



# Serious Illness Insurance at ClearView

Product Disclosure Statement

6 April 2011



# About this Product Disclosure Statement

This Product Disclosure Statement (PDS) has been prepared to help you make an informed decision about Serious Illness Insurance at ClearView. Any advice in this PDS is general advice only and does not take into account your individual financial situation, needs or objectives. You should consider this PDS before making any decision about whether to hold or acquire this product.

Your application for insurance is subject to acceptance by ClearView Life Assurance Limited.

This PDS has been prepared with the most up-to-date information available at the time of production.

In the event of an omission of information or if there is a materially adverse change to the information, ClearView Life Assurance Limited will issue a supplementary or replacement PDS.

Where a change is not materially adverse, the updated information will be made available on our website at **clearview.com.au**. We will give you a paper copy of any updates (free of charge) if you request them.

Many of the terms/words used in this document have specific meanings. These words are italicised and their meanings are explained in the Definitions section. You should consult this section and understand the definitions prior to making any decision in relation to this product.

In this PDS **'you'** refers to the *Policy Owner* and/or the *Life Insured*, as the context requires, and **'we/us/our/insurer'** refers to ClearView Life Assurance Limited. ClearView Life Assurance Limited is a company within ClearView.

Serious Illness Insurance at ClearView is issued by ClearView Life Assurance Limited ABN 12 000 021 581 AFS Licence No. 227682.

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# Summary of benefits

- ✓ Lump sum payment for specific illnesses or injuries including *Cancer, Benign Brain Tumour, Heart Attack, Coronary artery bypass, Angioplasty, Stroke, Diabetes, Burns and Serious Injury*
- ✓ Choice of cover, between \$50,000 or \$100,000
- ✓ Cover automatically increases each year to keep pace with inflation
- ✓ 24 hour worldwide protection
- ✓ Level premium rate for the first three years, which means premiums do not increase with age

# What is Serious Illness Insurance at ClearView?

Serious Illness Insurance at ClearView offers simple, affordable life insurance protection

Serious Illness Insurance at ClearView is designed to pay a lump sum benefit if you are diagnosed with a specified medical condition or suffer a specific injury, as defined in the *Policy*. This cover is world wide, 24 hours per day.

## Why insure your life under Serious Illness Insurance at ClearView?

The lump sum benefit payable under Serious Illness Insurance at ClearView can be of enormous help when you are recovering from a major illness or serious injury.

For example, you may want to use the benefit to access the best medical treatment for your condition, whether that treatment is available here or abroad.

Whatever the reason, you will find that Serious Illness Insurance at ClearView offers simple, affordable cover.

## Who can apply for Serious Illness Insurance at ClearView?

*Permanent Australian Residents* aged 18 – 55 (inclusive) at the time of application are eligible to apply for Serious Illness Insurance at ClearView.

This cover is underwritten which means you will be required to answer some questions in relation to your health and medical history. Upon assessment of your completed application we may require further information from you.

## What are the benefits and when are they payable?

There are two levels of cover to choose from: Standard Cover, which has an initial *Sum Insured* of \$50,000 and Plus Cover, which has an initial *Sum Insured* of \$100,000. When you apply for cover, you select the plan that you think will best meet your needs.

The benefit payable and the events covered are outlined in the table below. 100% of the *Sum Insured* will be paid for all events apart from *Angioplasty*, which is paid a partial benefit of 20% of the *Sum Insured*. The payment of a partial benefit will reduce the *Sum Insured*.

Insured Event	Standard Cover	Plus Cover
Cancer	\$50,000	\$100,000
Benign brain tumour	\$50,000	\$100,000
Burns	\$50,000	\$100,000
Serious Injury	\$50,000	\$100,000
Heart attack	\$50,000	\$100,000
Diabetes	\$50,000	\$100,000
Stroke	\$50,000	\$100,000
Coronary artery bypass	\$50,000	\$100,000
Angioplasty	\$10,000	\$20,000

Note: The amounts quoted in the table above are based on the initial *Sum Insured* amounts. The amount payable in the event of a claim will be higher if the indexation benefit has been accepted. Please refer to page five for more information on the Cover Indexation Benefit.

We will pay a benefit once you survive 14 days from the diagnosis of the specified medical event or condition. Each event and condition has a specific medical meaning; please refer to the Definitions section at the back of this PDS.

*Cancer, Benign brain tumour, Heart attack, Diabetes, Stroke, Coronary artery bypass and Angioplasty* are not covered in the first three months of cover. This three month period is referred to as the qualifying period.

