



Bupa Life Insurance Products

# Help protect you and your loved ones

Combined Product Disclosure Statement  
Date: 29 July 2016

# Combined Product Disclosure Statement (PDS)

Bupa Life Insurance  
Bupa Accidental Death Insurance  
Bupa Injury Cash Insurance  
Bupa Serious Illness Insurance

## About this document

This document is a combined Product Disclosure Statement (PDS) and provides information about five separate financial products, listed above.

The PDS is designed to help you understand what you need to know about the insurance product you are considering so that you can decide whether to proceed with the 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.

You should carefully read the PDS before making any decision about whether to purchase any of the insurance products discussed in this document.

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 [www.bupa.com.au/life](http://www.bupa.com.au/life). We will give you a paper copy of any updates (free of charge) if you request them, by contacting us on **134 135**.

## About the issuer

The insurance products listed in the PDS are issued by ClearView Life Assurance Limited (ABN 12 000 021 581) (AFS license No. 227682) ('ClearView').  
Mail: GPO Box 4232 Sydney NSW 2001  
Phone: **132 979** Website: [www.clearview.com.au](http://www.clearview.com.au)

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 takes full responsibility for the information contained in the PDS.

## About the promoter

Bupa HI Pty Limited (ABN 81 000 057 590) and Bupa Australia Health Pty Ltd (ABN 50 003 098 655) (trading as 'Bupa') are Authorised Representatives of ClearView and promote Bupa Life Insurance Products. Bupa do not underwrite or in any way guarantee any of the products in this document.

## Understanding what we mean

In this document '**we/us/our**' refers to ClearView. The covers described in this document are all self-life policies. This means as the sole owner of the *policy* and the person insured '**you/your**' refers to the person insured and policy owner. For purposes of a direct debit agreement, '**you/your**' refers to the customer who signed the direct debit request.

Many of the terms and words used in this document have specific meanings, including some non-technical words commonly used. These words have been italicised and are explained in the Definitions section at the end of this document. You should consult this section and understand the relation to the relevant product covered in this PDS which you are considering.

The terms for each product and type of cover are contained in the relevant policy document, along with a policy certificate. The policy certificate and the policy document form part of your *policy*. These documents are important and you should read them carefully and keep them in a safe place.

If there is any inconsistency between the PDS and the policy document, the terms contained in the policy document and your policy certificate will prevail to the extent of the inconsistency.

This PDS is subject to and governed by the laws of New South Wales and premiums and any benefits are payable in Australia, in Australian dollars.

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# Bupa Life Insurance

Bupa Life Insurance is designed to pay a lump sum benefit in the event of your death or if you are diagnosed with a *terminal illness* and have less than 12 months to live.

The lump sum benefit payable can help your loved ones, helping to ensure that they are not left with a financial burden in the event of your death or *terminal illness*.

## Who can apply?

If you are a *permanent Australian resident* aged 18-64 (inclusive), you can apply for up to \$1,000,000 of cover, depending on your age at application.

Age at application	Minimum	Maximum
18 - 55	\$50,000	\$1,000,000
56 - 64	\$50,000	\$500,000

## About your premiums

The cost of cover depends on your age, gender, smoking status and your chosen level of benefit amount, which must be in multiples of \$50,000. This is in addition to the 10% discount for Bupa health insurance members. If you would like a quote, please call us on **134 135**.

## Standard monthly premium rates

This table lists our current standard premium rates per \$1,000 sum insured.

The actual premium that applies to you will depend on the information you give us on your application. If you wish to pay an annual premium, simply multiply the monthly premium by 12.

