

# medibank Funeral Insurance

## Product Disclosure Statement

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**medibank**  
Life Insurance

## 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; of Level 36, Tower Two, International Towers Sydney, 200 Barangaroo Avenue, 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, Docklands 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; of 58 Norwest Boulevard, Bella Vista NSW 2153. Medibank Funeral Insurance is distributed by GFS.

# 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 valuable 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.

This Product Disclosure Statement (PDS) is designed to help you decide if the cover provided is right for you.

This PDS, which is provided by the insurer, Swiss Re, describes the features and benefits and sets out the terms and conditions of Medibank Funeral Insurance. Swiss Re is responsible for this PDS.

Information contained in this PDS may be updated or changed. Any changes or updates that are not materially adverse to you will be available on the Medibank life insurance website at [medibank.com.au/life](https://www.medibank.com.au/life) or you can request a free paper copy by contacting us on **1300 766 085**, Monday to Friday, between 8am and 8pm (AEST).

# What is included in this Product Disclosure Statement (PDS)

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# Product Disclosure Statement (PDS)

## Explaining this PDS

Any advice given in this 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 we send you before making a decision whether to acquire 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 this PDS, the Policy Schedule, and the assessment and payment of claims.

In this PDS, some words or expressions have a special meaning. They normally begin with capital letters and their meaning is explained in the **Glossary** (page 17) of this PDS.

## In this 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 offers lump sum cover in the event of death or Accidental Serious Injury.

With Medibank Funeral Insurance, the Life Insured is protected 24 hours a day, 7 days a week, worldwide.

These 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 five years your Insurance 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 Insurance 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 cover for:

- 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 Insurance Policy is in force except in the circumstances explained in **What is not covered under your Insurance Policy?** on page 9;

- Accidental Serious Injury - a lump sum benefit, equal to three times the Benefit Amount, if a Life Insured is diagnosed as having suffered an Accidental Serious Injury within 12 months of an Accident; and
- Accidental Death – a lump sum benefit, equal to three 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 Insurance 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 your Policy Schedule and:

- this PDS;
- the application (and any future application accepted by us); and
- any special conditions, amendments or endorsements we issue you.

Please keep your 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 Insurance Policy.

You (and the Partner Life Insured, if applicable) must be an Australian Resident aged from 18 to 79 years inclusive, at the time of the Insurance 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 Insurance Policy from a single plan to a joint plan. You may apply at any time in writing to change your Insurance 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 from 2 to 18 years inclusive, and the child is an Australian Resident.

## The Benefit Amounts under this Insurance 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 Insurance Policy is \$15,000.

The Accidental Death benefit is equal to three 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 three 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 Insurance Policy except in the circumstances explained in **What is not covered under your Insurance Policy?** on page 9.

Payment of a Benefit Amount is subject to provision of claim proofs, which are explained under **Making a claim** on page 14.

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

### 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 Insurance Policy is reinstated, 12 months after the date of reinstatement of this Insurance Policy.

### Accidental Death

We will pay three times the Benefit Amount if a Life Insured suffers an 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 Insurance Policy is reinstated, 12 months after the date of reinstatement of this Insurance Policy.

### Accidental Serious Injury

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

- Paralysis; or
- Permanent Loss of Sight; or

- Permanent Loss of Hearing; or
- Permanent Loss of Use 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 Insurance Policy?** on page 9.

The Accidental Serious Injury must occur while your Insurance 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.

## Maximum Benefit Amount limit

The maximum Benefit Amount payable for a Life Insured cannot exceed the maximum Benefit Amount set out in **The Benefit Amounts under this Insurance Policy** on page 7.

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 in relation 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 Insurance 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 three 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 your Policy Schedule. This means that you are covered for a claimable event from the Acceptance Date. Your first premium is deducted on the Commencement Date, which is also set out in your 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 Insurance Policy will continue for the surviving Partner Life Insured in his or her name as the Policyowner.

Your Insurance Policy ends when the first of the following occurs:

- the payment of the Benefit Amount for death, Accidental Death or Terminal Illness; or
- the date you cancel your Insurance Policy; or
- the date we cancel your Insurance 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 Insurance Policy could be cancelled. If we cancel your Insurance Policy, it may be reinstated within six months of the date that your Insurance Policy was cancelled, but only if we agree and subject to any terms and conditions we 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 Insurance Policy in writing by providing us with your full name and policy number along with your instruction to cancel to:

**Policyowner Services**  
**Medibank**  
**PO Box 6728**  
**Baulkham Hills NSW 2153**

by giving us 30 days' notice.

If you wish to discuss the matter or make alterations to your Insurance Policy, you can contact us on **1300 766 085**, Monday to Friday, between 8am and 8pm (AEST).

## What is not covered under your Insurance 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 Insurance 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 your Insurance Policy is reinstated, within 12 months of the reinstatement date.

