

A stylized purple line-art illustration of a family is centered on the page. It features a large figure on the left representing a parent, and two smaller circles representing children. The lines are thin and consistent in color. The background is a light grey gradient.

COMBINED FINANCIAL SERVICES GUIDE,
PRODUCT DISCLOSURE STATEMENT
AND POLICY WORDING

INJURY CASH INSURANCE

28TH OCTOBER 2011

This document is a Combined Financial Services Guide, Product Disclosure Statement and Policy Wording and contains two parts:

Part A - Product Disclosure Statement (PDS)
- Policy Wording

Part B - Financial Services Guide (FSG)

About the issuer

Bupa Injury Cash Insurance is issued by ClearView Life Assurance Limited (ABN 12 000 021 581) (AFS Licence No. 227682) ('ClearView'). Your application for insurance is subject to acceptance by ClearView.

ClearView makes payments to their distributors based on commercial arrangements that are in place. This payment is made by ClearView and does not represent a charge or cost to you.

ClearView take full responsibility for the information contained in the PDS and Policy Wording.

About the distributor

Bupa Australia Pty Limited (ABN 81 000 057 590) and Bupa Australia Health Pty Limited (ABN 50 003 098 655) (trading as 'Bupa') are Authorised Representatives of ClearView and are authorised to distribute and arrange for the issue of the insurance.

Bupa do not underwrite or in any way guarantee Bupa Injury Cash Insurance or any financial advice provided.

Terminology

In this document '**we/us/our**' means ClearView and '**you/your**' means the life insured and policy owner, or for purposes of a direct debit agreement, the customer who signed the direct debit request. Many of the other words used in this document have specific meanings, which are explained in the Definitions section. Please make sure you understand the definitions before making any decision about this product.

Product Disclosure Statement (PDS) - Part A

The PDS is designed to help you understand what you need to know about Bupa Injury Cash Insurance so that you can decide whether to proceed with this cover.

Any information in this PDS is of a general nature only and does not take into account your individual financial situation, needs or objectives.

The PDS has been prepared with the most up-to date information available at the time of production. In the event of an omission of information or if there is a materially adverse change to the information, we will issue a supplementary or replacement PDS. Where a change is not materially adverse, the updated information will be available at **Bupa.com.au/LifeInsurance**. We will

give you a paper copy of any updates (free of charge) if you request them.

You should carefully read the PDS and Policy Wording contained in this document before making any decision about whether to purchase Bupa Injury Cash Insurance.

Policy Wording - Part A

The Policy Wording provides the full terms and conditions of the policy. This document along with the policy certificate comprise your policy. They are important documents and should be kept in a safe place.

Financial Services Guide (FSG) - Part B

The FSG is issued by Bupa and gives details about the services provided by Bupa. The FSG is designed to help you decide whether to use the services of Bupa. Bupa take full responsibility for the information contained in the FSG.

TABLE OF CONTENTS

Summary of benefits	5
Part A – Product Disclosure Statement and Policy Wording	6
What is Bupa Injury Cash Insurance?	6
Simple, affordable life insurance protection	6
Who can apply?	6
The benefits and when we will pay them	7
Reward Cover Benefit	8
Accidental Death Benefit	8
Accidental Total and Permanent Disability (TPD) Benefit	8
Loss of One Limb, Sight in One Eye, Speech or Hearing Benefit	9
Accidental Burns Benefit	9
Broken Bones Benefit	9
Daily Bed Confinement Benefit	10
Overseas Daily Bed Confinement Benefit	10
Homecare Assistance Benefit	11
Changing the sum insured	11
When we won't pay a benefit	12
About your premiums	13
Paying your premiums	13
If you stop paying your premiums	13
Changing premium rates	13
Taxation	14
How to apply	15
Four easy steps	15
Cooling off period	15
Your duty of disclosure	16
Making a claim	17
Claims requirements	17
Paying claims	17
When cover starts and ends	18
When cover starts	18
When cover ends	18
Cover is guaranteed renewable	18
Reinstatement	18
No cash value	18
About policies issued by ClearView Life Assurance Limited	20
Transferring ownership of the policy	20
Statutory fund	20

Currency	20
Relevant law	20
Continuation certificate	20
Notices	20
Variations to the policy	20
If you have a complaint	21
Privacy and your personal information	21
Direct Debit Service Agreement	23
Debiting your account	23
Changes by us	23
Changes by you	23
Your obligations	23
Dispute	24
Confidentiality	25
Notice	25
Definitions	26
Part B - Financial Services Guide	29
About this Financial Services Guide	29
Documents you may receive	29
Remuneration, fees and benefits received	29
To provide instructions or for more information	30
If you have a complaint with our services	30

SUMMARY OF BENEFITS

- ✓ Accidental Death Benefit
- ✓ Accidental Injury Benefits
- ✓ Choice of cover, between Standard and Premier
- ✓ Daily Bed Confinement Benefit
- ✓ Overseas Daily Bed Confinement Benefit
- ✓ Homecare Assistance Benefit
- ✓ Guaranteed acceptance - no health or medical questions
- ✓ 24 hour worldwide protection

PLUS... additional benefits for Bupa health insurance members

- ✓ 10% discount on premiums
- ✓ An extra 10% paid on all claims

PART A - PRODUCT DISCLOSURE STATEMENT AND POLICY WORDING

WHAT IS BUPA INJURY CASH INSURANCE?