Monthly \$ premium rates (level for the first three years)				
Age at entry	Male non-smoker	Male smoker	Female non-smoker	Female smoker
18	0.1224	0.2107	0.0818	0.1337
19	0.1224	0.2107	0.0818	0.1337
20	0.1224	0.2107	0.0818	0.1337
21	0.1224	0.2107	0.0818	0.1337
22	0.1224	0.2107	0.0818	0.1337
23	0.1224	0.2107	0.0818	0.1337
24	0.1224	0.2107	0.0818	0.1337
25	0.1224	0.2107	0.0818	0.1337
26	0.1224	0.2107	0.0818	0.1337
27	0.1224	0.2107	0.0818	0.1337
28	0.1224	0.2107	0.0818	0.1337
29	0.1224	0.2107	0.0818	0.1337
30	0.1224	0.2107	0.0818	0.1337
31	0.1224	0.2107	0.0818	0.1337
32	0.1224	0.2137	0.0847	0.1373
33	0.1255	0.2217	0.0894	0.1418
34	0.1276	0.2347	0.0942	0.1491
35	0.1296	0.2473	0.0998	0.1563
36	0.1314	0.2615	0.1018	0.1626
37	0.1353	0.2764	0.1046	0.1726

Monthly \$ premium rates (level for the first three years)				
Age at entry	Male non-smoker	Male smoker	Female non-smoker	Female smoker
38	0.1422	0.2929	0.1065	0.1843
39	0.1478	0.3148	0.1113	0.1978
40	0.1583	0.3418	0.1188	0.2141
41	0.1694	0.3718	0.1284	0.2340
42	0.1823	0.4068	0.1408	0.2548
43	0.1959	0.4455	0.1569	0.2755
44	0.2111	0.4905	0.1712	0.2990
45	0.2278	0.5390	0.1864	0.3245
46	0.2507	0.5917	0.2041	0.3528
47	0.2748	0.6457	0.2233	0.3858
48	0.3022	0.7070	0.2438	0.4223
49	0.3352	0.7728	0.2647	0.4622
50	0.3728	0.8438	0.2869	0.5061
51	0.4183	0.9197	0.3148	0.5532
52	0.4681	1.0018	0.3447	0.6039
53	0.5235	1.0926	0.3832	0.6693
54	0.5854	1.1938	0.4269	0.7404
55	0.6616	1.3199	0.4768	0.8182
56	0.7488	1.4598	0.5363	0.9051
57	0.8490	1.6118	0.6054	1.0018
58	0.9628	1.7783	0.6824	1.1119
59	1.0903	1.9618	0.7716	1.2352
60	1.2307	2.1646	0.8740	1.3717
61	1.3864	2.3868	0.9929	1.5198
62	1.5610	2.6342	1.1303	1.6819
63	1.7553	2.9066	1.2878	1.8565
64	1.9718	3.2033	1.4663	2.0451

### Discounts for large benefit amounts

Discounts will automatically apply to larger benefit amounts as listed in the table below.

Benefit amount	Discount applied
Up to \$249,999	Nil
\$250,000 - \$499,999	10%
\$500,000 - \$999,999	15%
\$1,000,000	17.5%

### When we won't pay a benefit

We won't pay a benefit under the *policy* if you die due to an event caused by or related to:

- your suicide or any other deliberate act within 13 months of the cover start date, the date of reinstatement of the *policy*, or the effective date of any increased cover (but only in respect of the increase), whichever is the later
- war or act of war (whether declared or not) or civil unrest
- you engaging in any unlawful activity, or
- any medical condition that occurred before the commencement date unless you told us about the medical condition when you applied for the cover or applied to have the cover increased or reinstated, and we agreed to accept it. For the purpose of this clause, you had a medical condition or illness if:
  - a *medical practitioner* or other medical professional gave you, or recommended that you receive advice, care or treatment, or
  - you had symptoms of a medical condition or illness for which a reasonable person would have tried to receive advice, care or treatment from a *medical practitioner* or other medical professional.

We won't pay the Accidental Death Benefit if the *accident* is caused by or related to:

- your suicide or other deliberate act, or
- your use of drugs, other than those prescribed by a *medical practitioner* and taken as directed.

If the death benefit is not paid, the Accidental Death Benefit will not be paid.

If the benefit amount is not paid, premiums will not be refunded.

### Additional benefits at no extra cost

The additional built in benefits provided are as described on the following pages of this PDS:

Benefit	PDS page number
Cover Indexation Benefit	17
Accidental Death Benefit	17
Funeral Expense Benefit	17
Suspending Cover Benefit	17

# Bupa Accidental Death Insurance

Bupa Accidental Death Insurance is designed to pay a lump sum benefit to your dependants if you die immediately or within 90 days of an *accident*.

