



MEDIBANK FUNERAL INSURANCE

**Combined Product Disclosure Statement
and Financial Services Guide**

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medibank
For Better Health

Who is the insurer of Medibank Funeral Insurance?

Medibank Funeral Insurance is issued by Swiss Re Life & Health Australia Limited, (Swiss Re) ABN 74 000 218 306; Australian Financial Services Licence No.324908, Level 29, 363 George Street, Sydney NSW 2000.

What is Medibank's role in relation to Medibank Funeral Insurance?

Medibank Funeral Insurance is promoted by Medibank Private Limited, (Medibank Private) ABN 47 080 890 259 Authorised Representative No.286089 of 720 Bourke Street, Melbourne, VIC 3008.

In doing so, Medibank Private is acting as the authorised representative of Greenstone Financial Services Pty Ltd, (GFS) ABN 53 128 692 884; Australian Financial Services Licence No.343079, 58 Norwest Boulevard, Bella Vista NSW 2153. GFS is authorised to enter into Medibank Funeral Insurance policies on Swiss Re's behalf.

WELCOME TO MEDIBANK FUNERAL INSURANCE

As one of Australia's largest and most accessible health funds, Medibank Private works hard to provide the right range of covers to meet its members' needs. In fact, over three million Australians trust Medibank Private with their health cover. This help goes beyond traditional health insurance and Medibank Private is giving you the opportunity to access competitively priced funeral insurance that can be obtained with ease and convenience.

Medibank Private has arranged for Swiss Re, part of one of the world's leading insurance groups, to provide funeral insurance to give you peace of mind and help secure the financial future for your family and loved ones.

Explaining this document

This Combined Product Disclosure Statement (PDS) and Financial Services Guide (FSG) is designed to help you decide if the cover provided is right for you.

This document comprises:

- the PDS, which is provided by the insurer, Swiss Re, describes the main features and benefits and sets out the terms and conditions of Medibank Funeral Insurance. Swiss Re is responsible for the PDS, but not the FSG.
- the FSG, is provided by GFS and Medibank Private. Medibank Private is responsible for the promotion

of Medibank Funeral Insurance and GFS is authorised by Swiss Re to enter into policies on behalf of Swiss Re. GFS and Medibank Private are responsible for the FSG, but not the PDS.

The FSG contains important information about the services provided by GFS and Medibank Private in relation to Medibank Funeral Insurance, the remuneration they receive, and external and internal dispute resolution services. It is designed to assist you in deciding whether to use any of the services.

Information contained in the PDS may be updated or changed. Any changes or updates that are not materially adverse to you will be available on the Medibank Funeral Insurance website at www.medibank.com.au/life or you can request a free paper copy by contacting us on 1300 766 085.

WHAT'S INCLUDED IN THIS COMBINED PDS AND FSG?

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PRODUCT DISCLOSURE STATEMENT (PDS)

Explaining the PDS

Any advice given in the PDS is general only and does not take into account your individual objectives, financial situation or needs. You should consider whether this product is right for you, having regard to your objectives, financial situation and needs. You should carefully read this PDS and any other documentation sent to you before making a decision to acquire, vary or dispose of Medibank Funeral Insurance.

Medibank Funeral Insurance is issued by the insurer, Swiss Re Life & Health Australia Limited (Swiss Re). Swiss Re has sole responsibility for the PDS and Policy Schedule and the assessment and payment of claims.

In the PDS, some words or expressions have a special meaning. They normally begin with capital letters and their meaning is explained in the Glossary (page 13) section of this PDS.

In the PDS, references to we, us and our means Swiss Re.

Medibank Funeral Insurance is not issued, guaranteed or underwritten by Medibank Private Limited (Medibank Private), and Medibank Private is not involved, nor liable, in any manner in respect of the assessment and payment of benefits under Medibank Funeral Insurance.

Introducing Medibank Funeral Insurance

Medibank Funeral Insurance provides cover 24 hours a day, 7 days a week, worldwide.

Medibank Funeral Insurance pays a lump sum benefit in the event of the death or Accidental Serious Injury of a Life Insured in the circumstances explained in this PDS. The benefits and the terms and conditions of Medibank Funeral Insurance are explained in this PDS.

Medibank Funeral Insurance includes a guarantee that:

- your Medibank Funeral Insurance premiums will never increase, unless you choose to change your cover; and
- we will reduce your Medibank Funeral Insurance premiums by 3% after every continuous 5 years your Policy is in force; and

- the benefit that we pay on a Life Insured's death will never be less than the total premiums paid on that Life Insured. This means that we will pay the higher of the Benefit Amount or the total premiums paid for that Life Insured, if the Policy is in force when that Life Insured dies.

Whilst the benefit is designed to assist with the cost of your funeral and other final expenses, the benefit may be used however you (or your nominated beneficiary) see fit. The benefit provides a lump sum only and this insurance does not provide any funeral, burial or cremation services.

