

integrity.

five

Group Income and Life Insurance
for small to medium businesses.



Product Disclosure Statement

How to use this PDS.

- 1** Introduction and how to use this PDS.
- 2** How to take out and maintain a policy, and the premium rates.
- 3** The benefits – what they are and how members get cover.
- 4** Claims & benefit payments – how they work.
- 5** The important stuff – the extra bits we need to tell you.

1. Introduction.

What is this product?

This product is Integrity Five+, a group insurance product that offers Income and Life cover to small to medium businesses comprising 5-50 employees. The cover is available without having to provide health information. It is distributed through Advisers.

What is a Product Disclosure Statement?

A Product Disclosure Statement (PDS) outlines all the terms and conditions of a financial product. This PDS tells you all about Integrity Five+, an Income, Death and Terminal Illness Insurance policy for small to medium businesses. Other important information about Integrity Life and our legal obligations can be found in section 5.

Who is this product for?

There are several types of cover available within a Five+ Policy (which are described in this PDS). To understand who this product has been designed for, the different types of cover, and if the cover is likely to be consistent with your needs, objectives and financial situation, you can review the Target Market Determination document which is available on our website at <https://integritylife.com.au/products/pds-forms/>, or you can request a free paper copy by contacting us.

Understanding this PDS.

Some words in this PDS have a special meaning and will generally begin with a capital letter. The meaning of these words have been explained immediately following their usage, or are otherwise defined in the Dictionary, located in section 5.

Any reference to 'we/us/our' throughout this PDS refers to Integrity Life Australia Ltd ABN 83 089 981 073, AFSL 245492 (Integrity).

Any reference to 'you/your' throughout this PDS refers to the policy owner.

The structure of your cover – who?

There are three (3) parties who are part of the insurance policy providing your insurance cover. They are as follows:

Policy Issuer

The issuer of the insurance policy is Integrity Life Australia Ltd (ABN 83 089 981 073; AFSL No 245492). Referred to in this document as the 'insurer', 'us' or 'we'.

Policy Owner

The owner of the policy – the employer or business owner. Referred to in this document as the 'policy owner' or 'you'.

Member

The employees of the policy owner and any business owners insured under the policy. Referred to in this document as 'members'.

The structure of your cover – the documents.

There are three (3) key documents that provide information about your insurance cover. They are:

Policy Document	Outlines the exact terms and conditions of your cover. This is the document you should rely on as the final word on the terms of your cover. This is given to the policy owner.
Member Guide	Provides a summary of the key features of Integrity Five+. It is given to members when their cover starts.
PDS	This document is the PDS. It provides a summary of the cover terms and conditions of Integrity Five+. This is provided to people who want to purchase the product and want information about the product afterwards. It is also available on our website.

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2. Taking out and maintaining a policy.

Is this product **right for you?**

Integrity Five+ is a group insurance product for businesses comprising 5-50 employees. If you want to provide Income and Life cover for your employees, and assistance for your business when an employee is off work due to Illness or Injury, this product may be right for you. The product provides Income cover, as well as Death and Terminal Illness cover. You should contact your Adviser and seek independent advice to find out if Five+ is right for you.



Taking out a policy The steps.

1

Step 1 Contact Adviser, discuss needs.

Five+ is sold via Advisers. An Adviser is qualified to assist you with making a decision about what insurance products may be right for you. To take out a policy, you should contact your Adviser, who will be able to tell you all about it.

2

Step 2 Ask Adviser to start application.

Your Adviser will start the application process on our portal.

3

Step 3 Provide employee details to Adviser to upload.

You will need to provide the details of each employee. This includes the name, date of birth, sex, salary, occupation type, and the state each employee lives in. Your Adviser can type the details in or upload them to the portal.

4

Step 4 Receive instant quote.

An instant quote will be produced.

5

Step 5 Adviser will select 'buy' for Five+.

If you are happy with the quote, your Adviser can input your payment and contact details then select 'buy'.

6

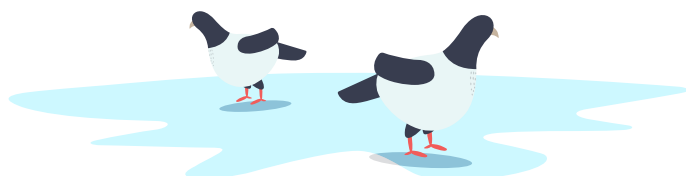
Step 6 We will send you your policy documents.

You should keep these in a safe place.

7

Step 7 Cover in place.

Your cover is now in place!



What do you have to do to maintain your policy?

You must add each employee as a member as soon as they start working with you. They will not be covered until you add them to the policy listing.

When a member stops working with you, you should remove them from the listing. You will need to do this by the end of the month in which they end their employment. You can add or remove members from your policy by calling your Adviser.

If a member's salary, name, occupation type or the state where they live changes, you need to let us know as soon as you can by phone or email.

All changes will be made effective the date that you make the change.

Other than that, you only need to make sure that your payment method your contact details and details about member's job types are always up to date, so that the appropriate premiums can be deducted each month and we can contact you if we need to. If you need to update any of these details, email or call us.

How do the premium payments work?

We will calculate the premiums that are payable at the end of each month. We charge you the exact premiums for each member and the number of days they were insured during the month – so there is no annual review process.

The premium amount payable is then automatically deducted from your bank account or credit card.

You will then receive a copy of the tax invoice via email, showing the exact premiums paid and the members covered.

How do you pay the premiums?

You will need to provide either bank account or credit card details, so that the premiums can be automatically deducted each month. This ensures that members' cover does not lapse.

The deduction for the previous month will actually happen in the first few days of the next month. As a result, you will need to ensure that your bank account or credit card has sufficient funds to pay premiums.

You must add each employee as a member as soon as they start working with you.

They will not be covered until you ask us to add them to the policy listing.

What happens if your premiums don't deduct correctly?

If there is an issue with your premium deduction we will contact you to sort it out.