The lump sum benefit payable can help ensure your loved ones are not left with a financial burden in the event of your *accidental death*.

## Who can apply?

If you are a *permanent Australian resident* aged 18-64 (inclusive), you can apply for up to \$1,000,000 of cover depending on your age at application. 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.

Age at application	Minimum	Maximum
18 - 55	\$50,000	\$1,000,000
56 - 64	\$50,000	\$500,000

## About your premiums

The cost of cover depends on your chosen level of benefit amount, which must be in multiples of \$50,000. Discounts will automatically apply to larger benefit amounts and this is in addition to a 10% discount for Bupa health insurance members. The following table shows the monthly premium for various benefit amount and includes applicable discounts. If you would like a quote for a different benefit amount, please call us on **134 135**.

Benefit amount	Monthly premium
\$100,000	\$12.00
\$250,000	\$27.00
\$500,000	\$51.00
\$750,000	\$76.50
\$1,000,000	\$99.00

## Discounts for large benefit amounts

Discounts will automatically apply to larger benefit amounts as listed in the table below.

Benefit amount	Discount applied
Up to \$249,999	Nil
\$250,000 - \$499,999	10%
\$500,000 - \$999,999	15%
\$1,000,000	17.5%

## When we won't pay a benefit

We won't pay a benefit under the *policy* if you die due to an event caused by or related to:

- your suicide or other deliberate act
- war or act of war (whether declared or not) or civil unrest, or
- you engaging in any unlawful activity.

**Additional benefits at no extra cost**

The additional built in benefits provided are as described on the following pages of this PDS:

<b>Benefit</b>	<b>PDS page number</b>
Cover Indexation Benefit	15
Accidental Death Benefit	15
Funeral Expense Benefit	15
Suspending Cover Benefit	15



## Bupa Injury Cash Insurance

Bupa Injury Cash Insurance is designed to pay a lump sum benefit in the event of your *accidental death* or *accidental injury*. For insured events, please see below. This benefit can help when you are recovering from an unexpected injury. In the event of your death, the lump sum benefit can help your loved ones, by ensuring they are not left with a financial burden.

### Who can apply?

If you are a *permanent Australian resident* aged 18-65 (inclusive) you 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.

There are two levels of cover to choose from at the time of application: Standard plan and Premier plan. The amount of benefit payable and the definition for each insured event under each of the plans is outlined in the table below.

Insured event	Definition	Standard plan	Premier plan
Accidental Death	This benefit will be paid if you die immediately or within 90 days of an <i>accident</i> .	\$100,000	\$200,000
Accidental Total and Permanent Disability (TPD)	<p>This benefit will be paid where you, as a direct result of an <i>accident</i>, meet one of the following four TPD definitions:</p> <p><b>1. Unable to work (if in active employment at time of the accident)</b></p> <p>You:</p> <ul style="list-style-type: none"> <li>have been absent from <i>active employment</i> for a period of six consecutive months</li> <li>are under the regular care and following the advice of a <i>medical practitioner</i>, and</li> <li>in the opinion of a <i>medical practitioner</i> are unlikely to be able to engage in <i>active employment</i> ever again.</li> </ul> <p><b>2. Unable to do home duties (if performing full time home duties at time of the accident)</b></p> <p>You:</p> <ul style="list-style-type: none"> <li>have been unable to perform <i>home duties</i> or child rearing without assistance</li> <li>have been confined to the home for a period of six consecutive months</li> <li>are under the regular care and following the advice of a <i>medical practitioner</i>; and</li> <li>in the opinion of a <i>medical practitioner</i> are likely to be so disabled for life.</li> </ul>	\$50,000	\$100,000

