

Your Life

Product Disclosure Statement

Issue Date: 10 July 2017

Issued by MetLife Insurance Limited (Met Life) ABN 75 004 2 74 882 AFSL No. 238096

Products are offered by MetLife Insurance Limited (MetLife), which is an affiliate of MetLife, Inc. and operates under the "MetLife" brand. None of the obligations of MetLife are guaranteed by MetLife, Inc. (Incorporated in the USA) or any other member of the MetLife group



This is the Product Disclosure Statement (PDS) for the Your Life Insurance Plan, which comprises the following insurance policy choices:

Term Life Insurance	Pages 4 to 8
LifeCare Trauma Insurance	Pages 9 to 13
Information common to all Your Life policies	Pages 14 to 18
Privacy Consent & Notifications	Pages 19
Trauma definitions	Pages 20 to 23

This PDS provides general information about the benefits and other conditions of each policy to help You decide if the policies meet Your needs and to help You compare these policies with other products You may be considering. However, this PDS has been prepared without taking into account Your individual circumstances. Therefore, You should consider whether these insurance policies are suitable for You, taking into account Your personal financial circumstances, needs and objectives.

The formal terms and conditions of the policies are set out in the Policy Document and the Policy Schedule which will be sent to You once the policy is issued by Us. The Policy Document is also available from Your financial adviser or from our Customer Service Centre on 1300 134 669.

The primary purpose of Your Life insurance is to provide a benefit in the event of death, terminal illness, trauma or total and permanent disability if selected. Your Life insurance is not a savings plan. If You terminate a policy at any time, You will not get anything back.

Who is the Issuer?

The issuer of the Term Life and LifeCare Trauma Insurance policies is:

MetLife Insurance Limited (MetLife).
The contact details of the issuer are:
MetLife Insurance Limited
ABN 75 004 274 882 AFSL No. 238096
Level 9, 2 Park Street
Sydney NSW 2000

MetLife is responsible for the whole of this PDS.

In this PDS, references to 'We', 'Our', 'Us' and 'MetLife' are references to MetLife Insurance Limited. References to 'You' are references to the Policy Owner or the Life Insured, as the context requires.

This invitation to apply for Term Life and LifeCare Trauma Insurance is only made to people receiving this PDS in Australia. It is not made, directly or indirectly, to people in any other country.

About MetLife

With over 145 years of experience, the MetLife companies serve both individual and institutional customers with a broad array of financial service capabilities, including protection planning, finance advice and investments. The MetLife companies serve millions of customers in the Americas, Asia Pacific and Europe.

In Australia, MetLife offers group insurance and personal life insurance through superannuation funds, employers, financial planners, brokers or direct marketing channels.

Other important information

You should be aware that some limitations and exclusions will apply to Your policy. This means that in some cases We will not pay a claim or will pay a claim only in limited circumstances.

Full details of the limitations and exclusions can be found in the relevant insurance terms and conditions set out in the Policy Document and the specific matters (if any) set out in Your Policy Schedule.

We encourage You to read through the Policy Document and Policy Schedule carefully and make Yourself aware of these conditions.

There are other risks You should consider when deciding to purchase this policy, they are set out on page 14.

An application for insurance under any of the Your Life policies described in this PDS must be made on the application form contained in the current PDS. Your application is subject to acceptance by MetLife, who may accept or decline Your application or accept it on special conditions. Where Your application is accepted we will send You a Policy Schedule which will contain the details of special conditions (if any).

Term Life and LifeCare are presented together in this PDS for Your convenience. However, they are separate products and may be purchased individually.

For the purpose of Term Life Insurance and LifeCare Trauma Insurance, **'We'**, **'Our'**, **'Us'**, and **'MetLife'** or the **'Insurer'** refers to MetLife Insurance Limited.

'Life Insured' means the person(s) named as the Life Insured(s) on the application form.

'Policy Owner' means the person(s) named in the application form as the Policy Owner(s).

'You' and **'Your'** means the Policy Owner as applicable.

'Premiums' refers to contributions made by You which We apply as Premiums (and charges as relevant) under the policy.

'Sum Insured' refers to the amount that You are insured for under the policy.

'Injury' means bodily injury that is caused solely and directly by external, violent and accidental means, is independent of any other cause and is not caused by suicide.

'Illness' means a sickness, disease or disorder.

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Term Life Insurance

About Term Life Insurance

Term Life Insurance can provide financial assistance for You and/or Your family by paying a lump sum in the event of the Life Insured's death or on diagnosis of a terminal illness.

The Total and Permanent Disability (TPD) option provides a lump sum if the Life Insured becomes totally and permanently disabled.

By providing a lump sum benefit, the Term Life Insurance policy can offer financial protection to assist Your family meet debts such as mortgages, education costs, leases, overdrafts and day-to-day expenses that flow from the loss of the Life Insured's income.

Term Life Insurance protects You 24 hours a day, anywhere in the world. Provided the required Premium and policy fees are paid when due, We guarantee to continue Your cover until the Life Insured's 99th birthday.

You can also structure Term Life outside superannuation or within superannuation through a self-managed superannuation fund where You are a member of that fund. However, the benefits available may be more restrictive inside superannuation due to legislative requirements and we recommend You obtain financial advice before structuring a benefit through superannuation.

Who can own your cover?

The policy owner can be:

- The life insured;
- The life insured's partner;
- Another individual such as the life insured's partner;
- A company, legal entity; or
- The trustee of your self-managed superannuation fund.

Eligible for Cover

To be eligible for Term Life insurance, you must:

- Be aged between 16 (age next birthday) and 79 (age next birthday); and
- Have received this PDS in Australia; and
- Be an Australian citizen; or
- New Zealand citizen; or
- Permanent resident; and
- Reside in Australia.

or

- Be aged between 16 (age next birthday) and 79 (age next birthday); and
- Have received this PDS in Australia; and
- Hold a current 457 Visa; and
- Reside in Australia.

What are the significant benefits?

Death and Terminal Illness (Life Cover)

Your Life Cover Sum Insured is the amount We will pay if the Life Insured dies or is diagnosed as terminally ill while Your Term Life Insurance cover is current. We will pay the agreed Life Cover Sum Insured to the Policy Owner. The Sum Insured will be set out in Your Policy Schedule. If You are both the Life Insured and the Policy Owner, on Your death, the Life Cover Sum Insured will be paid to Your estate or any nominated beneficiaries. If the Life Insured has been diagnosed as terminally ill, We will pay the agreed Life Cover Sum Insured or \$2.5 million whichever is the lesser. Any remaining amount will be paid on death or on total and permanent disability (if You have selected this option). The Life Insured will be considered terminally ill under this policy if the Life Insured is diagnosed as having less than 12 months to live due to an Illness.

Where the policy is owned by the trustee of a self-managed superannuation fund, life expectancy of the Life Insured must be certified by two registered medical practitioners with at least one being a specialist practising in the area related to the Illness.

Advance Funeral Benefit

The Advance Funeral Benefit will provide a cash advance of \$10,000 to assist with costs associated with the Life Insured's funeral and related expenses upon presentation of proof of age and a death certificate. The Life Cover Sum Insured will then be reduced by that amount.

The Advance Funeral Benefit is not available where the policy is owned by the trustee of a self-managed superannuation fund.

Total and Permanent Disability (TPD) Option

You can choose to extend Your Life Cover under Term Life Insurance by selecting the Total and Permanent Disability (TPD) option. The TPD option provides You with a payment if the Life Insured becomes totally and permanently disabled (as defined under Definition of Total and Permanent Disability on page 5). The TPD Sum Insured You choose must be equal to, or less than, the Term Life Cover Sum Insured You have selected, up to a maximum of \$2.5 million.

Term Life Insurance

Single TPD Option

If the Life Insured becomes totally and permanently disabled, We will pay Your TPD Sum Insured. If a TPD benefit is paid, Your Life Cover Sum Insured (if higher than Your TPD cover Sum Insured) will be reduced by the amount paid for Your Total and Permanent Disability. Premiums will be reduced to reflect the lower Life Cover Sum Insured. If Your TPD is equal to Your Life Cover Sum Insured and a TPD benefit is paid, Your policy ceases.