We will not pay an Accidental Serious Injury Benefit Amount in respect of a Life Insured if a Life Insured suffers Paralysis, Permanent Loss of Sight, Permanent Loss of Hearing, or Permanent Loss of Use 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 effects of alcohol or the taking of drugs not prescribed by a medical professional; 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 an 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 an Insured Child suffers a specified serious injury or illness as explained under **Serious injury or illness** on page 11.

### 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 from 2 to 18 years inclusive, 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 Insurance 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 your Insurance Policy except in the circumstances explained in **What is not covered under your Children's Insurance?** on page 11.

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 Insurance 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 one of the following events:

- Encephalitis (resulting in Permanent Neurological Deficit); or
- Major Head Trauma (resulting in Permanent Neurological Deficit); or
- Meningitis (resulting in Permanent Neurological Deficit); or
- Paralysis; or
- Permanent Loss of Hearing; or
- Permanent Loss of Sight; or
- Permanent Loss of Use of Limbs or Paralysis

while covered under your Insurance Policy except in the circumstances explained in **What is not covered under your Children's Insurance?** on page 11. The above medical conditions are defined in the **Glossary** on page 17.

Where we have paid a Children's Insurance Benefit Amount in relation to a serious injury or illness covered by this Insurance 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 may need to be 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. We will refund the premiums paid in relation 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 continuous five years your Insurance Policy is in force.

## 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 your Insurance 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 your Insurance 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, where there is no Partner Life Insured; or

- the date your Partner Life Insured dies (where this date is subsequent to your death); or
- the date you cancel your Insurance Policy; or
- the date we cancel your Insurance 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 Amount?

We make all Benefit Amount payments to the Policyowner. If you die while owning your Insurance Policy, the Benefit Amount will be paid to your 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 Insurance Policy, nominate one or more (up to a maximum of five) beneficiaries to receive a specified percentage of the Benefit Amount on his or her Medibank Funeral Insurance. To make a valid nomination, the following rules and procedures apply:

- Up to five 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; and
- 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 Amount 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 Insurance Policy for that Life Insured.

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

## Changing your cover

You can phone us on **1300 766 085**, Monday to Friday, between 8am and 8pm (AEST) to discuss changing your Medibank Funeral Insurance cover. We may require you to confirm changes in writing if you wish to:

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

You may also apply to us to include a Partner Life Insured. If you apply to make these changes and we approve the change, we will provide confirmation by issuing a new Policy Schedule.

## The cost of your cover

Premiums are the cost of your insurance. The premium you are required to pay is shown on your Policy Schedule.

Your premium is calculated at each Commencement Date and is based on:

- the age of each Life Insured at that time; and
- the Benefit Amount for each Life Insured; and
- the smoking status for each Life Insured.

The premium you pay for your Insurance Policy is guaranteed to reduce by 3% after each continuous five years your Insurance Policy is in force. Your total premium will never increase, unless you change your Insurance Policy after the Commencement Date.

When a Life Insured on your Insurance Policy attains age 90, cover for Medibank 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 Insurance Policy, for as long as the Insurance Policy remains in force.

## How you can pay for your Insurance Policy 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 direct 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**, Monday to Friday, between 8am and 8pm (AEST), to change the method of payment or frequency of premiums.

Premiums must be paid in Australian dollars.

## Financial hardship

If you are suffering from financial hardship and are having difficulty meeting your premium payments, we may agree to a short term arrangement to assist. It is important that you make us aware of your circumstances so we can provide you with the available arrangement. We may request that you provide us with reasonable evidence of your financial hardship.

## Your 30-day cooling off period

You have 30 days from the Commencement Date of your Insurance Policy, or the date any additional benefit starts, to decide whether you want to keep your Insurance Policy or the additional benefit. If you want to cancel your Insurance Policy, or additional benefit, within this 30-day period, you can do so provided you have not made a claim under your Insurance Policy. Please send your written request for cancellation, providing your full name and policy number to:

**Policyowner Services  
Medibank  
PO Box 6728  
Baulkham Hills NSW 2153**

within the 30-day period.

When we receive your request, we will cancel your Insurance Policy or the additional benefit, as applicable, and refund any premiums you may have paid.

## Life Insurance Code of Practice

The Life Insurance Code of Practice has been developed by the life insurance industry through the Financial Services Council and is the life insurance industry's commitment to provide quality products and a high standard of service to customers. A copy of the Code is available at **fsc.org.au**

## 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 Medibank Funeral Insurance Policy (after the 30-day cooling off period), you will not receive any of the premiums you have paid back.

If you are replacing a contract or contracts, or a policy or policies with a Medibank Funeral Insurance 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 Insurance Policy, please phone **1300 360 129**, or write to:

### Claims Services

**Medibank**

**PO Box 6728**

**Baulkham Hills NSW 2153**

We will send you, your nominated beneficiary 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 can be fully assessed, 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.

Your Insurance 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 Insurance 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.

