

# Apia Funeral Insurance

## Product Disclosure Statement and Policy Document

This combined Product Disclosure Statement and Policy Document (PDS) is issued by Asteron Life & Superannuation Limited ABN 87 073 979 530, AFSL 229880 (Asteron). Asteron is part of the TAL Dai-ichi Life Australia Pty Limited ABN 97 150 070 483 group of companies (TAL). Asteron is authorised to use the Apia brand.

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## Quick facts about Apia Funeral Insurance

Sometimes it's tempting to not read insurance documents from cover to cover. **We** appreciate that, but **we** encourage **you** to read this document because understanding **your** Apia Funeral Insurance **policy** is important. To help **you** out, below are some quick facts about **your** cover and **premium**. **We've** also included references to where, in this document, **you** can find more detail.

### Funeral Benefit (full details Section 4.1)

This **policy** pays a benefit if **you** die, providing financial help to cover the cost of **your** funeral and other associated expenses. The below table explains the benefit that is payable depending on the timing and cause of **your** death.

<b>Event</b>	<b>Type and timing of event</b>	<b>Benefit Payable</b>
<b>Your death</b>	<b>Accident</b> within the first 12 months of <b>your policy</b>	<b>Your sum insured</b>
	<b>Sickness</b> within the first 12 months of <b>your policy</b>	<b>Your premiums refunded</b>
	Any cause after the first 12 months of <b>your policy</b>	<b>Your sum insured</b>

### Early Payment Benefit (full details Section 4.2)

This **policy** pays a benefit if **you** are **terminally ill**, allowing **you** to arrange **your** financial affairs. The below table explains the benefit payable depending on the timing of **your terminal illness**.

<b>Event</b>	<b>Timing of event</b>	<b>Benefit payable</b>
<b>Your terminal illness</b>	Before or during the first 12 months of <b>your policy</b>	No payment. <b>Your policy</b> continues and <b>you</b> will become eligible for payment of <b>your sum insured</b> from first <b>policy anniversary</b> .
	After the first 12 months of <b>your policy</b>	<b>Your sum insured</b>

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## Your premiums (full details Section 8)

**Your premiums** are level which means they will not increase each year just because **you** get older. The Automatic Indexation Benefit will increase **your sum insured** each year in line with inflation (to a maximum of 10%), unless **you** choose to decline it. **Your premium** will increase to reflect any increase to **your sum insured**, unless **you** choose to decline it. The cost for the increase in sum insured will be calculated on the rate for **your** age at the time of the increase.

On the **policy anniversary** after **you** turn 85 years of age, no further **premiums** are required. **Your** cover will continue at no cost to **you**.

## Value Promise (full details Section 4.6)

Depending on how long **you** hold **your** Apia Funeral Insurance **policy**, **you** may pay more in **premiums** than **your sum insured**. At claim time, **we** will compare **your sum insured** to the amount **you** have paid in **premiums** and, if eligible for payment of the Funeral Benefit or Early Payment Benefit, **we** will pay whichever amount is greater. This means that **you** will never pay more in **premiums** than will be received at claim time.

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Now that **you** know the key facts, read on to learn more detail about **your** cover and other benefits available on **your** Funeral Insurance **policy**.

## 1.0 Important information

This combined Product Disclosure Statement and Policy Document (together referred to as 'PDS') is designed to help **you** decide whether to buy or continue to hold this Asteron Life & Superannuation Limited ABN 87 073 979 530, AFSL 229880 ("Asteron", "we", "our" or "us") product. This PDS provides important information about the purpose of **our** product, the key features and benefits available, and the costs, risks and other important aspects of **our** product. The information contained in this document is general in nature and does not take into account **your** personal objectives, financial situation or needs. Therefore, before acting on this information, **you** should consider the appropriateness of **our** product having regard to those matters and carefully read this PDS before making a decision about **our** product.

Asteron is related to TAL Life Limited ABN 70 050 109 450, AFSL 237848 (TAL Life) and to the distributor TAL Direct Pty Limited ABN 39 084 666 017, AFSL 243260 (TAL Direct). Asteron, TAL Life and TAL Direct are part of the TAL Dai-ichi Life Australia Pty Limited ABN 97 150 070 483 group of companies (TAL).

Asteron is the issuer of this PDS and has been authorised to issue this PDS under the Australian Pensioners Insurance Agency Pty Limited (Apia) ABN 14 099 650 996 brand. Apia is a Suncorp Group company, is not responsible for this PDS. Asteron takes full responsibility for the whole of this PDS.