Simple, affordable life insurance protection

Bupa Injury Cash Insurance is designed to pay a lump sum benefit in the event of your accidental death or injury. This cover is worldwide, 24 hours a day.

This benefit can be of enormous help when you are recovering from an unexpected injury. In the event of your death, the lump sum benefit will help your loved ones, ensuring they are not left with a financial burden.

Whatever the reason, you will find that Bupa Injury Cash Insurance offers simple, affordable cover.

Who can apply?

Permanent Australian residents aged 18 - 65 (inclusive) can apply for Bupa Injury Cash Insurance.

We guarantee to accept your application for cover, no matter the state of your health. There are no complicated forms or health questions to answer, enabling people with existing health issues to obtain valuable cover.

THE BENEFITS AND WHEN WE WILL PAY THEM

There are two levels of cover to choose from: Standard plan and Premier plan. When you apply for cover, you select the plan that you think will best meet your needs. The amount of benefit payable for each insured event under each of the plans is outlined in the table below.

Insured event	STANDARD PLAN	PREMIER PLAN
Accidental Death	\$100,000	\$200,000
Accidental Total and Permanent Disability (TPD)	\$50,000	\$100,000
Accidental Burns	\$50,000	\$100,000
Loss of One Limb, Sight in One Eye, Speech or Hearing	\$25,000	\$ 50,000
Broken Bones	\$10,000	\$20,000
Daily Bed Confinement	\$200 per day	\$400 per day
Overseas Daily Bed Confinement	\$400 per day	\$800 per day
Homecare Assistance	\$75 per day	\$150 per day

Any benefit paid under this policy will be reduced by 50% if the accidental death or injury occurs on or after the policy anniversary after you turn age 75.

Multiple claims are allowed for accidental injury subject to the following:

- the maximum total benefit that will be paid under the policy for accidental injury(ies) is \$50,000 for the Standard plan and \$100,000 for the Premier plan;
- if you suffer more than one accidental injury as a result of the same accident, we will only pay for one event and this will be the one with the highest benefit amount; and
- each accidental injury event may only be claimed once in any 12 month period commencing from the policy start date.

The amount of any claim for an accidental injury will reduce the accidental death amount.

In any event, the maximum total benefit that will be paid under the Standard plan is \$100,000 and \$200,000 under the Premier plan.

Please refer to page 12 for exclusions and when we will not pay a benefit under this policy.

Reward Cover Benefit

The benefit payable will be increased by 10% if you are a Bupa health insurance member at the time of claim.

Accidental Death Benefit

This benefit will be paid if you die immediately or within 90 days of an accident.

Accidental Total and Permanent Disability (TPD) Benefit

This benefit will be paid where you, as a direct result of an accident, meet one of the following four TPD definitions:

1. Unable to work

If you were in active employment at the time of the accident, then as a direct result of the accident, you:

- have been absent from active employment for a period of six consecutive months;
- are under the regular care and following the advice of a medical practitioner; and
- in the opinion of a medical practitioner are unlikely to be able to engage in active employment ever again.

2. Unable to do home duties

If you were performing full time home duties or child rearing at the time of the accident then as a direct result of the accident, you:

- have been unable to perform home duties or child rearing without assistance;
- have been confined to the home for a period of six consecutive months;
- are under the regular care and following the advice of a medical practitioner; and
- in the opinion of a medical practitioner are likely to be so disabled for life.

3. Loss of independent existence

As a direct result of the accident:

- there is permanent and irreversible inability to perform without the assistance of another person any two of the activities of daily living or all of the home duties; or
- you suffer from cognitive impairment that results in you requiring permanent and constant supervision for a continuous period of at least six months.

Your permanent and irreversible impairment must be established by a medical practitioner.

4. Loss of limbs and/or sight

As a direct result of the accident you have sustained:

- the complete and irrecoverable loss of use of both hands or both feet;
- the complete and irrecoverable loss of use of one hand and one foot;

- blindness in both eyes, whether aided or unaided; or
- the complete and irrecoverable loss of use of one hand or foot and blindness in one eye, whether aided or unaided.

