

Apia Injury Support Plan

Product Disclosure Statement

This Product Disclosure Statement (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.

Prepared on: 1 March 2019



Important Information

This Product Disclosure Statement (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.

Apia Injury Support Plan is not a savings plan. For full terms and conditions, please refer to the policy issued by Asteron. You can request a copy from us free of charge.

Please note: we will only cover you under one Injury Support Plan or Accidental Injury Plan issued by us, at any one point in time. Therefore you should not hold, or apply for, more than one Injury Support Plan or Accidental Injury Plan issued by us since February 2011.

We may change any information in this PDS. 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.

All the information contained in this PDS is current at the time of issue. We may change or update information from time to time. If the change is not materially adverse, we may notify you about the change by preparing an update on the website, apia.com.au/injurysupportplan. You can also obtain a printed copy of this free of charge by contacting us (please refer to the back page for details).

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

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

Throughout this PDS there are some examples that show how benefits and premiums work under this policy. They are not intended to cover all possible scenarios which may apply as they are for illustrative purposes only.

When reading this PDS, please refer to the Glossary from pages 16 to 18 which shows the meaning of various terms used throughout.

About Apia Injury Support Plan

Apia Injury Support Plan is a simple and affordable way to help protect yourself and your family against the financial costs that can occur in the event of an accident. It is designed to pay a lump sum benefit if you suffer one of a number of listed injuries – helping you cope financially while you recover.

Here are 10 great reasons to choose Apia Injury Support Plan. For full details, please refer to pages 2 – 11.

1. You can choose between the Standard Package and the Plus Package – allowing you to decide what level of cover and premium suits you.
2. You can apply for cover with no medical checks. Your application can be completed in minutes online, over the phone, or by completing the paper application form.
3. To reward your loyalty, you will receive a 10% refund of all premiums you have paid every 3 years, as long as you haven't made a claim during those 3 years.
4. A family discount is available if more than 1 family member purchases a policy.
5. Your policy can help protect you financially against a number of common injuries, including broken bones, dislocations and severe burns.
6. Generally, the more serious the injury, the larger the specified benefit you will receive – recognising the additional financial burden of serious injuries.
7. You are covered 24 hours a day, 7 days a week, even if you are overseas.
8. Fortnightly, monthly or annual premiums are available to suit your budget.
9. The Automatic Indexation Benefit ensures your Injury Benefit keeps up with inflation.
10. If an accident results in your death, we will pay the Accidental Death Benefit to your nominated beneficiary or your estate.

Who can apply?

If you are aged between 18 and 75 (inclusive), 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, you can apply for Apia Injury Support Plan.

If you meet these criteria and your application is accepted by us, you will be covered for the benefits outlined below 24 hours a day, 365 days a year anywhere in the world. Your policy will continue every year until your 90th birthday, unless your cover stops earlier (please refer to When does cover stop? on page 7).

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.

If you wish, you can cancel your policy during the cooling off period by contacting us. Provided you have not made a claim, you will receive a refund in full of any money you have paid.

Details of cover

Apia Injury Support Plan is a single life policy only. As the sole owner of the policy, you will also be the only insured person.

Depending on the level of cover you think you need, you can choose either the Standard or Plus Package. The package you choose will determine the specified benefit we pay you in the event of a claim.

Benefits under this policy (please refer below) stop on your 90th birthday, unless cover stops earlier (please refer to When does cover stop? on page 7).

You are entitled to the following benefits under your policy:

Injury Benefit

If you have an accident resulting in any of the specified injuries listed in the table on the following page, we will pay you the specified benefit for that injury, depending on the package you have chosen, unless in our opinion, one or more of the exclusions apply (please refer to When we won't pay on pages 7–8).

For example, if you fall and fracture your arm and you have selected the Plus Package, we will pay you a benefit of \$8,000.