Medibank Funeral Insurance also includes:

- Terminal Illness - a lump sum equal to the Benefit Amount, paid if a Life Insured is diagnosed by a Medical Practitioner with a Terminal Illness while the Policy is in force except in the circumstances explained in 'What is not covered under your Policy?' on page 7
- Accidental Serious Injury - a lump sum benefit, equal to 3 times the Benefit Amount, if a Life Insured is diagnosed as having suffered an Accidental Serious Injury within 12 months of an Accident
- Accidental Death - a lump sum benefit, equal to 3 times the Benefit Amount, payable if a Life Insured dies within 90 days of an Accident.

Optional cover available

- Children's Insurance - to provide cover for an Insured Child under the Policy.

Your Insurance Policy

If your application for Medibank Funeral Insurance is accepted by us, we will issue you a Policy Schedule. Your Insurance Policy consists of the Policy Schedule and this PDS.

Please keep the Policy Schedule, this PDS and all documents that we send to you in a safe place for future reference. The Insurance provided under Medibank Funeral Insurance is written out of the Swiss Re Statutory Fund.

Who can apply for Medibank Funeral Insurance?

At the time of application, you can apply for a single plan on your own life (Primary Life Insured) or you can apply for a joint plan to include your spouse, partner or de facto (Partner Life Insured) under your Policy.

You (and the Partner Life Insured, if applicable) must be Australian Resident/s aged between 18 and 79 years of age at time of Policy inception. Providing you meet these eligibility criteria, we guarantee to accept your application for Medibank Funeral Insurance. Your Policy Schedule will state which Life Insured(s) are covered.

Once your cover is in place, you will not be able to change your Policy from a single plan to a joint plan. You may apply at any time in writing to change your Policy from a joint plan to a single plan subject to approval and written confirmation by us.

You can apply for Children's Insurance cover for an Insured Child if the child is aged between 2 and 18, and the child is an Australian Resident.

The Benefit Amounts under this Policy

The minimum Medibank Funeral Insurance Benefit Amount is \$3,000 per Life Insured. The maximum Medibank Funeral Insurance Benefit Amount for a Life Insured under the Policy is \$15,000.

The Accidental Death benefit is equal to 3 times your funeral insurance Benefit Amount. For example, if you choose \$15,000 funeral insurance cover, the total benefit payable in the event of Accidental Death is \$45,000.

The Accidental Serious Injury benefit for each Life Insured is equal to 3 times the funeral insurance Benefit Amount.

When you apply with a Partner Life Insured for Medibank Funeral Insurance, you each apply for separate Benefit Amounts.

When we will pay the Benefit Amount

We will pay the benefits explained below as a lump sum if a Life Insured suffers an insured event (explained below) while covered under the Policy except in the circumstances explained in 'What is not covered under your Policy?' on page 7.

Funeral insurance

We will pay the Benefit Amount if a Life Insured dies from any cause, where death occurs at least 12 months after the

Acceptance Date or, if the Policy is reinstated, 12 months after the date of reinstatement of this Policy.

Accidental Death

We will pay three times the Benefit Amount if a Life Insured suffers Accidental Death on or after the Acceptance Date.

Terminal Illness

We will pay the Benefit Amount if a Life Insured is diagnosed with a Terminal Illness at least 12 months after the Acceptance Date or, if the Policy is reinstated, 12 months after the date of reinstatement of this Policy.

Accidental Serious Injury

We will pay the Accidental Serious Injury Benefit Amount as a lump sum in the case of:

- Paralysis; or
- Loss of Sight; or
- Loss of Hearing; or
- Loss of Limbs or Paralysis,

occurring to a Life Insured as a direct result of an Accident, where the Accidental Serious Injury occurs within 12 months of the Accident, except in circumstances explained in 'What is not covered under your Policy?' on page 7.

The Accidental Serious Injury must occur while your Policy is in force and before the Policy Anniversary following the Life Insured's 75th birthday. It must be diagnosed by a Medical Practitioner within 12 months of the Accident and must be confirmed by our medical advisors.

Only one Accidental Serious Injury Benefit Amount is payable per Life Insured.

Payment of a Benefit Amount is subject to provision of claim proofs.

Payment of the Benefit Amount, as a result of death, Terminal Illness or Accidental Death will end all cover under this Policy in respect of a relevant Life Insured.

Maximum benefit limit

The maximum benefit payable for a Life Insured cannot exceed the maximum Benefit Amount set out in 'The Benefit Amounts under this Policy' on page 6.

If the Life Insured is covered under more than one Medibank Funeral Insurance Policy we will apply these

limits to the total of the benefits payable for the Life Insured under all Medibank Funeral Insurance policies. Any reduction in Benefit Amounts will be applied to the Medibank Funeral Insurance policies most recently commenced and we will refund the premiums paid referable to the reduced benefits.

Once a Medibank Funeral Insurance Policy starts, the nominated Benefit Amount for each Life Insured cannot be increased.

What we will pay you under your Medibank Funeral Insurance

The amount payable for a Life Insured under the funeral benefit will be the funeral insurance Benefit Amount (or Accidental Death Benefit Amount, if applicable), or the total premiums paid for the funeral insurance benefit under the Policy for that Life Insured, whichever is the greater.