Once premiums remain unpaid for a period of 30 days, cover for all members will be cancelled immediately. You will receive follow up notifications before this occurs.

How much are the premiums?

The premiums are outlined in the table on page 12.

They are based on a member's age, sex, salary and occupation type i.e. whether they have an Office or Manual job.

Breaking up the premiums this way makes sure that the right premium is charged for each member. This means that premiums stay lower for everyone overall.

Office vs Manual jobs

You will need to tell us whether each member has an Office or Manual job. This will be confirmed when the member lodges a claim, to ensure that the correct premiums have been paid. If the nature of a member's job changes during the cover period, you must notify us.

The definition of an Office job is:



Office job - Definition

A member's job is an Office job if they work in a white collar role and are at a desk at least 80% of the time.

If a member does not meet this requirement they are considered to have a Manual job. You will simply need to indicate if each member holds an Office or Manual job when you provide each members' details.



Premium rates.

There are two (2) premium rates that you need to add together:

- the rate for each member's Income cover; and
- the rate for each member's \$200,000 Life cover.

The rates have to be expressed separately, as each member's Income cover amount is different.

The premium rates are outlined in the tables on this page. When your Adviser prepares the initial quote, the premiums for each member will be shown in dollar amounts, so it is easy to see just how affordable Five+ is.

Your Adviser can elect to be paid a commission. This amount (if any) will be shown separately to the premium rates on the quote and each monthly invoice. Talk to your Adviser about this.

Income cover

Monthly premium per each \$1,000 annual Income cover

To calculate, divide each employee's salary by \$1,000 x the applicable rates below. Maximum cover of \$10,000 per month.

Age	Office		Manual	
	Male	Female	Male	Female
Up to 30	\$0.24	\$0.36	\$0.53	\$0.80
31 to 40	\$0.32	\$0.48	\$0.72	\$1.08
41 - 45	\$0.47	\$0.70	\$1.05	\$1.58
46 - 50	\$0.60	\$0.90	\$1.35	\$2.02
51 - 55	\$0.87	\$1.31	\$1.96	\$2.95
56 - 60	\$1.32	\$1.98	\$2.97	\$4.46
61 - 64	\$1.85	\$2.78	\$4.16	\$6.25



Life cover

Monthly premium for \$200,000 Life cover

No calculation required. Below rates are the monthly rate.

Age	Office		Manual	
	Male	Female	Male	Female
Up to 30	\$9.70	\$3.16	\$13.09	\$4.26
31 to 40	\$10.29	\$5.78	\$13.89	\$7.80
41 - 45	\$16.53	\$9.80	\$22.31	\$13.23
46 - 50	\$23.24	\$12.98	\$31.37	\$17.53
51 - 55	\$35.01	\$21.21	\$47.26	\$28.64
56 - 60	\$54.19	\$32.80	\$73.15	\$44.28
61 - 64	\$77.95	\$49.41	\$105.23	\$66.70

These premium rates do not include Adviser commission or stamp duty.

Does your Adviser need to give you advice?

Your Adviser may give you advice about this product. If you are a 'retail client' and your Adviser provides advice to you about this product, your Adviser will give you further information depending on the kind of advice they provide.

A business may be a retail client where they have less than 20 employees (or less than 100 employees where the business manufactures goods). Any other business will be a wholesale client.

If your Adviser provides you with:

- personal advice (which means they have considered one or more of your objectives, financial situation or needs), they should provide a Statement of Advice and a Financial Services Guide to you; or
- general advice (which means they have not considered one or more of your objectives, financial situation or needs), they should provide a general advice warning and a Financial Services Guide to you.

In all instances, you should consider this Product Disclosure Statement prior to making a decision about this product.

Stamp duty.

Stamp duty, which is payable to the government, will be added to the premium amounts for each member. The amount will be shown when your Adviser does a quote. The amount of stamp duty differs in each State and Territory.

Premium rate changes.

The premiums are reviewed each 1 July. When we review your premium, we may, acting reasonably make changes that result in your premium going up, down or remaining the same. You will be given 30 days' notice of any changes to premium rates.

We may, acting reasonably, also change the premiums at any time in the event of War involving Australia.

'War' means an act of war (whether declared or not), revolution, invasion, rebellion or civil unrest.

Premium waiver while receiving benefits.

You don't have to pay premiums for any member who is receiving benefits from us. This will automatically be taken into account when we calculate the premiums each month.

What do you do if one of your members has to make a claim?

If one of your members needs to make a claim, you should contact us as soon as you can, by phone email or in writing. You can also contact your Adviser, who may be able to help you through the process.

The member should also contact us as soon as they can, by phone email or in writing. We will discuss their needs and walk them through the claims process. We may, acting reasonably, request that you provide information which we, acting reasonably, consider is relevant to the claim, including information about the member's work and leave records, as well as information about their duties and their ability (or not) to perform them.

During the claims process, we may also talk to you and the member about return to work options and vocational rehabilitation services that we can provide, to help get the member back to work.

The member will be asked to give us permission to talk to you at the start of the claims process. We have a comprehensive Privacy Policy, which you can view on our website integritylife.com.au

3. The benefits.



What cover is available?



Income cover

A monthly benefit payable whilst a member is Totally or Partially Disabled. The member receives a benefit amount of 80% of their salary, so they are looked after. You receive a benefit of 20% of their salary, to cover temporary staff hiring costs. Benefits are payable for up to one (1) year, after a 30 day waiting period.



Life cover

A Death benefit lump sum of \$200,000 will be paid if a member dies.

A Terminal Illness benefit lump sum of \$200,000 will be paid if a member is declared Terminally Ill. This benefit is a pre-payment of the Death benefit.

All cover is New Events cover. See page 23 for what this means.

Income cover – how does it work?

If a member is Totally or Partially Disabled, we will pay a benefit. The benefit is 100% of salary - with 80% payable to the member, and 20% payable to you.

The benefit is payable after a waiting period of 30 days, during which the member must be Totally or Partially Disabled. It is payable whilst the member remains Disabled, for a maximum of one (1) year.

