



# Protect*me*

## Product Disclosure Statement

**16th February 2009**

Protect*me* is issued by Norwich Union Life Australia Limited  
(ABN 34 006 783 295, AFSL 241 686)





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## Snapshot

- no medical examinations
- online application form
- sign up between the ages of 18 and 60 (age next birthday)
- choose from \$50,000 up to \$500,000 cover (known as 'Sum Insured')
- enjoy 24 hour worldwide cover, subject to applicable waiting periods
- maintain the Death Benefit until policy anniversary preceding age 75 (subject to other conditions), at which time the policy will end
- maintain the Disablement Benefit until policy anniversary preceding age 65 (subject to other conditions), at which time the policy will end
- release of an advance payment of up to \$10,000 from your Death Benefit or Accidental Death Benefit towards your funeral expenses (see page 12)

## Contact details

You can contact us:

- by phone on 1300 428 482
- by fax at 03 9820 1534
- by writing to us at GPO Box 2567W, Melbourne, VIC, 3001
- electronically via the web at [aviva.com.au](http://aviva.com.au)



## Important information

# The purpose of this PDS

This Product Disclosure Statement ('PDS') is designed to assist you to compare this policy with any other policies you may be considering for your insurance needs. This PDS outlines the benefits of this policy, details of the dispute resolution process, cooling off period and other relevant information. You should read this PDS carefully before making a decision to acquire this policy.

If you decide to acquire this policy, this PDS is the document which records the terms and conditions (as amended or supplemented by the Policy Schedule) of the contract between you and Norwich Union Life Australia Limited, and sets out the terms of the insurance cover we provide to you.

The offer or invitation to which this PDS relates is only available to persons receiving a copy of this PDS within Australia who are Australian citizens or permanent residents.

This PDS and your Policy Schedule set out all the terms and conditions of your contract of insurance. Your Policy Schedule will be issued once an application is submitted and accepted by us. The Policy Schedule will set out the amount of insurance cover, type of insurance cover you have and other information specific to you.

### **The role of Norwich Union Life Australia Limited**

The policy is issued and administered by Norwich Union Life Australia Limited (ABN 34 006 783 295, AFSL 241686). In this PDS 'NULAL', 'we', 'us' or 'our' means Norwich Union Life Australia Limited.

NULAL is a subsidiary of Aviva Australia Holdings Limited ABN 38 095 045 784 ('Aviva Australia group' or 'Aviva Australia') which in turn is owned by Aviva plc. Aviva plc is one of the world's largest investment and insurance companies. NULAL is registered by the Australian Prudential Regulation Authority under the Life Insurance Act 1995.

# Definitions and interpretation

## Definitions

Words in this PDS that have a particular meaning are shown capitalised.

## Interpretation

Headings have been included to assist in the reading of the document but they do not change the interpretation of the actual wording of the document. Any wording indicating the singular can also be taken to mean the plural and vice versa.

## Coverage

This policy provides insurance cover 24 hours a day worldwide, subject to its terms, conditions and exclusions.

## Australian currency

All benefits payable under this policy will be paid in Australian currency.

## No surrender value

There is no surrender or cash value upon the cancellation of a Protectme policy as premiums paid are used to cover the risks and expenses incurred in managing this policy. This policy will only pay a benefit if an insured event occurs and is subject to the terms of this PDS and the Policy Schedule.

## Non-participating policy

This policy is issued under NULAL's No. 1 Statutory Fund and is a non participating policy. This means it does not participate in any surplus arising within the Statutory Fund.

## Legal interpretation

This policy will be interpreted under and governed by the laws of the state of Victoria.

## No advice – consider your personal circumstances

The information in this PDS is of a general nature and has not taken into account your individual objectives, financial situation or particular insurance needs. Before making a decision about this policy, you should consider whether this policy is appropriate for your own objectives, situation and needs and, if necessary, seek expert advice on those matters. This PDS is not a Statement of Advice nor is it a Financial Services Guide.