Insured event	Definition	Standard plan	Premier plan
Accidental Total and Permanent Disability (TPD)	<p><b>3. Loss of independent existence</b></p> <ul style="list-style-type: none"> <li>there is permanent and irreversible inability to perform without the assistance of another person any two of the <i>activities of daily living</i> or all of the <i>home duties</i>, or</li> <li>you suffer from <i>cognitive impairment</i> that results in you requiring permanent and constant supervision for a continuous period of at least six months.</li> </ul> <p>Your permanent and irreversible impairment must be established by a <i>medical practitioner</i>.</p> <p><b>4. Loss of limbs and/or sight</b></p> <ul style="list-style-type: none"> <li>the complete and irrecoverable loss of use of both hands or both feet</li> <li>the complete and irrecoverable loss of use of one hand and one foot</li> <li><i>blindness</i> in both eyes, whether aided or unaided, or</li> <li>the complete and irrecoverable loss of use of one hand or foot and <i>blindness</i> in one eye, whether aided or unaided.</li> </ul>	\$50,000	\$100,000
Broken Bones Benefit	<p>This benefit will be paid where you have suffered as a direct result of an <i>accident</i> a <i>fracture</i> to any of the following bones: skull, neck, spine, pelvis, sternum, shoulder, jaw, upper limb (above wrist), hip, or lower limb (ankle and above, i.e. tibia, femur, patella and talus).</p> <p>The <i>fracture</i> must be diagnosed within 30 days of the <i>accident</i>, if not, no benefit is payable. If you suffer multiple <i>fractures</i> as a result of the same <i>accident</i>, we will only pay for one <i>fracture</i>.</p>	\$5,000	\$10,000
Daily Bed Confinement Benefit	<p>This benefit will be paid, if as a direct result of an <i>accident</i>, you, under the advisement of a <i>medical practitioner</i>, 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.</p>	\$200 per day	\$400 per day
Homecare Assistance Benefit	<p>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.</p>	\$75 per day	\$150 per day
		(maximum of 90 days)	(maximum of 90 days)
		(maximum of 45 days)	(maximum of 45 days)

Any benefit paid will be reduced by 50% if your *accidental death* or *accidental 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 we will pay under the *policy* 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.

### About your premiums

The cost of cover depends on your age at entry and your choice of plan, either Standard or Premier. Monthly premiums including a 10% discount for Bupa health insurance members are outlined in the table below:

Age at entry	Standard plan	Premier plan
18 - 49	\$39.60	\$79.20
50 - 65	\$49.50	\$99.00

### When we won't pay a benefit

We won't pay a benefit if your *accidental death* or *accidental injury* is due to an event caused by or related to:

- your suicide or any other deliberate act by you
- 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.

We won't pay a 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*.

For clarity, if you have a *fractured* nose or cheek bone, this 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 benefit amount is not paid, premiums will not be refunded.

### Additional benefits at no extra cost

The additional built in benefits are provided as described on the following pages of this PDS:

Benefit	PDS page number
Reward Cover Benefit	15
Suspending Cover Benefit	15

## Bupa Serious Illness Insurance

Bupa Serious Illness Insurance is designed to pay a lump sum benefit if you are diagnosed with a specified medical condition and survive 14 days from diagnosis.

The lump sum benefit payable can help when you are recovering from a major illness. For example, you may want to use the benefit to assist you in accessing the best medical treatment for your condition, whether that treatment is available here or overseas.

### Who can apply?

If you are a *permanent Australian resident* aged 18-55 (inclusive) you can apply for Bupa Serious Illness Insurance.

There are three levels of cover to choose from at the time of application: Standard, Plus or Premium cover. The amount of benefit payable for each insured event under each of the plans is outlined in the table below.

Specified medical condition	Standard cover	Plus cover	Premium cover
<i>Cancer</i>	\$50,000	\$100,000	\$200,000
<i>Benign brain tumour</i>	\$50,000	\$100,000	\$200,000
<i>Heart attack</i>	\$50,000	\$100,000	\$200,000
<i>Diabetes</i>	\$50,000	\$100,000	\$200,000
<i>Stroke</i>	\$50,000	\$100,000	\$200,000
<i>Coronary artery bypass</i>	\$50,000	\$100,000	\$200,000

Each of these conditions has a specific definition as defined in the back of this PDS on page 22.