Waiting period – what is it?

The waiting period is 30 days, during which the member must be unable to work and must wait before an Income or Partial Income benefit starts to be paid.

The waiting period starts on the earlier of:

- the date the member is first Disabled (so long as they see a Doctor within seven (7) days) and can provide medical evidence to support the consultation; or
- the date the member first consults a Doctor about the Illness or Injury causing their claim.

A member must be unable to work at full capacity for the whole waiting period. However, we understand that lots of people try to go back to work and find that they aren't up to it. As such, members can return to work for up to five (5) consecutive work days during the waiting period, and if it doesn't work, they don't have to restart the waiting period. If they return for more than five (5) consecutive work days, they will have to start the waiting period again.

To further assist members, a day returned to work that is part of a return to work program that was approved by us, will not be counted as a 'returned to work day'.

If a member returns for more than five (5) consecutive non approved work days, they will have to start the waiting period again.

Benefit period – when does it start and how long is it?

Benefits will begin from the end of the waiting period. They are payable whilst the member remains Totally or Partially Disabled, for a maximum of one (1) year.

How do we decide if a member is Disabled?

There is a definition of Disabled (whether Total Disability or Partial Disability) which needs to be met to receive an Income or Partial Income benefit. To receive a benefit, you must be able to satisfy one of the following definitions:



Totally Disabled - Definition

Due to suffering an Illness or Injury, the member:

- is unable to perform at least one (1) important income producing duty (a duty we, acting reasonably, consider primarily essential to producing the member's income) of his or her regular occupation with the policy owner;
- is not earning any salary from the policy owner;
- has not replaced their lost salary from alternative employment; and
- is under the care and following the advice and treatment of a Doctor in relation to the cause of the Total Disability.



Partially Disabled - Definition

Means the member:

- while not Totally Disabled, has (solely due to the Illness or Injury) returned to work or is working in a reduced capacity in their regular occupation with the policy owner;
- is no longer able to earn their full salary from the policy owner solely as a result of an Illness or Injury;
- has not replaced their lost salary from alternative employment; and
- is under the regular care and following the advice of a Doctor in relation to the Illness or Injury which caused the Partial Disability.



How are the Income benefits calculated?

Income benefit

The monthly Income benefit is calculated as follows:

Member benefit: $80\% \times \text{salary} \div 12$

Employer benefit: $20\% \times \text{salary} \div 12$

The maximum amount payable is \$10,000 per month.

Partial Income benefit

If the member is still working some hours, the Partial Income benefit will be calculated using a formula that takes into account their partial earnings. The monthly benefit formulas for the Partial Income benefit are as follows:

Member benefit: $80\% \times \left(\frac{\text{salary} - \text{partial earnings}}{\text{salary}} \right) \times \text{salary (capped at \$10,000 per month)} \div 12$

Employer benefit: $20\% \times \left(\frac{\text{salary} - \text{partial earnings}}{\text{salary}} \right) \times \text{salary (capped at \$10,000 per month)} \div 12$

For part month or daily benefit amounts, the daily amount is calculated as 1/30th of the monthly benefit amount.

Definition of salary

The definition of salary is:



salary - Definition

The annual wages or salary last agreed between you and the member for the member's ordinary hours of work, including:

- over-award payments;
 - commissions;
 - shift loading;
 - annual leave loading;
 - allowances; and
 - bonuses;
- but excluding overtime.

This definition is intended to utilise the same wage package you use to calculate the member's superannuation guarantee contributions, so you can use the same figure for both.

If a member does not have an annual salary amount, the above categories of payments should be averaged over the previous 12 months (or their period of employment if this is less than 12 months). The salary we use to calculate a member's benefit will however be limited to the amount for which premiums have been paid, so it is important you keep us up to date.

Life cover – how does it work?

Death cover

If a member dies whilst they are covered, we will pay their estate or beneficiaries a benefit of \$200,000.

If a Terminal Illness benefit has already been paid, the Death benefit amount will be zero.

Terminal Illness cover

If a member is diagnosed as Terminally Ill and they are going to die within the next two (2) years, we will pay them a benefit of \$200,000.

A member is considered 'Terminally Ill' if the member's Doctor and treating specialist both certify (jointly or separately) that the member's life expectancy is likely to be less than two (2) years.

This benefit is a pre-payment of the Death benefit. As a result, no further benefit is payable when the member dies.



Who gets cover?

You need to cover **all** your employees who meet the following eligibility criteria:

- an employee of your business;
- between the ages of 15 and 65; and
- an Australian Resident or holder of a visa that allows them to work in Australia.

We require **all** employees to be covered, so that people don't just cover employees who might be sick or older and more likely to claim.

You **can** choose whether or not to cover the business owner(s).

When does cover start?

Cover starts for each member the day they are added to the policy listing, assuming they meet the eligibility criteria, outlined above.

What does New Events cover mean?

This means that cover is only provided in relation to New Events. All Five+ cover is New Events cover.

Basically, a New Event is one that occurred after the member's cover started, or one that happened some time ago and is no longer being treated.

We define New Events cover as:



Cover that is limited to claims either caused, or contributed to, by:

- an Injury caused by an accident that occurs after cover starts; or
- an Illness that first materialises after cover has started.

An Illness will be considered to have materialised after cover has commenced if the member first sought treatment for that condition after cover started, or there were symptoms which would have caused a reasonable person to do so, after the cover start date.

The New Events restriction ceases in relation to previous Illnesses or Injuries after some time has elapsed. If the member has not received or been recommended to receive treatment for an Illness or Injury in the last two (2) years (five (5) years if the condition is cancer), the New Events restriction no longer applies in relation to that condition.

It is important to understand this feature of your cover. If you need help, you should talk to your Adviser.



Why only **New Events** cover?

This is so that a group of people cannot buy the cover because one of them has just found out that they are Ill or Injured. As Five+ is so easy to apply for, we don't ask health questions, and the cost is so low, it would be very easy to do this.

Do the cover **amounts** change?