If you still hold this cover on or after the *Policy Anniversary* after your 65th birthday, a benefit will only be payable in the event of *Loss of Independent Existence*. This event has a specific medical meaning, please refer to the Definitions section at the back of this PDS.

## Cover Indexation Benefit

Each year upon the *Policy Anniversary*, we will automatically increase your cover to keep your insurance in line with *Inflation*. This benefit can help ensure your level of cover maintains real value and enables you to keep pace with inflationary increases in the costs you are trying to cover, such as medical treatment.

The amount of the increase will be the greater of the Consumer Price Index (CPI) and five per cent, and premiums will be adjusted accordingly for this increase in cover.

# About your premiums

The cost of cover depends on your age, gender, smoking status and choice of plan, either Standard Cover or Plus Cover.

## Enjoy a level premium rate for the first three years

Usually the cost of your cover increases each year as you get older. However, to help you manage costs, your premium rate is fixed for the first three years from the *Policy Start Date*.

This means that the premium amount due in the first three years will only increase as a result of an increase in cover.

Your premium rate will then increase on the third *Policy Anniversary* and will increase each year in line with your age.

The following table shows the monthly premium for various ages. If you would like help calculating the cost of your cover call us on **132 979**.

Age at entry	Monthly Premium			
	Standard Cover			
	Male Non Smoker	Male Smoker	Female Non Smoker	Female Smoker
25	\$17.50	\$22.33	\$13.28	\$14.78
30	\$17.63	\$22.58	\$17.23	\$20.23
35	\$20.33	\$27.85	\$25.43	\$31.48
40	\$28.78	\$42.53	\$41.23	\$53.85
45	\$55.18	\$88.00	\$65.25	\$89.65
50	\$102.65	\$170.63	\$93.88	\$138.18
55	\$181.83	\$285.60	\$129.48	\$190.50



Age at entry	Monthly Premium			
	Plus Cover			
	Male Non Smoker	Male Smoker	Female Non Smoker	Female Smoker
25	\$35.00	\$44.65	\$26.55	\$29.55
30	\$35.25	\$45.15	\$34.45	\$40.45
35	\$40.65	\$55.70	\$50.85	\$62.95
40	\$57.55	\$85.05	\$82.45	\$107.70
45	\$110.35	\$176.00	\$130.50	\$179.30
50	\$205.30	\$341.25	\$187.75	\$276.35
55	\$363.65	\$571.20	\$258.95	\$381.00

## Changing your cover

Should your needs change, you can apply to change between Standard Cover and Plus Cover. Any change must be confirmed by us in writing and we will adjust your premium accordingly. If you wish to change from Standard Cover to Plus Cover, a new application, including underwriting will be required.

## Convenient payment options

Premiums are payable in advance, either monthly or annually. If you pay annually, you pay 12 times the monthly premium.

For your convenience we have a number of easy payment options for you to choose from, which helps take the worry out of remembering to pay your premiums on time.

	Monthly	Yearly
Direct Debit from your nominated bank account	✓	✓
Credit Card (Visa and Mastercard)	✓	✓
Cheque		✓

# Easy Steps to applying for Serious Illness Insurance at ClearView

If you are a *Permanent Australian Resident* aged 18 – 55 (inclusive), just follow these easy steps to apply for Serious Illness Insurance at ClearView.

1. **Read** this PDS carefully – it contains important information about the product, including details of benefits, costs and exclusions that may apply.
2. **Choose** the Plan you want, Standard or Plus.
3. **Decide** how you want to pay for your cover.  
For your convenience, your monthly or annual premiums can be automatically deducted from your bank account or credit card. If you prefer, you can also pay annually by cheque.
4. Complete the application form attached.

For more information call **132 979** or visit **[clearview.com.au](http://clearview.com.au)**.

# Additional information about Serious Illness Insurance at ClearView

## When does cover start?

Cover starts once your application has been approved and we will confirm for you in writing. We will also issue you with a Policy Document and *Policy Certificate*.

The *Policy Certificate* sets out the details of your cover, including the *Life Insured*, the *Policy Start Date* and the *Policy Expiry Date*.

These are important documents and should be kept in a safe place.

## When does cover cease?

Serious Illness Insurance at ClearView is a guaranteed renewable *Policy*, which means that provided you continue to pay your premiums when due, we guarantee to continue to provide cover for the *Life Insured* until the first of the following occurs:

- the *Life Insured* dies;
- the *Policy Anniversary* after the *Life Insured* turns age 80;
- we cancel your *Policy* following your written request;
- we cancel your *Policy* because premiums are unpaid, as and when due; or
- we cancel your *Policy* in accordance with *our* rights in relation to your duty of disclosure.