The total benefit payable for a Life Insured under the Accidental Serious Injury benefit will be 3 times the funeral insurance Benefit Amount.

When your cover starts and ends

If your application for Medibank Funeral Insurance is accepted by us, cover starts for a Life Insured on the Acceptance Date set out in the Policy Schedule. Your first premium is deducted from the Commencement Date, which is also set out in the Policy Schedule.

We guarantee to continue your Medibank Funeral Insurance Policy (provided you pay your premiums when due) for life.

If the Policyowner dies and there is a surviving Partner Life Insured, the Policy will continue for the Insurance of the surviving Partner Life Insured in his or her name as Policyowner.

Your Medibank Funeral Insurance Policy ends on your death, or the earlier of:

- the date you cancel the Policy; and
- the date we cancel the Policy if you don't pay your premiums when due, in accordance with our rights.

If your premiums remain unpaid for more than one month your Policy could be cancelled. If we cancel your Policy, it may be reinstated within six months of the date that the Policy was cancelled, but only if we agree and subject to any terms and conditions we will require e.g. your

Accidental Death period of 12 months may be re-started, that is, if you die within 12 months after the date of reinstatement, only Accidental Death claims will be considered.

The Accidental Serious Injury benefit ends for a Life Insured when the first of the following occurs:

- the date of payment of an Accidental Serious Injury Benefit Amount for a Life Insured; or
- the Policy Anniversary following a Life Insured's 75th birthday.

You can cancel your Policy by writing to Policyowner Services, Medibank Funeral Insurance, PO Box 6728, Baulkham Hills NSW 2153, giving us 30 days' notice.

What is not covered under your Policy?

During the first 12 months after the Acceptance Date for a Life Insured, a benefit will only be paid if the Life Insured suffers Accidental Death or Accidental Serious Injury. This means that no benefit is payable if the Life Insured dies as a result of any other cause during this limitation period. The same limitation applies for 12 months after the date the Policy is reinstated.

We will not pay any Benefit Amount where a diagnosis of a Terminal Illness occurs within 12 months of the Acceptance Date or, if the Policy is reinstated, within 12 months of the reinstatement of this Policy.

We will not pay an Accidental Serious Injury Benefit Amount in respect of a Life Insured if a Life Insured suffers Paralysis, Loss of Sight, Loss of Hearing, or Loss of Limbs or Paralysis directly or indirectly as a result of:

- an intentional self-inflicted bodily injury; or
- engaging in any criminal activities or illegal acts; or
- suicide or attempted suicide; or
- the consumption of drugs (unless it was under the direction of a Medical Practitioner and not in connection with treatment for substance abuse, drug addiction or dependence); or
- having a blood alcohol content over the prescribed legal limit whilst driving; or
- engaging in any professional sport (meaning the Life Insured's livelihood is substantially dependent on income received as a result of playing sport); or

- engaging in any motor sports as a rider, driver and/or passenger; or
- war (whether declared or not) or war-like activity, or taking part in a riot or civil commotion; or
- being a pilot or crew member of any aircraft, or engaging in any aerial activity except as a passenger in a properly licensed aircraft.

We will not pay an Accidental Serious Injury Benefit Amount where the Accidental Death Benefit Amount has been paid in respect to the same Accident.

We will not pay a funeral insurance or Accidental Death Benefit Amount where an Accidental Serious Injury Benefit Amount has been paid in respect to the same Accident.

Children's Insurance option

You only have this cover if we accepted your application and it is shown in your Policy Schedule.

What is Children's Insurance?

Children's Insurance provides a benefit in the event that an Insured Child suffers Accidental Death on or after the Acceptance Date, or dies from any cause after 12 months from the date we agree to cover the Insured Child or the date the Children's Insurance for the Insured Child is reinstated.

Children's Insurance also provides a benefit in the event of Paralysis, Loss of Sight, Loss of Hearing, Loss of Limbs or Paralysis, Encephalitis, Meningitis or Major Head Trauma of an Insured Child under the Policy. These medical conditions are defined in the 'Glossary' on page 13.

Who can take out Children's Insurance?

If you (and/or the Partner Life Insured) are a parent of a child, you can apply for this insurance cover for the child, if the child is aged between 2 and 18 years of age, and the child is an Australian Resident.

What is the Benefit Amount of Children's Insurance?

The Children's Insurance Benefit Amount is \$10,000 for each Insured Child under the Policy.

When we will pay the Children's Insurance benefit

We will pay the benefit explained below if the Insured Child suffers an insured event while covered under the Policy except in the circumstances explained in 'What is not

covered under your Children's Insurance?' on page 9.

Only one Children's Insurance Benefit Amount is payable per Insured Child, on the first covered event to occur before the Children's Insurance ends for the Insured Child.

Accidental Death

We will pay the Children's Insurance Benefit Amount as a lump sum in the case of Accidental Death of the Insured Child while covered under the Policy.

Death by any cause

We will pay the Children's Insurance Benefit Amount if an Insured Child dies from any cause, where death occurs at least 12 months after the date we agree to cover the Insured Child or the date the Children's Insurance for the Insured Child is reinstated.