Double TPD Option

For an additional Premium amount, You can select cover for TPD under Our Double TPD option. Under this option, if the Life Insured becomes totally and permanently disabled We will pay Your TPD Sum Insured without reducing Your Life Cover. In addition the Premiums for Your Life Cover Sum Insured are automatically waived after a payment for TPD, until the Life Insured's death or they turn 60, whichever comes first.

The Double TPD option ceases on the Life Insured's 65th birthday, after which time any TPD claim will be assessed under the Total and Permanent Disability Continuation Benefit (see page 6).

Definition of Total and Permanent Disability

The Life Insured will be considered totally and permanently disabled if, after considering medical and/or other evidence, We find the Life Insured fits into the first, second, third or fourth category on page 5 (subject to the category of cover that applies to them), before the first annual renewal date after their 65th birthday.

1. The Life Insured has suffered the loss of use of:

- Two limbs*, or
- Sight in both eyes, or
- One limb* and loss of the sight in one eye.

*A limb is defined as being the whole hand or whole foot.

This is not available where the policy is owned by the trustee of a self-managed superannuation fund.

2. Any Occupation

The Life Insured must:

- Have been absent from employment or occupation through Injury or Illness for a period of six consecutive months and has provided sufficient proof such that in Our opinion, after consideration of medical evidence available at that time, he/she is incapacitated to such an extent as to render him/her unlikely ever to be able to perform again his/her usual occupation, and to be able to perform any gainful occupation for which he/she is reasonably qualified by reason of his/her education, training or experience; and

- Provide us with sufficient medical and/or other evidence regarding the Life Insured's incapacity to work.

3. Own Occupation

The Life Insured must:

- Have become incapacitated for six consecutive months due to Illness or Injury, to such an extent that the Life Insured is unlikely ever to be able to perform again their usual occupation;
- Have been engaged in this occupation, and not employed in another occupation, at the time of the Injury or Illness that prevents the Life Insured from working; and
- Provide us with sufficient medical and other evidence regarding the Life Insured's incapacity to work.

This is not available where the policy is owned by the trustee of a self-managed superannuation fund.

The Own Occupation category is only available to white collar professionals and those working in a profession requiring tertiary qualifications. To qualify for an 'Own Occupation definition' the Life Insured must be working in a position directly related to the Life Insured's qualifications for at least 12 months prior to a claim. To find out if the Life Insured's fit into this category You can contact Us on 1300 134 669.

4. Homemaker

The Life Insured must be wholly engaged in full-time normal domestic duties in the Life Insured's own home for more than six (6) months and:

As a result of Illness or Injury the Life Insured is under the care of a medical practitioner and is unable to:

- Perform normal domestic duties;
- Leave the Life Insured's home unaided; or
- Be engaged in any employment for a period of six (6) consecutive months; and

At the end of the period of six (6) months, the Life Insured is disabled to such an extent as to render the Life Insured likely to require ongoing medical care and deemed never again able to perform normal domestic duties nor any occupation, for which the Life Insured is reasonably qualified by way of education, training or experience.

Normal Domestic Duties means the duties normally performed by a person who remains at home and is not working in regular employment for income. These normal domestic duties include cleaning the home, washing, shopping for food, cooking meals and when applicable, caring for children.

Term Life Insurance

If Your TPD claim is based on the second, third or fourth category of the definition of Total and Permanent Disablement, the benefit will be the TPD Sum Insured applying on the last day of the six (6) consecutive months of absence from employment or occupation, or Normal Domestic Duties.

Total and Permanent Disablement Continuation Benefit

If We have not already paid a TPD benefit on the annual renewal date after the Life Insured's 65th birthday, the cover under the TPD option will switch to the following definition:

We will pay Your TPD Sum Insured if, before the Life Insured's 99th birthday, because of Injury or Illness, the Life Insured become permanently unable to perform (without any assistance from another person) at least two of the activities listed below:

- Bathing – to shower or bathe;
- Dressing – to dress or undress;
- Toileting – to use the toilet including getting on and off;
- Feeding – to eat and drink;
- Mobility – to get out of bed or chair or wheelchair; or
- Continence – to control bladder and bowel function.

Please note: If the Life Insured can perform the activity on the Life Insured's own by using special equipment the Life Insured will be considered to be able to undertake that activity.

If a TPD benefit is paid and You have the Single TPD option, the Life Insured's life cover Sum Insured (if higher than the TPD Sum Insured) will be reduced by the amount paid. Premiums will be reduced to reflect the lower life cover Sum Insured.

Waiver of Premium Option

Under the Waiver of Premium Option, when the Life Insured has been absent from the Life Insured's occupation for six (6) months due to Injury or Illness, and the Life Insured meets the definition of total and permanent disablement (see pages 2 and 3) We will waive all Your future Premiums until the Life Insured returns to work, or when the Life Insured reaches their 65th birthday, whichever comes first.

This waiver of premium option will expire on the Life Insured's 65th birthday.

Guaranteed Benefit Increase Option

This option allows You to increase Your Life Cover Sum Insured at specified times without needing to satisfy any additional medical requirements.

This option must be requested either at the time You apply for Your cover, or within 30 days of the commencement of Your policy.

You can apply for an increase following the occurrence of the events listed below:

- The Life Insured's marriage;
- The birth or adoption of a child;
- Taking out a mortgage or increasing an existing mortgage;
- Your 3rd, 6th, 9th, and 12th policy anniversary dates; or

Business events:

- If the Life Insured is a 'Key Person' in a business and their value to the business increases, as determined by a professionally qualified and practising accountant.

'Key Person' is a partner, shareholder, unitholder, or a similar principal in a business and this policy forms part of a written 'buy/sell' share purchase or business succession agreement and the value of the insured's financial interest in the business increases, determined as above.

The minimum increase per event is \$25,000.

The maximum increase per event is the lowest of:

- \$80,000; or
- 50% of the original Sum Insured; or
- The amount of the new mortgage or the increase in the Life Insured's current mortgage (if using special event increase option in relation to the mortgage).

The maximum overall increase allowable in total under the Guaranteed Benefit Increase option is \$250,000 or the original Sum Insured, whichever is the lower.

To be eligible for increases under this benefit the Life insured must be under the age of 55 at the time of the event and You must request the increase within 90 days of the actual event occurring.

Exclusions

No benefit will be payable under the Term Life Insurance policy if the Life Insured commits suicide within the first 13 months of the commencement of cover, or any increase in cover (but only in respect of the increase) or date of our acceptance to reinstate the policy.

Term Life Insurance

We will not pay a benefit under the Term Life TPD or Waiver of Premium Option if the claim arises out of or is in any way connected with a self-inflicted injury.

When cover ends

The cover under this Policy will end and no further benefits of any kind shall be payable on the earliest of:

- The end of the Policy Term as detailed in Your Policy Schedule; or
- The maximum insurable age; or
- The death of the last Life Insured under the Policy; or
- The date we receive Your written request to cancel the Policy; or
- The non-payment of premium; or
- Date we lawfully cancel and/or avoid the cover; or
- The payment of 100% of the Term Life (Death) Benefit, or the reduction to nil of the life cover Sum Insured when a total and permanent disability benefit is paid in relation to the last Life Insured under the Policy.

ChildCare Option

ChildCare is an insurance option that allows You to insure Your children between the ages of 1 and 16. If You select the ChildCare option, We will pay \$50,000 for an insured child who suffers any of the eligible events as listed below.

If while the Term Life Insurance policy is in force:

- Any Child Insured suffers from Loss of Hearing, Loss of Speech, Meningitis, Paralysis of Limb, Major Head Trauma, Severe Burns or Blindness, is first found to have Chronic Renal Failure, Encephalitis, Cardiomyopathy, Chronic Liver Failure, Primary Pulmonary Hypertension, Chronic Respiratory Failure, Multiple Sclerosis or Aplastic Anaemia or undergoes Major Organ Transplant Surgery, or falls into a Coma; or
- Any Child Insured is first found to have Cancer, undergoes Coronary Artery by-pass Surgery or Open Heart Surgery or first had a Heart Attack or Stroke at any time after three (3) months after the Commencement Date or the date of our acceptance to reinstate the policy;

then We will pay the amount of \$50,000.