When the maximum total benefits have been paid under the *Policy*, the cover ceases. When all cover ceases the *Policy* ceases.

The premiums you pay are for the cost of cover. Serious Illness Insurance at ClearView has no residual cash or surrender value. This means that if you cancel your *Policy* after the cooling off period or if we cancel your *Policy* in accordance with our rights, you will not receive a refund of any premiums. If however you have paid an annual premium, we will pay a pro-rata premium refund of any unused premium on your *Policy*.

## When benefits will not be paid

- No benefit will be paid if the insured condition is caused directly or indirectly by any intentional self-inflicted injury or attempted suicide by the *Life Insured*, whether sane or insane.
- No benefit will be paid for *Cancer, Benign brain tumour, Heart attack, Coronary artery bypass, Angioplasty, Stroke or Diabetes* if the diagnosis or symptoms of the condition or the circumstances leading to the condition occurred within the first three months of the *Policy Start Date*, the date the cover was increased (only in respect of the amount of the increase) or date of reinstatement.
- No benefit will be paid under this *Policy* for a medical condition that occurred before the commencement date unless you or the *Life Insured* told us in writing about the medical condition when you or the *Life Insured* applied for the cover or applied to have the cover increased or reinstated, and we agreed to accept it. For the purposes of this clause, the *Life Insured* had a medical condition or illness if:
  - a *Medical Practitioner* or other *medical professional* gave the *Life Insured*, or recommended that the *Life Insured* receive advice, care or treatment; or

- the *Life Insured* had symptoms of a medical condition or illness for which a reasonable person would have tried to receive advice, care or treatment from a *Medical Practitioner* or other medical professional.
- If the *Life Insured* suffers a *Serious Injury* no benefit will be paid if the *Serious Injury*:
  - occurs whilst the *Life Insured* is under the influence of alcohol, or any other drug, other than taken and used as prescribed by a *Medical Practitioner*;
  - results directly or indirectly from the *Life Insured* engaging in any unlawful activity;
  - occurs as a result of aviation, other than as a fare paying passenger on a commercial airline; or
  - occurs while the *Life Insured* is participating in motor racing, parachuting, mountaineering, abseiling, scuba diving deeper than 40 metres or cave or wreck diving.

## Can premium rates change?

Premium rates are not guaranteed and we reserve the right to review our rates at any time. Any changes to our standard rates will apply to all Serious Illness Insurance at ClearView policies in a defined group and you will be given 30 days notice in writing. We will not single out an individual for a premium increase.

# About Policies issued by ClearView Life Assurance Limited

## How do I make a claim?

The procedure for making a claim is outlined in the *Policy Document*. In particular, we need to be notified of a claim as soon as possible. We will need all the evidence we reasonably regard as necessary to establish entitlement to a benefit.

We are committed to paying claims as quickly as possible, and have a service standard of 48 hours, once all claims requirements have been received in our office.

## What will happen if I stop paying my premiums?

To ensure your *Policy* remains in force you must pay your premium, as and when due. If you don't pay your premium within 30 days of the due date, we will write to you explaining how we can cancel your *Policy*. If we cancel your *Policy* all cover will cease and you will not be able to make a claim for an event which occurs after the date cover ceases.

You may apply to us to reinstate your *Policy* after it is cancelled, subject to our approval and payment of outstanding premiums.

## Are there any other charges?

The insurance premium is the only amount payable. There are no additional charges. The premium includes allowances for current government charges and taxes.

We may pass on to you any applicable new or increased government taxes or charges.

## What is the cooling off period?

If for any reason you decide that your *Policy* does not meet your needs, you can cancel it by notifying us in writing within 14 days, starting on the earlier of:

- the date you receive your *Policy*; or
- five business days after your *Policy Start Date*.

This is known as the cooling off period. Provided you cancel your *Policy* within the cooling off period, we will refund any premiums you have paid.

You will not be able to cancel your *Policy* under the cooling off period if you have exercised any rights under it, for example, if you have made a claim under your *Policy*.

## What are the tax implications?

Generally premiums are not tax deductible and benefits are free of personal tax. This is a general statement based on the continuance of taxation laws and their interpretation that were current at the date this document was prepared. You should seek advice from a suitably qualified taxation professional, in relation to your particular circumstances.

## Is my cover guaranteed renewable?

If you pay your premiums and comply with *Policy* conditions, your cover is guaranteed renewable up until the expiry of the *Policy*. This means that we cannot cancel your cover or increase the premium because of any change to your state of health, occupation or pastimes.