If **you** are issued an Apia Funeral Insurance **policy**, this PDS, together with the **schedule**, and information provided in **your** application, constitutes **your** insurance **policy** and is evidence of **your** insurance with **us**. **You** should read this document in conjunction with the **schedule** because together they contain important information relating to **your** **policy**. Please keep this PDS and **your** **schedule** in a safe place. **Your** **schedule** is issued to **you** based on the information provided by **you**, to **us** on **your** application for insurance.

Apia Funeral Insurance is not a savings plan. The primary purpose is to provide a benefit under the terms and conditions of the **policy** in the event of a claimable event.

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All the information contained in this PDS is current at the time of issue. **We** may change or update any information in this PDS from time to time. If the change is not materially adverse, **we** may notify **you** about that change by preparing an update on the website, [www.apia.com.au/funeral](http://www.apia.com.au/funeral). **You** can also obtain a printed copy of this free of charge by contacting **us** (please refer to the back cover for details). If the change is a material or significant one, **we** will notify **you** within 3 months of the change occurring. **We** may also make improvements to **your policy** without any increase to **your premium**. If **we** make a change to **your policy** which in **your** opinion was adverse to **you**, **we** will, if **you** make a claim, assess **your** claim on the terms of the **policy** before the change took place.

If **you** are issued an Apia Funeral Insurance **policy**, **you** are the **policy owner** and **insured person** listed on the **schedule**. **You** are covered for the insured events under **your policy** 24 hours a day, every day of the year. If **premiums** payable under the **policy** are paid (please refer to Section 8 Your premium), **your policy** will continue, unless **your policy** stops earlier (please refer to Section 6 When will cover stop?).

When reading this PDS, please refer to Section 14 Glossary which shows the meaning of various terms bolded throughout.

Before **you** buy this insurance, please read this PDS carefully, including Section 7 When we won't pay.

For details on how to contact **us**, please refer to the back cover.

## 2.0 Who can apply?

Applicants for a single life or a joint life Apia Funeral Insurance **policy** must:

- be aged between 45 and 75 (inclusive);
- be an Australian or New Zealand citizen or permanent resident and residing in Australia at the time of application; and
- have received this PDS in Australia.

Once **you** have provided **us** correct payment details and **we** have accepted **your** application, **you** will be covered for the benefits outlined in this document 24 hours a day, every day of the year, anywhere in the world.

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**We** guarantee to renew **your policy** every year, but **you** should be aware there are times when **your policy** will stop earlier (please refer to Section 6 When will cover stop?).

### 3.0 Your cooling off period

**You** have 30 days from the **policy commencement date** to check that this insurance meets **your** needs. This is the cooling off period.

**You** can cancel **your policy** during this cooling off period by notifying **us**, and confirming **your** identity, in writing or verbally. Provided **you** have not made a claim, **you** will receive a refund in full of any money **you** have paid.

#### 3.1 Cancelling your policy after the cooling off period

**You** may cancel **your policy** at any time after the cooling off period. If **you** pay **premiums** fortnightly or monthly, **your** cover will continue up until the date the **policy** is paid up to.

If **you** pay **premiums** annually and **your** request is to cancel prior to **your** next **policy anniversary date** (example, **you** cancel mid-year), **you** will be refunded any unused **premium**. **We** will confirm, **your policy** has been cancelled from the date of **your** request.

**You** may wish to discuss other financial options by contacting **us**.

### 4.0 Details of cover and benefits

When **you** apply for a Apia Funeral Insurance **policy**, **you** choose the level of cover **you** think **you** need. The minimum amount **you** can apply for is \$5,000 and the maximum amount, in increments of \$1,000, is \$15,000

Payment of a benefit is subject to **our** acceptance of **your** claim (please refer to Section 12 Claims).

The most **we** will pay under this Apia Funeral Insurance **policy** is the **sum insured** for each **insured person** plus any Value Promise that may be applicable (please refer to Section 4.6). The maximum amount **we** will pay across all funeral insurance **policies** issued by **us** for the same **insured person** is \$15,000 (plus indexation).

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## For single life policies

If **you** are the only **insured person** listed on the **schedule**, **you** are the sole owner of the **policy**. **You** will be asked to nominate a beneficiary to receive any benefit payable on **your** death. If **you** do not nominate a beneficiary, any benefit payable on **your** death will be paid to the estate.

## For joint life policies

If **you** are applying for a joint **policy**, **your schedule** will show two **insured persons** who are also joint **policy owners**. The **sum insured** for each **insured person** can be different.

Joint **policy owners** will be asked to nominate a beneficiary to receive any benefit payable upon the death of one or both of the **insured persons**. If **you** choose to nominate a beneficiary, each **insured person** must sign the nomination. If no beneficiary is nominated, any benefit payable under **your policy** following the death of a **policy owner** will be paid to the surviving **policy owner**, or **your** estate if there is no surviving **policy owner**.

