalities. Angioplasty, intra-arterial procedures or other non-surgical techniques are excluded.
<i>total pericardiectomy for constrictive pericarditis</i>	The undergoing of a thoracotomy with a total pericardiectomy for constrictive pericarditis.
<i>percutaneous coronary angioplasty</i>	The undergoing of percutaneous balloon dilatation, atherectomy or stent placement to correct a narrowing or blockage that is considered the appropriate and necessary treatment on the basis of angiographic evidence.
<i>endovascular heart valve repair or replacement</i>	Heart valve repair or replacement via percutaneous intravascular techniques not involving open thoracotomy.
<i>endovascular or open carotid artery stenosis repair</i>	The undergoing of percutaneous or open carotid artery stenosis repair.
<i>endovascular repair of an aortic aneurysm</i>	Abdominal or thoracic aneurysm repair or replacement via percutaneous techniques.
<i>endovascular repair to correct structural lesions of the heart</i>	Repair to correct structural lesions of the heart via percutaneous techniques.
<i>endovascular iliac or femoral artery aneurysm repair</i>	Iliac or femoral artery aneurysm repair or replacement via percutaneous techniques.
<i>permanent cardiac defibrillator insertion</i>	The insured person has a <i>permanent</i> cardiac defibrillator inserted. Cardiac pacemakers are specifically excluded.

Health Events defined terms

Body system: Brain and nerves

<i>Stroke</i>	<p>A neurological event caused by a cerebrovascular incident. The stroke must:</p> <ul style="list-style-type: none"> ■ be confirmed by an appropriate medical specialist ■ be evidenced by the acute onset of objective neurological signs and clinical symptoms, and ■ be evidenced by neuro-imaging. <p>Transient ischaemic attacks, cerebral events due to reversible neurological deficits and migraine are excluded.</p>		
<i>severe cognitive impairment</i>	<p>Total and <i>permanent</i> deterioration or loss of cognitive capacity supported by neuropsychometric testing, as set out in the Macquarie Life Neuropsychometric Test* (as current at the time of testing) with test scores of 'below average', as defined in the test score criteria, in all of the following domains:</p> <ul style="list-style-type: none"> ■ Intelligence ■ Attention ■ Memory ■ Language ■ Visuo-spatial ■ Executive functioning. 		
<i>moderate cognitive impairment</i>	<p>Total and <i>permanent</i> deterioration or loss of cognitive capacity supported by neuropsychometric testing, as set out in the Macquarie Life Neuropsychometric Test* (as current at the time of testing) with test scores of 'below average', as defined in the test score criteria, in at least 4 of the following domains:</p> <ul style="list-style-type: none"> ■ Intelligence ■ Attention ■ Memory ■ Language ■ Visuo-spatial ■ Executive functioning. 		
<i>mild cognitive impairment</i>	<p>Total and <i>permanent</i> deterioration or loss of cognitive capacity supported by neuropsychometric testing, as set out in the Macquarie Life Neuropsychometric Test* (as current at the time of testing) with test scores of 'below average', as defined in the test score criteria, in at least 2 of the following domains:</p> <ul style="list-style-type: none"> ■ Intelligence ■ Attention ■ Memory ■ Language ■ Visuo-spatial ■ Executive functioning. 		
<i>Coma</i>	<p>A state of total unconsciousness and unresponsiveness to all external stimuli, resulting in a score of 8 or less on the Glasgow Coma Scale, as outlined below, for a continuous period of at least three days.</p> <p>Glasgow Coma Scale is a scoring system used to measure the level of consciousness following traumatic brain injury. It is composed of three parameters as given below:</p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <p>Best Eye Response (4)</p> <ol style="list-style-type: none"> 1. No eye opening 2. Eye opening to pain 3. Eye opening to verbal command 4. Eyes open spontaneously <p>Best Verbal Response (5)</p> <ol style="list-style-type: none"> 1. No verbal response 2. Incomprehensible sounds 3. Inappropriate words 4. Confused 5. Orientated </td> <td style="vertical-align: top;"> <p>Best Motor Response (6)</p> <ol style="list-style-type: none"> 1. No motor response 2. Extension to pain 3. Flexion to pain 4. Withdrawal from pain 5. Localising pain 6. Obeys Commands <p>A Coma Score of 13 or higher correlates with a mild brain injury, 9 to 12 a moderate injury and 8 or less a severe brain injury.</p> </td> </tr> </table>	<p>Best Eye Response (4)</p> <ol style="list-style-type: none"> 1. No eye opening 2. Eye opening to pain 3. Eye opening to verbal command 4. Eyes open spontaneously <p>Best Verbal Response (5)</p> <ol style="list-style-type: none"> 1. No verbal response 2. Incomprehensible sounds 3. Inappropriate words 4. Confused 5. Orientated 	<p>Best Motor Response (6)</p> <ol style="list-style-type: none"> 1. No motor response 2. Extension to pain 3. Flexion to pain 4. Withdrawal from pain 5. Localising pain 6. Obeys Commands <p>A Coma Score of 13 or higher correlates with a mild brain injury, 9 to 12 a moderate injury and 8 or less a severe brain injury.</p>
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<i>benign brain tumour</i>	<p>A non-malignant tumour in the brain or pituitary gland, including tumours of the brain itself, meningiomas, cranial nerve tumours and pituitary tumours treated by non-transphenoidal techniques. The presence of the tumour must be confirmed by imaging studies such as CT scan or MRI.</p>		
<i>permanent vegetative state</i>	<p>Persistent state of complete unresponsiveness to external stimuli associated with an incapacity to communicate or manage bodily functions for a continuous period of at least 3 months with no hope of recovery as confirmed by a medical specialist.</p>		
<i>quadriplegia</i>	<p>total, <i>permanent</i> and irreversible loss of the use of all four limbs as a consequence of <i>illness</i> or injury, where a limb is defined as the shoulder down to the hand or the hip down to the foot.</p>		

* The Macquarie Life Neuropsychometric Test, including scoring criteria, will be sent to the testing practitioner and is available on our website, macquarielife.com.au