## What are the complaint handling procedures?

At ClearView Life Assurance Limited, customer satisfaction is very important to us. Should you be dissatisfied with your Serious Illness Insurance at ClearView or with ClearView Life Assurance Limited, please let us know by telephoning **132 979**.

We do our best to resolve all complaints within seven days of notification. If your complaint is not resolved to your satisfaction, or you are not satisfied with the progress after seven days, please contact:

**Complaints Manager**  
**ClearView Life Assurance Limited**  
**Reply Paid 4232**  
**Sydney NSW 2001**



If you are not satisfied with how we respond to your enquiry or complaint or we have not dealt with your complaint within 45 days (or within any extended period you approve), you may contact the Financial Ombudsman Service on **1300 780 808**, between 9am and 5pm (Melbourne time) Monday to Friday. Alternatively, you may visit the website at **[www.fos.org.au](http://www.fos.org.au)** or write to the address below. This service is provided to you free of charge.

**The Manager  
Financial Ombudsman Service  
GPO Box 3  
Melbourne VIC 3001**

# Privacy and your personal information

We are committed to ensuring the confidentiality and security of your personal information including sensitive information. All personal information will be handled in accordance with the Privacy Act.

## Collection, use and disclosure of your personal information

We need to collect, use and disclose your personal information including sensitive information or that of the *Life Insured* (if not you) in order to consider your application and to provide the cover you have chosen, administer the *Policy* and assess any claim. You or the *Life Insured* can choose not to provide us with some or all of your personal information including sensitive information, but this may affect our ability to provide the cover.

By providing your personal information including sensitive information or that of the *Life Insured* you and the *Life Insured* acknowledge and declare that, and consent to the following:

- we can collect and use your personal information including sensitive information for the following purposes: to assess any application; underwrite; price and issue any *Policy*; calculate or offer benefits and discounts; administer the *Policy*; to investigate, assess and pay any claim;
- for these purposes we can collect your personal information including sensitive information from, and disclose it on a

confidential basis to: our related entities; outsource providers; government departments and agencies; investigators; lawyers; advisers; medical and health service providers; reinsurers; other insurers; anyone acting on our behalf; and the agent of any of these;

- where you provide personal information including sensitive information to us about another person, you are authorised to provide their information to us, and that you will inform that person who we are, how we use and disclose their information, and that they can gain access to that information (unless doing so would pose a serious threat to the life or health of any individual).

Further information on how we handle your personal information is explained in our Information Handling Policy, including how you can access your personal information. If you would like a copy of our Information Handling Policy or have any questions regarding privacy, please call us on **1800 357 727**.

## Marketing

We are committed to providing you with access to a range of leading products and services.

In order to do this we will use your personal information to offer you other products and services. We may disclose your personal information on a confidential basis to our related entities within ClearView so that they can also offer you products and services.

By providing your personal information to us you acknowledge that, and consent to:

- us collecting and using your personal information to contact you for market research and to provide you information and offers about products and services offered by us, our related entities, within ClearView , and other organisations whose products and services we promote;
- us disclosing your personal information on a confidential basis for these marketing purposes to our related entities and to any agent of them; and
- you informing us if you do not want your personal information to be used, or disclosed for these marketing purposes, by telephoning **1800 357 727**.

# Your duty of disclosure

Under the Insurance Contracts Act 1984, the person who is the *Life Insured*, has a duty, before the contract of life insurance is entered into with us, to disclose every matter that the *Life Insured* knows, or could reasonably be expected to know, that is relevant to our decision whether to accept the risk of the insurance and, if so, on what terms.

The *Life Insured* has the same duty to disclose those matters to us before the insurance is extended, varied or reinstated. This duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by us;
- that is of common knowledge;
- that we know or, in the ordinary course of our business, ought to know; or
- if we have waived in writing our requirement to comply with this duty.

## Non-disclosure

If the *Life Insured* fails to comply with their duty of disclosure and we would not have entered into the contract on any terms if the failure had not occurred, we may void the contract within three years of entering into it. If your non-disclosure is fraudulent, we may void the contract at any time. If we are entitled to void a contract of insurance we may, within three years of entering into it, elect not to void it but reduce the amount of the insured benefit in accordance with a formula that takes into account the premium that would have been payable if all relevant matters had been disclosed to us.

# Service Agreement Summary for Direct Debit Arrangements

This is a summary of the Service Agreement that applies to premium deductions from an account with a financial institution. We will send you a copy of the full service agreement together with your policy documentation.