Serious injury or illness

We will pay the Children's Insurance Benefit Amount as a lump sum in the event the Insured Child suffers Paralysis, Loss of Sight, Loss of Hearing, Loss of Limbs or Paralysis, Encephalitis, Meningitis or Major Head Trauma while covered under the Policy except in the circumstances explained in 'What is not covered under your Children's Insurance?' on page 9.

Where we have paid a Children's Insurance Benefit Amount in relation to a serious injury or illness covered by this Policy, cover stops for that Insured Child and there are no further benefits payable under this Children's Insurance option for that Insured Child. The covered serious injury or illness as specified in this PDS must be diagnosed by a Medical Practitioner and confirmed by our medical advisers.

Limitations on benefits

If an Insured Child is covered for Children's Insurance under more than one Medibank Funeral Insurance Policy, we will only pay the \$10,000 Benefit Amount on acceptance of the claim under the oldest cover and will refund the premiums paid referable to the Children's Insurance for that Insured Child under all other Medibank Funeral Insurance Policies.

The cost of your Children's Insurance

The premium you are required to pay for this option for each Insured Child is shown in your Policy Schedule. Your

premium for each Insured Child is guaranteed to never increase, and will reduce by 3% when your Medibank Funeral Insurance premiums reduce after each period of 5 years you hold your Policy.

What is not covered under your Children's Insurance?

We will not pay a Children's Insurance serious injury or illness Benefit Amount if the claim arises (either directly or indirectly) from:

- the intentional or deliberate act of:
 - the Insured Child; or
 - the Policyowner or person who will otherwise be entitled to all or part of the Benefit Amount; or
 - the Insured Child's parents, guardian, relative or someone who lives with the Insured Child; or
- a congenital condition, i.e. a condition which is present at birth as a result of either hereditary or environmental influences; or
- a pre-existing medical condition for which an Insured Child has been under the care of a Medical Practitioner or undergone a medical related investigation before the Commencement Date of the Policy.

When your Children's Insurance starts and ends

If your application for Children's Insurance is accepted by us then the Children's Insurance starts on the date we agree to cover the Insured Child.

The Children's Insurance ends for an Insured Child under the Policy when the first of the following occurs:

- the date of death of the Insured Child; or
- the date of payment of a Children's Insurance Benefit Amount for the Insured Child; or
- the date you die or cancel the Policy; or
- the date we cancel the Policy; or
- the date you cancel this cover for the Insured Child; or
- the Policy Anniversary following the attainment of age 21 by the Insured Child.

Who receives the benefit?

We make all benefit payments to the Policyowner. If the Primary Life Insured dies while owning the Policy, the Benefit Amount will be paid to the Policyowner's legal

personal representative (or other person that we are permitted to pay under the Life Insurance Act 1995) except where a valid beneficiary nomination exists (see Beneficiary nomination below). Where a valid beneficiary nomination exists, the Benefit Amount will be paid to the nominated beneficiary or beneficiaries as specified in the nomination form most recently lodged with us. The Benefit Amount will not automatically be paid to the Partner Life Insured unless they are a nominated beneficiary.

Beneficiary nomination

The Policyowner may, at any time during the term of the Policy, nominate one or more (up to a maximum of 5) beneficiaries to receive the allocated shares of the Benefit Amount on his or her Medibank Funeral Insurance. To make a valid nomination, the following rules and procedures apply:

- up to 5 beneficiaries can be nominated with a specified percentage share for each beneficiary that must total 100%;
- only natural persons can be nominated (not, for example, companies or organisations);
- nominations must be made by the Policyowner completing and signing a valid nomination form which must be lodged with us. A nomination takes effect when it is received and processed by us;
- nominations may be varied by properly completing, signing and lodging a valid new nomination form with us. A new nomination takes effect when it is received and processed by us;
- if the nominated beneficiary is a minor when the benefit is payable, his or her specified percentage share will be paid to a trustee or legal guardian for the benefit of the minor during his/her minority;
- if the nominated beneficiary dies before the Policyowner, the nomination in favour of that beneficiary fails and the percentage share specified for the deceased beneficiary will be paid to the Policyowner's legal personal representative (or other person that we are permitted to pay under the Life Insurance Act 1995). The remaining nominations, if any, will continue to be effective.

The payment of the benefit in respect of a Life Insured, including payment made pursuant to a valid beneficiary nomination, is full and final discharge of our liability under the Policy for that Life Insured.

All benefits paid in connection with Medibank Funeral Insurance will be made in Australian dollars.

Changing your cover

You may apply to Policyowner Services, Medibank Funeral Insurance, PO Box 6728, Baulkham Hills NSW 2153 at any time in writing or over the phone on 1300 766 085:

- change from a joint plan to a single plan;
- add an Insured Child to the Policy; and/or
- remove an Insured Child from the Policy.

Any change, and the terms and conditions relating to the change, is subject to approval and written confirmation by us.

The cost of your cover

Premiums are the cost of your Medibank Funeral Insurance. The premium you are required to pay is shown in the Policy Schedule.