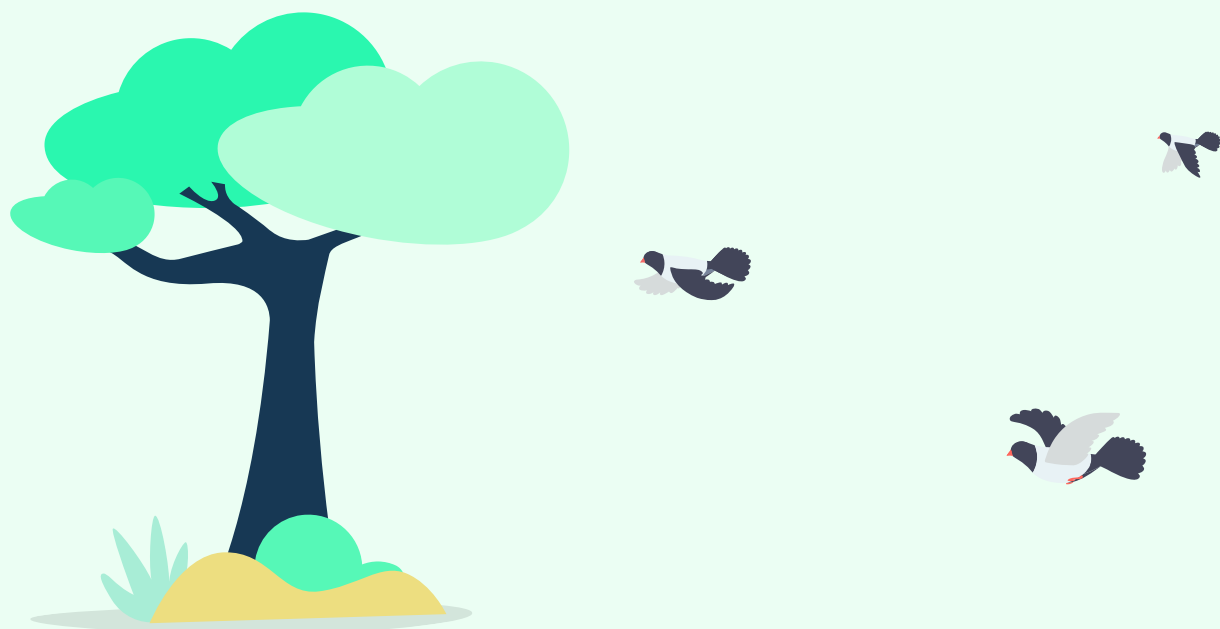
The Income benefit goes up and down in line with the member's salary, up to the maximum amount of \$10,000 per month. Increases to a member's cover are also limited to no more than 25% of salary in any 12 month period. There may be circumstances that reduce the benefit amount paid. See page 28 for further details.

The Death and Terminal Illness benefit is always \$200,000. This does not change.

Can you change the **cover amounts**?

No. You cannot apply for more or reduce the Death or Terminal Illness cover amounts.

The Income cover amount will move in line with the member's salary, but members cannot have more than \$10,000 per month, or elect to have an amount less than the automatic amount.



When does **cover** end?

There are a number of circumstances that will cause cover to end when any of these things happen:

- you cancel the policy, or it is terminated by us (see page 35);
- the member ceases being an Australian Resident or holder of a valid work visa;
- the member ceases employment with the policy owner or the date they're removed from the policy listing (whichever is earlier);
- the member turns age 65;
- the member is on leave or overseas (for work or holiday) for more than three (3) months;
- the member is diagnosed as Terminally Ill or dies;
- for Income cover, the date the member is convicted of a criminal offence and given a custodial sentence greater than 90 days;
- your premiums remain unpaid for 30 days or more; or
- you have not provided sufficient information for us to calculate the premiums or benefits owing. If we need to cancel your policy in this circumstance, we will give you 30 days' notice.

What are the **risks**?

Some of the risks associated with buying Five+ include:

- Ensuring that the type and amount of cover is in line with what you need and with what you can afford. Your Adviser can help you consider this.
- The policy may be cancelled if you don't pay the premiums by the due date.
- The cover amounts change as a member's salary changes, so you may not be covered for what you thought you were.
- If a member's date of birth, age, sex, salary or occupation type is misstated, the cover amount may be recalculated based on the amount that the premium you paid would have purchased if the correct information had been provided.
- Premium rates are not guaranteed and we may, acting reasonably, increase or decrease your premium rates in the future.
- A employee will not be covered until they are added to the policy listing. This means if you don't tell us when a member starts work with you they will not be covered.
- A member's claim may not be paid if it is in relation to an excluded pre-existing condition.

4. Claims and benefit payments.

How long are **benefits** paid for?

Income benefits

Benefits are paid in arrears whilst the member remains Totally or Partially Disabled, or until the one (1) year benefit period has expired. The member can choose to receive payments weekly, fortnightly or monthly and on the business day of their choice.

Death and Terminal Illness benefits

The Death or Terminal Illness benefit is paid as a lump sum, so a member will only receive one payment for one of these claim types. After such a payment, cover ends for the member.





What might reduce the Income or Partial Income benefit amount?

Sometimes people receive payments when they are Ill or Injured from more than one source. The idea of Income insurance is to continue a member's salary whilst they can't work, not to make a profit from not working. This means we may offset some other amounts the member receives when we are paying an Income or Partial Income benefit. This is standard for insurance where cover is given to members automatically.

The offsets are as follows:

- workers compensation, or any other similar compensation under State, Territory or federal legislation or common law;
- social security, government or government authority payments;
- statutory accident compensation schemes;
- sick leave (only where this is unlimited). If the member has a specific amount of sick leave, these payments are not offset; and
- income/salary continuance payments from other policies of insurance and/or super funds where the combined amounts are more than 80% of the member's salary.

Note: Total and permanent disablement payments from another insurance policy/super fund and pain and suffering compensation amounts, are not offset.

A lump sum payment to be offset will be converted to income on the basis of 1/60 of the lump sum over a period of 60 months.