Note that Direct Debits are not available on all accounts. Please check with your financial institution if you are unsure whether Direct Debits can be made from your account.

## Your rights

You can cancel our authority to make deductions from your account by writing to us at least 14 business days before the next deduction is due to be made.

This applies if you want to cancel a single deduction, all future deductions or have closed your account.

If you believe a deduction has been made incorrectly, please call us immediately on **132 979**. We may ask you to confirm details of the deduction in writing.

## Your obligations

It is your responsibility to make sure the account details you have given to us are correct and there are sufficient available funds in the nominated account so that premium deductions can be made when due.

Your financial institution and we may charge you a fee if the account details are incorrect or there are insufficient Funds available in the account when we attempt to deduct premiums. To allow your Policy to provide cover, we must receive premiums by the due dates. If direct debiting fails, you must arrange for the premium to be paid by another method.

## Our commitment to you

We will only make deductions from your account according to the Service Agreement, your Direct Debit Request and your Policy Document. Premium deductions from your account will be made on or around the premium due dates unless these dates are on a weekend or a public holiday. In these cases, we will normally make the deductions on the previous or the next business day.

We will not change the amount of the deductions unless we have given you 14 days prior notice.

We will promptly respond to any concerns you may have about amounts deducted from your account.

# Definitions

**‘Accident/Accidental’** means an unintended and unexpected event, which occurs while this *Policy* is in force and where the *Life Insured* suffers physical injuries caused solely and directly by visible, violent and external means and where the injury is not self inflicted.

For the avoidance of doubt, *Accident* excludes:

- suicide and/or events where the injury and/or death was unintended and unexpected but was the result of an intentional act;
- death or injury due to natural causes;
- vascular accidents;
- allergic reactions; or
- any event relating directly or indirectly to any surgical procedure.

**‘Angioplasty’** means the undergoing of coronary artery angioplasty, that is considered necessary by a cardiologist to treat coronary artery disease. The cardiologist’s opinion that the procedure is necessary must be supported by angiographic evidence.

Multiple claims for angioplasty are allowed up until the maximum *Sum Insured* benefit, providing they are separated by at least six months. Triple vessel angioplasty will result in the full *Sum Insured* paid.

**‘Benign Brain Tumour’** means a non-cancerous tumour in the brain giving rise to characteristic symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment as confirmed by a medical practitioner who is a consultant neurologist.



The tumour must result in permanent neurological deficit:

- causing at least a permanent 25% impairment of whole person function (as defined in the edition of the American Medical Association's publication 'Guides to the Evaluation of Permanent Impairment' current as at the date of this PDS); or
- requiring cranial surgery for its removal.

The presence of the underlying tumour must be confirmed by imaging studies such as CT Scan or MRI.

Cysts, granulomas, malformations in or of the arteries or veins of the brain, haematomas, and tumours in the pituitary gland or spine are specifically excluded.

**'Burns'** means tissue injury caused by thermal, electrical or chemical agents causing deep (third degree) burns to:

- 20% or more of the body surface area as measured by the age-appropriate use of 'The Rule of Nines' or the Lund & Browder Body Surface Chart; or
- both hands, requiring surgical debridement and/or grafting; or
- the face, requiring surgical debridement and/or grafting.

**'Cancer'** means the presence of one or more malignant tumours. Malignant tumours are characterised by the uncontrolled growth and spread of malignant cells and the invasion and destruction of normal tissue. Malignant tumours must be confirmed by histological examination and must either require major interventionist therapy including surgery, chemotherapy, radiotherapy, biological response modifiers or other major treatment or be unable to be treated

with major interventionist therapy. Malignant tumours include and are not limited to:

- malignant lymphoma
- leukaemia
- hodgkins disease
- carcinoma in situ of the breast requiring removal of all breast tissue from the breast
- malignant bone marrow disorder
- all skin cancers that have metastasized to other organs, or the tumour is a malignant melanoma of Clark Level 3 and above, or invasion equal to or greater than 1.5mm thickness.

The following cancers are specifically excluded:

- tumours treated by endoscopic procedures alone
- tumours showing malignant change of carcinoma in situ, except where carcinoma in situ of the breast results in the entire removal of the breast specifically to arrest the spread of malignancy
- tumours which are histologically described as pre-malignant
- all skin cancers unless they have metastasized to other organs, or the tumour is a malignant melanoma of Clark Level 3 and above, or invasion equal to or greater than 1.5mm thickness
- chronic lymphocytic leukaemia diagnosed as RAI stage 0 or 1 which is defined to be in the blood and bone marrow and/or lymph nodes only
- T1 NO MO papillary carcinoma of the thyroid less than 1 cm in diameter
- prostatic cancers which remain histopathologically classified as TNM Stage T1a,T1b, T1c or are of another equivalent or

lower classification, unless they require major interventionist therapy

- AIDS related cancers such as Kaposi's Sarcoma.