The details of each package are listed below:

Specified Injury	Specified Benefit	
	Standard Package	Plus Package
loss of limbs or sight	\$50,000	\$100,000
single loss of limb or eye	\$25,000	\$50,000
Fractures		
hip, pelvis (excluding sacrum) thigh shaft	\$10,000	\$20,000
skull (excluding bones of the face or nose)	\$7,500	\$15,000
lower leg (excluding foot), kneecap, ankle, vertebrae	\$5,000	\$10,000
arm (including elbow, excluding wrist), sternum	\$4,000	\$8,000
collar bone, foot (including heel, excluding toes), hand (excluding thumbs and fingers), jaw (excluding cheekbone), shoulder blade, wrist	\$1,500	\$3,000
cheekbone, coccyx, eye socket, nose, rib or ribs, sacrum	\$500	\$1,000
Dislocations		
hip	\$7,500	\$15,000
knee, ankle, wrist, elbow	\$1,500	\$3,000
shoulder	\$500	\$1,000
Burns		
severe burns to more than 20% of body surface or 50% of face	\$12,500	\$25,000
severe burns to at least 4% but less than 20% of body surface	\$7,500	\$15,000
severe burns of hands to at least 50% of either hand surface	\$4,000	\$8,000

If you suffer more than one specified injury at the same time, we will only pay for the injury with the greater specified benefit. For example, if you were to suffer a dislocated knee and a fractured rib as a result of the same accident, we will only pay for the injury with the highest specified benefit, in this case the dislocated knee.

The specified benefit for dislocations of the same body part will only be paid once. For example, if you were to dislocate your left shoulder and an Injury Benefit is paid, we will not pay any subsequent claims for a left shoulder dislocation.

If you are diagnosed with osteoporosis before or after your policy commencement date, the maximum number of claims that can be made for specified fractures following that diagnosis is 2 including (if applicable) the claim we paid which led to the diagnosis.

The specified benefits payable under the Injury Benefit will reduce from the policy anniversary after your 80th birthday. The following table shows the percentage reduction that will be applied to the specified benefits payable at age 80.

Age at policy anniversary	Percentage reduction to specified benefit
80	10%
81	20%
82	30%
83	40%
84 - 89	50%

For example, if at your 80th birthday the specified benefit payable for a fractured wrist is \$3,500 (including indexation), after the policy anniversary at age 82 the specified benefit payable for the same injury would be \$2,450 (that is, the specified benefit of \$3,500 less 30%).

Automatic Indexation Benefit

To help keep your insurance in line with inflation, we will automatically increase the specified benefits each year on your policy anniversary by the indexation factor to a maximum of 10%. Unless you decline the increase, we will recalculate your premium to reflect the increase in your specified benefits as a result of the indexation factor and we will advise you of your new premium prior to your policy anniversary. The Automatic Indexation Benefit ceases on your 80th birthday.

Accidental Death Benefit

If you die as a result of an accident within 365 days of that accident, we will make a lump sum payment to your nominated beneficiary or your estate (if there is no valid nominated beneficiary), unless in our opinion one or more of the exclusions apply (please refer to When we won't pay on pages 7–8). Depending on the package chosen by you, the amounts payable are as follows:

Standard Package	Plus Package
\$15,000	\$30,000

The Automatic Indexation Benefit does not apply to the Accidental Death Benefit.

10% Cash Back Benefit

If you have continuously held your policy, and you have not received any claim payments within 3 years of the policy commencement date, we will refund 10% of the premiums you have paid during that period. We will do this every 3 years provided there have been no claims paid within that 3 year period – this means on the 3rd, 6th, 9th etc anniversary after your policy commencement date you can receive 10% of the premiums back that you have paid in the previous 3 years.

For example, if we accept a claim in the 2nd year following your policy commencement date, you will not be eligible for 10% cash back on your 3rd anniversary. If you pay \$1,000 in premiums during the next 3 years and you make no subsequent claims, we will refund \$100 after the 6th anniversary of your policy commencement date.