## Privacy

We collect personal information (including sensitive information) for the purpose of processing insurance applications, administering your Insurance Policy, and assessing and paying claims under your Insurance Policy. Where possible, we will collect personal information directly from you or the Partner Life Insured under this Insurance Policy, or where that is not reasonably practical, from other sources. Where personal information of a Partner Life Insured is collected from you, it is a condition of issue that you ensure the Partner Life Insured is aware of this Privacy notice and our Privacy Policy.

We may also use your, or the Partner Life Insured's, personal information to consider any other application you, or the Partner Life Insured under this Insurance Policy, 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.

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 employers, and the employers of the Partner Life Insured under this Insurance Policy;
- 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 or the Partner Life Insured Medibank Private products and services which may be of interest. Please contact Medibank Private if you or the Partner Life Insured 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, including the United Kingdom, India, the United States of America, and Switzerland.

If you or the Partner Life Insured wish to access, update or seek correction of any personal information, to make a complaint about a breach of privacy, or if you or the Partner Life Insured have any other query relating to privacy, further information can be obtained within our Privacy Policy or by contacting us using the details found under **If you have any questions or complaints** on page 16.

## If you have any questions or complaints

For more information about Medibank Funeral Insurance, to confirm policy transactions, or if you have any questions about the information contained in this PDS, please call **1300 766 085**, Monday to Friday, between 8am and 8pm (AEST) or you can write to:

**Policyowner Services**  
**Medibank**  
**PO Box 6728**  
**Baulkham Hills NSW 2153**

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: 1800 367 287

Monday to Friday

9am to 5pm (AEST/AEDT)

Facsimile: (03) 9613 6399

Website: [fos.org.au](http://fos.org.au)

Email: [info@fos.org.au](mailto: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 the Policy Schedule, some words have a special meaning, as explained below:

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

**Accident** means an unexpected event resulting in bodily injury occurring while your Insurance 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 your Insurance Policy as specified in this PDS, where the diagnosis is made within 12 months of, and is solely attributable to, an Accident occurring while your Insurance 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
- is eligible to apply for an Australian permanent residency visa and will submit an application within the next 12 months.

**Benefit Amount** means the 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 Acceptance Date is shown in your 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 (resulting in Permanent Neurological Deficit)** 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 or Insured Child (as applicable).

**Insurance Policy** means the legal contract between the Policyowner and us. This PDS, your application, any future application accepted by us, your Policy Schedule, and any special conditions, amendments, or endorsements we issue you, make up your Insurance Policy.

**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 whose circumstances we assess and accept as a Life Insured and who is named as such in your Policy Schedule and, as applicable, a Partner Life Insured.

**Limb** means a whole hand or whole foot.

**Major Head Trauma (resulting in Permanent Neurological Deficit)** means Permanent Neurological Deficit or loss of intellectual capacity as a result of brain damage sustained through an 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 Insurance Policy, their spouse, relative or business associate.

**Meningitis (resulting in Permanent Neurological Deficit)** 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 whose circumstances we assess and accept as a Partner Life Insured and who is named as such in your Insurance 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 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.

**Permanent 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.

**Permanent Loss of Use 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 your Insurance Policy is in force.

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

**Policy Schedule** means the document we send you which sets out the details of your Insurance Policy, including any special conditions, amendments, or endorsements. A new Policy Schedule will be issued at any time there is a change in your Insurance Policy such as:

- the removal of a Partner Life Insured;
- the addition of Children's Insurance cover; or
- a change of nominated beneficiaries.

Your new Policy Schedule will apply from the Policy Schedule date shown on your new Policy Schedule.

**Policyowner, you, your** and **yours** means the Life Insured who is the person who applies and is accepted as the owner of the Insurance Policy and is so named in the Policy Schedule. The Policyowner is the sole owner of the Insurance Policy and the only person who may extend, vary, cancel, transfer or otherwise exercise any rights under the Insurance Policy. If the Primary Life Insured dies while owning the Insurance Policy leaving a surviving Partner Life Insured, the Insurance Policy continues in the name of the Partner Life Insured as the owner of the Insurance Policy. The Partner Life Insured then becomes the new Policyowner.

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

**You, your, yours** and **Policyowner** means the owner of the Insurance Policy named in the Policy Schedule as the Policyowner.

## 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 Policy Schedule (the Direct Debit Request) through the Bulk Electronic System (BECS).
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 Policy 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 Australia Limited  
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 this PDS on page 16. 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 Policy Schedule.
6. Direct payment debiting through BECS 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 Policy Schedule are correct by checking against a recent statement or enquiring directly with 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 Policy 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 Policy Schedule.

11. If a debit payment is returned unpaid, the customer may be charged a fee by the financial institution nominated in the Policy Schedule for each returned item.
12. Customers wishing to cancel the Direct Debit Request or to stop individual payments must give at least seven days written notice to the Debit User at the address referred to in point 4.
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.

## Notes

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## Notes

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For more information about  
Medibank Funeral Insurance or to apply:



1300 766 085



[medibank.com.au/life](https://medibank.com.au/life)