Health Events defined terms

<i>severe epilepsy</i>	Averaging more than 2 witnessed grand mal (tonic clonic) epileptic attacks per week over a six month period as documented by a neurologist despite optimal stabilised therapy, and under the control of a neurologist.
<i>total lack of social interaction</i>	There is a <i>permanent</i> inability to carry out all of the following: <ul style="list-style-type: none"> ■ answering the telephone ■ holding a face to face conversation for at least five minutes, and ■ travelling 50 metres outside using all available aids.
<i>paraplegia</i>	Total, <i>permanent</i> and irreversible loss of the use of two limbs as a consequence of illness or injury, where a limb is defined as the shoulder down to the hand or the hip down to the foot.
<i>permanent total aphasia</i>	Total and irreversible loss of speech with no intelligible vocalisation possible and incapacity to communicate in order to manage day-to-day activities. The loss must be confirmed to be total and irreversible at least three months after speech was first lost. Loss of speech due to psychological reasons and hysterical loss of speech are excluded.
<i>psychiatric condition</i>	A psychiatric condition resulting in ongoing medical treatment from a psychiatrist for more than two years and more than two-in patient admissions, each greater than one week, over a two year period.
<i>diagnosis of motor neurone disease</i>	Unequivocal diagnosis of motor neurone disease.
<i>diagnosis of multiple sclerosis</i>	Unequivocal diagnosis of multiple sclerosis, and evidenced by appropriate neuro-imaging and spinal fluid abnormalities.
<i>diagnosis of Parkinson's disease</i>	Unequivocal diagnosis of Parkinson's disease. Parkinson's disease as a result of medication or drugs is excluded.
<i>diagnosis of muscular dystrophy</i>	Unequivocal diagnosis of muscular dystrophy, which causes progressive and selective degeneration and weakness of voluntary muscles.
<i>diagnosis of myasthenia gravis</i>	Unequivocal diagnosis of myasthenia gravis.
<i>diagnosis of cavernous sinus thrombosis</i>	Unequivocal diagnosis of cavernous sinus thrombosis by a medical specialist via an MRI scan.
<i>diagnosis of bilateral hemianopia</i>	Unequivocal diagnosis of complete and <i>permanent</i> bilateral hemianopia as diagnosed by an appropriate medical specialist.
Body system: Digestive system	
<i>liver transplant</i>	The insured person is the recipient of a liver, where the transplant is considered the appropriate and necessary treatment.
<i>total pancreas transplant</i>	The insured person is the recipient of a total pancreas, where the transplant is considered the appropriate and necessary treatment.
<i>small bowel transplant</i>	The insured person is the recipient of a small bowel, where the transplant is considered the appropriate and necessary treatment.
<i>colectomy</i>	Total colectomy requiring <i>permanent</i> colostomy or resulting in ileorectal anastomosis.
<i>colostomy/ileostomy</i>	The creation of a <i>permanent</i> non-reversible opening, linking the colon and/or ileum to the external surface of the body.
<i>gastrointestinal disease</i>	Disease of the gastrointestinal system evidenced by organic pathology obtained by biopsy and present continuously for at least 12 months.
<i>portal vein thrombosis</i>	Isolated thrombosis of the portal vein.
<i>severe Crohn's disease</i>	Diagnosis of Crohn's disease with stricture formation, fistula formation and resection of the small bowel, that has failed to be controlled by standard therapy including cortisone treatment, and requires <i>permanent</i> immunosuppressive medication.
<i>Crohn's disease</i>	Diagnosis of Crohn's disease that has failed to be controlled by standard therapy including cortisone treatment, and requires <i>permanent</i> immunosuppressive medication.
<i>severe ulcerative colitis</i>	Diagnosis of ulcerative colitis that has failed to be controlled by standard therapy including cortisone treatment, and requires <i>permanent</i> immunosuppressive medication.
<i>end stage liver disease</i>	End stage liver failure defined by irreversible loss of liver biosynthetic function of the liver accompanied by a persistent coagulopathy and <i>permanent</i> jaundice, resulting in at least one of the following: <ul style="list-style-type: none"> ■ diuretic resistant refractory ascites ■ recurrent portal hypertensive bleeding ■ recurrent portal systemic encephalopathy ■ recurrent spontaneous bacterial peritonitis, ■ listing for liver transplantation.

Health Events defined terms

Body system: Kidneys and urogenital tract

<i>chronic renal failure</i>	Chronic irreversible failure of the function of both kidneys requiring <i>permanent</i> and ongoing haemodialysis or peritoneal dialysis. The insured person must be under the continuous care of a renal physician.
<i>acute renal failure</i>	Acute reversible failure of the function of both kidneys requiring admission to an ICU* or renal dialysis unit for temporary haemodialysis or haemofiltration treatment. * ICU must be an accredited Intensive Care Unit by the Australian Council on Healthcare Standards (ACHS).
<i>renal transplant</i>	The insured person is the recipient of a kidney transplant, where the transplant is considered the appropriate and necessary treatment.

Body system: Lungs

<i>chronic lung disease</i>	End stage lung disease requiring a persistent FEV1 less than 30% predicted or DLCO less than 40% predicted (according to current Thoracic Society of Australia and New Zealand treatment guidelines) measured on at least three separate occasions more than three months apart whilst on optimal therapy.
<i>pneumectomy</i>	Removal of an entire lung.
<i>lung or heart and lung transplant</i>	The insured person is the recipient of a lung or heart and lung transplant, where the transplant is considered the appropriate and necessary treatment.

Body system: Musculoskeletal system

<i>severe burns</i>	Tissue injury caused by thermal, electrical or chemical agents causing third degree burns.
<i>loss of musculoskeletal function</i>	A condition affecting musculoskeletal function resulting in: <ul style="list-style-type: none"> a) loss of hand function where there is: <ul style="list-style-type: none"> ■ total and irreversible loss of muscle power resulting in the inability to grip any tool, utensil or assistive device or ■ total and irreversible loss of the ability to use the hands and fingers with precision to perform activities such as picking up or manipulating small objects, manually operating a range of equipment or communicating through writing or typing b) at least 80% <i>impairment of the upper limb</i>, or c) at least 50% <i>impairment of the lower limb</i>. <p>The condition must be <i>permanent</i> and supported by appropriate radiological evidence.</p>
<i>impairment of the upper limb</i>	<i>Permanent</i> and irreversible impairment of the hand based on the American Medical Association Guides to the Evaluation of Permanent Medical Impairment, 5th edition – the examining doctor will be provided with specific evaluating protocols.
<i>impairment of the lower limb</i>	<i>Permanent</i> and irreversible impairment of the foot based on the American Medical Association Guides to the Evaluation of Permanent Medical Impairment, 5th edition – the examining doctor will be provided with specific evaluating protocols.
<i>occupational core duties</i>	The primary <i>income</i> generating tasks being performed by the insured person in the occupation, business or employment in which they were <i>gainfully employed</i> at the time of the injury or <i>illness</i> (or if not <i>gainfully employed</i> at that time, the occupation, business or employment in which the insured person was most recently <i>gainfully employed</i>).
<i>loss of the use of two limbs</i>	The <i>permanent</i> and irreversible total loss of the use of two limbs, where 'limb' means the whole hand or whole foot.
<i>loss of use of one upper limb</i>	The <i>permanent</i> and irreversible total loss of the use of one whole hand.
<i>loss of use of one lower limb</i>	The <i>permanent</i> and irreversible total loss of the use of one whole foot.
<i>whole person impairment (WPI)</i>	Whole Person Impairment based on the American Medical Association Guides to the Evaluation of Permanent Medical Impairment, 5th edition – the examining doctor will be provided with specific evaluating protocols.
<i>severe osteoporosis</i>	Before the age of 50, the insured person: <ul style="list-style-type: none"> ■ suffers at least two vertebral body fractures or a fracture of the neck or the femur, due to osteoporosis, and ■ has a bone mineral density reading with a T-score of less than -2.5 (ie. 2.5 standard deviations below the young adult mean for bone density). This must be measured in at least two sites by dual energy x-ray absorptiometry (DEXA).

Health Events defined terms

Body system: Ear

<i>complete loss of hearing</i>	The total and irreversible loss of more than 90% of binaural hearing as per the American Medical Association Guides to the Evaluation of Permanent Medical Impairment: 4th edition, with and without the use of an appropriate aid.
<i>severe loss of binaural hearing</i>	Total and irreversible loss of more than 75% of binaural hearing as per the American Medical Association Guides to the Evaluation of Permanent Medical Impairment: 4th edition, with and without the use of an appropriate aid.
<i>complete loss of hearing in one ear</i>	The total and irreversible loss of hearing in one ear, with and without the use of an appropriate aid.
<i>inner ear or middle ear surgery</i>	Surgery to the cochlear or middle ear bones, where the surgery is considered the appropriate and necessary treatment by a medical specialist.
<i>radical or modified radical mastoidectomy</i>	Removal of the mastoid bone and bones of the middle ear due to chronic disease.