As the joint owner of the **policy** and an **insured person**, **you** can cancel the benefits of the **policy** that are relevant to **you** without the need to obtain consent from the other **policy owner's** (please refer to Section 6 When will cover stop?).

Each **insured person** listed on the **schedule** is entitled to the following benefits under **your policy**:

### 4.1 Funeral Benefit

During the first 12 months of **your policy**, **we** will only pay **your** Funeral Benefit **sum insured** if **your** death is as a result of an **accident**. The **accident** must occur after **your policy commencement date**. After the first 12 months of **your policy**, **we** will pay **your** Funeral Benefit **sum insured** if **your** death is as a result of any cause.

**Your** Funeral Benefit **sum insured** will not be payable if **you** die during the first 12 months after **your policy commencement date** as a result of:

- an **accident** that occurred prior to **your policy commencement date**;
- a **sickness**; or
- an intentional self-inflicted act.



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If this happens, **we** will refund all **premiums** paid under **your policy**.

**We** must receive notice of any claim for payment of the Funeral Benefit **sum insured** as soon as reasonably possible.

Please refer to Section 6 When will cover stop? for when the Funeral Benefit **sum insured** under this **policy** will cease.

#### **4.2 Early Payment Benefit**

If **you** are **terminally ill**, **we** will advance **your** full Funeral Benefit **sum insured**, helping **you** to arrange **your** financial affairs. The Early Payment Benefit is not payable until after **your** first **policy anniversary**.

**We** must receive notice of any claim for the Early Payment Benefit as soon as reasonably possible.

Please refer to Section 6 When will cover stop? for when the Early Payment Benefit under this **policy** will cease.

#### **4.3 Premium Pause Benefit**

**You** may choose to activate the Premium Pause Benefit which allows **you** to stop paying **your premium** payments for up to 3 months over the life of the **policy**. While **your premiums** are paused, **your** Apia Funeral Insurance **policy** will only cover **you** in the event **you** die as a result of an **accident**. After the pause has ended, and **you** have restarted paying **your premiums**, **your** Funeral Benefit **sum insured** will again become payable in the event of **your** death as a result of any cause.

While **premiums** are paused, cover under the Early Payment Benefit will not apply. After the **premium** pause has ended, and **you** have restarted paying **your premiums**, cover under the Early Payment Benefit will again become payable if **you** are **terminally ill**.

To activate **your** Premium Pause Benefit, **you** must have paid **premiums** for the previous 12 consecutive months.

The Premium Pause Benefit stops on the **policy anniversary** after **your** 85th birthday, unless cover stops earlier (please refer to Section 6 When will cover stop?).

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#### 4.4 Automatic Indexation Benefit

To help keep **your** insurance in line with the cost of living, **your sum insured** will be increased on **your policy anniversary** each year by the **indexation factor** to a maximum of 10%. Any increased **sum insured** as a result of the Automatic Indexation Benefit will be calculated on the rate for **your** age at the time of the increase.

**We** will advise **you** of **your** new **premium** prior to **your policy anniversary**, and give **you** the opportunity to decline the increase. If **you** ask **us** to not apply the **indexation factor**, **your sum insured** will not change.

The Automatic Indexation Benefit stops on **your** 85th birthday, unless cover stops earlier (please refer to Section 6 When will cover stop?).

#### 4.5 10% Cash Back Benefit

Once **you** have continuously held **your policy** for three years, **we** will refund 10% of the **premiums you** have paid. **We** will do this every three years if **you** continue to hold **your policy**, meaning that **you** will receive a 10% refund on every third **policy anniversary**.

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For example, if **you** have paid **us** \$1,000 in **premiums** in the first 3 years since **your policy commencement date**, **we** will refund \$100. If **you** pay \$1,500 in the next 3 years, **we** will refund \$150 after the 6th anniversary of **your policy commencement date**.

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#### 4.6 Value Promise

At time of claim for the Funeral Benefit or the Early Payment Benefit, **we** will compare **your sum insured** to the amount **you** have paid in **premiums** (less any cash back benefit) over the life of **your policy** and, if eligible for payment, **we** will pay whichever amount is greater.

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For example, if **your sum insured** is \$8,000 and, over the life of **your policy**, **you** pay \$9,000 in **premiums**, **we** will pay \$9,000 at claim time. This means **you** will never pay **us** more than the amount received at claim time.