## At a glance

# What is the Protect*me* policy?

The Protect*me* policy is a life insurance policy that provides a Death Benefit, including a Terminal Illness Benefit. The Death Benefit can be complemented by an optional Disablement Benefit. If you do not qualify for the Death Benefit, you may be offered the Accidental Death Benefit.

These benefits are described in the following pages.

## When will this policy protect me?

This depends on which circumstances you choose to insure for. You or your estate will receive a lump sum cash benefit if you:

<b>Die or are diagnosed terminally ill –</b> Death Benefit as defined on pages 11 to 12	This is included
<b>Become totally and permanently disabled –</b> Disablement Benefit as defined on pages 12 to 13	Optional at additional cost

You will be covered for the insured events for the period outlined in your Policy Schedule. For some individuals, only Accidental Death Benefit will be available (see page 12).

## Will my benefit increase?

Your Sum Insured will be automatically increased by the greater of the percentage increase in the annual Consumer Price Index (CPI) or 3%. This increase will be applied on each policy anniversary.

This means that if your initial Sum Insured is \$100,000 and CPI for that year was 2% we will increase your Sum Insured by 3% (rather than 2%) to \$103,000 at the next policy anniversary.

## How to apply for Protectme

After carefully reading the information in this PDS;

- you can apply for insurance online through your Financial Representative; or
- you can consent to your Financial Representative applying online on your behalf based on the information and answers you convey to the Financial Representative.

Once your application is accepted, we will send you a confirmation letter with a Policy Schedule. This PDS and the Policy Schedule then become your policy document and should be kept in a safe place.

By providing relevant information, including answering medical questions, to your Financial Representative in order for them to complete the online application on your behalf, you confirm that:

- you have read the Protectme Product Disclosure Statement dated 16th February 2009;
- you have authorised your Financial Representative to complete the online application on your behalf based on the information and answers you have provided to them;
- all the information and answers provided to your Financial Representative are true and correct;
- if upon receipt of your policy documents, or at any time after the commencement of your policy, you become aware of an error in the information or answers you provided to your Financial Representative, you will inform us of this error as soon as you become aware of it.

## Are any medical examinations required?

No medical examinations are required for you to apply. You only need to answer a few questions as part of the application process. If your application is successful and you qualify for cover, you can be covered immediately.

## Your duty of disclosure

Before you enter into a contract of life insurance with an insurer you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

Your duty, however, does not require the disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of business ought to know;
- as to which compliance with your duty is waived by the insurer.

### Non-disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within 3 years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within 3 years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

Your duty of disclosure continues until the contract of life insurance has been accepted by the insurer and confirmation is issued in writing.

## Who can be insured?

You can be insured for an amount between \$50,000 and \$500,000. You can apply for the *Protectme* policy if you are aged between 18 and 60 (age next birthday).

*Protectme* policies are only available to Australian citizens or permanent residents.

## What is the cost of a policy?

### Fees and other costs

You will be informed of the cost of a policy as part of the online application process.

The cost of your policy is the premium that you pay. For the Death Benefit, your premium will generally be higher if one or more of the following apply:

- if you are a smoker;
- if you are a male;
- as you get older;
- the higher the amount of the Sum Insured;
- if you take out the optional Disablement Benefit.

Premium discounts are available if you apply with your Partner/Associate or if you elect the annual or three year payment option. A Partner/Associate means spouse (including a de-facto and/or same sex partner), co-borrower, business partner or co-director.

Where you and your Partner/Associate both take out individual Protect*me* policies, a 10% discount will apply for the policy with the lower premium. To obtain this discount, both you and your Partner/Associate have to apply for a Protect*me* policy at the same time. You will each own your respective policies.

We may change the premium rates. If there are any changes to the premiums, you will be given three months' advance warning. Apart from premiums, there are no other costs or charges payable.