Body system: Eye

<i>corneal transplant</i>	The insured person is the recipient of a cornea, where the transplant is considered the appropriate and necessary treatment.
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Body system: HIV/AIDS

<i>advanced AIDS</i>	<p>HIV infection with a persistent CD4 cell count of less than 200/ul despite appropriate continuous antiretroviral therapy. There must be an associated AIDS defining illness with AIDS resulting in at least one of the following:</p> <ul style="list-style-type: none"> ■ Kaposi's Sarcoma or Lymphoma ■ Pneumocystis Carinii infection, cryptococcal infection or any other opportunistic infection of the lungs or nervous system ■ Tuberculosis or other mycobacterium infection at any site ■ Progressive Multifocal Leukoencephalopathy ■ HIV Encephalopathy ■ HIV Wasting Syndrome characterised by more than 10% weight loss, chronic intractable diarrhoea and chronic candidiasis of the respiratory tract or gastrointestinal tract.
<i>accidental HIV infection</i>	<p><i>Accidental</i> infection with Human Immunodeficiency Virus (HIV) as the result of:</p> <ul style="list-style-type: none"> ■ Transfusion of blood or blood products* ■ Organ transplantation* ■ <i>Accidental</i> incident occurring during the course of performing normal professional duties of the insured person's regular occupation with the requirement that appropriate care is being exercised**, or ■ Physical or sexual assault – a criminal case must be opened in addition to the insured person starting antiviral therapy**. <p>The <i>accident</i> causing infection with HIV must have occurred after the date of policy commencement, or reinstatement, whichever is latest.</p> <p>The incident must be reported to us within seven days of occurrence and we must be given access to test all blood tests and blood samples used.</p> <p>* The procedure must have been performed by a registered health professional and have occurred in Australia. We require a statement from the appropriate Statutory Health Authority that provides documented proof of the incident and confirms that the infection is medically acquired.</p> <p>**The incident must be reported to the appropriate authority and be supported by a negative HIV antibody test performed after the incident. The production and detection of HIV antibodies (sero-conversion) must be subsequently confirmed by way of a positive HIV antibody test within six months of the incident.</p>

Body system: General

<i>intensive care unit (ICU)</i>	An accredited Intensive Care Unit by the Australian Council on Healthcare Standards (ACHS)
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Health Events defined terms

Body system: Other

activities of daily living (ADL)

There are six categories of ADLs. Each category is made up of a list of specific tasks. If the stated number of the specific tasks within a category cannot be performed, the whole category is scored as an inability to perform that ADL category.

The ability to perform the tasks of each ADL category must be assessed by a medical specialist, appropriate to the medical condition causing the impairment, using the Activities of Daily Living scoresheet provided by us. When an insured person is being measured on their ability to perform any tasks of an ADL category:

- all tasks for which an impairment is present must be scored, irrespective of the medical condition(s) causing the impairment, and
- assistive devices must be used, where applicable.

Supporting objective medical evidence or investigations must be provided for each task of an ADL category scored.

The ADL categories, specific tasks and required scores in order to be considered unable to perform the ADL category are detailed in the table below.

ADL category	Specific tasks	Scores required in order to be considered unable to perform the ADL category:			
1. Self-care	<ul style="list-style-type: none"> ■ Bathing ■ Grooming ■ Dressing ■ Eating and feeding 	<ul style="list-style-type: none"> ■ Bowel and bladder function ■ Mobility 	<ul style="list-style-type: none"> ■ 'cannot' in at least one specific task, or ■ 'with help' in at least two specific tasks. 		
2. Communication	<ul style="list-style-type: none"> ■ Speaking ■ Reading ■ Writing ■ Keyboard use 		<ul style="list-style-type: none"> ■ 'cannot' in at least one specific task, or ■ 'minimal' in at least two specific tasks. 		
3. Physical activity	<table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> Intrinsic <ul style="list-style-type: none"> ■ Standing ■ Sitting ■ Reclining ■ Walking ■ Stooping ■ Squatting ■ Kneeling ■ Reaching ■ Bending ■ Twisting </td> <td style="vertical-align: top;"> Functional <ul style="list-style-type: none"> ■ Carrying ■ Lifting ■ Pushing ■ Pulling ■ Climbing ■ Exercising </td> </tr> </table>	Intrinsic <ul style="list-style-type: none"> ■ Standing ■ Sitting ■ Reclining ■ Walking ■ Stooping ■ Squatting ■ Kneeling ■ Reaching ■ Bending ■ Twisting 	Functional <ul style="list-style-type: none"> ■ Carrying ■ Lifting ■ Pushing ■ Pulling ■ Climbing ■ Exercising 		<ul style="list-style-type: none"> ■ 'cannot' in at least three specific tasks, or ■ 'with help' in at least six specific tasks.
Intrinsic <ul style="list-style-type: none"> ■ Standing ■ Sitting ■ Reclining ■ Walking ■ Stooping ■ Squatting ■ Kneeling ■ Reaching ■ Bending ■ Twisting 	Functional <ul style="list-style-type: none"> ■ Carrying ■ Lifting ■ Pushing ■ Pulling ■ Climbing ■ Exercising 				
4. Sensory function	<ul style="list-style-type: none"> ■ Hearing ■ Seeing ■ Tactile sensation ■ Tasting ■ Smelling 		<ul style="list-style-type: none"> ■ 'cannot' in at least one specific task, or ■ 'minimal' in at least two specific tasks. 		
5. Hand functions	<ul style="list-style-type: none"> ■ Grasping ■ Holding ■ Pinching ■ Percussive movements 	<ul style="list-style-type: none"> ■ Sensory discrimination 	<ul style="list-style-type: none"> ■ 'cannot' in at least one specific task, or ■ 'minimal' in at least two specific tasks. 		
6. Advanced functions	<ul style="list-style-type: none"> ■ Travel (riding, driving) ■ Sexual function ■ Social interaction ■ Understand concepts ■ Memory 	<ul style="list-style-type: none"> ■ Problem solving ■ Stress adaptation ■ Sleep pattern ■ Recreational/ social activities 	<ul style="list-style-type: none"> ■ 'cannot' or 'poor' in at least four specific tasks. 		

ADL Scoring

The following scoring method is used to score the ADL Score Sheet:

- If a person is independent in performing that task, he is regarded as able to do that task (can), (normal) or (good).
- If a person makes use of assistive devices, or requires the supervision of another person in performing that task, he is regarded as requiring assistance to do the task (with help), (minimal) or (average). Examples of assistive devices are walking frames, raised toilet seats, shower or bath benches. Please note that glasses and hearing aids are not classified as assistive devices.
- If a person is completely dependent on another person(s) to perform a task, he is regarded as unable to do that task (cannot) or (poor). Poor means a rating of poor or below average as measured and evaluated by the relevant and appropriate neuropsychometric test(s).

Health Events defined terms

Occupational impairment

The relevant definition of occupational impairment that applies is shown on your policy.