### About your premiums

The cost of cover depends on your age, gender, smoking status and your chosen level of benefit amount. The following table shows the monthly premium for various benefit amounts and ages including a 10% discount for Bupa health insurance members. If you would like a quote, please call us on **134 135**.

Standard cover - \$50,000				
Age at entry	Male non smoker	Male smoker	Female non smoker	Female smoker
25	\$12.60	\$21.69	\$14.22	\$20.97
30	\$12.33	\$21.38	\$17.87	\$27.81
35	\$14.63	\$27.54	\$25.79	\$42.98
40	\$20.84	\$43.07	\$39.87	\$71.76
45	\$39.11	\$88.56	\$58.41	\$112.10
50	\$71.19	\$170.55	\$77.90	\$163.13

Plus cover - \$100,000				
Age at entry	Male non smoker	Male smoker	Female non smoker	Female smoker
25	\$25.20	\$43.38	\$28.44	\$41.94
30	\$24.66	\$42.75	\$35.73	\$55.62
35	\$29.25	\$55.08	\$51.57	\$85.95
40	\$41.67	\$86.13	\$79.74	\$142.92
45	\$78.21	\$177.12	\$116.82	\$224.19
50	\$142.38	\$341.10	\$155.79	\$326.25

Premium cover - \$200,000				
Age at entry	Male non smoker	Male smoker	Female non smoker	Female smoker
25	\$50.40	\$86.76	\$56.88	\$83.88
30	\$49.32	\$85.50	\$71.46	\$111.24
35	\$58.50	\$110.16	\$103.14	\$171.90
40	\$83.34	\$172.26	\$159.48	\$285.84
45	\$156.42	\$354.24	\$233.64	\$448.38
50	\$284.76	\$682.20	\$311.58	\$652.50

### When we won't pay a benefit

We won't pay a benefit if the specified medical condition first occurs or symptoms leading to the condition occurring or being diagnosed first became apparent within 90 days of the policy start date.

We won't pay a benefit for any medical condition that occurred before the commencement date unless you told us about the medical condition when you applied for the cover or applied to have the cover increased or reinstated, and we agreed to accept it. For the purpose of this clause, you had a medical condition or illness if:

- a *medical practitioner* or other medical professional gave you, or recommended that you receive advice, care or treatment, or
- you had symptoms of a medical condition or illness for which a reasonable person would have tried to receive advice, care or treatment from a *medical practitioner* or other medical professional.

We won't pay a benefit if the insured condition is caused directly or indirectly by your attempted suicide or any intentional self-inflicted injury.

If the benefit amount is not paid, premiums will not be refunded.

### After you turn 65

If you still hold this cover on or after the policy anniversary after your 65th birthday, a benefit will only be payable in the event of *Loss of independent existence*. Please refer to the Definitions section for the meaning of this event.

### Additional benefits at no extra cost

The additional built in benefits provided are as described on the following pages of this PDS:

Benefit	PDS page number
Cover Indexation Benefit	15
Reward Cover Benefit	15
Suspending Cover Benefit	15

# Additional benefits at no extra cost

## Cover Indexation Benefit

On each policy anniversary, unless otherwise requested, we will automatically increase the benefit amount in line with the consumer price index (CPI), subject to a minimum increase of five percent. The premium amount will be increased at the same time to reflect the increased benefit amount and will be based on your age at the time of the increase.

## Reward Cover Benefit

For successful claims, the benefit amount paid will be increased by 10% for successful claims if you are a Bupa health insurance member at the time of claim.

## Accidental Death Benefit

If you die as a result of an *accident* and your death occurs within 90 days of the *accident*, we will pay an additional 20% of the benefit amount for successful claims, subject to a maximum of \$50,000, if you are a Bupa health insurance member at the time of claim.

## Funeral Expense Benefit

Upon satisfactory evidence of death, to help cover the costs of arranging a funeral, we will advance a Funeral Expense Benefit of \$15,000 before collecting the full medical evidence required to assess your claim. The death benefit payable upon receipt of full claims requirements is reduced by the Funeral Expense Benefit.

Payment of this benefit is not an admission of our liability to pay the death benefit. We reserve the right to recover the amount of the Funeral Expense Benefit paid if the death claim is subsequently declined.