A maximum of four children can be covered under each Term Life Insurance policy. Any one child cannot be insured under more than one policy. Death cover and the Total and Permanent Disablement options are not available for children covered by the ChildCare option. The payment

of a ChildCare benefit will not affect the existing cover of any remaining Insured persons. However, the payment of a Term Life or a Terminal Illness benefit that results in the termination of insurance cover under Your policy will cause any ChildCare cover to cease immediately.

This ChildCare option is not available if You are acquiring the policy as the trustee of a self managed superannuation fund.

When does ChildCare Cover cease?

When a child reaches age 16, his or her cover ceases under the ChildCare option. However, We guarantee to cover the child for up to \$50,000 under a standard LifeCare Trauma Insurance policy. The child will not be required to undergo any medical assessments (underwriting).

The Premium rate applied to the new policy will be Our then current LifeCare Trauma Insurance policy rates, plus any loadings applied under the ChildCare option to that child.

This cover must be requested in writing and the Premium paid within 30 days of the child turning 16.

As ChildCare cover is an option, if Your policy is terminated or comes to an end for any reason, all ChildCare options will cease at that time.

ChildCare Exclusions

No ChildCare Benefit will be payable where the claim arises out of or in connection with any self-inflicted Injury to the Child Insured, or the AIDS or the HIV virus in any of their forms and any Illness or Injury associated with them. The ChildCare Benefit will not be payable where the Child Insured is unable to survive for a period of fourteen days after experiencing the event covered under this policy.

A Child Insured cannot be insured under more than one of Our policies. As a result no ChildCare benefit will be payable under this policy in respect of a Child Insured where any person has previously received a ChildCare benefit in respect of that Child Insured under any other of Our policies.

Benefit Payments

Any benefits payable are paid to the Policy Owner. If a death benefit is payable to the Policy Owner who is also the Life Insured, that benefit will be paid to the nominated beneficiaries (or to the Policy Owner's estate if there are no beneficiaries nominated).

Term Life Insurance

Maximum Insurable Ages

We will continue Your cover for death, terminal illness or total and permanent disability (if applicable) up to the Life insured's 99th birthday provided Premiums are paid when due.

Child Cover will continue under the child turns age 16, provided Premiums are paid when due.

Amount of cover

You select the amount of cover in Your application form. If we accept Your application, You will be issued with a Policy Document and Policy Schedule. The amount of cover shown in the Policy Schedule You receive after We have issued the Your Life policy to You is called Your Sum Insured.

Increasing Your cover

You can apply to increase Your cover at any time. These increases are subject to Our agreement, including meeting Our financial and medical requirements.

Consumer Price Index (CPI) Adjusted Cover

To counter the effects of inflation on Your cover, We will automatically increase Your Sum Insured each year, in line with any increases in the CPI, unless You elect otherwise.

CPI increases are available each year until Your policy expires. However, no increase will apply if it would cause the Sum Insured to exceed \$10 million.

LifeCare Trauma Insurance

About LifeCare Trauma Insurance

LifeCare Trauma Insurance can provide financial assistance for You and Your family in the event that the Life Insured suffers a major Illness or a serious accident.

We will pay You a lump sum if the Life Insured suffers one of Our listed insured trauma conditions or procedures. You select the amount of cover from a minimum of \$10,000 and a maximum of \$2 million and this is called the trauma Sum Insured. The list of Insured Trauma Events are outlined in the table below.

You can also extend Your cover under this policy by selecting cover to protect You in the event of death, diagnosis of a terminal illness, or total and permanent disablement of the Life Insured. If any of these events occur, We will pay the Sum Insured for that particular event.

Who can own your cover?

The policy owner can be:

- The life insured;
- The life insured's partner;
- Another individual such as the life insured's partner; or
- A company, legal entity.

Eligible for Cover

To be eligible for LifeCare Trauma insurance, the life insured must:

- Be aged between 16 (age next birthday) and 79 (age next birthday); and
- Have received this PDS in Australia; and
- Be an Australian citizen; or
- New Zealand citizen; or
- Permanent resident; and
- Reside in Australia.

or

- Be aged between 16 (age next birthday) and 79 (age next birthday); and
- Have received this PDS in Australia; and
- Hold a current 457 Visa; and
- Reside in Australia.

What are the significant benefits?

Insured Trauma Events

If You take out LifeCare Trauma Insurance, We will pay the trauma Sum Insured, up to a maximum of \$2 million, if any of the events listed occur to the Life Insured, subject to any waiting period applicable and any conditions that apply. You will find the definitions of the 'Insured Events' on pages 20 to 23 of this PDS.

No LifeCare Trauma benefit will be payable if after diagnosis the Life Insured does not survive for at least 14 days. A death benefit may be payable under the Bereavement benefit or if You choose the LifeCare Term Life option.

If We pay Your trauma Sum Insured and You do not have cover under the LifeCare Term Life option or the LifeCare TPD option then insurance cover will end.

LifeCare Trauma Insurance

Trauma Insured events

We will pay You a lump sum if the Life Insured suffers one of our listed insured trauma conditions or procedures. Refer to pages 20 to 23 for the Trauma Events definitions.

Immediate cover	Immediate child cover	3 month waiting period
Accidental HIV Infection Alzheimer's Disease Aplastic Anaemia Benign Brain Tumour Blindness Cardiomyopathy Chronic Liver Failure Chronic Respiratory Failure Chronic Renal Failure Coma Encephalitis Loss of Hearing Loss of Independent Existence Loss of Speech Major Head Trauma Major Organ Transplant Motor Neuron Disease Multiple Sclerosis Muscular Dystrophy Paralysis of limb Parkinson's Disease Primary Pulmonary Hypertension Severe Burns	Aplastic Anaemia Blindness Cardiomyopathy Chronic Liver Failure Chronic Respiratory Failure Chronic Renal Failure Coma Encephalitis Loss of Hearing Loss of Independent Existence Loss of Speech Major Head Trauma Major Organ Transplant Meningitis Multiple Sclerosis Open Chest Surgery Paralysis of limb Primary Pulmonary Hypertension Severe Burns	Cancer Coronary Artery Angioplasty - Triple Vessel Coronary Artery Bypass Surgery Heart Attack Open Chest Surgery Out of hospital cardiac arrest Stroke Partial Payment Trauma Event Coronary Artery Angioplasty Early Stage Melanoma Pre-Invasive Cancer

Three month waiting period

No payment will be made for these conditions if the insured event occurs within 3 months of the commencement or reinstatement date of the policy (3 Month Waiting Period). If one of these insured events occurs again after the 3 Month Waiting Period and it is not related to the first occurrence, a benefit will then be paid. The 3 Month Waiting Period will not apply where this policy is replacing existing trauma cover issued by Us which is an amount greater than or equal to the Sum Insured under this policy.

Insured Trauma events – Partial payments

We will pay You a lump sum benefit of 10% of Your trauma Sum Insured, up to a maximum of \$25,000 if the Life Insured is diagnosed or undergo the following procedure;

- Coronary Artery Angioplasty
- Early Stage Melanoma
- Pre-invasive Cancer

To be entitled to a benefit for Coronary Artery Angioplasty, Early Stage Melanoma or Pre- Invasive Cancer, the Life Insured must have a minimum trauma Sum Insured of \$100,000. Your Sum Insured under the Trauma Insurance will then be reduced by the amount paid for Coronary Artery Angioplasty, Early Stage Melanoma and/or Pre- Invasive Cancer.

Partial payment events are not covered under ChildCare option.

Refer to page 20 for the definition for partial payment insured events.

LifeCare Continuation Benefit – Continuation of Cover under Loss of Independent Existence

On Your annual renewal date after the Life Insured's 70th Birthday, if You have not been paid Your trauma Sum Insured for the Life Insured, cover will continue under Our LifeCare Continuation benefit (see definition below), until the Life Insured's 99th birthday.

LifeCare Trauma Insurance

Your Sum Insured under the LifeCare Continuation Benefit must be equal to or less than Your trauma Sum Insured.