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## 4.7 Nominate a beneficiary

Nominating a beneficiary (for example **your** spouse) to receive the proceeds of **your policy** may help avoid any potential delay in the payment of **your** Funeral Benefit **sum insured**. **You** can nominate a beneficiary by completing the form **you** will receive in **your** Welcome Pack and returning it to **us**. If **you** are joint **policy owners**, **you** may make a joint beneficiary nomination, signed by both **policy owners**, so that any payment under the Funeral Benefit **sum insured** can be made to the person **you** both nominate.

If **you** have made a valid nomination and a nominee cannot be located or they died before **you**, the benefit otherwise payable to them will be payable to the **legal personal representative** of **your** estate.

If a **nominated beneficiary** is a minor, the payment will be made to the minor's legal guardian, a trust for the benefit of the minor, or to any person **we** are authorised to pay under the relevant law.

If **you** change **your** mind, **you** can alter **your** beneficiary nomination at any stage by completing a new Nomination of Beneficiary form. A nomination is effective once it is confirmed by **us** in writing.

If **you** have a jointly owned **policy** and do not make a nomination, any payment made under the **policy** will be paid to the surviving **policy owner** or **your** estate if there is no surviving **policy owner**.

## 5.0 When does cover start?

**Your policy** will start on the **policy commencement date** shown on **your schedule**. As long as each person to be insured satisfies the eligibility requirements (please refer to Section 2 Who can apply?), cover under **your** Apia Funeral Insurance **policy** will commence on the date **we** accept **your** application and receive correct payment details.

Once **we** accept **your** application for cover under Apia Funeral Insurance, **we** will send **you** a **schedule** confirming **our** acceptance. This PDS and **your schedule** set out the full terms and conditions of **your** insurance with **us**. Please read these documents carefully and store them in a safe place.

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## 6.0 When will cover stop?

**Your policy** has no expiry date but there are some circumstances under which cover will stop.

Cover will stop under this **policy** on the earliest of:

- the date the Funeral Benefit **sum insured** is paid;
- the date the Early Payment Benefit is paid; or
- the date the **insured person** dies.

Cover will also stop for all **insured persons** under the **policy** on the earlier of the following events:

- **you** ask for **your policy** to be cancelled; or
- the date **your policy** is cancelled due to non-payment of outstanding **premiums**.

If there is more than one **insured person** listed on the **schedule** and cover stops for one of them, cover will continue for the surviving **policy owner** and the **premium** will be adjusted to cover the remaining **insured person** only.

**We** will not consider any claim, unless the event giving rise to the claim occurred while **your policy** was still in force. **We** may also cancel this **policy** on any grounds permitted under relevant law by telling **you** in writing.

## 7.0 When we won't pay

**We** will not pay the Funeral Benefit **sum insured** if **you** die during the first 12 months after **your policy commencement date** as a result of:

- an **accident** that occurred prior to **your policy commencement date**;
- a **sickness**; or
- an intentional self-inflicted act.

**We** will not pay the Early Payment Benefit during the first 12 months of **your policy**. If **you** are **terminally ill** before this time, **your policy** will continue provided **you** continue to pay **premiums**.

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## 8.0 Your premium

**Your premium** pays for **your** cover, government fees and charges and administration costs.

The **premium you** pay is determined by multiplying **your sum insured** by the applicable **premium** rate. A discount may also be applied. Please refer to section 8.1 to determine if **you** are eligible for a discount.

When **you** reach the **policy anniversary** after **your** 85th birthday, **we** will stop charging **you** a **premium** and **your** cover will continue at no cost to **you** unless cover stops earlier (please refer to Section 6 When Will Cover Stop?).

**We** guarantee that **we** will not change **your premium** for 12 months from **your policy commencement date**. After this, **your premium** may increase if you accept indexation (please refer to Section 4.4). **We** can also change the **premium** rate for all policies at any time. In the event **we** apply an increase to all policies, **we** will provide **you** with at least 30 days' notice and you will be charged the new **premium** from **your** next **policy anniversary**.

**We** will send **you** a notice prior to each **policy anniversary** confirming **your premium**.

**Premiums** received are paid into **our** No. 1 statutory fund. A **policy** issued in relation to Apia Funeral Insurance is not eligible to participate in any surplus arising in **our** statutory fund.

### Your premiums

Premiums are level meaning they are based on **your** age at **your policy commencement date** (and for increases in your sum insured after your policy commencement date your age at the time of the sum insured increase), **your** gender and **your sum insured**. As premiums are level, ongoing **premiums** will not increase each year just because you get older but premiums will increase due to any increase to **your sum insured**, including as a result of the Automatic Indexation Benefit, and premiums can increase if we change the **premium** rate for all policies as set out above.