Nominate a beneficiary

To help avoid any potential delay in the payment of your Accidental Death Benefit, you can nominate a beneficiary (for example your spouse or child) to receive the proceeds of your policy. If your application for an Apia Injury Support Plan has been accepted by us, we will send you a Nomination of Beneficiary form which you may choose to complete. The form and your policy will set out the terms that apply to your nomination including who you can nominate.

When does cover start?

As long as you satisfy the eligibility requirements (please refer to Who can apply? on page 2) cover under your Apia Injury Support Plan will commence when we have received correct payment details and we confirm acceptance of your application.

If we accept your application for cover under an Apia Injury Support Plan, we will send you a schedule and policy document confirming our acceptance. These documents, together, set out the full terms and conditions of your insurance with us. Please read these documents carefully and store them in a safe place.

When does cover stop?

Once you reach your 90th birthday, your cover will stop. Cover will also stop under this policy on the earliest of the following events:

- you ask us to cancel the policy;
- the date your policy is cancelled due to non-payment of outstanding premiums;
- you being paid a specified benefit for suffering loss of limbs or sight (please refer to the Injury Benefit table on page 3);
or
- the date you die.

If cover stops we will not consider any claim, unless the accident giving rise to the claim occurred before cover stopped.

When we won't pay

We will not pay any benefit or refund any premium if the accident giving rise to the claim, directly or indirectly, is as a result of:

- your intentional self inflicted act;
- you working in an occupation:
 - at heights above 15 metres;
 - underground in the mining industry;
 - while carrying a firearm;
 - with explosives;
 - offshore in the oil, gas or petroleum industry; or
 - overseas as part of your service in the armed forces.

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- you attempting to engage in or engaging in:
 - aviation or aerial pursuit activities other than as a fare paying passenger on a commercial airline on regular scheduled flights;
 - riding on or driving in any self-propelled vehicle engaged in any race, speed or reliability trial on any waterway, racing course, speedway or racing track;
 - mountaineering, rock climbing, abseiling or canyoning;
 - or
 - diving to a depth of 45 metres or more, pot holing, wreck diving or diving in a cave.
 - you being under the influence of alcohol or drugs, other than those prescribed by a registered doctor and taken as directed.

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.

Your premium

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

You can choose to pay your premium fortnightly, monthly or annually from the financial institution account or credit card you nominate and you have up to 14 days (or 30 days if you pay monthly) from the date each premium is due to pay your premium. 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. We will not be liable for any claims after the date of cancellation.

If we cancel your policy due to non-payment of premiums, you can ask us to reinstate your policy up to 3 months after the date of cancellation. In order for us to process your application for reinstatement, all outstanding premiums must be paid by you. If your application for reinstatement is accepted, the exclusions will apply (please refer to When we won't pay on pages 7–8).

Your premium is guaranteed not to change for 12 months from your policy commencement date. After this period, your premium may increase with age and as a result of the Automatic Indexation Benefit (explained on page 5). We can also change the premium rate for all policies of the same kind by providing you with at least 30 days' written notice. You will be charged the new premium from your next policy anniversary.

Premiums received are paid into our No. 1 statutory fund. A policy issued in relation to Apia Injury Support Plan does not participate in any surplus arising in our statutory funds.

Are you eligible for a family discount?

Should an immediate family member also purchase an Apia Injury Support Plan, both you and your immediate family member will enjoy a 10% discount. The discount will apply to the premium payable (please refer to How to calculate your premium below).

How to calculate your premium

Your premium is based on your age and whether you have chosen the Standard or Plus Package.

Please use the following table to determine your monthly premium or for a personalised quote please contact us on 1800 090 474 or go to apia.com.au/injurysupportplan. Discounts may apply.

To calculate the premium using the following table, please use your age at the time of application. If you are eligible for a Family Discount, this will reduce your premium by 10%.