Your premium is calculated at the Commencement Date and is based on the age of each Life Insured at that time, the Benefit Amount and smoker status for each Life Insured.

The premium you pay for your Policy is guaranteed to reduce by 3% after each continuous period of 5 years your Policy is in force. Your total premium will never increase, unless you add Children's Insurance after the Commencement Date.

When a Life Insured on the Policy attains age 90, cover for Funeral Insurance continues, however premiums for that Life Insured are waived and no further premium payments are required for that Life Insured.

Medibank Private Health Insurance members are eligible for a 10% premium discount on their Policy, for as long as the Policy remains in force.

How you can pay for your cover and when your premium is deducted

Your premium will be debited by us on the date of your choice, either fortnightly or monthly, or as authorised by the Direct Debit Service Agreement. You can pay either by automatic debit from your bank, credit union or building society account, or from your credit card.

You can apply at any time in writing or over the phone on 1300 766 085, to change the method of payment of premiums.

Premiums must be paid in Australian dollars.

Your 30 day cooling off period

You have 30 days from the Commencement Date of your Policy, to decide whether you want to keep the Policy. If you want to cancel your Policy within this 30 day period, you will be eligible for a full premium refund provided you have not made a claim under the Policy. Please send your Policy Schedule to Policyowner Services, Medibank Funeral Insurance, PO Box 6728, Baulkham Hills NSW 2153, with a written request for cancellation, within the 30 day period. When we receive your letter and Policy Schedule, we will cancel the Policy and refund any premiums you may have paid.

The risks you should know about

It is important to select the correct insurance product and apply for the appropriate level of cover for your needs. If you do not have enough cover it might cause you or your family to suffer financial hardship even after receiving the benefit payment. You should assess your needs carefully to ensure that this does not occur.

Medibank Funeral Insurance is designed purely for protection, unlike some other types of life insurance that have savings and investment components, which means that if you cancel your Policy (after the 30 day cooling off period) you will not receive anything back.

If you are replacing a contract or policy with another contract or policy, you should consider all the terms and conditions of each policy before making a decision to change.

Making a claim

If you (or your legal personal representative on your death) wish to claim under your Policy, please phone 1300 766 085 or write to Claims Services, Medibank Funeral Insurance, PO Box 6728, Baulkham Hills NSW 2153. We will send you (or your legal personal representative) a form to be completed, signed and returned. We may also require your treating doctor or specialist to complete a form at your (or your estate's) expense. Claims should be made as soon as possible after the claimable event. If you do not notify us within 120 days after the event giving rise to the claim,

and we are disadvantaged by the delay, we may be able to reduce the amount we would otherwise pay, or we may be able to refuse to pay the claim.

Before a claim is payable we must receive proof, provided at your (or your estate's) expense and to our satisfaction, that the insured event has occurred. This includes all relevant information, including any test, examination, or laboratory results and certification from one or more appropriate specialist Medical Practitioners whom we approve. Only Medical Practitioners registered in Australia or New Zealand (or in another country approved by us) will be considered for approval.

We reserve the right to require the Life Insured or Insured Child to undergo, at our expense, examinations or other reasonable tests (including, where necessary, a post-mortem examination) to confirm the occurrence of an insured event. In addition we may conduct investigations to assess the validity of the claim. This could involve the use of investigation agents and surveillance, legal advisers and the collection of personal data.

The Policy and the Insurance for the benefit of the Life Insured, or Insured Child, must be in force when the insured event occurs.

Tax

Premiums are generally not tax deductible and tax will not generally be payable on any benefit paid to individuals under your Policy. Please note, you do not have to pay GST on your premiums or any benefits you receive. The information in this section is based on continuation of present tax laws and their interpretation and is a general statement only. As individual circumstances will vary, you should consult your professional tax adviser for advice regarding your personal circumstances.

Your privacy

We collect personal information (including sensitive information) for the purpose of processing insurance applications, administering your Policy and assessing and paying claims under the Policy. Where possible, we will collect personal information directly from you or, where that is not reasonably practical, from other sources.

We may also use your personal information to consider any other application you may make to us, designing or underwriting new insurance products, for research and analytical purposes, to perform administrative functions

(including for example accounting, risk management, staff training, etc.), and to comply with our legal obligations. If you do not provide this information in whole or in part we may not be able to provide the services you require, or you may be deemed to not have complied with your duty of disclosure which could affect the outcome of any claim you submit.

We may disclose personal information:

- to agents, third party service providers and related companies who assist us in processing any application or claim for insurance, such as GFS, reinsurers, our advisers, persons involved in claims, medical service providers, external claims data collectors, investigators and verifiers and your employer;
- to agents and third party service providers who perform functions or services on our behalf, such as IT services and mailing functions;
- to Medibank Private to assist them in developing, identifying and promoting to you Medibank Private products and services which may be of interest to you. Please contact Medibank Private if you wish to withdraw your consent to receiving information about their products and services; and
- where otherwise required by law.

Some of the related companies we may disclose personal information to may be located overseas in countries including the United Kingdom, India, the United States of America and Switzerland.