Loss of One Limb, Sight in One Eye, Speech or Hearing Benefit

This benefit will be paid where you have sustained, as a direct result of an accident:

- the complete and irrecoverable loss of use of one hand or one foot;
- blindness in one eye, whether aided or unaided;
- the total and irrecoverable loss of speech both natural and assisted as certified by a specialist that we consider appropriate; or
- the complete and irrecoverable loss of hearing in both ears, both natural and assisted as certified by a specialist that we consider appropriate.

Accidental Burns Benefit

This benefit will be paid where you have sustained, as a direct result of an accident, tissue injury caused by thermal, electrical or chemical agents causing deep (third degree) burns to at least:

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

Broken Bones Benefit

This benefit will be paid where you have suffered as a direct result of an accident, a fracture to any of the bones listed in the table below. The fracture must be diagnosed within 30 days of the accident, if not, no benefit is payable. If you suffer multiple fractures as a result of the same accident, we will only pay for one fracture.

This benefit is only available up until the policy anniversary immediately after you turn age 65.

Bone	STANDARD PLAN	PREMIER PLAN
Skull	\$10,000	\$20,000
Neck		
Spine		
Pelvis		
Sternum		
Shoulder		
Jaw		
Upper limb (above wrist)		
Hip		
Lower limb (ankle and above, i.e. tibia, femur, patella and talus)		

Daily Bed Confinement Benefit

This benefit will be paid if, as a direct result of an accident, you, under the advisement of a medical practitioner, are confined to bed for 24 hours per day for at least three consecutive days and under the regular care of a registered nurse or personal care attendant.

The daily benefit is payable from day one, up to a maximum of 90 days.

Bed confinement must occur within 90 days of the accident.

If bed confinement exceeds 14 days, a written certificate from a medical practitioner must be supplied every 14 days.

If a subsequent period of bed confinement is required as a result of the same accident, the maximum benefit payable is up to 90 days in total, including benefits paid for the initial period of bed confinement.

Overseas Daily Bed Confinement Benefit

This benefit will be paid if while overseas, as a direct result of an accident, you, under the advisement of a medical practitioner are confined to bed for 24 hours per day for at least three consecutive days and under the regular care of a registered nurse or personal care attendant.

The Overseas Daily Bed Confinement is payable in lieu of the Daily Bed Confinement Benefit and is payable for a maximum of seven days.

If you return to Australia and are confined to bed as a result of the same accident, you can claim under the Daily Bed Confinement Benefit provided all the conditions are met.

Homecare Assistance Benefit

This benefit will be paid if, while you are confined to bed and in receipt of the Daily Bed Confinement Benefit, you depend on another person (other than an immediate family member) for housekeeping.

The Homecare Assistance Benefit is payable for a maximum of 45 days and is only payable where the Daily Bed Confinement Benefit is paid.

Changing the sum insured

If your needs change, you can apply to change plans at any time before you turn age 66. We will confirm any change in writing and adjust your premium accordingly.

WHEN WE WON'T PAY A BENEFIT

No benefit will be paid under this policy where your accidental death or accidental injury is caused by or related to:

- suicide or any other deliberate act by you, whether sane or insane;
- war or act of war (whether declared or not) or civil unrest;
- you being under the influence of alcohol or any other drug other than taken or used as prescribed by a medical practitioner;
- you participating in any professional sport; or
- you engaging in any unlawful activity.

No benefit will be paid under the Broken Bones Benefit where the fracture is:

- a compression fracture to the spine;
- a dislocation without a fracture;
- an avulsion fracture; or
- an un-displaced and/or a hairline fracture.

A fractured nose or cheek bone does not qualify as a fractured skull.

Cover for the Broken Bones Benefit will cease from the policy anniversary immediately after you turn age 65.

If the sum insured is not paid, premiums will not be refunded.

ABOUT YOUR PREMIUMS

The cost of cover depends on your age at entry and your choice of plan, either Standard or Premier.

Bupa health insurance members receive a 10% discount on Bupa Injury Cash Insurance premiums.

Monthly premiums for Bupa health insurance members, including the 10% discount, are:

Age at entry	STANDARD PLAN	PREMIER PLAN
18-49	\$39.60	\$79.20
50-65	\$49.50	\$99.00

Paying your premiums

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

The due date for the premium is the monthly or annual anniversary of the policy start date.

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

- Direct Debit from your nominated bank account
- Credit Card (Visa and MasterCard)
- Cheque (yearly premiums only).

If you stop paying your premiums

If you do not pay your premium within 30 days of the due date, we will send you a notice explaining how we will cancel your policy, if you do not pay all premiums due by the date indicated in the notice. If we cancel your policy all cover will cease. If a benefit becomes payable for an insured event happening before we cancel the policy, we will deduct any overdue premiums.