If **you** accept the Automatic Indexation Benefit or apply to increase **your sum insured**, the increased portion of the **sum insured** will be calculated based on the applicable **premium**

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rate for **your** age at the time of applying for the increase. If **you** have had a birthday since **your policy commencement date**, the **premium** rate that applies to the increased **sum insured** will generally be higher than when **you** applied for the original **sum insured**.

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**For Example:** Sonia was 62 years of age when she applied for her Apia Funeral Insurance **policy** with a **sum insured** of \$7,000 paying a **premium** of \$42.38 per month.

Sonia has just turned 65 years of age and is applying to increase her **sum insured** by \$3,000 to a total of \$10,000. The **premium** payable for the additional \$3,000 will be calculated based on the **premium** rate for her current age of 65, bringing her total monthly **premium** to \$64.14.

\$7,000 - **premium** calculated on age 62

\$3,000 - **premium** calculated on age 65

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## 8.1 Are you eligible for a discount?

### Family Discount

A 20% discount is available for **immediate family members** who each purchase a Apia Funeral Insurance **policy** (including as joint owners). The discount will apply to the **premium** payable (please refer to Section 8.2 How to calculate **your premium**).

## 8.2 How to calculate your premium

When **you** apply, **your premium** is based on the applicable **premium** rate for **your** gender and current age, multiplied by **your sum insured**. A discount may also apply.

The following tables contain some sample **premiums** only for Apia Funeral Insurance. To obtain a personalised quote please contact **us** on 1800 608 549 or go online to [www.apia.com.au/funeral](http://www.apia.com.au/funeral)

### Sample premiums for males

<b>Sum Insured</b>	<b>\$ 5,000</b>	<b>\$10,000</b>
<b>Age</b>		
50	\$28.06	\$56.12
60	\$35.18	\$70.36
70	\$72.73	\$145.47

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## Sample premiums for females

Sum Insured	\$ 5,000	\$10,000
Age		
50	\$23.41	\$46.82
60	\$26.84	\$53.68
70	\$50.78	\$101.56

### 8.3 Paying your premium

**You** can choose to pay **your premium** fortnightly, monthly or annually from the financial institution or credit card **you** nominate. **Your premium** and the frequency **you** have chosen to pay **your premium** are detailed on **your schedule**.

**You** have up to 14 days (or 30 days if **you** pay monthly) from the date each **premium** is due to pay **your premium**. This period is called the days of grace. If **you** do not pay a **premium** within this period, **we** will send a notice to **you** at the address last advised to **us** specifying the date **we** will cancel the **policy** without any refund of **premium**. If **you** are entitled to claim before the date **we** cancel the **policy**, **we** will pay the benefit that would otherwise be payable on the terms explained in this PDS, less the amount of any unpaid **premium**. **We** will not be liable for any claims after the date of cancellation.

If **we** cancel **your policy** due to non-payment of **premiums**, **we** will not refund any **premium**. **You** can contact **us** to reinstate **your policy** up to 3 months after the date of cancellation. In order for **us** to process **your** reinstatement, all outstanding **premiums** must be paid by **you**.

If **we** accept **your** reinstatement application and **you** repay outstanding **premiums**, cover will continue and **your** 12 month **accident** only period will not restart.

### 8.4 Taxation

Usually **premiums** are not tax deductible and any benefit payments are not assessable for tax purposes. These comments are a guide only and do not take into account changes in taxation laws or **your** particular circumstances. Please ask **your** tax adviser or the Australian Taxation Office about **your** own circumstances.

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## 9.0 Risks

**You** should be aware of the risks involved before buying any life insurance policy. Some of the risks associated with holding this life insurance **policy** include:

- **your policy** may not suit **your** needs; or
- **your** level of cover may be insufficient.

It's important that the **policy** meets **your** needs both now and in the future. **You** may need to seek assistance from an adviser if the terms are not consistent with **your** needs or do not suit **your** personal circumstances.

## 10.0 How can I apply?

- Contact **us** on 1800 608 549 and talk to one of **our** Customer Value Specialists.
- Visit [www.apia.com.au/funeral](http://www.apia.com.au/funeral) and complete an online application.

## 11.0 How to contact us

### 11.1 Administration queries and changes

If **you** have any questions about **your policy** or **you** would like to make any changes to **your policy**, including a change to **your** level of cover or to **your** payment type, please contact **us** (please refer to the back cover for contact details). A change to this **policy** will only apply if **we** confirm the change in writing.

During the life of this **policy**, **you** cannot assign ownership of this **policy** to any other person or party. However, if this is a joint life **policy**, **you** can convert to single life policies and the **insured person** will be the **policy owner** on each individual **policy**. If **you** need to do this, please contact **us**. If **you** decide to split a joint **policy** into two separate **policies**, each **insured person** will be issued with a new **policy**. Note, **you** may lose certain benefits such as the 10% Cash Back Benefit from the original **policy** and start again with **your** new **policies**.