The exclusions (please see 'When we won't pay a benefit') apply and also this benefit is not payable if there is reasonable doubt about whether you have complied with your duty of disclosure.

## Suspending Cover Benefit

You may suspend all cover and premiums for up to 12 months. During this time, you will be unable to claim in respect of any illness, or injury that occurs during this time. Your *policy* must have been in force for at least 12 consecutive months before you can exercise this benefit.

# How to apply

If you are a *permanent Australian resident* and eligible to apply for a Bupa Insurance product, just call us on **134 135**.

## Your duty of disclosure

Before we will issue an insurance *policy*, you have a duty to tell us anything that you know, or could reasonably be expected to know that may affect our decision to provide the insurance and on what terms.

This duty applies until we have agreed to issue the insurance cover. This same duty applies before an insurance contract is extended, varied or reinstated.

You do not need to tell us anything that:

- reduces the risk to be undertaken by us
- is common knowledge
- we know or should know as an insurer, or
- we waive the duty to tell us about.

## Non-disclosure

If you do not tell us anything you are required to, and we would not have insured you if you had told us, we may avoid the contract within three years of entering into it.

If we choose not to avoid the contract, we may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told us everything you should have. However, if the contract provides cover on death, we may only exercise this right within three years of entering into the contract in respect of that death cover.

If we choose not to avoid the contract or not reduce the amount you have been insured for, we may, at any time vary the contract in a way that places us in the same position we would have been in if you had told us everything you should have. However, this right does not apply in respect of any death cover.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract or any part of it as if it never existed, irrespective of the type of cover.

## When cover starts and ends

Cover starts once your application has been approved and we confirm this for you in writing. If you have applied for cover over the phone, cover will start once we have confirmed this for you over the phone and issued you with your *policy* number. We will issue you with a policy certificate that sets out the details of your cover including the name of the person insured, the policy start date and policy expiry date.

Cover ends on the first of the following to occur:

- you die
- we pay the full benefit amount under the *policy*
- we cancel your cover in accordance with our rights in relation to your duty of disclosure
- we cancel the *policy* following your written request or a request made by contacting our call centre on **134 135** and following our reasonable instructions
- we cancel the *policy* because premiums are unpaid as and when due, or
- the policy anniversary immediately after the expiry age of your *policy* which is specified in the policy certificate



Product	Expiry age
Bupa Life Insurance	99
Bupa Accidental Death Insurance	99
Bupa Injury Cash Insurance	99
Bupa Serious Illness Insurance	80

### 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 30 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 and if you cancel your *policy* within this period, we will refund any premiums you have paid.

# About your premiums

## Premium payments

Premiums can be paid fortnightly, monthly or annually and must be paid within 30 days of the due date, or cover ends.

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)

## Level premium rate for the first three years

Usually the cost of your cover increases each year as you get older. However, to help you manage costs, your premium rate for Bupa Life Insurance and Bupa Serious Illness Insurance will not increase with your age for the first three years from the policy start date. This means that for the relevant products, the premium rate remains level for the first three years and the premium amount due in the first three years will only increase as a result of an increase in cover (including an increase under the Cover Indexation Benefit).

Your premium rate will then increase on the third policy anniversary to reflect your age at that time and will increase each year in line with your age until policy expiry.

## Changing premium rates

Premium rates/amounts are not guaranteed. We may review our rates but any change will apply to all *policy* holders and we will give 30 days written notice of any such changes, except for changes to premium amounts as a result of the Cover Indexation Benefit.

## Taxation

Generally premiums are not tax deductible and benefits are free of personal tax. This is a general statement based on current taxation laws as at the date this document was prepared and our interpretations of them. You should seek advice from a suitably qualified taxation professional, in relation to your personal circumstances.

## Reinstatement of your policy

If your *policy* is cancelled because premiums were unpaid, you can apply to have the *policy* reinstated. You must apply within 14 days of your *policy* being cancelled. Reinstatement is subject to our approval and payment of outstanding premiums.