A benefit will be paid under the LifeCare Continuation Benefit option if, because of Injury or Illness, the Life Insured becomes permanently unable to perform (without any assistance from another person) the basic activities normally undertaken as part of everyday life. This must be evidenced by being unable to undertake at least two of the activities listed below:

- Bathing – to shower or bathe;
- Dressing – to dress or undress;
- Toileting – to use the toilet including getting on and off;
- Feeding – to eat and drink;
- Mobility – to get out of bed or chair or wheelchair;
- Contenance – to control bladder and bowel function.

Please note: if the Life Insured can perform the activity on their own by using special equipment the Life Insured will be considered to be able to undertake that activity.

LifeCare Term Life Option

The LifeCare Term Life option can be taken as an extension to Your LifeCare Trauma Insurance. If the Life Insured dies, MetLife will pay the agreed LifeCare Term Life Sum Insured.

Included in this option is a Terminal Illness Benefit. This means, if the Life Insured is diagnosed as being terminally ill (having less than 12 months to live), We will pay the agreed Sum Insured or \$2.5 million, whichever is the lesser. Any remaining amount will be paid on the death of the Life Insured (if this occurs while cover remains in force), and the Life Insured's cover will end.

If You are paid a trauma benefit or a TPD benefit and the amount paid is less than Your life cover Sum Insured under this LifeCare Term Life option, then the life cover Sum Insured will be reduced by the amount paid. The Premiums for the LifeCare Term Life option will be reduced accordingly.

Advance Funeral Benefit

If You have taken the LifeCare Term Life option, and You submit a claim under this option We will pay an Advance Funeral Benefit of \$10,000 to assist with costs associated with the Life Insured's funeral and related expenses upon presentation of proof of age and a death certificate.

The LifeCare Sum Insured will then be reduced by that amount.

LifeCare – Total and Permanent Disability Benefit Option

You also have the choice of extending Your cover with the LifeCare Total and Permanent Disability (TPD) option up to a maximum of \$2.5 million (the amount of cover You select can be higher than Your trauma cover provided that the amount You select is equal to or less than the amount You have selected for the LifeCare Term Life option).

If the Life Insured becomes totally and permanently disabled before the first annual renewal date after their 65th birthday, We will pay the agreed TPD Sum Insured. If You are paid a trauma benefit or a benefit for terminal illness, and the benefit paid is less than Your TPD Sum Insured, then Your TPD Sum Insured will be reduced by any amount paid and Premiums will be recalculated accordingly.

Definition of Total and Permanent Disability

The Life Insured will be considered totally and permanently disabled if, after considering medical and/or other evidence, We find the Life Insured fits into the first category below or, (subject to the category of cover that applies to the Life Insured), the second, third or fourth category below, before the first annual renewal date after their 65th birthday:

1. The Life Insured has suffered the loss of use of:

- Two limbs*; or
- Sight in both eyes; or
- One limb* and loss of the sight in one eye.

*A limb is defined as being the whole hand or whole foot.

2. Any Occupation

The Life Insured must:

- Have been absent from employment or occupation through Injury or Illness for a period of six consecutive months and has provided sufficient proof such that in Our opinion, after consideration of medical evidence, he/ she is incapacitated to such an extent as to render him/ her unlikely to ever be able to perform again his/ her usual occupation, and to be able to perform any gainful occupation for which he/she is reasonably qualified by reason of his or her education, training or experience.
- Provide us with sufficient proof regarding the Life Insured's incapacity to work.

3. Own Occupation

The Life Insured must:

- Have become incapacitated for six (6) consecutive months to such an extent that the Life Insured is unlikely ever to be able to perform the Life Insured's usual occupation again;

LifeCare Trauma Insurance

- Have been engaged in this occupation and not employed in another occupation at the time of the Injury or Illness that prevents the Life Insured from working; and
- Provide Us with sufficient proof regarding the Life Insured's incapacity to work.

The Own Occupation category is only available to white collar professionals and those working in a profession requiring tertiary qualifications. To qualify for an 'Own Occupation definition' the Life Insured must be working in a position directly related to the Life Insured's qualifications for at least 12 months prior to a claim. To find out if the Life Insured fits into this category, You may contact MetLife on 1300 134 669.

4. Homemaker

The Life Insured must be wholly engaged in full-time normal domestic duties in his/her own home for more than six (6) months and:

As a result of Illness or Injury the Life Insured is under the care of a medical practitioner and is unable to:

- Perform Normal Domestic Duties;
- Leave the Life Insured's home unaided; or
- Be engaged in any employment for a period of six (6) consecutive months; and

at the end of the period of six (6) months, the Life Insured is disabled to such an extent as to render him/her likely to require ongoing medical care and deemed never again be able to perform Normal Domestic Duties nor any gainful occupation for which he/she is reasonably qualified by his/her education, training or experience.

Normal Domestic Duties means the duties normally performed by a person who remains at home and is not working in regular employment for income. These normal domestic duties include cleaning the home, washing, shopping for food, cooking meals and, when applicable, caring for children.

Buy-Back Option

Available only when combined with the LifeCare Term Life option.

If the Life Insured survived for 12 months from the date of the:

- Diagnosis of a LifeCare Trauma event; or
- Payment of a TPD benefit;

We give You the option of reinstating Your Term Life cover, regardless of the Life Insured's state of health. You can choose to continue Your cover for any amount up to Your previous level of life cover.

The insurance will be continued using Our standard Term Life Insurance policy at the then current Premium rates applying to a Term Life Insurance policy after taking into account any non-standard premium loading applying to Your LifeCare policy.

This option ceases on the Life Insured's 65th birthday.

This option must be exercised within 90 days of the dates specified above.

Bereavement Benefit

If You do not select the LifeCare Term Life option, Your cover will include a \$10,000 Bereavement Benefit should the Life Insured die from any cause.

Exclusions

We will not pay a benefit under the LifeCare Trauma Insurance policy if the claim event arises out of or in connection with any self-inflicted Injury. We will also not pay a benefit where the person is unable to survive for a period of 14 days after experiencing the events covered under this policy.

If You choose the LifeCare Term Life option, there will be no entitlement to a benefit if the person insured commits suicide within 13 months of the commencement of cover, or any increase in cover (but only in respect of the increase) or the date our decision to reinstate this Policy.

ChildCare Option

The ChildCare Option is an insurance option that allows You to insure the Life Insured's children between the ages of 1 and 16. If You select the ChildCare option, MetLife will pay \$50,000 for any insured child who suffers any of the eligible listed insured trauma events, as set out in the table on page 10. You will find the definitions of the Insured Trauma Events on pages 20 to 23 of this PDS.

A maximum of four children can be covered by each LifeCare Trauma Insurance policy. Any one child cannot be insured under more than one policy.

The LifeCare Term Life and LifeCare TPD options are not available for children covered by the ChildCare option.

The payment of a ChildCare benefit will not affect the existing cover of any remaining insured persons.

However, the payment of a benefit that results in the termination of insurance cover under Your LifeCare Trauma Insurance policy will cause any ChildCare cover to cease immediately.

LifeCare Trauma Insurance

ChildCare Cover ceases

When a child reaches age 16, his or her cover ceases under the ChildCare option. However, MetLife guarantees to cover the child for up to \$50,000 under a standard LifeCare Trauma Insurance policy. The child will not be required to undergo any medical assessments (underwriting).

The Premium rate applied to the new policy will be Our then current LifeCare Trauma Insurance policy rates, plus any loadings applied under the ChildCare option to that child.

This cover must be requested in writing and the Premium paid within 30 days of the child turning 16.

As ChildCare cover is an option, if Your policy is terminated or comes to an end for any reason, all ChildCare options will cease at that time.

ChildCare Exclusions

No ChildCare Benefit will be payable where the claim arises out of or in connection with any self-inflicted Injury to the Child Insured, or the AIDS or the HIV virus in any of their forms and any Illness or Injury associated with them. The ChildCare Benefit will not be payable where the Child Insured is unable to survive for a period of 14 days after experiencing the event covered under this policy.

A Child Insured cannot be insured under more than one of Our policies. As a result no ChildCare benefit will be payable under this policy in respect of a Child Insured where any person has previously received a ChildCare benefit in respect of that Child Insured under any other of Our policies.

Benefit Payments

Any benefits payable are paid to the Policy Owner. If a death benefit is payable to the Policy Owner who is also the Life Insured, that benefit will be paid to the nominated beneficiaries, or to the Policy Owner's estate if there are no beneficiaries nominated.