When might Income or Partial Income benefits stop?

Income or Partial Income benefits may stop in a number of circumstances. These are:

- the member recovers and returns to work;
- the benefit period of one (1) year expires;
- the member reaches age 65;
- the member is convicted of a crime and given a custodial sentence greater than 90 days;
- the member is diagnosed as Terminally Ill or dies; or
- the member partially recovers and returns to work. In this case, benefit payments will change from an Income benefit to a Partial Income benefit. The benefit amount will reduce.





When might a benefit not be paid?

There are some situations which may mean that a member is not eligible to receive a benefit. These are as follows:

- the member was not eligible for cover, this means they were not:
 - an employee of your business;
 - between the ages of 15-65; or
 - an Australian Resident or holder of a visa that allows them to work in Australia;
- the member's cover ceased prior to the Illness or Injury causing the claim;
- the member is claiming in relation to a condition that they already had when cover started (see New Events cover on page 23);
- the member is claiming in relation to the same Illness or Injury as a previous claim and they haven't been back at work free from Illness or Injury for six (6) months;
- the claim is either caused, or contributed to, by a suicide or an intentional self-inflicted Illness or Injury;
- the claim is either caused, or contributed to, by an uncomplicated pregnancy or childbirth; or
- the member's Illness or Injury is a result of War or active deployment with the armed forces (reserve duty in non-combat or disaster relief situations is covered).

'War' means an act of war (whether declared or not), revolution, invasion, rebellion or civil unrest.

What happens to members' cover if they take leave or go overseas?

Members' cover will continue for up to three (3) months if they go on leave and/or overseas (for work or holiday). After three (3) months, cover will end.



Is tax deducted from benefit amounts?

Income or Partial Income benefits

The member's 80% benefit will be paid directly to them. These amounts will be taxed at the member's marginal rate.

The policy owner's 20% will be paid directly to you. This amount will not be taxed by us. In general, these amounts will be assessable income and deductible as part of your tax return.

Death benefits

These will be paid to the member. The tax payable will depend upon who the benefit is paid to e.g. a dependent/non-dependent or the estate. We will deduct the appropriate tax.

Terminal Illness benefits

These will be paid to the member. The tax payable will depend upon the member's circumstances. We will deduct the appropriate tax.

You should seek independent tax advice about these issues.





What if a member needs help getting back to work?

If a member's return to work would be assisted by vocational rehabilitation, we will, acting reasonably, pay the costs of it. The rehabilitation must be approved by the member's Doctor. The rehabilitation that we can provide is not allowed to be health related (such as physiotherapy) but can only be vocational in nature, such as job interview skills.

What if a member gets Ill or Injured again?

We understand that circumstances change. Sometimes people can get better for a while, but then their Illness or Injury returns.

If the basis of a member's Illness or Injury reoccurs:

- within six (6) months of their Income or Partial Income benefit payments stopping, we will start to pay them again until the member gets better, up to the maximum of any remainder of the one (1) year benefit period; or
- after six (6) months of their Income or Partial Income benefit payments stopping, the member must have been back at work, performing all their usual duties and hours, free from Illness or Injury, for at least six (6) months before they can claim for that condition again.

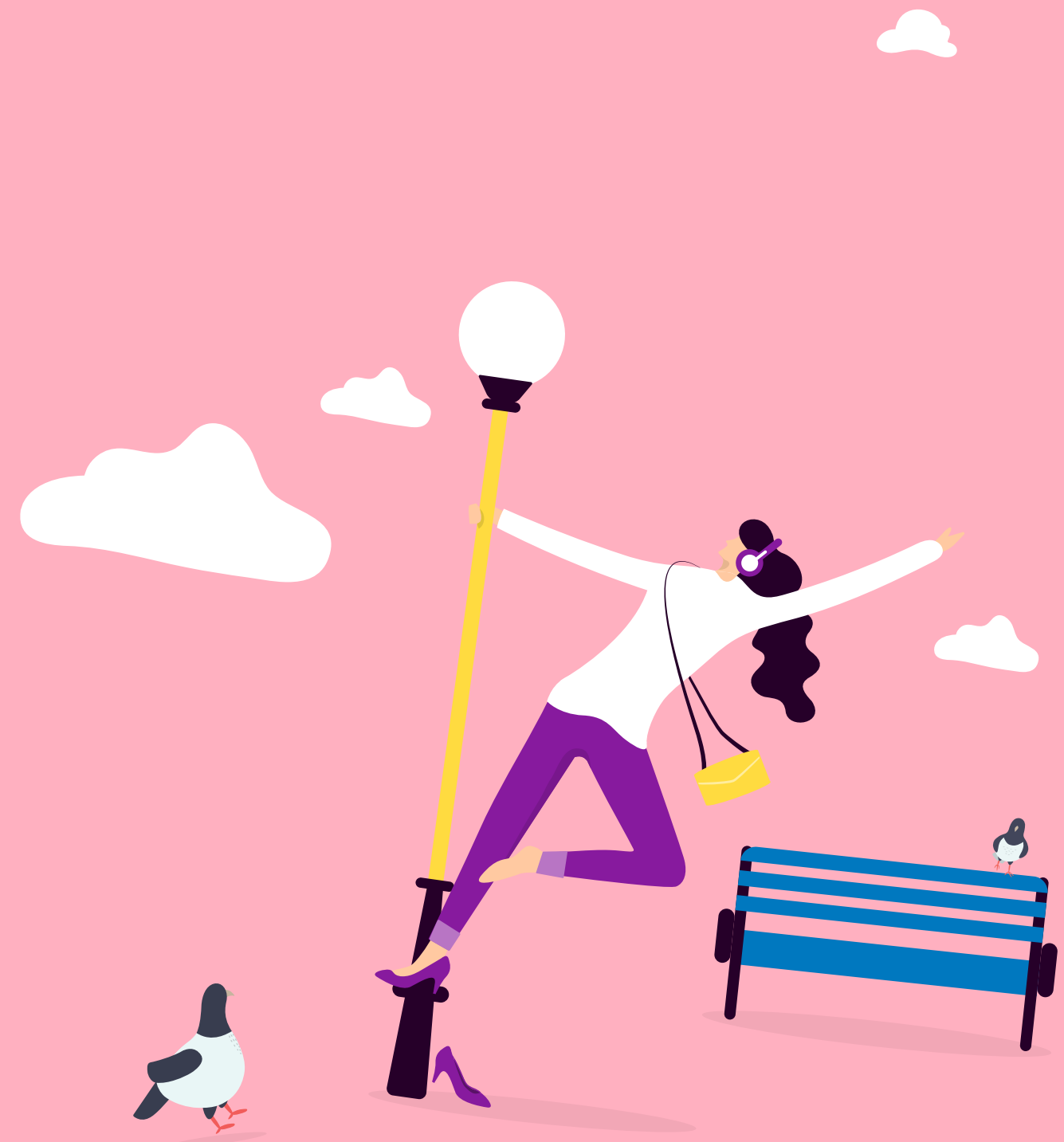
If a member is eligible to claim for the same condition again, or they claim for something completely different, it will be considered a new claim and the member will have to satisfy a new 30 day waiting period. There will also be an additional one (1) year benefit period applicable to the new claim.