## What is covered? If you die

### Death Benefit

If you die, the Sum Insured, less any advance Funeral Assistance Benefit previously paid by us, will be paid to your estate. This is known as the 'Death Benefit'. The Funeral Assistance Benefit is explained on page 12.

### Did you know?

A Terminal Illness Benefit provision is also included. This applies if you are diagnosed as being terminally ill and likely to die from an illness or injury within 12 months. With your agreement, the Sum Insured will be paid out to you in advance (no Funeral Assistance Benefit will be paid). A medical practitioner nominated by us will need to provide us with specified information and an opinion about the nature of your illness or injury satisfactory to us before we pay any Terminal Illness Benefit.

Please refer to pages 17 and 18 of this PDS for circumstances when the Death Benefit (including the Terminal Illness Benefit) is not payable. Once a Death Benefit or Terminal Illness Benefit is paid your policy with us will cease automatically.

### **If you do not qualify for the Death Benefit:**

#### Accidental Death Benefit

If you do not qualify for the Death Benefit you will be offered the 'Accidental Death Benefit'. This is where the Sum Insured will be paid as a lump sum if you die as a result of an Accident and your death occurred within 90 days of the Accident. Accident means an event causing death directly by violent, accidental, external and visible means, independent of other causes.

Please refer to page 18 of the PDS for circumstances when the Accidental Death Benefit is not payable.

### **Funeral assistance**

#### Funeral Assistance Benefit

The Funeral Assistance Benefit helps meet the expenses of a funeral.

Within 14 days of receipt of certified copies of your birth certificate and notice of your death from a registered medical practitioner, along with an original funeral receipt stating the name of the deceased, we will make an advance payment of up to \$10,000 of your Death Benefit or Accidental Death Benefit as contribution towards your funeral costs. The Funeral Assistance Benefit will be payable to the person responsible for payment of funeral expenses.

In the event of the payment of a Funeral Assistance Benefit, any amounts otherwise payable by us under your policy will be reduced by the amount paid under the Funeral Assistance Benefit.

The Funeral Assistance Benefit is not payable where the proceeds of the policy have already been paid. The Funeral Assistance Benefit is payable only once.

The payment of a Funeral Assistance Benefit is not an admission of liability by us and does not mean that any other benefits under this policy will be admitted or paid.

We reserve the right to recover any Funeral Assistance Benefit that is paid if the Death Benefit or Accidental Death Benefit is subsequently denied or where the proceeds of the policy have already been paid.

Please refer to page 18 of this PDS for circumstances when the Funeral Assistance Benefit is not payable.

## What is optional?

### **If you become Totally and Permanently Disabled:**

#### Disablement Benefit

To complement your Death Benefit your policy can be upgraded by payment of a higher premium to include cover for Total and Permanent Disablement. This is known as the

'Disablement Benefit'. This means that if you become Totally and Permanently Disabled (as defined below) we will pay you a lump sum. The Disablement Benefit is equal to the Death Benefit. Once a Disablement Benefit is paid your insurance policy with us will cease automatically.

## What does Total and Permanent Disablement mean?

Total and Permanent Disablement means either:

- (a) you have suffered total and irrecoverable loss of the sight of both eyes, or use of two limbs, or sight of one eye and use of one limb (loss of the use of limb includes loss of whole hand, or whole foot); or
- (b) you have been unable to perform your own occupation for a period of at least six months due to bodily injury or illness and are so disabled that you are unlikely to ever be able to perform your own occupation or other occupation for which you are suited by education, training or experience.

### Are you a home maker?

If your occupation immediately prior to the commencement of Total and Permanent Disablement can be described as 'home duties', that is you have been engaged full-time in normal domestic duties in your own residence for more than six months, then Total and Permanent Disability means that you have, for an uninterrupted period of six months, been under medical supervision with complete inability to perform the majority of normal domestic duties, and are unlikely ever to recover.

Please refer to page 18 for circumstances when the Disablement Benefit is not payable.