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**You** can apply to increase **your** cover up to the age of 75. If **you** wish to apply for an increase to **your** existing **sum insured**, the maximum **sum insured** limits will apply (please refer to Section 4 Details of cover and benefits under this policy). With respect to any increased amount, if **you** die as a result of:

- an **accident** that occurs prior to the increase;
- a **sickness**; or
- an intentional self inflicted act,

during the first 12 months after **we** accept **your** application for increase, the increased amount will not be payable, however **we** will refund all **premiums** paid with respect to the increased amount. Following an increase to **your sum insured** **you** will receive a **schedule** showing **your** updated **policy** information.

## 11.2 Complaints

If **you** have a complaint about this product or **our** services, **we** have established a complaints resolution process and are committed to working with **you** to resolve **your** concerns. **You** can call **us** on 1800 608 549 or contact the Customer Relations team at [lifecustomerrelations@suncorp.com.au](mailto:lifecustomerrelations@suncorp.com.au).

If an issue has not been resolved to **your** satisfaction, **you** can lodge a complaint with the Australian Financial Complaints Authority (AFCA). AFCA provides fair and independent financial services complaint resolution that is free to consumers.

You can contact AFCA via the following:

Website: [www.afca.org.au](http://www.afca.org.au)

Email: [info@afca.org.au](mailto:info@afca.org.au)

Telephone: 1800 931 678 (free call)

In writing to: Australian Financial Complaints Authority,  
GPO Box 3, Melbourne VIC 3001

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## 12.0 Claims

If entitled to make a claim, the **policy owner, nominated beneficiary or legal personal representative** can contact **us** on 1800 608 549 and **we** will then send a claim pack that needs to be completed to **our** satisfaction and returned to **us**.

If **you** have made a valid nomination, which **we** will confirm with **you** in writing, **we** will pay any benefit payable as a consequence of **your** death in accordance with **your** nomination.

In order to assess a claim, **we** can ask for information **we** might reasonably need and obtain medical and other records to ensure that the terms and conditions of the **policy** as set out in this PDS are satisfied.

To make a claim under the Funeral Benefit, the surviving **policy owner, nominated beneficiary or legal personal representative** is required to notify **us** as soon as reasonably possible after the date of **your** death. The following information will be required:

- claim form completed by the surviving **policy owner, legal personal representative or nominated beneficiary**;
- certified copy of the death certificate or other satisfactory evidence;
- certified proof of identity (birth certificate, drivers licence or passport); and
- if there is no joint **policy owner** and **you** did not make a valid beneficiary nomination, a certified copy of **your** Will.

To make a claim under the Early Payment Benefit, **you** are required to notify **us** as soon as reasonably possible after the date **you** are **terminally ill**. The following information will be required:

- claim form completed by **you** and **your registered doctor**; and
- certified proof of identity (birth certificate, drivers licence or passport).

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Payment of a benefit under this **policy** will be subject to relevant legislative requirements being adhered to and, depending upon individual circumstances, additional information may be required by **us**. The **policy owner, nominated beneficiary or legal personal representative** will be required to pay for the cost of satisfying these claim requirements, unless **we** notify **you** otherwise.

To assess **your** claim promptly, **we** need to ensure the information provided to **us** at the time of application is correct, for example **your** age. If **we** have received any false information, **we** may refuse the claim, avoid the **policy**, adjust the **premiums** paid by **you** or the benefit payable by **us**.

**We** may refuse the claim if **we** are disadvantaged by any delay in notifying **us** of a claim.

All payments are made as a lump sum in Australian currency.

**We** will not consider any claim, unless the event giving rise to the claim occurred while **your policy** was in force.

## 13.0 Your privacy and our information handling practices

**We** understand that the privacy of **your** information is important to **you** and **we** respect the confidentiality of the information that **you** provide to **us**.

In this Privacy section, all references to “**We/Us/Our**” means Asteron and its related bodies corporate.

The way in which **we** collect, use and disclose **your** personal and sensitive information (together ‘personal information’) is explained in our Australian Privacy Principle Privacy Policy (APP Privacy Policy) available using this link <https://www.tal.com.au/privacy-policy>. Alternatively, **we** would be pleased to provide a copy of this free of charge on request.