If you use a cheque, credit card or direct account deduction to pay a premium and the payment is rejected by your financial institution, the premium remains unpaid. If the premium was the first policy premium, your policy will not operate at all.

Changing premium rates

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

The insurance premium is the only amount payable. The premium includes allowances for current government charges and taxes (including stamp duty or a goods and services tax).

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

Taxation

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

HOW TO APPLY

Four easy steps

If you are a permanent Australian resident aged 18 – 65 (inclusive) just follow these easy steps to apply for Bupa Injury Cash Insurance:

- Step 1. Read** this document carefully – it contains important information about the product, including details of benefits, costs and exclusions that may apply.
- Step 2. Choose** the Plan you want, Standard or Premier.
- Step 3. Decide** how you want to pay for your cover. For your convenience, your monthly or annual premiums can be automatically deducted from your bank account or credit card. If you prefer, you can also pay annually by cheque.
- Step 4. Complete** the application form attached. For more information call **134 135**, visit **Bupa.com.au/LifeInsurance** or pop by your Bupa centre.

Cooling off period

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

- the date you receive your policy certificate; or
- five business days after your policy start date.

This is known as the ‘cooling off period’. If you cancel your policy within this period, we will refund any premiums you have paid.

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

Your duty of disclosure

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

You have the same duty to disclose those matters to us before the insurance is extended, varied or reinstated. This duty, however, does not require disclosure of a matter:

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

Please consider your answers carefully. Your duty of disclosure continues until we accept your application and issue your policy.

Non-disclosure

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

MAKING A CLAIM

Claims should be made within 90 days after the insured event, or as soon as reasonably practical thereafter. We will need all the evidence we reasonably regard as necessary to establish entitlement to a benefit.

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

Claims requirements

To make a claim under the policy we must receive:

- our claim form which has been fully completed;
- the policy certificate;
- proof of your age, if not already provided; and
- any other evidence we require to establish the circumstances of the claim.

The cost of medical and other information, which we may reasonably require to establish the validity of a claim, is your responsibility.

Paying claims

We must be fully satisfied of our liability to pay a benefit, before a payment can be made. Benefits will be paid to the policy owner.

WHEN COVER STARTS AND ENDS

When cover starts

Cover starts once your application has been approved and we confirm this for you in writing. We will also issue you with a policy certificate.

The policy certificate sets out the details of your cover, including the name of the policy owner, the life insured and the policy expiry date.

This is an important document and should be kept in a safe place with this PDS, which includes the policy wording.

When cover ends

Cover ends when the first of the following occurs:

- you die;
- the policy anniversary immediately after you turn age 99;
- we cancel your policy following your written request;
- we cancel your policy because premiums are unpaid, as and when due;
- we cancel your policy in accordance with our rights in relation to your duty of disclosure; or
- when the maximum total benefits have been paid under the policy.

When all cover ceases the policy ends.

Cessation of cover does not affect any rights to benefits accrued prior to the cessation.

Cover is guaranteed renewable

If you pay your premiums within 30 days after the policy anniversary date and comply with policy conditions, your cover is guaranteed renewable up until the policy expiry date. This means that we cannot cancel your cover, place any further restrictions or increase the premium because of any change to your state of health, occupation or pastimes.

Reinstatement

If your policy has been cancelled by us because premiums were unpaid, you can apply to have the policy reinstated. You must apply within 30 days of your policy being cancelled. If the policy is reinstated, all unpaid premiums must be paid.

No cash value

Bupa Injury Cash Insurance is not an investment policy and therefore has no residual cash or surrender value. All the premiums you pay are used to provide life insurance cover to you. You will not receive any money back if the policy ceases after the cooling off period has expired.

If however, you have paid an annual premium and then cancel your policy during the course of the year, we will pay a pro-rata premium refund of any unused premium on the policy.

ABOUT POLICIES ISSUED BY CLEARVIEW LIFE ASSURANCE LIMITED

Transferring ownership of the policy

This policy is a self life policy only. As the sole owner of the policy, you will also be the only insured person. In this document **'you/your'** refers to the life insured and the policy owner as named in the policy certificate. If you transfer ownership of the policy, **'you/your'** will refer to the life insured or the policy owner, as the context requires. For example, references to **'you/your'** in respect of eligibility requirements and insurable events are references to the life insured. References to the payment of a benefit, who we send correspondence to and who may cancel or make changes to the policy, are references to the policy owner.

You may transfer ownership of this policy by completing the Memorandum of Transfer form attached to the policy certificate. To be effective, you must return your policy certificate and completed Memorandum of Transfer to us for registration. You may also be required to pay stamp duty on the transfer.