# General information

## Changing the policy owner

You as the policy owner may transfer the ownership of your *policy* to another person, subject to relevant law by completing a Memorandum of Transfer. This must be signed by you and the person you are transferring the *policy* to and returned to us with your original *policy*.

## Statutory fund

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

## Cover is guaranteed renewable

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.

## Worldwide cover

You are covered 24 hours a day, anywhere in the world.

## No cash value

The cover types described in this combined PDS do not have a surrender value or cash in value at any point in time.

## Nominating a beneficiary

For Bupa Life Insurance and Bupa Accidental Death Insurance you can tell us who you want the death benefit paid to by nominating them as your beneficiary. You can nominate up to five beneficiaries.

## 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.

## If you are not happy with us

Customer satisfaction is very important to us. Should you be dissatisfied with our service or product please let us know by telephoning **134 135**, or please write to the following address:

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

We will address your complaint within 45 days (or within any extended period you approve). If you are not satisfied with our response, 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](http://www.fos.org.au), or write 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. All personal information will be handled in accordance with the *Privacy Act 1988* (Cth).

We collect, use and disclose your personal information including sensitive information in order to consider your application, 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 you with and manage the financial product or service you request. You may generally access personal information we hold about you.

Sensitive information is personal information which includes information or opinions about your health, genetic information, sexual preferences or practices, and criminal history.

By applying for this *policy*, you agree to the following:

- we can collect and use your personal information for the following purposes: to assess any application; underwrite; price and issue any *policy*; calculate or offer benefits and discounts; administer the *policy* and, assess, manage and pay any claim
- for these purposes we can collect your personal information and disclose it on a confidential basis to: our related entities; outsource providers; government departments and agencies; investigators; lawyers; medical and health service providers; reinsurers; other insurers; anyone acting on our behalf; and an agent of any of these. We may also disclose the personal information of you if:
  - acting in good faith, we believe the law requires or permits us to do so, or
  - if you consent, and
- where you provide personal 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** or refer to our website at **[www.bupa.com.au/life](http://www.bupa.com.au/life)**.

## 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 request summary

This summary describes how the direct debit request system works. Upon issue of your *policy*, you will also receive a full copy of the Direct Debit Service Agreement. You should read the Agreement carefully as it explains your rights and obligations relating to your ongoing direct debits.

When you complete your bank details and sign the authority, you are authorising the direct debit of the appropriate premiums from your nominated account. Your authority will be kept confidential at all times. If your premium cannot be paid (for example there's not enough money in your nominated account) your bank may dishonour that payment, in which case your *policy* may lapse and all cover cease.

If you have concerns about its operation or you subsequently need to change any aspects of the authority, please notify us. From time to time updates about our services which are subject to change and which are not materially adverse to you may be found on our website at [www.clearview.com.au/life](http://www.clearview.com.au/life) and if you request a paper copy of any updated information, this will be provided to you without charge.

## Definitions

### General policy definitions

**accident/accidental** means an unintended and unexpected event, which occurs while the *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*.

**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 Life Insurance, Bupa Accidental Death Insurance, Bupa Injury Cash Insurance or Bupa Serious Illness Insurance *policy* (as applicable), which is a contract of insurance between you and ClearView Life Assurance Limited. The *policy* comprises the Combined PDS, policy document, the policy certificate (as applies from time to time) and any other documents we issue to you at time of acceptance of cover.

**terminally ill/terminal illness** means an illness that, in the opinion of an appropriate specialist *medical practitioner* approved by us, will lead to your death within 12 months.

## Policy definitions specific to Bupa Injury Cash Insurance

**accidental injury** for the purpose of Bupa Injury Cash Insurance, is a collective term referring exclusively to: Accidental Total and Permanent Disability, Broken Bones, Daily Bed Confinement and Homecare Assistance, as defined in the *policy*.

**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 wheelchair or walking aid, and
5. Feeding - getting food from plate into your mouth.

**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.

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

**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).

**professional sport** means that your livelihood is substantially dependent on income received as a result of playing sport.