Our APP Privacy Policy contains details about the following:

- the kinds of personal information that **we** collect and hold;
- how **we** collect and hold personal information (including sensitive information such as health and lifestyle information);
- the purposes for which **we** collect, hold, use and disclose personal information (including sensitive information);

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- how **our** customers may access personal information about them which is held by **us** and how they can correct that information;
  - our approach to direct marketing and how **you** can opt out of receiving direct marketing communications; and
  - how **we** deal with any complaints that **our** customers may have regarding privacy issues.

**Our** information handling practices are based on relevant privacy laws and regulations, including, but not limited to the Privacy Act 1988 (Cth) and the 13 Australian Privacy Principles.

Additional information about relevant privacy laws and regulations and **your** privacy rights can be found at the website of the Australian Privacy Commissioner at <http://www.oaic.gov.au> including how to make a privacy related complaint and sensible steps that **you** can take to protect **your** information when dealing with organisations and when using modern technology.

If **you** would like a copy of **our** APP Privacy Policy or if **you** have any questions about the way in which **we** manage **your** information, or wish to make privacy related complaint, please contact **us** using the details below:

Telephone: 1300 209 088

Email: [customerservice@tal.com.au](mailto:customerservice@tal.com.au)

Post: GPO Box 5380 Sydney NSW 2001

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## Collection, use and disclosure of information when providing our products and services

**Your** personal information will be collected, used and disclosed to enable **us** to provide or arrange for the provision of **our** insurance products and services. Examples of why **your** personal information will be collected, used and disclosed include, but are not limited to, the following:

- to confirm **your** identification, for example when making payments and changes to **your policy**;
- to process new insurance policies, including underwriting and claims assessments;
- to carry out administrative and processing functions including pre-sales, sales and ongoing customer service and support;
- to assess claims against the **policy** terms;
- to meet legal and regulatory requirements; and
- to review and develop our products and services, including research and surveys to meet ongoing customer expectations.

**We** may collect **your** information from and disclose **your** information to (and receive information from) third parties (including related bodies corporate) such as:

- affiliated product and service providers, or distributors of **our** products or services, including other businesses with whom **we** have a business, distribution or branding arrangement, or where otherwise permitted or authorised by law; and
- organisations that are involved in a corporate re-organisation or are involved in a transfer of all or part of the assets or business of their organisation and/or a TAL organisation.

Typically, in providing **our** products and services to **you we** may collect and disclose information using online and paper forms, electronic transmission of data, telephone and other available technologies. **We** obtain **your** consent for the collection, use and disclosure of information including, but not limited to, **your** consent to liaise with relevant healthcare providers, financial advisers and professionals such as **your** accountant and doctors.

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If **you** do not supply the required information, **we** may not be able to provide the requested product or service or pay a claim.

**Your** personal information will be managed and held securely and **we** have measures in place to protect **your** information. In processing and administering **our** products and services (including at the time of underwriting and claims assessment) **we** may need to disclose **your** personal information to other organisations and individuals. Examples of why **your** personal information will be disclosed include, but are not limited to, the following:

- to organisations assisting **us** in providing **our** products and services such as those providing mailing and information technology services;
- to organisations assisting **us** in promoting, marketing and distributing **our** products and obtaining feedback such as surveys and research;
- to **our** related bodies corporate and organisations with which **we** have a business alliance or contractual arrangement;
- in response to enquiries, complaints and litigation, for example, disclosure to external complaints resolution bodies and lawyers;
- to meet **our** legal and regulatory requirements; and
- to respond to a request from a government agency or law enforcement body.

**We** may also disclose **your** personal information to other bodies such as reinsurers, **your** financial adviser, healthcare and rehabilitation providers and claims investigators.

In administering **your** insurance benefits and in operating this product, **your** personal information may be disclosed to service providers in another country.

**Our** Privacy Policies provide information regarding relevant offshore locations where **we** have service providers.

Generally, **we** do not use or disclose any customer information for a purpose other than providing **our** products and services unless:

- **our** customer consents to the use or disclosure of the customer information; or

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- the use or disclosure is required or authorised under an Australian law or a court/tribunal order; or
  - the purpose is related to improving **our** products and services and seeking customer input such as market research; or
  - the use or disclosure of the information is reasonably necessary for one or more enforcement related activities conducted by, or on behalf of, a law enforcement body e.g. the police.

### **Your personal information and our marketing practices**

Every now and then, **we**, or, **our** related bodies corporate, or organisations with which **we** have a business arrangement may wish to contact **you** to provide **you** with information about special offers and information about products and services that **we** think will be of interest to **you**. These direct marketing communications may be through any available technologies including mail, email, SMS, telephone and online. Detailed information about **our** marketing practices, including data matching and analytics, is available in **our** APP Privacy Policy referenced above.