Statutory fund

All premiums received are paid into our No. 1 Statutory Fund, and all benefits are paid out of this fund.

Currency

Premiums and any benefits are payable in Australia, in Australian dollars.

Relevant law

This policy is subject to and governed by the laws of the State of New South Wales.

Continuation certificate

The continuation certificate is the notice we send you each year telling you the sum insured and the premium due for the year beginning on the next policy anniversary.

Notices

Any notice you give us under this policy must be given to us in writing. Any notice which we give you must also be in writing, and will be effective when delivered or posted to the address last known to us.

Variations to the policy

Any variation of this policy must be confirmed to us in writing.

We may vary the conditions in this policy:

- as a result of any change in the law; or
- if the variation is not prejudicial to you.

Any variation of this policy will apply to all Bupa Injury Cash Insurance policies in a defined group and you will be given 30 days notice in writing of any new conditions.

If you have a complaint

At ClearView Life Assurance Limited, customer satisfaction is very important to us. Should you be dissatisfied with your product (Bupa Injury Cash Insurance) or with the product issuer (ClearView Life Assurance Limited), please let us know by telephoning **134 135**.

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

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

If you are not satisfied with how we respond to your enquiry or complaint or we have not dealt with your complaint within 45 days (or within any extended period you approve), you may contact the Financial Ombudsman Service on **1300 780 808** between 9am and 5pm (Melbourne time) Monday to Friday. Alternatively, you may visit their website at **www.fos.org.au**, or by writing to the address below:

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

This service is provided to you free of charge.

Privacy and your personal information

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

Collection, Use and Disclosure of your Personal Information

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

By providing your personal information including sensitive information, you acknowledge and declare that, and consent to the following:

- we can collect and use your personal information including sensitive information for the following purposes: to assess any application; underwrite; price and issue any policy; calculate or offer benefits and discounts; administer the policy; to investigate, assess and pay any claim;
- for these purposes we can collect your personal information including sensitive information from, and disclose it on a confidential basis to: our related entities; outsource providers; government departments and agencies; investigators; lawyers; advisers; medical and health service providers; reinsurers; other insurers; anyone acting on our behalf; and the agent of any of these; and
- where you provide personal information including sensitive information to us about another person, you are authorised to provide their information to us, and that you will inform that person who we are, how we use and disclose their information, and that they can gain access to that information (unless doing so would pose a serious threat to the life or health of any individual).

Further information on how we handle your personal information is explained in our Information Handling Policy, including how you can access your personal information. If you would like a copy of our Information Handling Policy or have any questions regarding privacy, please call us on **1800 213 839**.

Marketing

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

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

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

- us collecting and using your personal information to contact you for market research and to provide you information and offers about products and services offered by us, our related entities within ClearView, and other organisations whose products and services we promote;
- us disclosing your personal information on a confidential basis for these marketing purposes to our related entities and to any agent of them; and
- you informing us if you do not want your personal information to be used, or disclosed for these marketing purposes, by telephoning **1800 213 839**.

DIRECT DEBIT SERVICE AGREEMENT

Debiting your account

By signing a direct debit request, you have authorised us to arrange for funds to be debited from your account. You should refer to the direct debit request and this agreement for the terms of the arrangement between us and you.

We will only arrange for funds to be debited from your account for payment of the applicable premium:

- as authorised in the direct debit request; or
- if we have sent to the address nominated by you in the direct debit request, a billing advice which specifies that amount payable by you to us and when it is due.

If the debit day falls on a day that is not a business day, we may direct your financial institution to debit your account on the following business day.

If you are unsure about which day your account has or will be debited, you should ask your financial institution.

Changes by us

We may vary any details of this agreement or a direct debit request at any time by giving you at least 14 days written notice.

Changes by you

You may change the arrangements under a direct debit request by contacting us on **134 135**.

However this is subject to:

- if you wish to stop or defer a debit payment you must notify us in writing at least seven business days before the next debit day. This notice should be given to us in the first instance; and/or arranged through your financial institution.
- you may also cancel your authority for us to debit your account at any time by giving us 14 business days notice in writing before the next debit day. This notice should be given to us in the first instance; and/or arranged through your financial institution.

Your obligations

It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the direct debit request. If there are insufficient clear funds in your account to meet a debit payment:

- you may be charged a fee and/or interest by your financial institution;
- you may also incur fees or charges imposed or incurred by us; and

- you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.

You should check your account statement to verify that the amounts debited from your account are correct.

If ClearView Life Assurance Limited is liable to pay goods and services tax (“GST”) on a supply made in connection with this agreement, then you agree to pay ClearView Life Assurance Limited on demand an amount equal to the consideration payable for the supply, multiplied by the prevailing GST rate.