Before the anniversary when the insured person is aged 65:

- a) if the *own occupation* definition applies, due to injury or illness:
 - the insured person has been absent from their *own occupation* for a continuous period of at least three months, and in our opinion, is incapacitated to the extent that they are unlikely ever again to be able to engage in their *own occupation*OR
 - The insured person has suffered irreversible *whole person impairment* of at least 25% which shows no further chance of improvement, and in our opinion, is incapacitated to the extent that they are unlikely ever again to be able to engage in their *own occupation*
- b) if the *any occupation* definition applies, due to injury or illness:
 - the insured person has been absent from work for a continuous period of at least three months, and in our opinion, is incapacitated to the extent that they are unlikely ever again to be able to engage in *any occupation*OR
 - The insured person has suffered irreversible *whole person impairment* of at least 25% which shows no further chance of improvement, and in our opinion, is incapacitated to the extent that they are unlikely ever again to be able to engage in *any occupation*
- c) if the *domestic duties* definition applies, due to injury or illness:
 - the insured person has not performed *domestic duties* for a continuous period of at least three months and, in our opinion, is incapacitated to the extent that it is likely they will be able to perform neither *domestic duties* nor engage in *any occupation* ever againOR
 - the insured person has suffered irreversible *whole person impairment* of at least 25% which shows no further chance of improvement and, in our opinion, is incapacitated to the extent that it is likely they will be able to perform neither *domestic duties* nor engage in *any occupation* ever again
- d) if the occupational impairment definition shown in your policy is 'not applicable', then no occupational impairment cover applies.
- e) if the occupational impairment definition shown in your policy is 'definition assessment at claim', whether cover for occupational impairment is included and, if so, which definition of occupational impairment applies, will be determined by Macquarie Life at the time of claim, based on the information provided to us during the application process and in accordance with Macquarie Life's standard underwriting rules applying as at May 2012.
- f) if the occupational impairment definition shown in your policy is 'occupational underwriting at claim' and if the insured person provides satisfactory information to us at the time of claim regarding the duties performed and hours worked as at the date of application, whether cover for occupational impairment is included and, if so, which definition of occupational impairment applies, will be determined by Macquarie Life at the time of claim in accordance with Macquarie Life's standard underwriting rules applying as at May 2012.

Child Cover Conditions defined terms	
Cancer	
<i>cancer</i> [#]	<p>The presence of one or more malignant tumours, including lymphoma (including Hodgkin's and non-Hodgkin's disease), leukaemia, multiple myeloma and malignant bone marrow disorders, that are characterised by the uncontrolled growth and spread of malignant cells and the invasion and destruction of normal tissue.</p> <p>The following cancers are excluded:</p> <ul style="list-style-type: none"> ■ tumours which are histologically described as premalignant or show the malignant changes of carcinoma in situ (including cervical dysplasia CIN III and lower). Carcinoma in situ of the breast is covered if it results directly in the removal of the entire breast. This procedure must be performed specifically to arrest the spread of malignancy and be considered the appropriate and necessary treatment ■ melanomas which are less than stage T1bN0M0 ■ all hyperkeratoses and basal cell carcinomas, and squamous cell carcinomas of skin unless it has spread to other organs ■ chronic lymphocytic leukaemia less than Rai stage 1, and ■ prostatic cancers which are TNM Classification T1 or less and have a Gleason score of 6 or less. Prostatic cancer which is TNM classification T1 or less and which has a Gleason score of 6 or less is covered if it results in the entire removal of the prostate. This procedure must be performed specifically to arrest the spread of malignancy and be considered the appropriate and necessary treatment.
<i>aplastic anaemia</i>	<p>Severe aplasia of bone marrow which results in anaemia, neutropenia and thrombocytopenia requiring one of the following treatments:</p> <ul style="list-style-type: none"> ■ immunosuppressive agents ■ bone marrow transplant, or ■ peripheral blood stem cell transplant.
Heart and artery	
<i>cardiomyopathy</i>	Disease of the heart muscle causing it to enlarge and become weaker, resulting in significant cardiac impairment to the degree of at least Class III of the <i>New York Heart Association functional classification system</i> .
<i>heart attack</i> [#]	<p>Myocardial infarction, characterised by death of a portion of heart muscle due to inadequate blood supply. The following clinical features must be present (and not caused by medical intervention):</p> <ul style="list-style-type: none"> ■ new ECG changes, and ■ elevation of cardiac biomarkers with CK-MB above the upper limit of normal or Troponin I greater than 2.0 ug/L or Troponin T greater than 0.6ug/L. <p>If the above is inconclusive then we will consider a claim based on conclusive evidence that myocardial infarction has occurred, resulting in either one of the following:</p> <ul style="list-style-type: none"> ■ new pathological Q-waves, ■ a permanent left ventricular ejection fraction of 50% or less, measured six weeks or more after the event.
<i>open heart surgery</i> [#]	The undergoing of a thoracotomy for treatment of cardiac defect(s), cardiac aneurysm or benign cardiac tumour(s).
<i>out of hospital cardiac arrest</i> [#]	<p>Cardiac arrest that occurs outside of a hospital due to cardiac asystole or ventricular fibrillation with or without ventricular tachycardia.</p> <p>The cardiac arrest must not be related to any medical procedure and must be documented by an electrocardiogram.</p>
Brains and nerves	
<i>bacterial meningitis or meningococcal septicaemia</i>	<p>Bacterial meningitis or meningococcal septicaemia resulting in:</p> <ul style="list-style-type: none"> ■ a permanent impairment of at least 25% whole person function, or ■ total and irreversible inability to perform at least one of the numbered <i>child activities of daily living</i>.
<i>benign brain tumour</i>	<p>Non-malignant tumour in the brain, pituitary gland or spine, resulting in a neurological deficit causing:</p> <ul style="list-style-type: none"> ■ a permanent impairment of at least 25% whole person function, or ■ total and irreversible inability to perform at least one of the numbered <i>child activities of daily living</i>. <p>The presence of the tumour must be confirmed by imaging studies such as CT scan or MRI. Cysts, granulomas, aneurysms in or of the arteries or veins of the brain and haematomas are not covered.</p>
<i>brain damage</i>	Brain damage, as confirmed by a <i>medical practitioner</i> who is a consultant neurologist, which results in a neurological deficit causing 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, or an equivalent impairment approved by us.

[#] if the Child Cover Condition first occurs or symptoms leading to the condition occurring or being diagnosed first become apparent within the 90 days of the *application date* or the date any cover is reinstated for the Child Cover, a benefit will not be paid for the *Child Cover Condition* at any time under the Policy. This exclusion will not apply if the *replacement cover waiver – Health Events and Child Cover* applies.