**'Cognitive Impairment'** means a permanent deterioration or loss of intellectual capacity that requires you to be under continual care and supervision by someone else.

**'Coronary Artery Bypass'** means the actual undergoing of bypass surgery (including saphenous vein or internal mammary graft/s) for the treatment of coronary artery disease. Any other operations are specifically excluded from this definition.

**'Diabetes'** means severe diabetes mellitus, either Insulin or Non-Insulin dependent, as certified by a consultant endocrinologist and resulting in at least two of the following criteria:

- severe Diabetic Retinopathy resulting in visual acuity uncorrected and corrected of 6/36 or worse in both eyes
- severe Diabetic Neuropathy causing motor and/or autonomic impairment
- diabetic Gangrene leading to surgical intervention
- severe Diabetic Nephropathy causing chronic irreversible renal impairment (as measured by a corrected creatinine clearance below the laboratory(ies) measured normal range).

**'Heart Attack'** means a myocardial infarction resulting in the death of a portion of the heart muscle due to inadequate bloody supply to the relevant area. A *Medical Practitioner* specialising in cardiology must certify that a heart attack has occurred on the basis of two of the following criteria:

- confirmatory new electrocardiogram (ECG) changes

- elevation of cardiac enzymes CK-MB
- elevation in levels of Troponin I in excess of 2.0mcg/L or Troponin T in excess of 0.6mcg/L
- medical evidence satisfactory to us that the left ventricular ejection fraction has been reduced to less than 50% when measured at least six weeks after the event
- any other medical evidence satisfactory to us which demonstrates that myocardial damage has occurred to at the least the same level of severity as would be evidenced by the measures above.

**‘Inflation’** means the last weighted average of eight capital cities combined Consumer Price Index published by the Australian Bureau of Statistics as at the time indexation is being calculated. If this index is no longer being published, we will use another index which we consider is similar to it.

**‘Injury’** means an *Accidental* bodily injury occurring while this *Policy* is in force.

**‘Life Insured’** means the *Life Insured* stated in the *Policy Certificate*.

**‘Loss of Independent Existence’** means:

- there is permanent and irreversible inability to perform without the assistance of another person any two of the Activities of Daily Living or all of the Home Duties; or
- the *Life Insured* suffers from *Cognitive Impairment* that result in the *Life Insured* requiring permanent and consecutive supervision for a continuous period of at least six months.

The *Life Insured’s* permanent and irreversible impairment must be established by a Medical Practitioner.

Activities of Daily Living refer to:

1. Bathing/Showering – including getting in and out of the bath/shower
2. Dressing – putting on and taking off clothing
3. Toileting – using the toilet to maintain personal hygiene, including getting on and off
4. Mobilising – getting in and out of bed, a chair or wheelchair, or moving from place to place by walking or with a wheel chair or walking aid
5. Feeding – getting food from plate into your mouth

Home Duties refer to the domestic duties generally performed by a person who remains at home and is not working in regular employment for income, including:

1. Cleaning the home
2. Performing the laundry services such as washing and ironing
3. Shopping for food
4. Preparing meals for the household
5. Caring for children (where applicable)

**‘Medical Practitioner’** means a person acceptable to us who is qualified, registered and practising in Australia as a medical practitioner, other than:

- you;
- the *Life Insured*;
- a member of the *Life Insured’s* or your immediate family;
- your business associate; or
- the *Life Insured’s* business associate.

We may also accept a person with similar qualifications who is registered and practising as a medical practitioner in another country.

**‘Other Medical Professional’** means a physiotherapist, chiropractor, occupational therapist, practitioner of Chinese medicine, herbal therapies or any other such person.

**‘Permanent Australian Resident’**, means the holder of a current valid Australian passport or a person who has been granted a permanent resident visa.

**‘Policy’** means the Serious Illness Insurance at ClearView *Policy*, which is a contract of insurance between you and ClearView Life Assurance Limited, and which comprises the Serious Illness Insurance at ClearView *Policy* Document, the *Policy Certificate* (as applies from time to time) and any other documents we issue to you at time of acceptance of cover.

**‘Policy Anniversary’** means an anniversary of the *Policy Start Date*.

**‘Policy Certificate’** is the *Policy Certificate* issued upon confirmation of issue of cover or any replacement *Policy Certificate* we issue.