Dispute

If you believe that there has been an error in debiting your account, you should notify us on **134 135** and confirm that notice in writing with us as soon as possible so that we can resolve your query.

If we conclude as a result of our investigation that your account has been incorrectly debited, we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.

If we conclude as a result of our investigations that your account has not been incorrectly debited, we will respond to your query by providing you with reasons and any evidence for this finding. Any queries you may have about an error made in debiting your account should be directed to us in the first instance so that we can attempt to resolve the matter between us and you.

If we cannot resolve the matter you can still contact your financial institution, which will obtain details from you of the disputed transaction and may lodge a claim on your behalf.

You should check:

- with your financial institution whether direct debiting is available from your account, as direct debiting is not available on all accounts offered by financial institutions;
- your account details which you provided to us are correct by checking them against a recent account statement; and
- with your financial institution before completing the direct debit request if you have any queries about how to complete the direct debit request.

Confidentiality

We will keep any information (including your account details) in your direct debit request confidential. We will make reasonable efforts to keep any such information that we have about you secure, and to ensure that any of our employees who have access to information about you do not make any unauthorised use, modification, reproduction, or disclosure of that information.

We will only disclose information that we have about you:

- to the extent specifically required by the law; or
- for the purposes of this agreement (including disclosing information in connection with any query or claim).

Notice

If you wish to notify us in writing about anything relating to this agreement, you should call **134 135** to obtain our appropriate mailing address and/or fax number.

We will notify you by sending a notice in the ordinary post to the address you have given us in the direct debit request. Any notice will be deemed to have been received two business days after it is posted.

DEFINITIONS

'accident/accidental' means an unintended and unexpected event, which occurs while this policy is in force and where you suffer physical injuries caused solely and directly by visible, violent and external means and where the injury is not self inflicted.

For the avoidance of doubt, accident excludes:

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

'accidental death' means death resulting from an accident either immediately or within 90 days after the accident.

'accidental injury' for the purpose of this policy is a collective term referring to: Accidental Total and Permanent Disability; Accidental Burns; Loss of One Limb, Sight in One Eye, Speech or Hearing; Broken Bones; Daily Bed Confinement; Overseas Daily Bed Confinement; and Homecare Assistance, as defined in the policy.

'account' means the account held at your financial institution from which we are authorised to arrange for funds to be debited.

'active employment/actively employed' means you are:

- employed to carry out identifiable duties;
- actually performing or capable of performing those duties; and
- in our opinion not restricted by sickness or injury from performing those duties on a full-time basis (even if not then working on a full-time basis), where 'full-time basis' means at least 35 hours per week.

'activities of daily living' refer to:

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

'agreement' means the Direct Debit Service Agreement between you and us.

'applicable premium' means the premium payable for the cover applying at the relevant time.

'blindness' means the permanent loss of sight to the extent that the visual field is reduced to 20 degrees or less of arc, as certified by an ophthalmologist.

'Bupa health insurance member' means a customer who holds current private health insurance cover issued by a Bupa Australia company.

'business day' means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

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

'debit day' means the day that payment by you to us is due.

'debit payment' means a particular transaction where a debit is made.

'direct debit request' means the direct debit request between us and you.

'fracture' means a bone fracture requiring the application of a plaster or a similar immobilizing device for a period of at least 30 days. This includes fractures for which surgical operation (open or closed reduction) is required.

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

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

'life insured' means the person insured as stated in the policy certificate.

'medical practitioner' means a person acceptable to us who is qualified, registered and practising in Australia as a medical practitioner, other than:

- you;
- a member of your immediate family; or
- your business associate.

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

'permanent Australian resident', means the holder of a current valid Australian passport or a person who has been granted a permanent resident visa. **'policy'** means the Bupa Injury Cash Insurance policy, which is a contract of insurance between you and ClearView Life Assurance Limited, and which comprises the Bupa Injury Cash Insurance Product Disclosure Statement and Policy Wording, the policy certificate (as applies from time to time) and any other documents we issue to you at time of acceptance of cover.

'policy anniversary' means an anniversary of the policy start date.

'policy certificate' is the policy certificate issued upon confirmation of issue of cover or any replacement policy certificate we issue.

'policy expiry date' means the expiry date as stated in the policy certificate.

'policy owner' means the policy owner as stated in the policy certificate.

'policy start date' means the date the policy starts, as stated in the policy certificate.

'product issuer' means ClearView Life Assurance Limited.

'professional sport' means that the life insured's livelihood is substantially dependent on income received as a result of playing sport.

'sum insured' means the insured amount as stated in the policy certificate.

'we/us/our' means ClearView Life Assurance Limited.