Child Cover Conditions defined terms

<i>coma</i>	<p>A state of total unconsciousness and unresponsiveness to all external stimuli, resulting in a score of 8 or less on the Glasgow Coma Scale, as outlined below, for a continuous period of at least three days.</p> <p>Glasgow Coma Scale is a scoring system used to measure the level of consciousness following traumatic brain injury. It is composed of three parameters as given below:</p> <table border="0"> <tr> <td> <p>Best Eye Response (4)</p> <ol style="list-style-type: none"> 1. No eye opening 2. Eye opening to pain 3. Eye opening to verbal command 4. Eyes open spontaneously <p>Best Verbal Response (5)</p> <ol style="list-style-type: none"> 1. No verbal response 2. Incomprehensible sounds 3. Inappropriate words 4. Confused 5. Orientated </td> <td> <p>Best Motor Response (6)</p> <ol style="list-style-type: none"> 1. No motor response 2. Extension to pain 3. Flexion to pain 4. Withdrawal from pain 5. Localising pain 6. Obeys commands <p>A Coma Score of 13 or higher correlates with a mild brain injury, 9 to 12 a moderate injury and 8 or less a severe brain injury.</p> </td> </tr> </table>	<p>Best Eye Response (4)</p> <ol style="list-style-type: none"> 1. No eye opening 2. Eye opening to pain 3. Eye opening to verbal command 4. Eyes open spontaneously <p>Best Verbal Response (5)</p> <ol style="list-style-type: none"> 1. No verbal response 2. Incomprehensible sounds 3. Inappropriate words 4. Confused 5. Orientated 	<p>Best Motor Response (6)</p> <ol style="list-style-type: none"> 1. No motor response 2. Extension to pain 3. Flexion to pain 4. Withdrawal from pain 5. Localising pain 6. Obeys commands <p>A Coma Score of 13 or higher correlates with a mild brain injury, 9 to 12 a moderate injury and 8 or less a severe brain injury.</p>
<p>Best Eye Response (4)</p> <ol style="list-style-type: none"> 1. No eye opening 2. Eye opening to pain 3. Eye opening to verbal command 4. Eyes open spontaneously <p>Best Verbal Response (5)</p> <ol style="list-style-type: none"> 1. No verbal response 2. Incomprehensible sounds 3. Inappropriate words 4. Confused 5. Orientated 	<p>Best Motor Response (6)</p> <ol style="list-style-type: none"> 1. No motor response 2. Extension to pain 3. Flexion to pain 4. Withdrawal from pain 5. Localising pain 6. Obeys commands <p>A Coma Score of 13 or higher correlates with a mild brain injury, 9 to 12 a moderate injury and 8 or less a severe brain injury.</p>		
<i>encephalitis</i>	<p>Acute inflammation of the brain caused by viral infection resulting in neurological deficit and leading to:</p> <ul style="list-style-type: none"> ■ permanent impairment of at least 25% whole person function, or ■ total and irreversible inability to perform at least one of the numbered <i>child activities of daily living</i>. 		
<i>major head trauma</i>	<p>Accidental head injury, leading to neurological deficit causing:</p> <ul style="list-style-type: none"> ■ permanent impairment of at least 25% whole person function, or ■ total and irreversible inability to perform at least one of the numbered <i>child activities of daily living</i>. 		
<i>muscular dystrophy with impairment level</i>	<p>Unequivocal diagnosis of muscular dystrophy, which causes progressive and selective degeneration and weakness of voluntary muscles resulting in:</p> <ul style="list-style-type: none"> ■ permanent impairment of at least 25% whole person function, or ■ total and irreversible inability to perform at least one of the numbered <i>child activities of daily living</i>. 		
<i>paralysis</i>	<p>The total and irreversible loss of the use of two limbs, where a limb is defined as the shoulder down to the hand or the hip down to the foot.</p>		
<i>stroke[#]</i>	<p>A neurological event caused by a cerebrovascular incident. The stroke must:</p> <ul style="list-style-type: none"> ■ be confirmed by an appropriate medical specialist ■ be evidenced by the acute onset of objective neurological signs and clinical symptoms, and ■ be evidenced by neuro-imaging. <p>Transient ischaemic attacks, cerebral events due to reversible neurological deficits, migraine, hypoxia or trauma, and vascular disease affecting the eye, optic nerve or vestibular functions are excluded.</p>		
Lungs			
<i>chronic lung disease</i>	<p>End stage lung disease requiring permanent and continuous oxygen therapy, a persistent FEV1 less than 30% predicted or DLCO less than 40% predicted (American Thoracic Society 2004).</p>		
<i>primary pulmonary hypertension</i>	<p>Primary pulmonary hypertension characterised by enlargement of the right ventricle as a result of high pulmonary artery pressure. It must have resulted in significant cardiac and respiratory impairment leading to impairment equivalent to at least Class III of the <i>New York Heart Association functional classification system</i>.</p>		
Kidneys			
<i>chronic kidney failure</i>	<p>Chronic irreversible failure of the function of both kidneys requiring either regular renal dialysis or renal transplantation.</p>		
Ear, nose and throat			
<i>loss of hearing</i>	<p>The total and irreversible loss of hearing in both ears with and without the use of an appropriate aid.</p>		
<i>loss of speech or total aphasia</i>	<p>Total and irreversible loss of speech. The loss must be confirmed to be total and irreversible at least three months after speech was first lost.</p> <p>Loss of speech or total aphasia due to psychological reasons is excluded.</p>		
Eye			
<i>loss of sight</i>	<p>The irrecoverable loss of sight, with and without the use of an appropriate aid, to the extent that eyesight is reduced in both eyes to 6/60 or less of central visual acuity on the Snellen test chart or the degree of vision is less than or equal to 20 degrees of arc.</p>		

[#] if the Child Cover Condition first occurs or symptoms leading to the condition occurring or being diagnosed first become apparent within the 90 days of the *application date* or the date any cover is reinstated for the Child Cover, a benefit will not be paid for the *Child Cover Condition* at any time under the Policy. This exclusion will not apply if the *replacement cover waiver – Health Events and Child Cover* applies.

Child Cover Conditions defined terms

Musculoskeletal

<i>loss of limbs</i>	<p>The total and irreversible loss of the use of:</p> <ul style="list-style-type: none"> ■ two limbs or ■ sight in both eyes (<i>loss of sight</i>) ■ or the sight in one eye and one limb, <p>where 'limb' means whole hand or whole foot and loss of sight in one eye means the irrecoverable loss of sight in one eye, with and without the use of an appropriate aid, to the extent that eyesight is reduced in that eye to 6/60 or less of central visual acuity on the Snellen test chart.</p>
<i>severe burns</i>	<p>Tissue injury caused by thermal, electrical or chemical agents causing third degree burns to at least:</p> <ul style="list-style-type: none"> ■ 20% of body surface as measured by the Rule of Nines or the Lund and Browder Body Surface Chart ■ the whole of both hands, requiring surgical debridement and/or grafting, or ■ the whole of the face, requiring surgical debridement and/or grafting.

Digestive system

<i>chronic liver disease</i>	End stage liver failure resulting in permanent jaundice, bleeding varices, ascites or encephalopathy.
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Other

<i>child's loss of independent existence</i>	After reaching seven years of age, the total and irreversible inability to perform at least two of the numbered <i>child activities of daily living</i> without the assistance of another person.
<i>intensive care</i>	A sickness or injury has resulted in the insured person requiring continuous mechanical ventilation by means of tracheal intubation for 10 consecutive days (24 hrs per day) or more in an authorised intensive care unit of an acute care hospital. No benefit shall be payable where the sickness or injury is as a result of drug or alcohol intake or other self-inflicted means.
<i>major organ transplant</i>	<p>The insured person is the recipient of an organ transplant of one of the following organs:</p> <ul style="list-style-type: none"> ■ heart ■ kidney ■ liver ■ lung ■ pancreas ■ small bowel, or ■ the transplantation of bone marrow. <p>The transplant must be considered the appropriate and necessary treatment.</p>
<i>medically acquired HIV</i>	<p>The <i>accidental</i> infection with Human Immunodeficiency Virus (HIV), which on the balance of probabilities arose from one of the following medical procedures:</p> <ul style="list-style-type: none"> ■ transfusion of blood or blood products ■ organ transplant ■ assisted reproduction techniques, or ■ other medical procedure or operation performed by a doctor or at a registered medical facility. <p>The procedure must have been performed by a registered health professional and have occurred in Australia. We require a statement from the appropriate Statutory Health Authority that provides documented proof of the incident and confirms that the infection is medically acquired.</p> <p>A claim for medically acquired HIV will not be payable if:</p> <ul style="list-style-type: none"> ■ HIV infection is caused by any other means, including sexual activity or recreational intravenous drug use, or ■ a treatment is developed and approved which renders the HIV virus inactive and non-infectious.