**‘Policy Expiry Date’** means the Expiry Date indicated in the *Policy Certificate*.

**‘Policy Owner’** means the *Policy Owner* stated in the *Policy Certificate*.

**‘Policy Start Date’** means the date the *Policy* starts, as stated in the *Policy Certificate*.

**‘Serious Injury’** means an Injury that has for the first time resulted in the *Life Insured* being confined to an intensive care unit in an acute care hospital for a period of 30 consecutive days (24 hours per day) under the full-time care of a registered *Medical Practitioner*.

**‘Stroke’** means any cerebrovascular accident or incident producing objective neurological sequelae lasting at least 24 hours. This includes infarction of brain tissue, thrombosis intracranial

and/or subarachnoid haemorrhage or embolisation from an extracranial source.

The diagnosis must be made by a *Medical Practitioner* specialising in neurology and supported by evidence on Computerised Tomography (CT), Magnetic Resonance Imaging (MRI) or other reliable imaging techniques acceptable to us.

Transient ischaemic attacks, reversible ischaemic neurological deficit, cerebral symptoms due to migraine and any intracranial bleeding caused by a trauma hypoxaemia, vascular disease affecting the eye, optic nerve or vestibular function are each excluded.

**‘Sum Insured’** means the insured amount stated in the *Policy Certificate*.

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Enquiries: **132 979**

**ClearView Life Assurance Limited**

GPO Box 4232

Sydney NSW 2001

Issued by:

ClearView Life Assurance Limited

ABN 12 000 021 581

AFS Licence No. 227682

[www.clearview.com.au](http://www.clearview.com.au)

# Application Form

## Serious Illness Insurance at ClearView

This application relates to Serious Illness Insurance at ClearView, Product Disclosure Statement (PDS) dated 6 April 2011. Please do not complete this application if you have not read the PDS.

To be eligible to apply, you must be a Permanent Australian Resident aged between 18 and 55. If you wish to apply for cover for a second person, you will need a separate application form.

Send your complete application form (no stamp required) to: ClearView Life Assurance Limited. Reply Paid 4232, Sydney NSW 2001.

Please print clearly in **BLOCK LETTERS**.

**Select amount of cover (tick one box only, or specify amount)**

If you require the premium for your selected cover, please refer to the PDS or call us on 132 979.

**Standard** \$50,000     
  **Plus** \$100,000     
  **Premium** \$200,000

### Life insured details (please print)

Title

Mr  
  Mrs  
  Ms  
  Miss  
  Dr  
  Other

Surname

Given name(s)

Date of birth

Sex

Male  
  Female

Address

Suburb/Town

State

Postcode

Mobile phone

Home phone

Work phone

Email

### Personal details

1. Are you a permanent resident of Australia?

Yes  
  No

2. What is your height?

3. What is your weight?

4. Have you smoked any substances in the last 12 months?

Yes  
  No

### Personal medical history

In regards to questions 5 and 6, if it was an investigation only and all results were negative, there are no outstanding investigations, no treatment prescribed and there are no ongoing symptoms – please answer **NO**. If you have received treatment or are awaiting investigations or been diagnosed with any of the conditions listed in these question(s) please answer **YES**.

5. In the last ten years have you had, received treatment for or have been investigated for:

a. Cancer

Cancer is a disease of the body cells. The cells are abnormal and multiply out of control.

Yes  
  No

b. Skin Cancer/Melanoma

Skin cancers include Basal Cell Carcinoma (BCC), Squamous Cell Carcinoma (SCC) and Melanoma. Moles/Naevi may become cancerous and develop into melanoma.

Yes  
  No

c. Tumour of any kind

A tumour is a lump or growth of tissue made up of abnormal cells. They may be benign (non-cancerous) or malignant (cancerous).

Yes  
  No

d. Stroke

Also known as Cerebrovascular Disease, Cerebrovascular Accident, CVA or Brain Infarct. A Transient Ischaemic Attack or TIA is also commonly known as a mini stroke and for the purpose of this application should be treated as a stroke.

Yes  
  No

e. Heart Attack

Heart Attack may also be called a Myocardial Infarction, MI, Coronary Thrombosis, Coronary Attack or Coronary.

Yes  
  No

f. Chest Pain/Angina

Angina is chest pain or discomfort. It is a crushing or squeezing sensation in the chest and may radiate to the jaw, shoulders, arm or back. Also known as Angina Pectoris.