## Conditions applying to Disablement Benefit

- 1 The Disablement Benefit will cease at policy anniversary preceding age 65.
- 2 Once a Disablement Benefit is paid, your policy with us will cease.
- 3 You can only receive cover for the Disablement Benefit insurance if you qualify for the Death Benefit insurance.

# What are the significant risks?

## The risks associated with a Protectme policy include:

- You may not have enough cover appropriate for your personal needs.
- If you are paying premiums monthly or annually, the premium rates are not guaranteed and may change.
- Should you not comply with your duty of disclosure (as set out in the PDS) we may not pay your claim, we may pay only part of your claim or we may cancel your policy.
- There are a number of exclusions which may apply, and may therefore limit the circumstances in which a benefit will be paid under your policy.

For more information on exclusions please refer to pages 17 and 18.



## It's easy to pay

Pay your premiums  
each month, annually or  
for a three year term

You can pay in three ways

1	2	3
Automatic direct debit	Your credit card	By bank cheque

## Monthly or annual payments

We will only accept automatic direct debit and credit card payments for your monthly or annual premiums. You will receive a 10% discount off the annual premium by selecting the annual payment option.

If you have already paid the premium for a month and you cancel your policy during that month, your cover will continue until the end of the month and no refund will be provided.

## Payment option for a three year term

A payment option of a three year term is available. This allows you to pay your premiums upfront for the first three years, rather than in monthly or annual instalments. You will receive a 10% discount off the premium by selecting the three year term.

We will accept payment for this term by credit card, automatic direct debit or by bank cheque. We will not accept personal cheques.

Payment for the three year term must be made within 60 days of your Policy Schedule being issued or else your cover will lapse.

At the end of the three year term we will send you a renewal notice with a payment authority so that your insurance cover is maintained by paying monthly premiums.

## When will your policy commence?

Your policy will commence once your Policy Schedule is issued. However, please note that if you selected the three year term payment option and the premium is not received within 60 days of your Policy Schedule being issued, your cover will lapse.

## When will your policy lapse?

Once the first premium has been paid, we will give you 30 days grace for payment of any subsequent premium (from the due date or from the date of notice to pay, whichever is later). This is known as the 'Grace Period'.

If the premium is not paid within this Grace Period, the policy will automatically lapse effective from when the premium was due and no benefits will be payable for events after the end of the expiry of the Grace Period. Benefits will be paid for any claim that arises during the Grace Period, however all outstanding premiums will be deducted from any benefit paid.

## When will your policy end?

Your policy will end upon the earlier of the following:

- payment of a Death Benefit, Accidental Death Benefit, Disablement Benefit or Terminal Illness Benefit;
- in relation to the Death Benefit and Accidental Death Benefit, the policy anniversary preceding your 75th birthday; and
- in relation to the Disablement Benefit, the policy anniversary preceding your 65th birthday.
- your policy lapsing as described on page 15.

Your policy is guaranteed renewable to policy anniversary preceding age 75 for the Death Benefit and Accidental Death Benefit. This means that provided you continue to pay your premiums when due, you can renew your Death Benefit or Accidental Death Benefit each year until the policy anniversary preceding your 75th birthday without having to provide further medical evidence. You can also renew your Disablement Benefit without having to provide further medical evidence until the policy anniversary preceding your 65th birthday.

If you have paid a premium for a one or three year period and a Death Benefit, Accidental Death Benefit or Disablement Benefit becomes payable within that period, any unused portion of your premium (relating to the period between the date of claim and the end of the paid period) will be refunded.

## Financial Representative remuneration

When you purchase a Protect*m*e policy we pay your Financial Representative's Australian Financial Services Licencee a commission.

Any such amount is incorporated within the premium payable applicable to your Protect*m*e policy and is not an extra cost to you.

Your Financial Representative is required to provide you with a Financial Services Guide detailing the payment they will receive for selling you this policy, additionally if your Financial Representative provides you with advice they must also provide you with a Statement of Advice.



## What isn't covered?

# Exclusions

There are certain exclusions that apply to your policy. Exclusions are circumstances in which we are not required to pay benefits to you under the policy.