Maximum Insurable Age

We will continue Your cover (where applicable) up to Your birthday at the ages set out below, provided Premiums are paid when due.

Cover	Maximum Insurable Age
LifeCare Trauma	99 years*
Death and Terminal Illness	99 years
Total and Permanent Disablement	65 years
ChildCare Cover	16 years#

* Cover for the listed insured Trauma Events expires on the first annual renewal date after Your 70th birthday but continues under the LifeCare Continuation Benefit until Your 99th birthday.

Cover under the ChildCare option ceases on the 16th Birthday of the Child Insured, however You may choose to continue Your cover as a separate LifeCare policy.

Amount of cover

You must select the amount of cover in Your application form.

If We accept Your application, You will be issued with a Policy Document and Policy Schedule. The amount of cover shown in the Policy Schedule You receive after We have issued the LifeCare Trauma policy to You is called Your Sum Insured.

Increasing Your cover

You can apply to increase Your cover at any time. These increases are subject to our agreement, including meeting Our financial and medical requirements.

Consumer Price Index (CPI) Adjusted Cover

To counter the effects of inflation on Your cover, We will automatically increase Your Sum Insured each year (other than for the ChildCare option – see page 12 of this PDS) in line with any increases in the CPI, unless You elect otherwise.

CPI increases are available each year until Your policy expires. However, no increase will apply if it would cause the trauma Sum Insured to exceed \$2 million, the TPD Sum Insured to exceed \$2.5 million or the life cover Sum Insured to exceed \$10 million.

Important Information

Other Important Information about Your Insurance

The following information applies to all of the Your Life policies as outlined.

What are the significant risks?

The significant risks associated with holding a Your Life insurance policy which You should consider include:

- Your policy is not a savings plan, You will not get anything back if it is cancelled;
- If You do not comply with Your duty of disclosure We may not pay Your claim, pay only part of Your claim, or avoid Your policy;
- If You do not comply with the policy terms and conditions (for example, premiums are not paid when due, or You have delayed in notifying Us of a claim and our interests have been prejudiced by the delay), and We refuse to pay all or part of Your claim;
- Whether Your policy will provide the cover You require because:
 - The amount of cover You have is more or less than You need;
 - The type of cover You require does not match the cover provided by Your policy (for example, because You do not satisfy terms and conditions of cover or an exclusion applies);
- If You have selected variable Premiums Your Premium rates are not guaranteed.

You should consult Your adviser to assist You in determining which of the above risks are significant in Your particular circumstances.

Guaranteed Continuity

Regardless of any deterioration in the Life Insured's health after the policy is issued, We guarantee to continue Your insurance cover each year. The only conditions are that Your Premiums are paid when they are due and You did not breach Your duty of disclosure.

What is the cost of Your Life policy?

All the current charges of Your Life policy are fully described in this section. If We decide to alter the Premium rates which apply to this insurance, We will give You at least three months written notice before Your Premium is affected.

The Premium You need to pay will depend on certain factors including Your age, sex, smoking status, Sum Insured,

medical history, occupation and any options or the Premium mode and frequency You select.

Insurance is provided initially for one year, with Your first Premium payable in advance. Premiums can be paid monthly, half yearly or annually. The date You first join is Your commencement date.

The anniversary of Your commencement date is Your annual renewal date. You will be given the opportunity to continue Your cover from this date. As long as You pay Your required Premium when due We guarantee to continue Your cover until Your annual renewal date after Your 99th birthday. If You are paying by direct debit, Premiums will automatically be deducted when Your renewal notice is sent to You. You will be notified of the new Premium amount payable for the following policy year in Your renewal notice which will be sent to You at least 30 days before Your annual renewal date.

If You do continue, the Premium payable will be calculated each year based on certain factors including the amount of cover (including any CPI adjustment that may apply), Your age and Our standard Premium rates at that time.

On the next page are sample Premium amounts for the key benefits under a Your Life policy.

There are a range of options under each policy, and if You were to select these, an additional Premium would be payable.

Your adviser can provide You with an illustration of the Premiums for Your specific circumstances based on the types of cover You require and the level of cover recommended.

Your Premium may also be reduced if Your adviser selects a lower level of commission.

You can also refer to the MetLife Premium Guide for the full list of Premium Rates, or obtain a Premium estimate by calling Our Client Services team on 1300 134 669.

Minimum Premium

The minimum annual Premium payable is \$250, which includes a \$65 policy fee. This minimum Premium also applies to policies under which two lives are insured.

Type of Premium

The Term Life Insurance policy offers two types of Premiums:

Variable Premium

Your Premium rate is not guaranteed. This means it may vary. If We do vary the Premium rates, We will write telling You about the changes, which will only take place on Your next annual renewal date. A variation to Your Premium will only be made when the variation is applicable to all policies of the same kind.

Important Information

Guaranteed Premium (life cover only)

For a small additional amount over the variable Premium rate You can lock in the future Premium rates for Your Life cover. This means as long as Your insurance remains in force, the Premiums will be based on guaranteed rates. The only changes that will apply from year to year will be based on Your age next birthday.

However, this guaranteed Premium option does not apply in respect of the Total and Permanent Disablement option, any Government or statutory charges, or the annual policy fee.

Premium Discounts and Loadings

We offer discounts on Your Premium rates if You:

- Are a non-smoker; or
- Take out cover for \$500,000 and above. In this case, the discount is 10%.

Loadings (or increases) may be applied to Premium rates depending on Your medical history and in some cases, Your occupation.

Premium Freeze

Under this option You can freeze Your Premium payments. This means Your Premiums will not increase. What We do instead, is adjust Your cover to compensate for the Premium freeze. If You have both Term Life and Total and Permanent Disablement insurance, We adjust both covers in equal proportions.

Payment Options

You can choose to pay Your Premiums by one of the following payment methods:

	Cheque	Direct Debit	Credit Card
Monthly		✓	✓
Half Yearly		✓	✓
Yearly	✓	✓	✓

Your first yearly or instalment Premium is payable in advance. You can do this by forwarding a cheque or completing a valid direct debit request or credit card authority. If You choose to pay either monthly or half yearly, You will incur a small processing fee. The details are explained below.

Processing Fee

If You choose to pay Your Premium monthly, there is a processing fee of 6% per annum. For half yearly payments, the processing fee is 3% per annum. The processing fee applies to Your Premium (including the policy fee).

Non-payment of Premiums

If You do not pay Your Premiums by the due date, We will send You a notice informing You that We will cancel Your Policy if We do not receive Your Premiums within 30 days. If We do not receive Your Premiums during this period, Your Policy will be cancelled.

Policy Fee

There is an annual policy fee of \$65, which covers Our administrative costs. If We increase this fee, it will be in line with inflation and will apply from Your next annual renewal date. You will be advised of the new policy fee in Your renewal notice which We send to You at least 30 days before Your next annual renewal date.

If You choose to have a second person insured under this policy, only one annual fee will be charged (see page 17 for details about including a second person).

Premium rates

Premium rates are per \$1,000 of cover and a \$65 policy fee applies.

1. **40 year old Male Non-Smoker selects Term Life Cover for \$300,000.**

The Premium rate is 0.95
To calculate: $0.95 \times 300 = \$285 + \65
Total Premium = \$350 per annum

2. **35 year old Male Non-Smoker selects Term Life and TPD cover for \$500,000 (a 10% discount applies for Sums Insured of \$500,000 and above).**

The Premium rate is 0.70 for Term Life Cover
0.44 for Single TPD
To calculate: $(0.70 \times 500) + (0.44 \times 500) \times 0.90 + \$65 = (350) + (220) \times 0.90 + \65
Total Premium = \$578.00 per annum

Taxation

Generally, lump sum payments to individuals under term life, terminal illness and trauma insurance policies including childcare cover are not assessable for income tax purposes and the Premiums are not tax deductible. However, benefits may be taxable and Premiums may be tax deductible where the insurance is held for business purposes.

Important Information

As this information is based on current interpretation of relevant legislation, it is recommended that You seek advice from a suitably qualified professional in relation to Your own circumstances.