**We** will engage in marketing unless **you** tell **us** otherwise. If **you** prefer not to receive direct marketing communications from **us**, **you** can contact **us** at any time using the contact details above. When **you** contact **us** to opt out of receiving direct marketing communications going forward, **you** will be given a choice of ongoing marketing preferences.

### **Accuracy of information and access to information we hold**

**We** rely on the accuracy of the information **you** provide. If **you** think that **we** hold information about **you** that is incorrect, incomplete or out of date, please let **us** know using the communication methods above.

Under current privacy laws and regulations, **you** are generally entitled to access the personal information **we** hold about **you**. To access that information, simply make a request in writing. This process enables **us** to confirm **your** identity for security reasons and to protect **your** personal information from being sought by a person other than **yourself**. There are some limited exemptions where **we** would be unable to provide the personal information that **we** hold about **you** in response to **your** request.

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If, for any reason, **we** decline **your** request to access and/or update **your** information, **we** will provide **you** with details of the reasons and where appropriate, a list of the documents that are not being provided directly to **you**. In some circumstances it may be appropriate to provide **you** with access to information that **you**'ve requested via an intermediary, such as providing medical information to a treating GP rather than directly to **yourself**. If this is the case, **we** will let **you** know.

## 14.0 Glossary

Where the following terms and words appear in this PDS, whether the first letter is in upper or lower case, and are bolded, their meanings are listed below.

Where applicable, with respect to the definitions, singular includes the plural and vice versa.

**accident:** means an event that occurs while cover is in force under this **policy**, which solely and directly causes **injury** as a result of violent, external and visible means.

**Asteron, we, us** and **our:** means Asteron Life & Superannuation Limited, ABN 87 073 979 530 AFSL 229880.

**immediate family members:** means **your partner**, parents, siblings or children.

**Indexation factor:** means the percentage change in the consumer price index (CPI) which is the weighted average of the 8 Australian capital cities combined as published by the Australian Bureau of Statistics or any body which succeeds it and in respect of the 12 month period finishing on 30 September. The **indexation factor** will be applied from 1 March the following year. If the CPI is not published by this date, the **indexation factor** will be calculated upon a retail price index which **we** consider most nearly replaces it.

**injury:** means physical damage to **your** body which occurs as a result of violent, external and visible means while this **policy** is active.

**insured person:** means the person(s) who has been accepted by **us** and is listed on the **schedule** as the **insured person(s)** under this **policy** and the **policy owner**.

**legal personal representative:** means the executor or administrator of **your** estate, or any other person(s) who is authorised by law to administer and distribute **your** estate.



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**nominated beneficiary:** means the person **you** nominate to receive the Funeral Benefit under **your policy** that **we** confirm in writing.

**partner:** means **your** spouse or a person living with **you** as **your** spouse on a domestic basis in good faith. He or she can be the same sex as **you**.

**policy:** means **your** Apia Funeral Insurance, which consists of this combined Product Disclosure Statement and Policy Document, the **schedule** and information provided in **your** application.

**policy anniversary:** means the anniversary of **your policy commencement date**.

**policy commencement date:** means the date **we** accept **your** application for cover as shown on the **schedule**.

**policy owner:** means the person(s) listed on the **schedule** as the owner(s) of this **policy** and the **insured person**.

**premium:** means the amount **you** pay **us** for the insurance.

**registered doctor:** means a doctor who is legally qualified and a properly registered medical specialist. The doctor cannot be **you** or a member of **your** family. If practising outside Australia, the doctor must have qualifications equivalent to Australian standards.

**schedule:** means a document issued by **us** which shows important information about **your policy**, including **your policy** number, **premiums**, **sum insured** and **policy commencement date**.

**sickness:** means an illness or disease **you** suffer while cover for the applicable benefit was in force under this **policy**.

**sum insured:** means the amount **you** apply for and **we** accept, with any increase due to indexation under the Automatic Indexation Benefit or as varied by agreement (for example if **you** apply for a decrease or increase).

**terminal illness and terminally ill:** means a **sickness** which **you** have been diagnosed with by a **registered doctor** that, in **our** opinion having considered any evidence **we** may require, means that **your** life expectancy is not greater than 12 months, regardless of any available treatment.

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**you** and **your:** means the **policy owner(s)** who is also the **insured person(s)** who has been accepted by **us** and is shown on the **schedule**.

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## How to contact us

If you would like to enquire about applying for an Apia Funeral Insurance policy or if you have an existing policy, you can:

Call us on **1800 608 549**

Fax us on **1300 850 387**

Email us on **apialife@apia.com.au**

Find us at **apia.com.au/funeral**

Write to us at **Apia Life Customer Service  
GPO Box 3950  
Sydney NSW 2001**