'you/your' means the life insured and policy owner, or for purposes of a direct debit agreement, the customer who signed the direct debit request.

'your financial institution' is the financial institution where you hold the account that you have authorised us to debit.

PART B – FINANCIAL SERVICES GUIDE

Date: 28th October 2011

About this Financial Services Guide

This Financial Services Guide (**FSG**) is provided by Bupa Australia Pty Limited (ABN 81 000 057 590) and Bupa Australia Health Pty Limited (ABN 50 003 098 655) (together **Bupa**) and is designed to help you decide whether you wish to use the services of Bupa, in relation to life insurance products using Bupa's name (**Bupa Life Insurance Products**) and which are issued by ClearView Life Assurance Limited (**ClearView**) (ABN 12 000 021 581). ClearView is the holder of an Australian Financial Services Licence [AFSL 227682].

For the purposes of this FSG, '**we/us/our**' means Bupa and '**you/your**' means the life insured.

This FSG contains important information about:

- who we are;
- the services and products we offer;
- the remuneration we receive in arranging Bupa Life Insurance Products;
- how you can contact us; and
- our procedures for dealing with a complaint and how it will be dealt with.

As authorised representatives of ClearView, we are licensed to provide general advice on life risk insurance products and to deal in life risk and investment products (**services**) including distributing and arranging for the issue of Bupa Life Insurance Products in Australia. We are only responsible for these services.

The distribution of this FSG by Bupa has been authorised by ClearView.

Documents you may receive

We will refer you to the relevant Product Disclosure Statement if we offer or arrange to issue or sell a Bupa Life Insurance Product to you. The Product Disclosure Statement for the relevant Bupa Life Insurance Product contains information about the product, including its benefits and risks, features and cost; and explains the terms and conditions of the insurance cover provided when you purchase the relevant Bupa Life Insurance Product. It will help you decide whether to acquire the relevant product in respect of your circumstances.

Remuneration, fees and benefits received

For providing our services to you regarding Bupa Life Insurance Products, we receive the amounts listed below from ClearView. Importantly, what is paid to us is not

an additional charge to you – all you pay is the premium applying to your policy.

For each policy sold, 24% of your gross premium (including any applicable stamp duty or policy fee) is paid to us as a distribution fee, including your renewal premiums. Gross premium is the premium calculated before the deduction of the cost of stamp duty and fees payable in connection with services provided to policyholders. We do not pay referral fees for anyone referring you to us. We pay our employees who sell Bupa Life Insurance Products a salary. However, we will receive an additional payment of 5% of premiums paid in the first year (inclusive of GST) in relation to Bupa Life Insurance Products, which may be paid to our employees as part of our Employee Incentive Program, that may apply from time to time.

If we refer you to ClearView and you subsequently are issued with a life insurance product issued by ClearView as a result of such a referral, we may receive a referral fee from ClearView of 20% of any fee paid for advice in relation to the relevant policy for as long as the policy remains in force.

To provide instructions or for more information

You can call us on **134 135** or visit a Bupa Retail Centre to request information in respect of Bupa Life Insurance Products and/or obtain further services. Our employees who you may deal with over the phone or in person, have the authority to provide the services to you.

For your information, Bupa's contact details are as follows:

Level 1, 50 Bridge Street, Sydney, NSW 2000
Telephone: **134 135**

For your information, ClearView's contact details are as follows:

GPO Box 4232
Sydney NSW 2001

If you have a complaint with our services

If you have a complaint in respect of the services we have provided please refer to the suggested steps below to enable us to resolve the matter for you.

Step 1

Should you have any concerns, we encourage you to discuss the matter with the Bupa staff member who handled your enquiry. If the staff member is unable to satisfy your concerns, you can ask to be referred to the appropriate manager.

Step 2

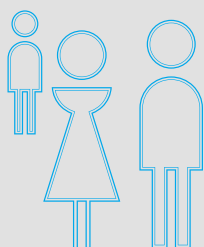
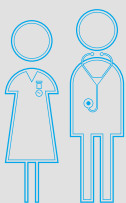
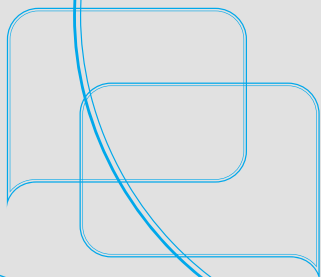
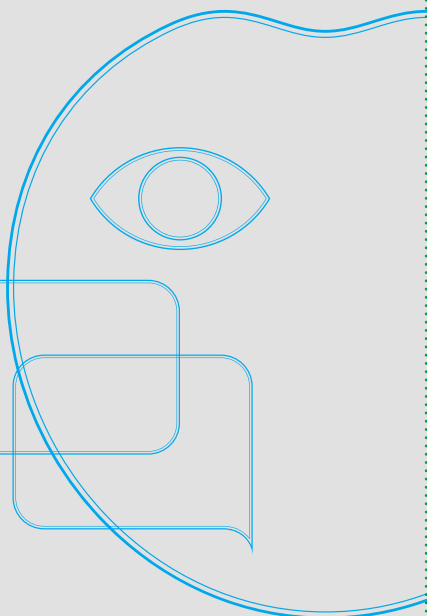
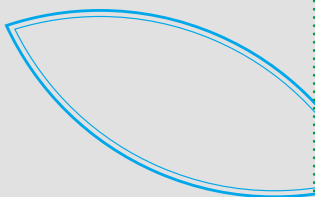
If you are dissatisfied with our response, you may ask us to refer your dispute to the Internal Disputes Resolution process where a senior manager with delegated authority will review the original response. We will treat your complaint as a dispute. We will review your dispute and provide you with a final decision.