Please note:

- To calculate your fortnightly premium, simply multiply the applicable monthly premium by 12 and then divide by 26.
- To calculate your annual premium, simply multiply the applicable monthly premium by 12.

For example, if you are age 67 and choose the Plus Package, the fortnightly premium will be \$42.84 x 12/26, totaling \$19.77 per fortnight. If an immediate family member also purchases a Apia Injury Support Plan policy, your premium will reduce to \$17.79 per fortnight after applying the 10% Family Discount.

Monthly Premiums

Your age	Standard Package	Plus Package
18 - 65	\$19.00	\$34.20
66	\$21.40	\$38.52
67	\$23.80	\$42.84
68	\$26.20	\$47.16
69	\$28.60	\$51.48
70	\$31.00	\$55.80
71	\$33.40	\$60.12
72	\$35.80	\$64.44
73	\$38.20	\$68.76
74	\$40.60	\$73.08
75	\$43.00	\$77.40

This table does not include renewal premiums or take into account any Family Discount which you may be entitled to.

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; or
- a benefit may not be paid if in the event of a claim, an exclusion applies.

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.

How can I apply?

You can apply for Apia Injury Support Plan in 1 of 2 ways:

- contact us on 1800 090 474 and talk to one of our Specialists.
- visit apia.com.au/injurysupportplan and complete an online application.

How to make changes to your policy

If you would like to make any changes to your policy, for example to alter your selected package or change your address or your payment type, please contact us. We will confirm in writing any changes to your policy, including any impact the change may have to your premium.

Making a claim

If entitled to make a claim, you, your nominated beneficiary or legal personal representative (whichever is applicable) will need to contact us as soon as possible after the event giving rise to the claim. A claims pack will be sent detailing what information is required by us to assess the claim.

Complaints resolution

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 090 474 or contact the Customer Relations team at 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

Email: info@afca.org.au

Telephone: 1800 931 678 (free call)

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

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);
- 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

Post: GPO Box 5380 Sydney NSW 2001

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

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- 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.

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
- 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.

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.

Glossary

Where any of the following words appear in this PDS, whether the first letter is in upper or lower case, 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 during the life of 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.

Dislocation: means damage to a joint where one or more bones are completely out of place. It excludes partial dislocations, for example where the bone ends are out of place but still touching.

Expiry date: means the date your policy ends as stated on the schedule.

Fracture: means the disruption in the continuity of the bone, with or without displacement, confirmed by radiographic or scanning technique. Stress fractures are excluded.

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 while cover for the applicable benefit was in force under this policy.

Insured person: means the person who has been accepted by us and is listed on the schedule as the insured person under the policy.

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.

Loss of limbs or sight: means the total and permanent loss of use of:

- both feet;
- both hands;
- the sight in both eyes (to the extent of 6/60 or less); or
- any combination of at least two of: a hand, a foot or sight in an eye (to the extent of 6/60 or less).

Nominated beneficiary: means the person you nominate using the Nomination of Beneficiary form to receive the Accidental Death Benefit under your policy.

Package: means the package chosen (Standard or Plus) under the policy as stated on the policy schedule.

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 Injury Support Plan, which consists of the policy document, schedule and information provided in your application.

Policy anniversary: means the anniversary of the 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 listed on the schedule as the owner of this policy.

Premium: means the amount you pay us for the insurance.

Registered doctor: means a doctor who is legally qualified and properly registered. 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, and policy commencement date.

Severe burns: means accidental burns that involve damage or destruction of the skin to its full depth through to the underlying tissue.

Single loss of limb or eye: means the total and permanent loss of use of:

- one foot;
- one hand; or
- sight in one eye (to the extent of 6/60 or less).

Specified benefit: means the amount payable, as stated in this PDS, relating to the specified injury under the policy.

Specified injury: means an injury for which a specified benefit may be paid under this policy.

You and your: means the policy owner who is also the insured person who has been accepted by us and is shown on the schedule.

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How to contact us

Call us on **1800 090 474**

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

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

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