If you wish to access, update or seek correction of any personal information, to make a complaint about a breach of privacy, or if you have any other query relating to privacy, further information can be obtained from our privacy policy by contacting us using the details found under 'Contact us' on page 12 and 'If you have any questions or complaints' on page 12.

Contact us

For more information about Medibank Funeral Insurance, to confirm Policy transactions, or if you have any questions about the information contained in the PDS, please call 1300 766 085.

Our lines are open:

Monday to Friday
8:00am to 8:00pm (AEST)

Alternatively, you can write to Policyowner Services, Medibank Funeral Insurance, PO Box 6728, Baulkham Hills NSW 2153.

If you have any questions or complaints

We hope that you never have reason to complain, but if you do we will do our best to work with you to resolve it. Please phone or write to us (our contact details are shown above) to access our internal complaints resolution process. If your complaint is not resolved to your satisfaction, please contact the Financial Ombudsman Service (FOS) at:

Financial Ombudsman Service

Telephone: 1300 78 08 08
Facsimile: (03) 9613 6399
Website: www.fos.org.au
Email: info@fos.org.au
Mail: GPO Box 3, Melbourne, Victoria, 3001

FOS is an independent complaint review service. A decision of FOS is binding on us (up to specified limits) but not on you. It is a service provided without cost to you.

Glossary

In this PDS and Policy Schedule, some words have a special meaning, as explained below:

Acceptance Date means the date your application is accepted by us and cover starts, as set out in the Policy Schedule.

Accident means an unexpected event resulting in bodily injury occurring while your Policy is in force, where the injury is directly and solely caused by accidental, violent, external and visible means without any other contributing causes and where the injury is not self-inflicted.

Accidental Death means death occurring as a direct result of an Accident and where death occurs within 90 days of the Accident.

Accidental Serious Injury means the diagnosis by a Medical Practitioner approved by us of an Accidental Serious Injury covered by this Policy as specified in this PDS, where the diagnosis is made within 12 months of, and is solely attributable to, an Accident occurring while this Policy is in force.

Australian Resident means a person who resides in Australia and:

- holds Australian or New Zealand citizenship; or
- holds an Australian permanent residency visa; or
- has been in Australia continuously for six months or more on a temporary work visa.

Benefit Amount means the benefit amount you apply for and which is accepted by us in respect of each Life Insured and Insured Child. It includes alterations that we have accepted in writing. The Benefit Amount at the Commencement Date is shown in the first Policy Schedule issued.

Commencement Date means the date your first premium is deducted, as set out in the Policy Schedule.

Diplegia means total and permanent loss of use of corresponding parts of the body caused by permanent damage to the nervous system.

Encephalitis means severe inflammation of brain substance (cerebral hemisphere, brain stem or cerebellum), caused by viral infection. The encephalitis must produce Permanent Neurological Deficit causing significant functional impairment.

Hemiplegia means the total and permanent loss of use of one half of the body caused by permanent damage to the nervous system.

Insurance means the insurance benefits that have been applied for and accepted by us in respect of a Life Insured.

Insured Child(ren) means a person named in the Policy Schedule with Children's Insurance cover. An Insured Child must be a natural child, step child or adopted child of the Policyowner and/or Partner Life Insured.

Life Insured means the person who is named as such in the Policy Schedule.

Limb means a whole hand or whole foot.

Loss of Hearing means total and permanent loss of hearing in both ears and the loss is unable to be corrected by a hearing aid or other means.

Loss of Limbs or Paralysis means the total and permanent loss of function of two or more Limbs. Total and permanent loss of function of Limbs must be established for a continuous period of at least six months whilst Policy is in force.

Loss of Sight means the permanent loss of sight in both eyes such that visual acuity is 6/60 or less in both eyes, or such that the visual field is reduced to 20 degrees or less of arc, and the loss is unable to be corrected by glasses or any other means.

Major Head Trauma means Permanent Neurological Deficit or loss of intellectual capacity as a result of brain damage sustained through Accident.

Medical Practitioner means a qualified, practicing medical specialist, licensed to practice his or her medical specialty within Australia or New Zealand, and whose specialty qualifies him or her to make a prognosis related to the injury or illness of a Life Insured or an Insured Child. The Medical Practitioner must not be the Policyowner or a Life Insured under this Policy, their spouse, relative or business associate.

Meningitis means the unequivocal diagnosis of meningitis where the condition is characterised by severe inflammation of the brain. The meningitis must produce Permanent Neurological Deficit causing significant functional impairment.

Paralysis means total and permanent loss of use of two or more limbs caused by permanent damage to the nervous system. This includes Paraplegia, Quadriplegia, Diplegia, Tetraplegia and Hemiplegia.

Paraplegia means the total and permanent loss of use of two limbs caused by permanent damage to the nervous system.

Partner Life Insured means a person named in the Policy Schedule as the Partner Life Insured under your Policy. A partner may be a legal husband or wife, or someone living with you as your de facto spouse on a genuine domestic basis. Your partner may be of the same gender as you.