Goods and Services Tax (GST) does not currently apply to Your insurance Premiums. If Parliament alters the tax law, We reserve the right to increase Premiums or charges to reflect any applicable GST or any other Government taxes and charges that may be introduced.

How to Apply

Applications for Your Life Insurance can only be affected after completion of the application form either contained in this current Product Disclosure Statement or one provided by MetLife.

If We are unable to issue Your policy for any reason upon receiving Your application and the first Premium due (for example, because Your application form is incomplete), We are required to hold Your monies in a trust account on Your behalf. We will retain any interest payable by Our bank on this account to meet, among other things, bank fees and other administrative costs.

Terms and conditions applying to direct debit:

1. These terms and conditions constitute the Direct Debit Request Service Agreement. Please keep this document with Your records.
2. MetLife Insurance Limited (MetLife) will initiate debits to Your nominated bank account in accordance with Your application form.
3. MetLife agrees to provide not less than 14 days notice to You if it proposes to vary the above arrangements.
4. You may request deferment of/or alteration to the agreed drawing schedule by writing to MetLife, GPO Box 4528, Sydney NSW 2001. MetLife reserves the right to decline this request.
5. You can stop individual debits or cancel a Direct Debit Request (DDR) by writing to MetLife, GPO Box 4528, Sydney NSW 2001.
6. In the event that You should disagree with any debit under the arrangement with MetLife, You should call us on 1300 134 669 or write directly to The Resolutions Manager, MetLife, GPO Box 4528, Sydney NSW 2001.
7. Direct Debit occurs on the 27th of each month. When the due date for payment falls on a day that is not a business day, MetLife will debit Your account on the next business day.
8. In the event that Your Financial Institution refuses to pay any debit made under the arrangement, MetLife will write to You requesting alternative payment arrangements.
9. Any information supplied by You will remain confidential and will only be disclosed if authorised by You or where required by law.
10. Direct Debiting may not be available on the full range of accounts with Financial Institutions and You should check directly with Your Financial Institution before submitting the Direct Debit Request form.
11. It is Your responsibility to have sufficient cleared funds available in the relevant account by the due date to permit the payment of debits.
12. Initially, You should direct all queries and requests for stops or cancellations to MetLife

Documentation You will receive

If We have accepted Your application for a Your Life policy, we will send You a Policy Document and Policy Schedule containing information about Your policy including Your Premium, policy fee and the options You have selected. You must read these documents carefully to ensure You understand the extent of cover and its limitations.

We will also send You a notice each year telling You the amount of Your indexed Sum Insured, and the new Premium and annual policy fee You need to pay to maintain this level of cover.

Cooling-off period

After You receive Your Policy Document and Policy Schedule, You have 19 days from the date we issue You with Your Life policy (or to the Trustee, if applicable), to decide if the insurance meets Your needs. This is known as the 'cooling-off' period.

During this time You may cancel the insurance by writing to Us and returning the documents. We will then refund the Premium and policy fee You have paid. You cannot exercise the right to cancel Your policy if You have made a claim under the policy.

However, if You are a trustee of a self-managed superannuation fund, the amount refunded may be reduced by the applicable taxes, levies, duties or charges.

How can You obtain up-to-date information?

The information contained in this PDS is up to date at the time of its preparation. However, some of the information can change from time to time. We will issue a supplementary or replacement Product Disclosure Statement if there is a materially adverse change to information in this document, or a materially adverse omission from this document.

Important Information

From time to time updates about Our products, including Term Life and LifeCare Trauma Insurance, which are not materially adverse to You may be found on the MetLife website at metlife.com.au. You can call Us on 1300 134 669 if You would like a copy of the updates to be sent to You. This will be free of charge.

Complaints resolution

MetLife has established a complaints resolution process and is committed to working with You to resolve Your concerns. If You have any concerns regarding Your policy or MetLife, please contact MetLife by:

Telephone: 1300 555 625

Mail:
Dispute Resolution Officer MetLife Insurance Limited Reply Paid 3319
GPO Box 3319
Sydney NSW 2001

If You are not satisfied with how MetLife responds to Your complaint, You can contact the Financial Ombudsman Service (FOS), an independent and impartial body, who will investigate the matter. Please contact them by:

Telephone: 1300 780 808

Mail:
The Financial Ombudsman Service
GPO Box 3
Melbourne Victoria 3001
Email: info@fos.gov.au
Website: www.fos.org.au

Eligibility

Term Life Insurance

	Minimum age at entry	Maximum age at entry
Term Life Insurance	16*	79*
Total & Permanent Disability Option	16*	64*
Guaranteed Benefit Increase option	16*	54*
ChildCare option	1	15*

*Age next birthday

LifeCare Trauma Insurance

	Minimum age at entry	Maximum age at entry
LifeCare Trauma Insurance	16*	64*
ChildCare option	1	15*
Term Life Insurance	16*	64*
Total & Permanent Disability Option	16*	64*

*Age next birthday

Other Information

Multiple Lives

Provision can be made for up to two people to be insured under the one policy. Only one policy fee of \$65 applies (for information on the policy fee, please see page 15 of this PDS).

Customer Loyalty

If You hold a Term Life Policy, MetLife will subject to the terms of the policy triple Your Advance Funeral Benefit Payment should You die from an accident after Your 3rd Policy Anniversary Date.

If You hold a LifeCare Trauma Policy, MetLife will subject to the terms of the policy triple Your Bereavement Benefit should You die from an accident after Your 3rd Policy Anniversary Date.

For the purpose of this benefit death must:

- Result from accidental bodily injury caused by violent, external and visible means.
- Result directly from the accidental bodily injury and independently of all other causes, and occur within 365 days of the date of the injury.

There is only one customer loyalty benefit paid per policy. Should You have more than one policy, only one benefit will be payable. Maximum amount payable is \$30,000. This payment equates to potentially an additional \$20,000 cover.

Important Information

Example:

A woman has had \$100,000 of a Term Life Policy since 2000. After an unfortunate accident, she passes away.

MetLife pays her estate \$10,000 as an Advanced Funeral Benefit. As the death was a result of an accident MetLife pays an additional \$20,000 under the Customer Loyalty Benefit.

Claim Payments:

Advance Funeral Benefit = \$10,000

Customer Loyalty Benefit = \$20,000

Remainder of Life Cover = \$90,000

Total = \$120,000

This example is indicative only and different benefits may apply depending on Your individual circumstances and product option sections.

Guarantee of Upgrade

If features of this product are enhanced in the future without increasing the premium rates, Your policy will be automatically upgraded to reflect these enhancements.

Financial

MetLife will pay up to \$500 incurred to reimburse the cost of financial planning advice after a benefit payment on this Plan.

Non-Smoker Discounts

Substantial Premium savings are available to non-smokers (a Non-Smoker is defined as someone who has not smoked tobacco or any other substance in the past 12 months).

The Non-Smoking Declaration is required only at the time cover commences.

Cancellations

You may cancel Your insurance at any time by giving notice in writing to Us. Such cancellation will be effective from the next Premium due date and there shall be no entitlement to a pro rata refund of Premium.

Your insurance will be cancelled by Us if the Premium or any instalment of Premium has not been paid within 30 days of Our notice informing You that Your Premium is outstanding (see page 15). We may at Our discretion reinstate the Policy from the date of lapse if, within one year from the date of lapse, We receive an application for reinstatement and other information that We may require (including proof to Our satisfaction as to the Life Insured's continued good health and eligibility for cover) and upon payment by You of the overdue Premium.

Available Cover

As mentioned earlier, Term Life Insurance and LifeCare Trauma Insurance are separate products. They have been placed together in this PDS for convenience, and may be purchased individually.

As an added saving We will waive one policy fee if You wish to purchase both the Term Life Insurance policy together with the LifeCare Trauma Insurance policy.

Nomination of Beneficiaries

You can nominate up to five beneficiaries on Your policy, so long as You are the Policy Owner and the Life Insured.

You, as the Policy Owner, retain all rights to request changes to Your policy. You may change a nominated beneficiary and revoke a previous nomination at any time prior to a claim event occurring.

If You are the Policy Owner but not the Life Insured, benefit payments will be made to You. If You die before the Life Insured, ownership of the policy will pass to Your estate.