Other

Other defined terms	
<i>accident/accidental</i>	A fortuitous and unforeseen event, resulting in an injury, which is not caused, or contributed to, by an intentional act of the Insured Person.
<i>any occupation</i>	Any occupation, business or employment for which the insured person is suited by education, training or experience that would generate earnings greater than 25% of the insured person's earnings in the most recent period of 12 months in which he or she was <i>gainfully employed</i> .
<i>application date</i>	The application date shown in the Policy Schedule, which is the Macquarie Life date stamp recorded on a paper application received by Macquarie Life or the date an electronic application is authorised via Macquarie's online website for: <ul style="list-style-type: none"> ■ a new type of cover with Macquarie Life, or ■ an increase to existing cover (but only in respect of the increase).
<i>carer</i>	The insured person begins to provide unpaid care for the first time and that care is: <ul style="list-style-type: none"> ■ medically necessary due to disability, chronic illness or frail age ■ was not previously required ■ is likely to be required for a continuous period of at least six months. The commencement of care for the first time must be evidenced by either a letter from a medical practitioner or evidence that the insured person is receiving a Centrelink carer benefit for providing that care.
<i>Child activities of daily living</i>	<ol style="list-style-type: none"> 1. Bathing and showering 2. Dressing and undressing 3. Eating and drinking 4. Using the toilet to maintain personal hygiene 5. Moving from place to place by walking, wheelchair or with assistance of a walking aid or getting in and out of bed, a chair or wheelchair.
<i>Child Cover Condition</i>	An injury, <i>illness</i> or treatment for an injury or <i>illness</i> , meeting the criteria as defined in the Child Cover Condition section on page 56. The date of occurrence of the Child Cover Condition is: <ul style="list-style-type: none"> ■ for an injury, the date the injury occurs ■ for an <i>illness</i>, the date a <i>medical practitioner</i> confirms diagnosis, or ■ for treatment, the date the Insured Person undergoes the treatment. In order to be eligible to claim, the occurrence of the Child Cover Condition as described above must occur after <i>cover commencement</i> and before cover ends.
<i>cover commencement</i>	The latest of: <ul style="list-style-type: none"> ■ cover start date shown in the Policy Schedule ■ the date cover is reinstated (but only in respect of the reinstated cover), or ■ the date cover commences for any increases in cover that the Policy Owner applied for (but only in respect of the increase).
<i>disability/disabled</i>	<i>Total disability or partial disability.</i>
<i>domestic duties</i>	The tasks performed by an insured person whose sole occupation is to maintain the family home. These tasks include, unassisted by another person, cleaning of the home, cooking of meals for their family, doing the family laundry, shopping for the family's groceries and taking care of dependent children (where applicable). <i>Domestic duties</i> do not include duties performed outside the insured person's home for remuneration or reward.
<i>eligible superannuation plans</i>	<ul style="list-style-type: none"> ■ Macquarie Super Consolidator, Macquarie Super Accumulator, Macquarie Super Manager or Macquarie SuperOptions ■ any other superannuation plan for which MIML acts as trustee (excluding the insurance-only division of the Macquarie Superannuation Plan), or ■ any other product issued by the trustee of a superannuation fund approved by Macquarie Life.
<i>fracture</i>	Any break in the bone that requires a pin, traction, plaster or other immobilising structure.
<i>gainful employment/gainfully employed</i>	The Insured Person is engaged in an occupation, business or employment for remuneration or reward.
<i>Health Event</i>	An injury, <i>illness</i> or treatment for an injury or <i>illness</i> , meeting the criteria as defined in the <i>Health Events</i> section starting on page 22. The date of occurrence of the Health Event is: <ul style="list-style-type: none"> ■ for an injury, the date the injury occurs ■ for an <i>illness</i>, the date a <i>medical practitioner</i> confirms diagnosis, or ■ for treatment, the date the Insured Person undergoes the treatment. In order to be eligible to claim, the occurrence of the Health Event as described above must occur after <i>cover commencement</i> and before cover ends.
<i>illness</i>	A pathological condition evidenced by medically recognised signs and symptoms.

Other defined terms

<i>immediate family member</i>	A married or de facto partner, child, brother, sister or parent.
<i>income</i>	<p>Income earned through personal exertion calculated:</p> <ul style="list-style-type: none"> ■ after the deduction of expenses incurred in producing that income, and ■ before the deduction of income tax. <p>It is based on the total remuneration package and includes salary, wages, packaged fringe benefits, regular commissions, regular bonuses, regular overtime payments and pre-tax superannuation contributions.</p> <p>For the self-employed it also includes that share of net income of the business directly generated by personal exertion after deduction of all business expenses but before the deduction of tax.</p> <p>Income does not include:</p> <ul style="list-style-type: none"> ■ income that the Insured Person would continue to receive from his or her business even if unable to work, including any ongoing profit generated by other employees of the business, or ■ other unearned income such as dividends, interest or rental income.
<i>Indexation</i>	<p>The increase in consumer price index. For <i>Health Events</i>, <i>terminal illness</i> and death cover and Child Cover, the minimum indexation rate that will apply is 3%.</p> <p>The consumer price index is the weighted average of the eight Australian capital cities combined, published by the Australian Bureau of Statistics or any body which succeeds it, in respect of the 12 month period finishing on or prior to 30th September. It will be determined at 31 December each year and applied at the cover anniversary on or following 1 March in the next year.</p>
<i>Initial Amount of Cover</i>	The Initial Amount of Cover is the amount originally issued, adjusted for Indexation Increases over time, plus any subsequent increases or decreases to the cover that the Policy Owner applies for and is accepted by Macquarie Life, as stated in the Policy Schedule.
<i>involuntary unemployment/ involuntarily unemployed</i>	<p>A period during which the Insured Person is:</p> <ul style="list-style-type: none"> ■ not working ■ is actively seeking employment, and ■ is registered with Centrelink or other government approved job placement agencies as a job seeker, and where becoming unemployed was a result of: <ul style="list-style-type: none"> - the termination of the Insured Person's <i>gainful employment</i> by their employer without the consent of the Insured Person, or - the Insured Person being made redundant from <i>gainful employment</i> by their employer. <p>It does not include unemployment as a result of:</p> <ul style="list-style-type: none"> ■ the Insured Person ceasing <i>gainful employment</i> of a casual, seasonal or temporary nature ■ the expiration of a fixed term employment contract or other specified period of work, or ■ the deliberate or serious misconduct of the Insured Person.
<i>Limited Claim Period</i>	<p>When a claim for a <i>Health Event</i> occurs, a <i>Limited Claim Period</i> starts and lasts for 12 months. If a subsequent <i>Health Event</i> occurs during this <i>Limited Claim Period</i>, any amounts already paid during the current <i>Limited Claim Period</i> will be deducted from the amount Macquarie Life will pay for the current claim.</p> <p>Macquarie Life will not deduct amounts paid for a prior claim for a <i>Health Event</i> within the <i>Limited Claim Period</i> where either the current claim or the prior claim is/was for a <i>Health Event</i> that is the result of <i>accident</i>, unless the <i>Health Events</i> are directly or indirectly due to the same underlying cause or event.</p>
<i>loss of independent existence</i>	The total and irreversible inability to perform at least two of the tasks under the Self-care category of Activities of Daily Living. In order to be considered unable to perform two of the Self-care tasks, the person must score 'cannot' for at least two of the Self-care tasks.
<i>Maximum Amount Payable</i>	<p>The Maximum Amount Payable for each of the <i>Health Event</i> benefit categories A to E stated in the Policy Schedule and calculated as the lesser of:</p> <ul style="list-style-type: none"> ■ the <i>Initial Amount of Cover</i> multiplied by the applicable percentage for the relevant benefit category, and ■ the <i>Remaining Amount of Cover</i> under the Policy. <p>If the <i>Initial Amount of Cover</i> is less than \$200,000, the Maximum Amount Payable for benefit category E will be \$10,000 and the percentage for benefit category E will be adjusted accordingly.</p> <p>The <i>Maximum Amount Payable</i> for <i>terminal illness</i> and death under benefit category AA is the <i>Remaining Amount of Cover</i> under the Policy plus any additional death cover.</p>
<i>medical practitioner</i>	A doctor who is legally qualified and registered to practise in Australia (or if outside Australia, has equivalent qualifications and registration) not being the Policy Owner, the Insured Person, or a business partner or <i>immediate family member</i> of you or the Insured Person.