Ongoing health information for Income claims.

For each claim, we will agree with you how often we need you to provide us with updates. How often we ask for updates and what information we will need will depend on the type of condition the member has.



5. Important stuff but nothing sneaky.





The information in this PDS.

The information contained in this PDS is general information only. Your objectives, financial situation or needs have not been taken into account. You should consider the appropriateness of the information in this PDS, taking into account your objectives, financial situation and needs, before acting on any information in this PDS.

Please read this PDS carefully before making any decision about Five+ and the insurance that you require.

Information about tax provided in this PDS is a guide only and is based on our understanding of the tax laws current at the date of this PDS. These laws can change, so you should speak to your tax Adviser regarding the tax consequences of this cover.

Who is providing this PDS to you?

Five+ is issued by Integrity Life Australia Ltd (ABN 83 089 981 073, AFSL 245492).

We take full responsibility for this PDS and the products within this document.

Changes to information in this PDS.

The information contained in this PDS is current at the time of preparation. If any of the information changes, we will issue a supplementary or replacement PDS if there is a materially adverse change to, or omission of, information in this PDS.

If we make any changes that are not material, or do not have any adverse effects on you, we will publish these changes to the PDS on our website.

A paper copy of any updated information will be given, or an electronic copy will be made available on request, without charge by contacting Integrity (see the contact details below).

General enquiries and claims

Phone: 1300 54 33 66
Email: hello@integritylife.com.au
Web: integritylife.com.au
Post: PO Box R1741
Royal Exchange NSW 1225



Can Integrity cancel the policy?

We can cancel the policy in the following situations:

- you don't pay the premiums; or
- you don't provide us with the information we need to administer it.

Other than this we cannot cancel the policy without your agreement. Each year, or if a rate change event occurs, we can change your premium.

Providing you pay your premiums, your Policy will continue each year without you needing to provide health information. This is different to a general insurance contract, where the insurer can decide to stop issuing the policy at renewal.

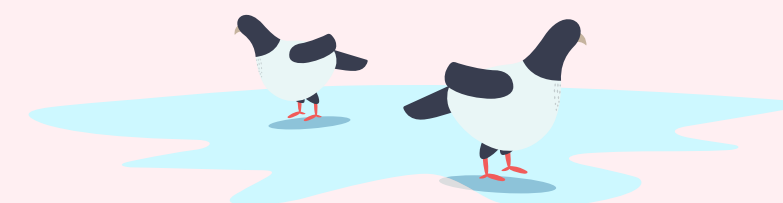
Cooling off period.

You can cancel the policy within 30 days of the policy start date (as shown in your plan schedule), as long as no claims have been made. You can request to cancel your policy by phone, email or in writing. If you do cancel the policy within the cooling off period, we will refund any money you have paid to us.

You can also cancel the policy at any time by providing us with written notice (including by electronic means). In these circumstances, your policy will terminate on the date we receive written or electronic notice or any later date specified in the notice. Where you cancel the policy after the cooling off period, we will send you an invoice which will specify any outstanding premium amounts.

Fees.

No additional policy fees or other charges apply under the Five+ policy. If any fees are introduced in the future, we will ensure that the policy owner will be given at least 30 days written notice.





What if any **taxes** apply?

Income or Partial Income benefits

The member's 80% benefit will be paid directly to them. These amounts will be taxed at the member's marginal rate. The policy owner's 20% will be paid directly to you. This amount will not be taxed by us. In general, these amounts will be assessable income and deductible as part of your tax return.

Death benefits

These will be paid to the member. The tax payable will depend upon who the benefit is paid to e.g. a dependent/non-dependent or the estate. We will deduct the appropriate tax.

Terminal Illness benefits

These will be paid to the member. The tax payable will depend upon the member's circumstances. We will deduct the appropriate tax.

Other taxes

Stamp duty is not included in the premium rates. The amount payable will be shown in invoices and when you do a quote.

Currently no GST applies to life insurance policies. However, GST may apply to any Adviser commission.

If there are any changes to government taxes or charges, we will let you know. These will be payable in addition to any premium.

You should seek independent tax advice about these issues.

What if some of the **data you provide is incorrect?**

If we are told the incorrect date of birth, age, sex, salary or job type for a member, their benefits or the premiums you pay us may be recalculated based on the correct information.

If you discover that you have provided us with incorrect information, you need to tell us about this within a reasonable period of time.

We comply with the **Life Insurance Code of Practice.**

Integrity is a signatory to the *Financial Services Council's (FSC) Life Insurance Code of Practice (Code)*. The Code outlines the way in which we provide products and services to you. We will comply with all our obligations within the Code in our interactions with you. For more information and to obtain a copy of the Code, please refer to the FSC's website at www.fsc.org.au



Dictionary.