## Policy definitions specific to Bupa Serious Illness Insurance

**benign brain tumour** means a non-cancerous tumour in the brain, cranial nerve, meninges or spinal cord which is histologically described and which produces neurological damage and functional impairment which a consultant neurologist considers to be permanent:

- causing at least 25% permanent whole person impairment, as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 6th edition, or an equivalent guide to impairment approved by us, or
- requires cranial surgery for its removal.

The presence of the underlying tumour must be confirmed by imaging studies such as CT Scan or MRI. Cysts, granulomas, malformations in or of the arteries or veins of the brain, haematomas and tumours in the pituitary gland are excluded.

**cancer** means the presence of one or more malignant tumours (including leukaemia, lymphoma, Hodgkin's disease and colorectal cancer from Dukes Stage A) characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue.

The following cancers are excluded:

- Conditions classified by their clinical features, cytopathology and/or histopathology as tumours showing the malignant changes of 'carcinoma in situ' or which are histopathologically described as premalignant (Carcinoma in situ of the breast is covered if it results directly in the removal of the entire breast. This procedure must be performed specifically to arrest the spread of malignancy and be considered the appropriate and necessary treatment). Uterine cervical intraepithelial lesions, cervical dysplasias and cervical intraepithelial neoplasias, including those classified as CIN 1, CIN 2 and CIN 3 are examples of tumours categorised as either being carcinoma in situ and/or premalignant and are excluded.
- All hyperkeratosis and basal cell carcinomas, and squamous cell carcinomas of skin unless there has been evidence of metastatic spread.
- Prostatic cancers which remain histopathologically classified as TNM stage T1a or T1b or are of another equivalent or lower classification and have a Gleason score of six or less, unless major interventionist treatment is required to arrest the spread of malignancy.
- Melanomas which are less than stage T1bNOMO.
- Chronic Lymphocytic Leukaemia diagnosed as less than RAI Stage 1.

**coronary artery bypass** means the undergoing of coronary artery bypass surgery with the use of bypass graft to one or more coronary arteries for treatment of coronary artery disease.

The surgery must be the most appropriate treatment for the disease as recommended by a cardiologist. All non-surgical procedures such as laser, angioplasty or other intra-arterial techniques are excluded.

**diabetes** means that a consultant endocrinologist has confirmed that at least two of the following complications have occurred as a direct result of diabetes:

- retinopathy resulting in visual acuity uncorrected and corrected of 6/36 or worse in both eyes
- peripheral vascular disease leading to chronic infection or gangrene, requiring surgical intervention
- nephropathy causing chronic irreversible renal impairment as measured by a corrected creatinine clearance less than 28mL/min (CKD stage 4, International Chronic Kidney Disease classification), or
- neuropathy causing:
  - irreversible autonomic neuropathy resulting in severe postural hypotension, and/or motility problems in the gut with intractable diarrhoea, or
  - polyneuropathy leading to significant mobility problems due to sensory and/or motor deficits.

**heart attack** means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis must be supported by diagnostic rise and/or fall of cardiac biomarkers with at least one value above the 99th percentile of the upper reference limit and at least one of the following:

- signs and symptoms of ischaemia consistent with myocardial infarction or
- ECG changes indicative of new ischaemia (new ST-T changes or new left bundle branch block [LBBB]) or
- development of pathological Q waves in the ECG or

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

If the above tests are inconclusive or our noted diagnostic techniques are impractical to apply or have been superseded, we will consider other appropriate and medically recognised tests.

A rise in biological markers as a result of an elective percutaneous procedure for coronary artery disease is excluded. Also excluded are other acute coronary syndromes including but not limited to angina pectoris.

**stroke** means a neurological event caused by a cerebrovascular accident or incident.

The stroke must:

- be confirmed by a consultant neurologist, and
- be evidenced by neuro-imaging.

Transient ischaemic attacks, cerebral events due to reversible neurological deficits, migraine, hypoxaemia or trauma and vascular disease affecting the eye, optic nerve or vestibular functions are excluded.











## Contact details



**134 135**

Monday to Friday (except public holidays)



**Write to us**

Bupa Life Insurance  
ClearView Life Assurance Limited  
GPO Box 4232, Sydney NSW 2001



**[www.bupa.com.au/life-insurance](http://www.bupa.com.au/life-insurance)**