## Circumstances where benefits are not payable

- The Death Benefit and Funeral Assistance Benefit are not payable if your death was caused by suicide within 13 months of commencement or reinstatement of the policy.
- No benefit is payable if any claim was caused as a result of, or in the course of, motor racing activities of any kind, underwater diving involving caving or pot holing, or aviation-related activity other than commercial travel.
- The Accidental Death Benefit will not be payable if death results directly or indirectly from attempted suicide, self-inflicted illness or injury, participation in insurrection, committing or attempting to commit a criminal offence, engaging in aviation-related activity other than commercial travel or an accident caused while under the influence of alcohol or non-prescribed drugs.
- For the first three months of your cover under the Protect*me* policy no benefit will be payable if your death occurs whilst you are outside of Australia.
- The Disablement Benefit will not be payable where the disability arises as a result of attempted suicide, self-inflicted illness or injury or participation in insurrection.
- You can have a maximum sum insured of \$500,000 (or such amount as notified by us from time to time) in aggregate across multiple life insurance policies issued by NULAL (before indexation) unless all other policies you hold with NULAL are disclosed to us and we confirm our acceptance of further cover in writing ('Our Consent').  
This means that if you take out one or more policies with NULAL without Our Consent, the maximum amount that NULAL is liable to pay is limited to \$500,000 (or such other amount as notified by us from time to time) in aggregate (before any indexation).  
In cases where the aggregate cover across all NULAL policies exceeds \$500,000 without Our Consent the sums insured in excess of \$500,000 will be cancelled and any premiums paid for the excess amount will be refunded.



## Things you should know

# About the policy

### What if I change my mind?

To check the policy meets your needs you have 14 days from the earlier of when you receive confirmation of your policy from us or the end of the fifth business day after the day on which your Policy Schedule was issued to cancel your policy. This is known as the 'Cooling Off Period'.

If you cancel your policy more than 14 days after the relevant date and you have paid your premiums in advance, we will reduce your premium refund pro-rata for the period of time you have been covered, and we will deduct administrative costs together with any government taxes or duties.

The Cooling Off Period will not apply if you have made a claim under your policy.

### How do I change personal or payment details?

If you need to update any of your details or need to know anything about your policy, simply call our Client Support Team on 1300 428 482.

## How do I make a claim?

Should you or someone on your behalf need to make a claim on an Aviva Protectme policy, simply call the Client Support Team on 1300 428 482 and ask for a claim form to be sent to you. Our staff will send the appropriate form and details of any further information that we need to be able to assess the claim as swiftly as possible.

The claim must be lodged as soon as reasonably possible after the claim event occurs and in any case no later than one year afterwards. We will require proof acceptable to us that the definition applicable to the claim event has been met. This may include proof of the illness or injury (as applicable) including advice from qualified medical practitioner(s) acceptable to us. In some circumstances, we may require information on the medical history of the life insured and may ask that authority forms be completed allowing us access to your medical records.

## How can I make a complaint?

Complaints should first be attempted to be resolved through us. We have set up formal internal procedures for dealing with complaints. We may be able to solve the problem over the phone, but if not, we will ask you to put it in writing.

Our Client Support Team contact details

**Phone** 1300 428 482

**Fax** (03) 9820 1534

**Post** GPO Box 2567W, Melbourne VIC 3001

If you are not satisfied with the outcome of any complaint, or the complaint is not resolved within 45 days, you may contact the Financial Ombudsman Service ('FOS'). FOS is totally independent of us and provides free, expert and impartial advice. Enquiries can often be answered on the phone but complaints will need to be in writing.

FOS will investigate any complaint within its terms of reference and may help you resolve the problem. FOS can be contacted as follows:

**Phone** toll free 1300 780 808

**Post** GPO Box 3, Melbourne VIC 3001

**Fax** (03) 9613 6399

**Web** [www.fos.org.au](http://www.fos.org.au)

## Can I change my insurance cover?

### If you choose the monthly or annual payment option

If you would like to change your Sum Insured or the benefits of your policy you will need to cancel your original policy and reapply for another policy. Please contact us on 1300 428 482 for changes to your policy.