Outlined below are the important terms used in this PDS and what they mean.

Australian Resident

means a person who by citizenship or permanent residency, is legally permitted to reside and be gainfully employed in Australia.

Disability and Disabled

means either Total Disability or Partial Disability.

Doctor

means a medical practitioner or specialist who is legally qualified and registered to practice medicine in Australia (or if the member is outside Australia, a medical practitioner or specialist who has the equivalent qualifications and is approved by us, acting reasonably, after giving reasonable consideration to the nature of the claim) and does not have any personal or business relationship with you, or the member.

Illness

means a sickness, disease or medical disorder (whether physical or mental).

Injury

means a bodily injury which is caused by an unforeseen violent, external and visible event.

member

A person insured under the policy.

New Event / New Events cover

See page 23.

Partial Disability / Partially Disabled

See page 19.

policy owner

The owner of the policy – the employer or business owner.

salary

See page 21.

Total Disability / Totally Disabled

See page 19.

Terminal Illness / Terminally Ill

See page 21.

we / us / our

Refers to Integrity.

you / your

Refers to the policy owner.

Telling us the truth.

In this section 'you' means a member and the policy owner.

It is important that you - the policy owner and members, tell us the truth regarding any information that you provide to us. If you don't it could affect the cover that you hold or your ability to make a claim. Your obligation to do this is called your duty to take reasonable care and it is outlined on the next page.

Duty to take reasonable care

Your Five+ Policy will be a consumer insurance contract for the purposes of the Insurance Contracts Act 1984 (Cth) and the duty to take reasonable care will apply.

Please read your **duty to take reasonable care** carefully and understand that we will rely on the information submitted to us. It is your responsibility to ensure that the information you have given us, or the information given to us on your behalf, is complete and accurate. Your duty to take reasonable care continues, after your application, until we agree to insure the Life Insured.

If the cover being applied is not on your life, it is crucial that the person whose life is being insured also reads this duty to take reasonable care and gives complete and accurate information to you so you are able to provide the information to us in accordance with your **duty to take reasonable care**.

Your duty to take reasonable care

Before you enter into a contract of life insurance with us, you have a duty under the Insurance Contracts Act 1984 to take reasonable care not to make a misrepresentation to us. You have the same duty before you extend, vary or reinstate this Policy.

Whether you have taken reasonable care not to make a misrepresentation will be determined with regard to all relevant circumstances, including:

- the product type and its target market;
- explanatory material or publicity produced or authorised by us;
- how clear, and how specific, any questions we asked were and how clearly we communicated to you the importance of answering those questions, and the possible consequences of failing to do so;
- whether or not an agent was acting for you;
- whether the contract was a new contract or was being renewed, extended, varied or reinstated;



- any particular characteristics or circumstances relating to you which we are aware or ought reasonably to have been aware.

You will not be taken to have made a misrepresentation merely because you fail to answer a question or give an obviously incomplete or irrelevant answer to a question.

Any misrepresentation made fraudulently is a breach of your duty to take reasonable care.

When you are not the Life Insured, and the Life Insured does not take reasonable care not to make a misrepresentation to us, this may be treated as a failure of your duty to take reasonable care.

Failure of your duty to take reasonable care

In exercising the following rights, we may consider whether different types of cover can constitute separate contracts of life insurance. If they do, we may apply the following rights separately to each such contract.

If you make a misrepresentation in breach of your duty to take reasonable care and we would not have entered into the contract on any terms if the failure had not occurred, we may avoid the contract within three years of entering into it. Where such misrepresentation is fraudulent, we may avoid the contract at any time.

If we avoid a contract we will not pay any claim under that contract.

If we do not avoid a contract:

- unless the contract provides cover on death, we may at any time reduce the cover amount under the contract using a formula that takes into account the premium that would have been payable if you had complied with your duty to take reasonable care. If the contract provides cover on death, we may only exercise this right within three years of entering into the contract; or
- unless the contract provides cover on death, we may at any time vary the contract in such a way that places us in the same position that we would have been in if you had complied with your duty to take reasonable care. We do not have this right if the contract provides cover on death.



Privacy.

In this section 'you' means a member and the policy owner.

Your privacy is important to us. We have strict procedures in place to make sure that any personal information you give us is handled in a responsible manner and in accordance with the Privacy Act 1998 (Cth).

For information on Integrity's privacy and information handling practices, you should read our Privacy Policy which can be found on our website at integritylife.com.au or call 1300 54 33 66 for a copy.

In order for us to administer insurance under this policy, we will need you to provide us with certain personal and confidential information. If you do not provide all information requested, we may not be able to issue or administer the policy. You should be aware of the type of information which we will request from you, in addition to how we will request this information and to whom we may need to disclose it.

Personal information we collect

We collect your personal information including:

- name, address, sex, date of birth and contact details;
- information specific to the product or service you decide to purchase from us; and
- financial details.

We may also collect sensitive information, which includes information about your health. We may be required to collect additional sensitive information when you make an application for certain insurance.

How we collect your personal information

Where possible we'll collect personal information from you directly either through our online services or in writing, or over the phone. We'll obtain consent before collecting sensitive information, such as health information, unless we're required or permitted by law to collect it without consent.

We may also collect personal information about you from a third party. These parties may include:

- our agents and service providers such as financial institutions;
- your agent or representative such as your Financial Adviser;
- third parties who may be arranging insurance cover for a group that you are a part of, such as your employer;
- your family member who applies for a policy that covers you or is instructed by you to deal with us;
- people who are involved in a claim or assist us in assessing, investigating, processing or settling claims such as investigators, assessors, witnesses and medical service providers;
- law enforcement, dispute resolution, statutory and regulatory bodies; and
- publicly available sources such as the internet.