Permanent Neurological Deficit means symptoms of dysfunction of the nervous system that are present on clinical examination and expected to last throughout the person's life. These include numbness, paralysis, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma; and exclude an abnormality seen on brain or other scans without definite related clinical symptoms, neurological signs occurring without symptomatic abnormality (e.g. brisk reflexes without other symptoms), lesser symptoms such as lethargy, localized weakness, hyperaesthesia (increasing sensitivity), and symptoms of psychological or psychiatric origin.

Policy means the legal contract between the Policyowner and us. This PDS and the Policy Schedule, make up the Policy.

Policy Anniversary means the anniversary of the Commencement Date of your Policy.

Policyowner, you, your, yours means the owner of the Policy. When the Policy starts, this is the Primary Life Insured who is the person who applies as the owner of the Policy and is named as the Policyowner in the Policy Schedule. The Policyowner is the sole owner of the Policy and the only person who may extend, vary, cancel, transfer or otherwise exercise any rights under the Policy.

If you die while owning the Policy leaving a surviving Partner Life Insured, the Policy continues in the name of the Partner Life Insured as the owner of the Policy. The Partner Life Insured then becomes the Policyowner.

Policy Schedule means the document we send you which sets out the details of your Policy. A new Policy Schedule will be issued at any time there is a change in your Policy such as the removal of a Partner Life Insured, or addition of Children's Cover. The new Policy Schedule will apply from the Policy Schedule date shown on the Policy Schedule.

Primary Life Insured means a person named in the Policy Schedule as the Primary Life Insured who is also the Policyowner when the Policy starts.

Quadriplegia / Tetraplegia means the total and permanent loss of use of all limbs caused by permanent damage to the nervous system.

Swiss Re, we, us and our means Swiss Re Life & Health Australia Limited.

Terminal Illness means a confirmed diagnosis by a Medical Practitioner approved by us of a terminal illness where life expectancy, after taking into account all reasonably available treatment, is 12 months or less.

Direct Debit Service Agreement

1 Swiss Re Life & Health Australia Limited ABN 74 000 218 306 ('Debit User') will initiate direct premium debit payments in the manner referred to in the Schedule (contained in the Direct Debit Request).

2 Debit payments will be made when due. The Debit User will not issue individual confirmation of payments made.

3 The Debit User will give the customer at least 14 days written notice if the Debit User proposes to vary details of this arrangement, including the amount and frequency of debit payments.

4 If the customer wishes to defer any payment or alter any of the details referred to in the Schedule, they must either contact the Debit User on 1300 766 085 or write to the Debit User at the following address:

Swiss Re Life & Health
c/o PO Box 6728
Baulkham Hills NSW 2153

5 Customer queries concerning disputed debit payments must be directed to the Debit User in the first instance. Details of the dispute resolution process that applies to the Debit User are described in the PDS. Queries about claims in regards to disputed debit payments should also be directed to the Debit User and may also be directed to the customer's financial institution nominated in the Schedule.

6 Direct payment debiting is not available on the full range of accounts at all financial institutions. If in doubt, the customer should check with their financial institution before completing the Direct Debit Request.

7 The customer should ensure that their account details given in the Schedule are correct by checking against a recent statement from their financial institution at which their account is held.

8 It is the customer's responsibility to have sufficient cleared funds available, by the premium due date, in the account to be debited to enable debit payments to be made in accordance with the Direct Debit Request.

9 By authorising the Direct Debit Request, the customer warrants and represents that he/she/they is/are duly authorised to request and instruct the debiting of premium payments from the account described in the Schedule.

10 If a debit payment falls due on any day which is not a business day, the payment will be made on the next business day. If you are uncertain as to when a debit payment will be processed to your account, you should make enquiries directly with the financial institution nominated in the Schedule.

11 If a debit payment is returned unpaid, the customer may be charged a fee by the financial institution nominated in the Schedule for each returned item.

12 Customers wishing to cancel the Direct Debit Request or to stop individual payments must give at least 7 days written notice to the Debit User at the address referred above.

13 Except to the extent that disclosure is necessary in order to process debit payments, investigate and resolve disputed transactions or is otherwise required by law, the Debit User and its service providers will keep details of the customer's account and debit payments confidential.

FINANCIAL SERVICES GUIDE (FSG)

This Financial Services Guide (FSG) is an important document designed to help you make an informed decision about whether to use the services provided in relation to Medibank Funeral Insurance.

It tells you who the parties are, how you can contact the parties, the services provided by each party, who they act for, the remuneration the parties and other relevant persons may receive for the services and how complaints are dealt with.

To assist in your decision whether to purchase Medibank Funeral Insurance, you are provided with a Product Disclosure Statement (PDS) which is included in this Combined PDS and FSG. The PDS includes the benefits, risks, features and terms and conditions of the product to help you make an informed decision about whether to purchase the product.

Who are the parties?

The financial services referred to in this guide are provided by Greenstone Financial Services Pty Ltd (GFS) of 58 Norwest Boulevard, Bella Vista NSW 2153, ABN 53 128 692 884, AFSL 343079 and its Authorised Representative Medibank Private Limited (Medibank Private) of 720 Bourke Street, Melbourne, VIC 3008. ABN 47 080 890 259, Authorised Representative No.286089.