Step 3

If you disagree with the decision you are entitled to seek an external review. We will provide you with information about options available to you, including if appropriate, referring you to the Financial Ombudsman Service for external dispute resolution. They can be contacted on **1300 78 08 08**.

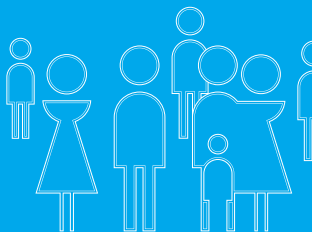
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FOR MORE INFORMATION

-  **Call us on 134 135**
-  **Visit bupa.com.au/LifeInsurance**
-  **Drop by your local Bupa centre**



Bupa Injury Cash Insurance is issued
by ClearView Life Assurance Limited
ABN 12 000 021 581
AFS Licence No. 227682

GPO Box 4232
Sydney NSW 2001

Effective 28th October 2011
CVWL BUPA 0004 10/11



are part of Bupa



APPLICATION FORM - BUPA INJURY CASH INSURANCE

This application relates to Bupa Injury Cash Insurance, Combined Financial Services Guide, Product Disclosure Statement and Policy Wording dated 28th October 2011. Please do not complete this application if you have not read the PDS and Policy Wording.

10% PREMIUM DISCOUNT FOR BUPA HEALTH INSURANCE MEMBERS

To be eligible to apply, you must be a permanent Australian resident aged between 18 and 65. If you wish to apply for cover for a second person, you will need a separate application form.

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

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

- Standard Monthly Premium: Age at entry 18 - 49 **\$39.60** Age at entry 50 - 65 **\$49.50**
- Premier Monthly Premium: Age at entry 18 - 49 **\$79.20** Age at entry 50 - 65 **\$99.00**

Note: these monthly premiums are inclusive of a 10% discount for Bupa health insurance members.

Life insured details (please print)

Surname

First name

Title Initial

Date of birth Sex (M/F)

Home phone number

Mobile phone number

Email address

Home address

Unit number Street number

Street name

Suburb

Postcode

1. Are you a permanent resident of Australia?

 Yes. No.

2. Are you a Bupa health insurance member?

 Yes. No.

Declarations

My decision to apply for this insurance is based on the material received and my understanding of the information, including the PDS and Policy Wording. I have read and understand the 'Your Duty of Disclosure' and 'Non-Disclosure' statements in the PDS and Policy Wording and confirm that I am a permanent Australian resident aged between 18 and 65.

I have read and consent to the collection, use and disclosure of my personal information including sensitive information, as set out in the 'Privacy and Your Personal Information' section of the PDS and Policy Wording, including the 'Marketing' section.

I understand that the insurance applied for does not begin until ClearView Life Assurance Limited accepts my application.

Applicant's signature

/ /

Payment authority

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

Select preferred payment method (tick one box only)

I wish to pay my premiums:

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

OPTION A - credit card

I authorise ClearView Life Assurance Limited to charge my:

- Visa MasterCard

Credit card number

Expiry date

Cardholder's name (as shown on card)

Cardholder's signature

OPTION B - Bank account

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

Request and authority to debit

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

Direct debit request - authority to debit account:

Surname

First name

Title

Initial

Unit number

Street number

Street name

Suburb

Postcode

Name of account holder

BSB number

Bank account number

Details of financial institution

Name of financial institution

Address of financial institution

Suburb

Postcode

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

Account holder(s) signature

Thank you for your application

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

ClearView Life Assurance Limited
Reply Paid 4232
Sydney NSW 2001

Issuer: ClearView Life Assurance Limited
ABN 12 000 021 581 AFS Licence No. 227682

OFFICE USE ONLY

Consultant Name

Consultant ID (BOSS)

Bupa centre number