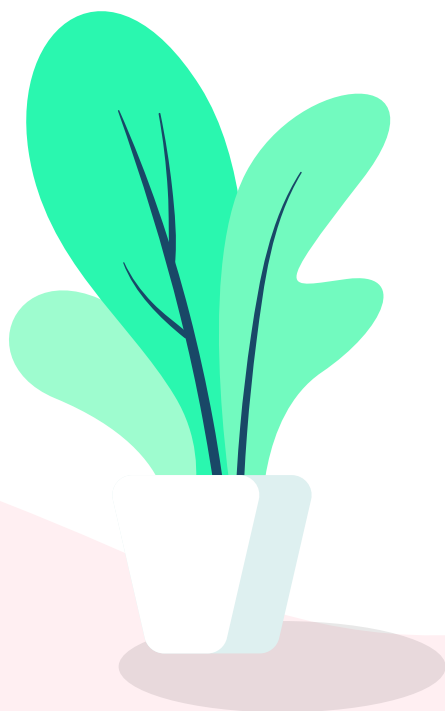
Sometimes we may be required to collect sensitive information about you from a third party.

If you nominate individuals to be covered by your insurance policy, you should direct them to this Privacy Policy and make them aware of the content of any privacy notice we provide you.

What we do with personal information

We collect, hold, use and disclose personal information in ways people would reasonably expect and where it is reasonably necessary for our business, including:

- issuing, administering and managing insurance policies;
- assessing risk and underwriting insurance;
- processing claims and taking recovery action;
- improving our products and services, and the customer experience;
- handling complaints; and
- working with business partners and insurance intermediaries.





Disclosing personal information

We, or our agents, may disclose personal information to:

- any person authorised by you;
- our related bodies corporate;
- other insurers and reinsurers;
- our distributors and agents;
- mail houses, records management companies or technology services providers for printing and/or delivery of mail and email, including secure storage and management of our records;
- health care providers to establish medical status and arrange appropriate treatment and services. In an emergency we may also disclose information to employers and family members;
- organisations that provide banking or transactional services to facilitate payments to and from us;
- our advisers such as legal, actuary and accounting advisers;
- business partners and intermediaries who arrange insurance with us;
- co-insureds to confirm full disclosure has been made to us;
- your employer, where you are under a group life insurance scheme, noting that sensitive information will only be disclosed with your express consent;
- government, law enforcement, statutory, regulatory or enforcement bodies and agencies;
- service providers that perform data analytics;
- insurance reference bureaus;
- companies that conduct customer surveys on our behalf; and
- other parties as required by law.

In the case of a claim we may also disclose personal information to:

- investigators and assessors to investigate and assess claims and related matters;
- lawyers and recovery agents, to defend actions by third parties, to recover our costs (including amounts owed to us) or to seek a legal opinion;
- witnesses, to obtain witness statements;
- experts to provide us with opinions; and
- other parties to a claim to obtain statements from them, seek recovery or defend an action.

We also collect personal information from these people and organisations.



Disclosure to business partners and intermediaries

When you buy a policy arranged by one of our business partners or intermediaries, you consent to us providing all of your personal information to that business partner or intermediary, which may include sensitive information and claim information. That business partner or intermediary will also provide us with personal information.

You should read the Privacy Policy of that business partner or intermediary to find out how they collect, hold, use and disclose your personal information.

Access, corrections and complaints

Our aim is to always have accurate, complete, up-to-date and relevant personal information. If you would like to seek access to, or revise, your personal information, or feel that the information we currently have on record is incorrect or incomplete, please contact the Privacy Officer on 1300 54 33 66, by email hello@integritylife.com.au or by writing to the Privacy Officer at R1741 Royal Exchange, NSW 1225.



What do you do if you have a complaint?

Integrity is committed to handling your enquiries, feedback and complaints in a reasonable and timely manner. If something goes wrong and you aren't happy with our products or services, we would like to know straight away so we can work with you to find a resolution. In the first instance, please contact us to tell us about your complaint:

Phone: 1300 54 33 66

Email: hello@integritylife.com.au

Web: integritylife.com.au

Post: PO Box R1741
Royal Exchange NSW 1225

If you need additional assistance lodging your complaint, for example due to illness, disability or English as a second language, please contact us and we will assist you through the complaints resolution process.

Your complaint will be assigned to one of our staff who is independent of the cause of complaint, and we will keep you up to date on the progress of your complaint resolution.

We will endeavour to provide you with a written response informing you of our final decision within 30 days of receiving your complaint. If we are unable to resolve your complaint within that period, we will let you know the reasons for the delay and when we expect to be able to provide you with a response.

If you aren't satisfied with our response or if we have been unable to resolve your concerns, you can contact the Australian Financial Complaints Authority (AFCA). AFCA is an independent complaint resolution body whose services are free.

To contact AFCA:

Online: www.afca.org.au

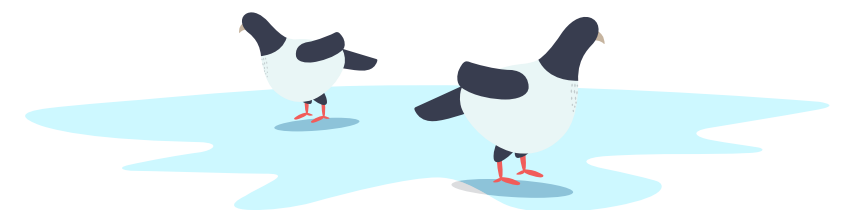
Email: info@afca.org.au

Phone: 1800 931 678 (free call)

Mail: Australian Financial Complaints Authority
GPO Box 3, Melbourne VIC 3001

Time limits may apply to complaints to AFCA. You may wish to consult the AFCA website or contact AFCA directly to find out if there is a time limit on lodging your complaint.

You can find out more about Integrity's complaints resolution process on our website at integritylife.com.au/complaints.



We're here to **help.**

Check out integritylife.com.au


For more information about Integrity and our products.

Connect with us

For assistance with customer service and claims enquiries, please contact us on the below details:

Phone: 1300 54 33 66

Email: hello@integritylife.com.au

 facebook.com/integritylifeau

 instagram.com/integritylifeau

 linkedin.com/company/integritylifeau