Yes  
  No

g. Brain Aneurysm or Embolism

Also known as Cerebral Aneurysm or Subarachnoid Haemorrhage, Cerebral Arteriovenous Malformations or Cerebral Angioma.

Yes  
  No

h. Heart Bypass

Also referred to as a Coronary Artery Bypass Graft (CABG), stent or angioplasty.

Yes  
  No

i. Heart Valve Disorder or Replacement

Common heart valve disorders are Regurgitation, Prolapse, Stenosis and Atresia and can affect the Mitral, Atrial, Pulmonary or Tricuspid valve. Heart valve replacement is surgery to replace a damaged heart valve.

Yes  
  No

Personal medical history (continued)

6. In the last five years have you had, received treatment for or have been investigated for:

- a. Raised Blood Pressure/Hypertension
b. Raised Cholesterol
c. Diabetes

Yes/No checkboxes for items a, b, and c.

This includes all forms of Diabetes including Type 1 (Insulin dependent), Type 2 (Non-Insulin dependent, age related or diet controlled) and Gestational (pregnancy related) Diabetes.

- d. Abnormal blood sugar or sugar in the urine

7. Have any of your immediate family – Mother, Father, Sister(s) or Brother(s) suffered from any of the following before aged 60? (You need not disclose family members other than specified. That is we do not need disclosure of illnesses suffered by Aunts, Uncles, Cousins, Children, Grandparents or Spouses. If you are adopted or are otherwise unaware of your family history please answer “No”. )

- a. Cancer
b. Heart Disease or stroke
c. Diabetes

Yes/No checkboxes for items a, b, and c.

Declarations

My decision to apply for this insurance is based on the material received and my understanding of the information, including the PDS. I have read and understand the ‘Your Duty of Disclosure’ and ‘Non-Disclosure’ statements in the PDS and confirm that I am a Permanent Australian Resident aged between 18 and 55. I have read and consent to the collection, use and disclosure of my personal information including sensitive information, as set out in the ‘Privacy and Your Personal Information’ section of the PDS, including the ‘Marketing’ section. I understand that the insurance applied for does not begin until ClearView Life Assurance Limited accepts my application.

Signature of applicant

Date

Signature input box

Date input box (DD/MM/YYYY)

Payment Authority

This authority must be completed if you wish to pay by automatic deductions from either a credit card or a bank account.

Select preferred payment method (tick one box only)

I wish to pay my premiums:

- Monthly (by automatic deductions from my bank account or credit card) – please complete payment authority
Annually (by automatic deductions from my bank account or credit card) – please complete payment authority
Annually (by manual payments) - please make your cheque for 12 times the monthly premium, payable to ClearView Life Assurance Limited

Option A – Credit Card

I authorise ClearView Life Assurance Limited to deduct payments from my:

- MasterCard
Visa

Cardholder’s name (as shown on card)

Cardholder's name input box

Credit card number

Credit card number input boxes

Expiry date

Expiry date input box (MM/YYYY)

Cardholder’s signature

Date

Cardholder's signature input box

Date input box (DD/MM/YYYY)

Option B – Bank account

I authorise the payment of premiums for the Policy by automatic debit from my account in accordance with the Direct Debit Request below:

Request and authority to debit

ClearView Life User ID 022829 may debit and/or charge any amount through the Bulk Electronic Clearing System, from the account nominated on this form. Each debit or charge must be effected according to the Service Agreement.

Direct debit request – authority to debit account:

Title

Given name(s)

Title and Given name(s) input boxes

Surname

Surname input box

Address

Address input box with State and Postcode labels

Name of account holder

Name of account holder input box

BSB number

Account number

BSB and Account number input boxes

Details of financial institution

Name of financial institution

Name of financial institution input box

Address of financial institution

Address of financial institution input box with State and Postcode labels

Before signing this section, please read the Service Agreement Summary for Direct Debit Service Arrangements in the PDS. If your authorisation is accepted the full Service Agreement will be sent to you with your Policy Document. Your signature on this form confirms you have authorised ClearView Life Assurance Limited to deduct premiums from your account according to the Service Agreement and that you have checked the account details and confirm they are correct. If a joint account, please have all account holders sign. If you are signing for and on behalf of another person, please state the capacity in which you sign, in the signature box below.

Account holder(s) signature

Date

Account holder(s) signature input box

Date input box (DD/MM/YYYY)

Thank you for your application.

Send your completed application form (no stamp required) to:

ClearView Life Assurance Limited Reply Paid 4232 Sydney NSW 2001
Issuer: ClearView Life Assurance Limited ABN 12 000 021 581 AFS Licence No. 227682