Other defined terms

<p><i>monthly benefit</i></p>	<ul style="list-style-type: none"> ■ In relation to Income Cover provided on an ‘income at claim’ basis and without the Superannuation Cover option selected, the lesser of: <ul style="list-style-type: none"> - the Monthly Amount of Cover and - the monthly equivalent of 75% of the first \$320,000, 50% of the next \$240,000 and 20% of the balance of the Insured Person’s <i>pre-disability income</i>. ■ In relation to Income Cover provided on an ‘income at claim’ basis and with the Superannuation Cover option selected, the lesser of: <ul style="list-style-type: none"> - the Monthly Amount of Cover, and - the monthly equivalent of 100% of the Insured Person’s <i>pre-disability income</i> contributed to superannuation (up to a maximum of 20% of <i>pre-disability income</i> but no more than the proportion of <i>pre-application income</i> contributed to superannuation) plus 75% of the next \$320,000 of <i>pre-disability income</i>, 50% of the next \$240,000 and 20% of the balance. ■ In relation to Income Cover provided on an ‘income at application’ basis and without the Superannuation Cover option selected, the lesser of: <ul style="list-style-type: none"> - the Monthly Amount of Cover, and - the monthly equivalent of 75% of the first \$320,000, 50% of the next \$240,000 and 20% of the balance of the Insured Person’s <i>pre-application income</i>. ■ In relation to Income Cover provided on an ‘income at application’ basis and with the Superannuation Cover option selected, the lesser of: <ul style="list-style-type: none"> - the Monthly Amount of Cover, and - the monthly equivalent of 100% of the Insured Person’s <i>pre-application income</i> contributed to superannuation (up to a maximum of 20% of <i>pre-application income</i>), 75% of the next \$320,000 of <i>pre-application income</i>, 50% of the next \$240,000 and 20% of the balance. ■ In relation to Income Cover provided on an ‘endorsed income at application’ basis, the Monthly Amount of Cover, ■ In relation to Income Cover where portions of the Monthly Amount of Cover are each provided with different types of cover (on either an ‘income at claim’ basis or an ‘income at application’ basis), the greater of: <ul style="list-style-type: none"> - the portion of the Monthly Amount of Cover provided on an ‘income at application’ basis, and - the <i>monthly benefit</i> otherwise calculated on an ‘income at claim’ basis using the combined total of the portions of the Monthly Amount of Cover provided on an ‘income at application’ basis and an ‘income at claim’ basis. <p>In determining the <i>monthly benefit</i> to be used as the basis for the payment of any benefit(s) under the Policy in any given month, Macquarie Life will consider the sum of only those portions of the Monthly Amount of Cover for which the particular benefit is payable, having regard to the waiting period, benefit period, type of cover and options that are applicable.</p>
<p><i>own occupation</i></p>	<p>The occupation, business or employment in which the insured person was <i>gainfully employed</i> at the time of the injury or <i>illness</i> for which the claim for <i>occupational impairment</i> is made (or, if not <i>gainfully employed</i> at that time, the occupation, business or employment in which the insured person was most recently <i>gainfully employed</i>).</p>
<p><i>partial disability/ partially disabled</i></p>	<p>The Insured Person is, solely as a result of injury or <i>illness</i>:</p> <ul style="list-style-type: none"> ■ unable to perform at full capacity one or more of the duties of their <i>usual occupation</i> necessary to produce income as confirmed by a <i>medical practitioner</i>, and ■ is <i>gainfully employed</i> but their <i>post-disability income</i> is less than <i>pre-disability income</i>, and is under the regular care and following the advice of a <i>medical practitioner</i>.
<p><i>partner</i></p>	<p>A person with whom the insured person is legally married or in a <i>partnership</i>.</p>
<p><i>partnership</i></p>	<p>A prescribed relationship which is registered under State or Territory law for the purposes of the Acts Interpretation Act 1901.</p>
<p><i>pre-application income</i></p>	<p>The insured person’s:</p> <ul style="list-style-type: none"> ■ <i>income</i> for the 12 months (for employees), and ■ average of personal exertion <i>income</i> over the two years or, if the <i>income</i> for the latest year is less than 80% of the <i>income</i> in the previous year, <i>income</i> for the 12 months (for self-employed persons), immediately prior to the application for cover, or if an increase in the Monthly Amount of Cover has been applied for, immediately prior to the application for the increase.
<p><i>pre-disability income</i></p>	<p>If Income Cover is provided on an:</p> <ul style="list-style-type: none"> ■ ‘income at application’ basis, the highest average monthly <i>income</i> of the Insured Person for 12 consecutive months between two years before the cover start date and the start of the waiting period applying to the claim, ■ ‘income at claim’ basis, the highest average monthly <i>income</i> of the Insured Person for 12 consecutive months in the three years preceding the start of the waiting period applying to the claim. <p><i>Pre-disability income</i> will be increased by the <i>indexation</i> rate at each cover anniversary while the Insured Person remains on claim.</p>

Other defined terms


<i>Progressive Condition</i>	<p>A Progressive Condition is any condition or procedure that is directly or indirectly related to the same underlying condition, medical cause or pathology as a prior claim. This includes any condition that is a recognised outcome and/or complication of a prior claim or a recognised complication of any treatment that might be administered in relation to the prior claim event. Any two medical conditions that are both Progressive Conditions of a third medical condition, will be treated as Progressive Conditions to each other for calculating the amount payable.</p> <p>The table below sets out the additional circumstances in which we will treat a condition as a Progressive Condition. This is relevant for determining the amount payable for any <i>Health Event</i> claim under the Active cover. The terms used below are used in the broader medical meaning of the condition and not the defined <i>Health Events</i> as found in the <i>Health Events</i> tables in this section or in the defined terms in the glossary.</p> <table border="1"> <thead> <tr> <th>Condition for which a claim has been paid:</th> <th>Conditions which are considered to be Progressive Conditions to the condition for which a claim has been paid:</th> </tr> </thead> <tbody> <tr> <td>Any arthritis, osteoporosis</td> <td>Any arthritis, osteoporosis.</td> </tr> <tr> <td>Cancer</td> <td>Cancer of the same cell type, including any treatment or disease for cancer of the same cell type.</td> </tr> <tr> <td>Cognitive conditions</td> <td>Coma, Parkinson's disease, stroke.</td> </tr> <tr> <td>Multiple sclerosis</td> <td>Any cognitive conditions.</td> </tr> <tr> <td>Muscular dystrophy</td> <td>Cardiomyopathy.</td> </tr> <tr> <td>Parkinson's disease</td> <td>Any cognitive conditions.</td> </tr> <tr> <td>Stroke</td> <td>Cognitive conditions, Parkinson's disease.</td> </tr> <tr> <td>Any psychiatric condition</td> <td>Any psychiatric condition.</td> </tr> <tr> <td>Brain and neurological conditions, epilepsy</td> <td>Brain and neurological conditions, coma, stroke, epilepsy.</td> </tr> <tr> <td>Any other condition described by a neurologist to be a chronic neurological disease including but not limited to the following: permanent vegetative state, profound short term memory loss, multiple sclerosis, dementia, epilepsy, myasthenia gravis, Alzheimer's disease, muscular dystrophy, motor neurone disease.</td> <td>Any other condition described by a neurologist to be a chronic neurological disease including but not limited to the following: permanent vegetative state, profound short term memory loss, multiple sclerosis, dementia, epilepsy, myasthenia gravis, Alzheimer's disease, muscular dystrophy, motor neurone disease.</td> </tr> <tr> <td>Progressive systemic sclerosis, systemic lupus erythematosus, sarcoidosis, polyarteritis nodosa, giant cell arteritis, polymyositis, Wegener's granulomatosis, rheumatoid arthritis.</td> <td>Progressive systemic sclerosis, systemic lupus erythematosus, sarcoidosis, polyarteritis nodosa, giant cell arteritis, polymyositis, Wegener's granulomatosis, rheumatoid arthritis.</td> </tr> <tr> <td>Any cardiac condition or procedure</td> <td>Any cardiac condition or procedure that is directly or indirectly related to the same underlying condition, medical cause or pathology as a prior claim. 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<i>Remaining Amount of Cover</i>	When the Policy starts, the <i>Remaining Amount of Cover</i> under the Policy is equal to the <i>Initial Amount of Cover</i> . When a <i>Health Event</i> claim is paid under the Policy, the <i>Remaining Amount of Cover</i> under the Policy is reduced by the amount paid for the <i>Health Event</i> . Once the <i>Remaining Amount of Cover</i> has reduced to nil under the Policy, there is no cover for <i>terminal illness</i> or death, unless additional death cover, which is not reduced by <i>Health Event</i> claims, has been included. The <i>Remaining Amount of Cover</i> is stated in the Policy Schedule when it is less than the <i>Initial Amount of Cover</i> and is reduced by any prior payment for a <i>Health Event</i> .																																										