Claims

If You make a claim under a policy We may conduct investigations to assess the value and validity of the claim. This may involve the use of investigation agents, legal advisers and the collection of personal data.

Register of Alternative Forms of Remuneration

MetLife maintains a register of alternative forms of remuneration paid to Australian Financial Services Licensee groups, advisers, platform providers, etc. as required by the Investments & Financial Services Association Ltd. (IFSA) of which it is a member. The purpose of this register is to provide an outline of the alternative types of remuneration paid and received and is maintained by Fund Managers, IDPS (platform) providers, Representatives and Licensees. These registers are publicly available and You can obtain a copy by calling the Agency Manager at MetLife on 1300 555 625.

Interim Cover

Interim Accident Cover may also apply. This cover is provided to You for up to 90 days (while Your application for life insurance cover is being assessed by MetLife). In these circumstances, a benefit is payable by MetLife if the policy holder experiences Accidental Death, Accidental TPD, or Accidental Trauma (as applicable).

Important Information

Your Privacy

We collect, use and retain personal information in accordance with the Australian Privacy Principles and the Privacy Act 1988 (Cth).

We collect, use, process and store personal information and, in some cases, sensitive information about you in order to comply with our legal obligations, to assess your application for insurance cover, to administer the insurance cover provided, to enhance customer service or products and to manage claims.

If you do not agree to provide us with the information, we may not be able to process your application, administer your cover or assess your claims.

In dealing with us, you agree to us using and disclosing your personal information as set out in this section and in our Privacy Policy.

For further information about how we handle Your personal information, details of how you can access or correct the information we hold about you or make a complaint, you can access our Privacy Policy at www.metlife.com.au or contact us on 1300 555 625.

Privacy complaints

Should you have any queries in relation to how we collect, handle and manage your personal information (including sensitive or health information), or wish to make a complaint about a possible breach of your privacy, you can contact us using the contact details below. You will need to provide us with sufficient details of the nature of your complaint, as well as any supporting evidence and/or information.

We will refer your complaint to our Privacy Officer who will investigate the issue and determine the steps we will take to resolve Your complaint. We will contact you if we require any additional information from you and will notify you in writing of the outcome of your complaint.

MetLife Privacy Officer
PO Box 3319
Sydney NSW 2001
Phone: 1300 555 625

If You are dissatisfied with our response, you may lodge a complaint with the Office of the Australian Information Commission (OIAC). The OIAC's contact details are as follows:

GPO Box 5218
Sydney NSW 2001
Phone: 1300 363 992
Email: enquiries@oaic.gov.au
Website: www.oaic.gov.au

Direct Debit Service Agreement

The following terms and conditions relate to the use of direct debit payments from your bank account or credit card. You (or the account holder if different to you) will need to keep this document with your records.

- a. You are responsible for ensuring the nominated account can accept direct debits and there are sufficient clear funds available in the nominated account to permit payments on the due date.
- b. We will initiate debits from your nominated bank account or credit card in accordance with your application.
- c. We agree to provide not less than 14 days' notice to you if we propose to vary these arrangements.
- d. You may request deferment of/or alteration to the agreed drawing schedule by writing to:
MetLife GPO Box 3319, Sydney NSW 2001.

We reserve the right to decline this request.

- e. You (or the account holder if different to you) can cancel, defer the direct debit, or suspend an individual debit from taking place under it, by notifying us by phone, fax, or by notice in writing. You need to allow us 14 days to process any cancellation, deferment or suspension.
- f. In the event you disagree with any debit under the arrangement with us, you should call us on 1300 555 625 or write directly to:
The Dispute Resolution Manager at the address in point d.
- g. Direct debits will be done on the same date of the relevant month unless otherwise agreed. When the due date for payment falls on a day that is not a business day, we will debit your account on the next business day.
- h. In the event that your financial institution refuses to pay any direct debit made under the arrangement, we will write to you requesting alternative payment.
- i. We will keep any information (including your account details) in your direct debit request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.

We will only disclose information that we have about you:
 - To the extent specifically required by law; or
 - For the purposes of this agreement (including disclosing information in connection with any query or claim).
- j. Initially, you should direct any request for stops or cancellations to us.

Trauma definitions – Insured events

Definitions for Partial Payment insured events

‘Coronary Artery Angioplasty’ means the undergoing of coronary artery angioplasty, (with or without an insertion of a stent or laser therapy) to repair or unblock an artery in the heart.

The surgery must be considered medically necessary on the basis of angiographic evidence to correct a narrowing or blockage of one or more coronary arteries.

Other intra-arterial procedures or non-surgical techniques are specifically excluded.

‘Early Stage Melanoma’ means the presence of one or more malignant melanomas, as determined by histological examination, which do not result in a full payment.

The melanoma:

- Must have no evidence of ulceration; and
- Be less than 1.5mm breslow thickness; and
- Be less than Clark Level 3.

Melanoma in situ is specifically excluded and the malignancy must meet the definition of cancer.

‘Pre-invasive cancer’ means the following localised pre-malignant or low-level cancer diagnoses:

- Carcinoma in Situ of the following, confirmed by a biopsy:
 - breast
 - cervix (with a grading of at least cin-3)
 - corpus uteri
 - fallopian tube
 - ovary
 - perineum
 - testicle
 - vagina
 - vulva

The pre-invasive or low level cancer for the above must have a grading of at least CIN-3, TNM classification of Tis or FIGO Stage 0.

Tumours of the prostate, having progressed to at least TNM classification T1.

Definitions for Full Payment insured events

‘Accidental HIV Infection’ means infection with the Human Immunodeficiency Virus (HIV) where it was acquired as a result of an accident and seroconversion to HIV infection occurs within 6 months of the accident. Any accident giving rise to a potential claim must be reported to Us and supported by a negative HIV Antibody test taken after the accident. This does not include any disease or injury associated with AIDS or HIV virus acquired as a result of sexual activity or recreational intravenous drug use.

‘Alzheimer’s Disease’ means the unequivocal diagnosis of Alzheimer’s (pre-senile dementia) Disease by a consultant neurologist confirming Alzheimer’s due to failure of brain function with significant cognitive impairment for which no other recognisable cause has been identified.

Significant cognitive impairment means deterioration in the Life Insured’s mini-mental state examination, or equivalent thereof, scores to 20 or less, with the test administered or confirmed by neurologist or appropriate specialist

‘Aplastic anaemia’ means acquired permanent bone marrow failure that results in anaemia, neutropenia and thrombocytopenia requiring treatment by at least one of the following:

- Blood product transfusion;
- Marrow stimulating agents;
- Immunosuppressive agents; or
- Bone marrow transplantation.

‘Benign brain tumour’ means the diagnoses of a non-malignant tumour of the brain or spinal cord. Confirmed by appropriate specialist (neurologist or neurosurgeon) and imaging studies such as CT or MRI scans. Resulting in permanent symptoms or signs leading to at least 25% impairment of whole person function as defined in Guides to the Evaluation of Permanent Impairment 5th edition, American Medical Association.

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

‘Blindness’ means the permanent loss of sight in both eyes such that the:

- (a) Visual acuity on the Snellen Scale after the correction by suitable lenses is less than 6/60 in both eyes; or the
- (b) Field of vision is constricted to 20 degrees or less of arc around central fixation in the better eye irrespective of corrected visual activity (equivalent to 1/100 white tests object); or the
- (c) Combination of visual defects results in the same degree of vision impairment as that occurring in (a) or (b) above.

‘Cancer’ means the presence of one or more malignant tumours, lymphoma, Hodgkin’s disease, leukaemia, malignant bone marrow disorders, and is characterised by the uncontrolled growth and spread of malignant cells and the invasion and destruction of normal tissue of different histological type.

The following diagnoses are covered under this definition;

- Malignant tumours of the prostate with any one of the following characteristics:
 - a Gleason score of at least 7, or
 - having progressed to at least TNM classification T2, or
 - having progressed to at least TNM classification T1 and where prostatectomy is considered medically necessary to arrest malignancy;
- Carcinoma in situ of the breast where a mastectomy is required and considered medically necessary
- Malignant Melanoma having any one of the following characteristics:
 - Breslow thickness of at least 1.5mm; or
 - Clark level of at least 3; or
 - evidence of ulceration.