### If you choose the three year payment term

You cannot change your Sum Insured or the benefits of your policy during the three year period. You will need to wait until the term expires and then reapply for another policy. For a new policy please contact us on 1300 428 482.

## Upgrade guarantee

Should we improve the benefits under the policy, where such improvements result in no increase in premium rates, we will automatically add these benefit improvements to the policy.

The benefit improvements will not apply to claims:

1. where the illness was diagnosed or investigated; or
2. where the injury occurred;

prior to the effective date of the improvement.

Should a situation arise where a policyholder is disadvantaged in any way as a result of an improvement, then the previous benefit wording will prevail.



## **Other important legal information**

# You need to know

As with any important document there is some important legal information that we need to bring to your attention in relation to your policy and relationship with us.

If you choose to pay by automatic direct debit, the following Direct Debit Service Agreement is important and you should read it.

# Direct Debit Service Agreement

## Our commitment to you

If you complete a Direct Debit Request, you authorise us to debit the amount you owe us for premiums under your policy from your nominated Australian bank, building society or credit union account, and transfer the amount to us. Debits will be for regular periodic payments, as requested by you on your application. Debits will be made on or around the preferred date nominated by you on your application. If no date is specified, debits may be made on or around the day of the month that we process your application.

Where the due date for the debit falls on a non-business day, the debit will be made on the next business day. We will provide you with not less than 14 days written notice of any changes we propose to make to your direct debit facility.

If debits are returned unpaid by your financial institution, we will not charge you a dishonour fee although your financial institution may do so.

We reserve the right to collect any arrears of premium when we next process a debit from your account.

We will keep all information provided by you, including details of your nominated account at the financial institution, private and confidential, and will use such information subject to our privacy policy.

We will promptly investigate and respond to any queries or complaints regarding debits; we will endeavour to forward a response to you within five business days.

We may terminate this arrangement, but only by giving you not less than 14 days notice in writing.

## Your commitment to us

It is your responsibility to check with your financial institution that direct debiting is available on your account, prior to completing the Direct Debit Request. Not all accounts support direct debits.

You must ensure at all times that sufficient funds are available in your nominated account to meet a debit on the due date. It is your responsibility to advise us if your nominated account is to be altered, transferred or closed. You are liable for any charges imposed by your financial institution for the use of the direct debit facility, including fees charged as a result of debits returned unpaid.

If any debit requested by you is not made, you remain obliged to pay any amount owing to us.

## Your rights

You may direct all enquiries regarding the direct debit facility to us. You may request to defer or alter your direct debit facility, including any stops or cancellations, by giving written notice to us at least five business days prior to the next scheduled debit.

You may cancel your direct debit facility at any time by giving written notice to us. Five business days notice is required by us to act on such a request. We will confirm to you that the debit has been stopped.

# What are the taxation implications?

Usually premiums are not tax deductible and benefits are paid free of personal tax. Your benefit may be taxable if the policy has been taken out for certain reasons, such as business purposes.

This is a general statement based on laws current at the time of publication, their continuation and our interpretation. You should seek advice from a suitably qualified professional in relation to your particular circumstances.

## Our commitment to privacy

### Personal information

Privacy rules covering all personal information held by organisations regulate, among other matters, the way organisations collect, use, disclose, keep secure and give people access to personal information.

In this section 'we', 'us' and 'our' means any or all of Aviva Australia Holdings Limited ABN 38 095 045 784 and each of its subsidiaries.

Our full privacy policy describing how we manage your personal information is available on request or can be downloaded from our website [aviva.com.au](http://aviva.com.au)

We are committed to respecting the privacy and security of your personal information collected in the Application Form or during the course of providing you with insurance cover. By entering and maintaining your relationship with us, you consent to any personal information we collect about you being used and disclosed in the manner set out in our privacy policy.