Other defined terms


<p><i>replacement cover waiver – death and terminal illness</i></p>	<p>The specified exclusion does not apply if the Policy issued by Macquarie Life replaces other similar insurance under a policy or policies issued by Macquarie Life or another insurer (the other policy), and Macquarie Life agreed to issue this policy on the basis that it replaced the other policy (as shown in the Policy Schedule) and the following conditions are also met:</p> <ul style="list-style-type: none"> ■ the <i>Initial Amount of Cover</i> plus any additional death cover being issued by Macquarie Life is the same amount or less than that under the other policy. If the death and <i>terminal illness</i> cover (being the <i>Initial Amount of Cover</i> plus any additional death cover) under the policy being issued by Macquarie Life is higher than that under the other policy, the exclusion will not apply only in respect of the amount of death and terminal illness cover that replaces cover under the other policy ■ the other policy was continuously in force for 13 months immediately prior to the issue of the Policy ■ the other policy was cancelled immediately after the issue of the Policy, and ■ no claim is pending or payable under the other policy.
<p><i>replacement cover waiver – Health Events and Child Cover</i></p>	<p>The specified exclusion does not apply to a <i>Health Event</i> or <i>Child Cover Condition</i>, as relevant, if the policy issued by Macquarie Life replaces other similar insurance under a policy or policies issued by Macquarie Life or another insurer (the other policy) and Macquarie Life agreed to issue this policy on the basis that it replaced the other policy (as shown in the Policy Schedule) and the following conditions are also met:</p> <ul style="list-style-type: none"> ■ the <i>Initial Amount of Cover</i> being issued for <i>Health Events</i> (or the Amount of Cover for Child Cover) by Macquarie Life is the same amount or less than that under the other policy. If the <i>Initial Amount of Cover</i> (or Amount of Cover) under the policy being issued by Macquarie Life is higher than that under the other policy, the exclusion will not apply only in respect of the amount of the <i>Initial Amount of Cover</i> (or Amount of Cover) that replaces cover under the other policy ■ the other policy was continuously in force for 90 days immediately prior to the issue of this policy ■ the other policy provided similar cover for the <i>Health Event</i> (or the <i>Child Cover Condition</i>) ■ the other policy was cancelled immediately after the issue of this policy, and ■ no claim is pending or payable under the other policy.
<p><i>replacement cover waiver – Income Cover Health Event benefit</i></p>	<p>The specified exclusion will be waived and does not apply if the policy issued by us replaces other similar insurance under a policy or policies issued by Macquarie Life or another insurer (the other policy) and we agreed to issue this policy on the basis that it replaced the other policy (as shown in your policy document) and the following conditions are also met:</p> <ul style="list-style-type: none"> ■ the Income Cover Monthly Amount of Cover under the policy being issued by us is the same amount or less than that under the other policy. If the monthly amount of cover under the policy being issued by us is higher than that under the other policy, the exclusion will not apply only in respect of the amount of the Monthly Amount of Cover that replaces cover under the other policy ■ the other policy was continuously in force for 90 days immediately prior to the issue of this policy ■ the other policy provided similar cover for the <i>Health Event</i> ■ the other policy was cancelled immediately after the issue of this policy, and ■ no claim is pending or payable under the other policy.
<p><i>terminal illness</i></p>	<p>The Insured Person is diagnosed with an <i>illness</i>, which reduces life expectancy to less than 12 months from the date of claim, as confirmed by two <i>medical practitioners</i>, one of whom is a medical specialist approved by Macquarie Life.</p>
<p><i>total disability/totally disabled</i></p>	<p>The Insured Person is, solely as a result of injury or <i>illness</i>:</p> <ul style="list-style-type: none"> ■ unable to perform one or more of the duties of their <i>usual occupation</i> necessary to produce income as confirmed by a <i>medical practitioner</i> and ■ not <i>gainfully employed</i> in any capacity, <p>and is under the regular care and following the advice of a <i>medical practitioner</i>.</p> <p>If Income Cover Plus applies, for a maximum of twelve monthly payments per claim, Macquarie Life will also consider the Insured Person to be <i>totally disabled</i> if the Insured Person:</p> <ul style="list-style-type: none"> ■ is unable to work more than 10 hours* per week in their <i>usual occupation</i> ■ is not <i>gainfully employed</i> for more than 10 hours per week, and ■ has a <i>post-disability income</i> that is less than 25% of their <i>pre-disability income</i> <p>and is under the regular care and following the advice of a <i>medical practitioner</i>.</p> <p>* If the Insured Person was working less than 20 hours per week in their <i>usual occupation</i> in the 12 months immediately prior to <i>disability</i>, the Insured Person must be unable to work more than 5 hours per week in their <i>usual occupation</i> and not be <i>gainfully employed</i> for more than 5 hours per week.</p>
<p><i>usual occupation</i></p>	<p>The occupation in which the Insured Person is regularly engaged, except:</p> <ul style="list-style-type: none"> ■ if the Policy Schedule states that Macquarie Life classified the occupation of the Insured Person as occupation class 4, after three years of claim, usual occupation means any occupation which the Insured Person is reasonably capable of performing having regard to their education, training or experience, ■ if the Insured Person has been unemployed or on maternity, paternity or sabbatical leave for greater than 12 months at the time of <i>disability</i>, then usual occupation means any occupation which the Insured Person is reasonably capable of performing having regard to their education, training or experience.
<p><i>whole person impairment (WPI)</i></p>	<p>Whole Person Impairment based on the American Medical Association Guides to the Evaluation of Permanent Medical Impairment, 5th edition – the examining doctor will be provided with specific evaluating protocols.</p>


How to contact Macquarie Life

Existing Clients

 Your adviser is your main point of contact for your insurance cover, so if you have any questions about your cover, please talk to your financial adviser.

 1800 005 057


 Fax 1800 812 175

 GPO Box 5216
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 macquarielife.com.au

Claims

 1800 208 130

 Fax 1800 065 145

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