Medibank Funeral Insurance is issued by Swiss Re Life & Health Australia Limited (Swiss Re). Please refer to the PDS for further information.

In this FSG we, our and us refers to GFS.

How are the parties and other relevant persons paid for the services provided?

Where you buy Medibank Funeral Insurance you must pay the premium payable to Swiss Re for the product. We agree the premium amount with you before you purchase the product.

For any policy arranged by GFS and distributed by Medibank Private, Swiss Re may pay GFS up to 50% of each premium to distribute and administer this product. GFS may then pay up to 18% of each premium to Medibank Private to promote this product. These amounts are paid out of the total premium payable by you for the policy.

Medibank Private's staff who provide services in relation to Medibank Funeral Insurance receive an annual salary

from Medibank Private, which includes bonuses based on performance criteria.

GFS representatives are staff or management who are authorised to provide general advice and deal in relation to Medibank Funeral Insurance. GFS's representatives are paid annual salaries and may also qualify for extra remuneration depending on performance criteria which can include volume of sales.

The services that are provided

Medibank Funeral Insurance is promoted by Medibank Private as the authorised representative of GFS. Medibank Private does not act for you. GFS is authorised by Swiss Re to enter into Medibank Funeral Insurance policies on its behalf. GFS acts under a binder which means that it can make decisions on behalf of Swiss Re as if it were Swiss Re in accordance with the terms of the binder.

GFS is an Australian Financial Services Licensee (AFSL No.343079). GFS is authorised under this licence to advise and deal in relation to life risk and general insurance products. GFS arranges for the issue of Medibank Funeral Insurance under this licence.

When you apply for Medibank Funeral Insurance, GFS will tell you about the product and collect certain information from you to determine whether the policy can be issued. Whilst the parties recommend the Medibank Funeral Insurance generally, in making this general recommendation, neither Medibank Private or GFS have considered whether it is appropriate for your personal objectives, financial situation or needs as the parties do not act on your behalf. As a result, you need to consider the appropriateness of any information or general advice given to you, having regard to your personal circumstances before buying. You need to read the PDS and any other relevant policy documentation to determine if the product is right for you. If you require personal advice you need to obtain the services of a suitably qualified adviser.

Compensation arrangements

GFS is required by the Corporations Act 2001 (Cth) to operate a compensation arrangement which is designed to compensate retail clients for losses they suffer as a result of a breach by GFS of the obligations outlined in Chapter 7 of the Corporations Act.

To this end GFS has Professional Indemnity Insurance in place which meets the legislative requirements covering GFS activities and includes the conduct of any employees who are no longer employed by GFS but were so at the time of the relevant conduct.

How can I give you instructions about Medibank Funeral Insurance?

Simply phone GFS on 1300 766 085 between 8:00am and 8:00pm (AEST) weekdays.

How is your personal information dealt with?

GFS and Medibank Private collect personal information from you to provide the financial services outlined in this document. GFS and Medibank Private may engage third party service providers to collect this information on their behalf. If you do not supply the requested information GFS and Medibank Private may be unable to provide the requested financial service. In providing these financial services GFS or Medibank Private may disclose your personal information to third parties including insurers, reinsurers, our advisers and other insurance service providers.

GFS and Medibank Private are unlikely to send your personal information to any foreign jurisdiction. From time to time, Medibank Private may send you marketing materials about other products or services which they think could be of interest to you. Methods of communication of these materials include email or text message. If you wish to withdraw your consent for Medibank Private to send you marketing materials please call 1300 766 085.

You can read more about how GFS collects, uses and discloses your personal information in its Privacy Policy, including how to complain about a breach of the Privacy Principles, which is available on its website or you can request a copy. You can also obtain a copy of Medibank Private's privacy policy online at medibank.com.au or visit a Medibank Private store. If you wish to gain access to your information (including correcting or updating it), have a complaint about a breach of your privacy or have any other query relating to privacy, please call 1300 766 085 Monday to Friday, 8am – 8pm (AEST).

What if you have a query or complaint?

If you have a complaint, in the first instance please phone GFS on 1300 766 085. If your concern is still not resolved to your satisfaction please write to our Internal Dispute Resolution Committee at:

Dispute Resolution Manager Medibank
Funeral Insurance
PO Box 6728
Baulkham Hills NSW 2153

Your concern will be investigated by an officer with full authority to deal with the concern and you will be informed in writing of the outcome. If your concern still remains unresolved to your satisfaction, we will assist you in directing your issue for further review to an external review scheme to which we belong.

How to contact us

If you would like to obtain further information, please phone GFS on 1300 766 085. Please retain this document for your future reference.

Authorised for issue

This FSG was prepared by Medibank Private and GFS. Medibank Private and GFS are respectively responsible only for those parts of this FSG that are expressed to relate to them. Swiss Re has approved references to it in this FSG.

**For more information
about Medibank Funeral
Insurance or to apply:**

call 1300 766 085

Visit medibank.com.au/lifeinsurance