The main reason we collect, hold, use or disclose your personal information is to enable us to provide the financial services and products you have asked us to provide. If you do not provide us with the information we seek, we may not be able to process or accept your application.

Where sensitive information (e.g. health information) is collected, additional restrictions apply. Where you are applying for insurance cover, we may need to collect and use sensitive information about you or your immediate family for the primary purpose of assessing your application, any claim you make, and managing your policy.

We may disclose your personal information to other members of the Aviva plc group, to our service providers or other third parties (where relevant and in accordance with privacy rules and our privacy policy) such as, but not limited to, your adviser, their staff and service providers, your employer, reinsurers, medical professionals, private investigators, your legal personal representative, other financial institutions or superannuation trustees, debt collection agencies, mail houses, auditors and regulatory or dispute resolution bodies. We may also disclose personal information about you in any circumstance where you have consented or where disclosure is required by law. Our privacy policy provides further details. We may also collect, use and disclose your personal information for marketing our

financial products and services to you or to help us deliver, identify and inform you of other financial products and services that may interest you (but not on the basis of any health or other sensitive information we may hold about you). If you do not consent to your personal information being used for these additional purposes you can contact us.

When you supply us with information about another person (e.g. when applying for insurance cover), you warrant that you have obtained their permission to give us the information and that you have provided that person with information about our privacy policy.

You may request access to your personal information that we, or a service provider, hold in relation to your cover by completing a Customer Personal Information form. This form can be obtained by writing directly to us:

Privacy Officer  
Aviva  
GPO Box 2567W  
Melbourne Victoria 3001

Currently there is no fee for obtaining access to your personal information.

Where it is established that personal information we hold about you is not accurate, complete or up-to-date, we will take all steps necessary to correct it.

## Insurance Reference Association Australia

Certain details of insurance business undertaken and claims received are provided to the Insurance Reference Association Australia for the purposes of maintaining a central reference bureau for use by insurers.



## What do these words mean?

# Definitions

**Accident:** an event causing death directly by violent, accidental, external and visible means, independent of other causes.

**Accidental Death Benefit:** the benefit that may be available if you do not qualify for the Death Benefit. This benefit is equal to the Sum Insured, less any advance Funeral Assistance Benefit paid, and is paid to your estate if you die from an Accident. See page 12.

**Death Benefit:** the benefit payable to your estate if you die, equal to the Sum Insured, less any advance Funeral Assistance Benefit paid. The Death Benefit includes the Terminal Illness Benefit. See page 11.

**Disablement Benefit:** the benefit, equal to the Sum Insured, payable if you suffer Total and Permanent Disablement. See pages 12 to 13.

**Financial Representative:** an employee or authorised representative of an Australian Financial Services Licencee or the licencee themselves.

**Funeral Assistance Benefit:** an advance payment of up to \$10,000 of your Death Benefit or Accidental Death Benefit to help meet your funeral costs. See page 12.

**Policy Schedule:** a document issued once an application has been submitted and accepted by us, outlining your amount of insurance cover, type of cover you have and other information specific to you. This PDS and your Policy Schedule outline all the terms and conditions of your contract of insurance.

**Partner/Associate:** a spouse (including a de-facto and/or same sex partner), co-borrower, business partner or co-director. See page 10.

**Sum Insured:** the agreed amount we will pay under your Protectme policy as set out in your Policy Schedule and varied from time to time by indexation as applicable.

**Terminal Illness:** illness or injury from which you are diagnosed as being terminally ill and likely to die within 12 months. A medical practitioner nominated by us will need to provide us with specific information and an opinion about the nature of your illness, or injury satisfactory to us. See page 11.

**Terminal Illness Benefit:** the advance payment of the Sum Insured if you are diagnosed as having a Terminal Illness. See page 11.

**Total and Permanent Disablement:** has the meaning given on pages 12 to 13.