(All Melanoma diagnosed as at least TNM classification T2b or UICC/AJCC Stage II will meet these criteria).

The following classifications are not covered under this definition:

- pre-malignant;
- non-invasive;
- high-grade dysplasia;
- carcinoma in situ
- having borderline malignancy;
- having low malignant potential.
- any other skin cancer

‘Cardiomyopathy’ means permanent and irreversible impairment of ventricular function as confirmed by a cardiologist to the degree of New York Heart Association Class 3 or where there is an ejection fraction of <45%.

‘Chronic Liver Failure’ means end stage liver failure together with two of the following:

- Permanent jaundice;
- Ascites; or
- Encephalopathy.

‘Chronic Respiratory Failure’ means end stage lung disease with a consistent pulmonary function test result of FEV1 less than 40% predicted and requiring permanent oxygen therapy.

‘Chronic Renal Failure’ means end stage renal failure presenting as chronic irreversible failure of both kidneys to function, as a result of which regular renal dialysis is instituted.

‘Coma’ means a state of unconsciousness with no reaction to external stimuli or internal needs, resulting in a documented Glasgow Coma Scale of 6 or less with the use of a life support system, for a continuous period of at least 96 hours.

‘Coronary Artery Bypass Surgery’ means coronary artery bypass graft surgery performed in an open heart operation or by key-hole surgical technique for coronary artery disease causing inadequate myocardial blood supply but does not include laser therapy angioplasty or any other intra-arterial procedure.

‘Coronary Artery Angioplasty Triple Vessel’ means angioplasty of the coronary arteries (with or without the insertion of a stent, laser therapy or atherectomy) to three or more coronary arteries within the same surgical procedure or within two procedures done no more than 2 months apart. Angiographic evidence, indicating at least 50% obstruction of three or more coronary arteries, is required to confirm the need for this procedure. In the opinion of an appropriate consultant medical specialist, the treatment must be required on medical grounds and must be the most appropriate treatment.

‘Encephalitis’ means severe inflammation of brain tissue which results in significant and permanent neurological impairment as certified by a consulting neurologist.

Significant neurological impairment means at least 25% impairment of whole person function as defined in Guides to the Evaluation of Permanent Impairment 5th edition, American Medical Association. Diagnosis as certified by a consultant neurologist.

Encephalitis as a result of HIV infection is excluded.

‘Heart Attack’ (myocardial infarction) means the death of a portion of heart muscle as a result of inadequate blood supply to the relevant area.

The diagnosis must be confirmed by a cardiologist and evidenced by typical rise and/or fall of cardiac biomarker blood test with at least one level above the 99th percentile of the upper reference limit PLUS any one of:

- Acute cardiac symptoms and signs consistent with myocardial infarction (e.g. chest pain); or
- New serial ECG changes with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block (LBBB); or

- Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.

If the above is inconclusive then if three months after the heart attack is diagnosed the insured's left ventricular ejection fraction is less than 50 percent then the definition will be met.

The following are not covered:

- A rise in biological markers as a result of an elective percutaneous procedure for coronary artery disease; and
- Other acute coronary syndromes including but not limited to angina pectoris.

'Loss of Hearing' means the complete and irreversible loss of hearing in both ears which cannot be corrected or improved with treatment or assistive devices. As a result of sickness or injury, as confirmed by an appropriate specialist with objective testing.

'Loss of Independent Existence' means due to Injury or Illness being permanently unable to perform (without any assistance from another person) those basic activities normally undertaken as a part of everyday living.

This will be evidenced by being unable to undertake any two of those activities listed below:

- Bathing – to shower or bathe;
- Dressing – to dress or undress;
- Toileting – to use the toilet including getting on and off;
- Feeding – to eat and drink;
- Mobility – to get out of bed or chair or wheelchair; or
- Continence – to control bladder and bowel function.

'Loss of Speech' means the total and permanent loss of the ability to produce intelligible speech, as a result of permanent damage to the larynx or its nerve supply or to the speech centres of the brain, whether caused by injury, tumour or Illness. The loss must be certified as being total and permanent by an appropriate medical specialist not less than three months after the ability to speak was first lost.

'Major Head Trauma' means traumatic brain injury resulting in permanent neurological deficit, causing at least 25% impairment of whole person function (lasting more than six weeks from the date of the trauma) as defined in Guides to the Evaluation of Permanent Impairment 5th edition, American Medical Association. Diagnosis must be certified by a consultant neurologist.

'Major Organ Transplant Surgery' means the human to human organ transplant from a donor to the Life Insured of one or more of the following organs:

- Kidney,
- Heart,
- Lung,
- Liver,
- Pancreas
- Small bowel or
- The transplantation of bone marrow.

This treatment must be considered medically necessary and the condition affecting the organ deemed untreatable by any other means other than organ transplant, as confirmed by a medical specialist.

The transplantation of any other organ, only part of an organ, or any other tissue transplants are excluded from this definition.

'Meningitis' (applicable to ChildCare cover only) means severe inflammation of brain substance which results in significant and permanent neurological damage sequelae as certified by a consulting neurologist.

Meningitis as a result of HIV infection is excluded.

'Motor Neuron Disease' means the unequivocal diagnosis of Motor Neuron Disease. The diagnosis must be certified by a consulting neurologist, with significant persistent neurological deficit resulting in a permanent inability to perform two or more of the activities of daily living, bathing, dressing, toileting, eating and taking medication resulting in a requirement for continual supervision to protect the person suffering the disease or others.

'Multiple Sclerosis' means a disease characterised by demyelination of nervous tissue. The diagnosis has to be made by a consulting neurologist confirming more than one episode of well-defined neurological deficit with persisting neurological abnormalities and with permanent impairment of at least 25% of function although the person suffering the disease need not necessarily be confined to a wheelchair. The diagnosis will be based on confirmatory neurological investigations, e.g. lumbar puncture, evoked visual responses, evoked auditory responses and MRI (Magnetic Resonance Imaging) evidence of lesions of the central-nervous system.

'Muscular Dystrophy' means the unequivocal diagnosis of muscular dystrophy by a consultant neurologist resulting in a permanent impairment.

'Open Chest Surgery' means an open chest surgery for any of the following:

- To correct or treat coronary artery disease. Angioplasty, intra-arterial procedures and other non-surgical techniques are excluded.

- To replace or repair cardiac valves as a consequence of heart valve defects or abnormalities.
- To correct any narrowing, dissection or aneurysm of the abdominal or thoracic aorta.

For child cover, open chest surgery means an open chest surgery for surgical repair of congenital heart defects.

‘Out of Hospital Cardiac Arrest’ means cardiac arrest that is not associated with any medical procedure, is documented by an electrocardiogram or clinical records, occurs out of hospital and is due to:

- Cardiac Asystole, or
- Ventricular fibrillation with or without ventricular tachycardia.

‘Paralysis of limb’ means the total and permanent loss of the use of two limbs as a result of Injury or Illness..

‘Parkinson’s Disease’ means the unequivocal diagnosis by a consultant neurologist of idiopathic Parkinson’s Disease (paralysis agitans) which is of a permanent nature and requires treatment with a dopamine precursor. All other types of Parkinsonism are specifically excluded.

‘Primary Pulmonary Hypertension’ means Primary Pulmonary Hypertension with right ventricular enlargement established by investigations including cardiac catheterisation, resulting in either a significant permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classifications of Cardiac Impairment or a pulmonary artery pressure of 25 mm Hg at rest or 30 mm Hg during physical activity

‘Severe Burns’ means tissue injury caused by thermal, electrical or chemical agents causing third degree burns to any of the following:

- 20% or more of the body surface as measured by the ‘Rule of 9’ or the Lund and Browder Body Surface Chart; or
- Whole both hands, requiring surgical debridement and/or grafting; or
- Whole of the head, requiring surgical debridement and/or grafting.

‘Stroke’ means any cerebrovascular accident or incident producing neurological sequelae as defined by the National Research Institute. This includes infarction of brain tissue, intracranial or subarachnoid haemorrhage, embolisation from an extracranial source. Transient ischemic attacks, cerebral symptoms due to migraine and vascular disease affecting the eye or optic nerve are excluded.

